

Substance Abuse Prevention Guide *for Parents*



**Safe & Drug-Free
Schools Program**



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Written, compiled and edited by Armethia L. Sims, MA, LPO. Revised 2006

INTRODUCTION

Parents have always had the challenge of finding a balance between encouraging their children to freely explore life and giving the children adequate protection from the harms of life. In today's society, it is becoming more of a challenge daily for parents to find this balance.

One of the major harms that concern parents today is young people's involvement with alcohol and other drugs. Many parents, community organizations, and schools are continuously working to keep that involvement from happening in the first place, through being a part of prevention efforts. Experts now know that "anti-drug" talk alone is not enough. Kids need skills and support to make productive choices.

This guide is designed for parents to learn what works in the area of preventing alcohol, tobacco and other drug (ATOD) use, and what to do when children are using. It lists many helpful resources, but obviously cannot list every resource available. The resources given often have links to further information or referral sources.

Another purpose of this guide is to encourage parents to continue their supportive efforts to help children to stay healthy, succeed in school, and stay drug free. The effect of substance abuse on today's society has made this issue a vital public health concern. No matter what opinion people hold on the ways to deal with the issue, there must be agreement that children deserve to be safe and have a chance to live healthy lives.



This guide is written, compiled and edited by Armethia L. Sims, MA LPC for the Ann Arbor Public School system. Revised 2006. Edited by P-CCS and used by permission granted from Ann Arbor Schools, May 2008.

Face the Facts

Parents are children's first and most important role models. Recent research says that the number one reason kids' report they are choosing not to use drugs is they do not want to disappoint their parents. This not only shows that the feelings of parents still matter to kids, but parents still have a major impact on children's decisions to use or not to use drugs.

Since national statistics have demonstrated that alcohol, tobacco and other drug (ATOD) use has now become a problem on the elementary level it is never too early to start discussions with children about making healthy choices. Parents never hesitate to warn young children not

to put things into their mouths that may be poisonous or dirty. Parents can comfortably expand that discussion to alcohol, tobacco and other drugs and continue to talk with the child (not at the child) so the child gets a clear message of what the parent is saying. Parents need to express their belief about kids not using drugs. Elementary age children as well as pre-schoolers are often aware of drugs in the community, even if they don't see it or know the harm.

In studying children who choose not to use, experts have identified the assets and skills needed to promote children's well-being. Children can learn at an early age how to make productive choices. There are many local agencies and groups that are willing to support parents with parenting issues.

When children choose to use drugs, parents need to find out how involved they are with drugs by getting a substance abuse assessment for the using child. Parents and kids need to know they are not alone when dealing with the challenges of substance abuse. Parents should seek support for themselves to deal adequately with the issues. A professional counselor can help with intervention of a difficult child in order to get the needed help.

When parents are unsure of use, a behavioral checklist can point out what to look for in a using teen. The earlier a teen is helped, the better chance of recovery. Parents can educate themselves about ATOD and handling related issues by accessing the many resources listed in this guide.

Approaches to Foster Communication with Young Children about Alcohol, Tobacco and other Drugs

- Choose times for discussion when everyone is relaxed.
(Be careful not to use scare tactics for young kids.)
- Watch for opportunities that are natural and spontaneous.
(Ex. After seeing something on TV or news about drugs.)
- Create opportunities by watching an appropriate video or TV show that touches the subject. Ask children what do they think about what was shown and do they understand it?
- Listen to the child's feelings. Repeat what the child says to show understanding. (Ex. You're saying the movie made you feel sad. What part was sad to you?)
- Talk about feelings, but also know the facts. Parents need to be educated about ATOD. Sometimes children will ask direct knowledgeable questions.
(Ex. Can smoking kill you?)
- Be clear about family expectations centered on ATOD use and both parents should be united on those expectations.
- Give children honest reasons not to use ATOD.
- Let children know you are speaking out of love, concern and protection, and show willingness to trust their judgments.

FOUR KEY QUESTIONS FOR PARENTS TO ASK

The same approaches can be used with pre-teens and teens. Often by this time, older children may know people who are smoking tobacco, drinking alcohol or using some other drug.

Parents must be willing to question kids. Ask the following four questions:

- 1) "Do you know what drug use can do to your body?"
- 2) "Do you know anyone who drinks or uses other drugs?"
- 3) "Do your friends drink or use other drugs?"
- 4) "Do you ever drink or use other drugs?"

Sometimes parents avoid direct questions because they are afraid of offending the child or unsure of what should be done if the child answers "yes" to some questions.

If the answer is "yes" to questions 2 and 3, the parents can tell the child that they appreciate the child's honesty, but continue to voice concern. Provide the opportunity for the child to learn what can happen when one gets involved with these chemicals. Encourage children to come to them for help in solving their social problems with peers, without fear of punishment.

Establish the rules ahead of time for what will bring consequences

Consequences should be thought of before rules are broken. Then it is easier for the child to realize that he/she made the choices that lead to the consequence. Be willing to be the adult. Children need to have age appropriate responsibilities but not be treated as adults. They need the safety of adult supervision. Parents can get professional help with parenting or family substance abuse education programs.

- *When the child says "yes" that he/she is a user, there needs to be an assessment of how involved that child is with chemicals.*
- *When a child continually lies about use to the parents, that's a sign to get a professional counselor involved.*

Sometimes parents have to be careful when they think a child is just beginning to experiment with drugs. Too many times parents wait, thinking it is a phase in the child's development and will pass in time. Even if a child does not develop chemical dependency, there are too many other harmful effects as a result of using ATOD for parents to not intervene and help their children as soon as possible.

PARENTS NEED TO ASSESS THEIR OWN INVOLVEMENT WITH CHEMICALS

Alcohol is legal for adults, but if an adult has developed a drinking or other drug problem, it will be hard for children to listen to that adult. Health experts say that social drinking is no more

than three alcoholic drinks in a three hour period. However, the drinker's driving is affected with just one drink.

Statistics also show that children, who have parents that smoke and/or drink, tend to smoke and/or drink. Early tobacco use by children increases their risk of later involvement with alcohol and other drugs. Tobacco and alcohol are the nation's leading *gateway drugs*. They tend to lead to use of other drug

PARENTS ARE CHILDREN'S FIRST ROLE MODELS

While children need to be accepted just as they are, they need an idea of what they can become. Through encouragement and support from the people around them, those who mean the most to them, children will develop and add other aspects to their personalities.

A helpful contemplation for parent role models is to ask oneself ...

"What type of adult person would I like my child to become?"

Explore inner characteristics, values, attitudes and write down your thoughts. After completion, read through the list. Ask yourself:

"Do I have these characteristics, values and attitudes?"

Are you willing to become that person you want your child to be?

POINTS TO REMEMBER

1. Research shows that children say "no" to drugs because they care what their parents think about them and don't want to disappoint parents.
2. Parents have to be willing to talk about ATOD use to children and implement family expectations or rules about no use.
3. Parents must assess their own use of ATOD.
4. Parents are children's first role models.

BUILDING RESILIENCY

Researchers have gained the most information about drug prevention by surveying and studying the lives of children who choose *not* to use drugs. They discovered that there are certain factors and developmental assets that can build enough resiliencies in children to reduce their chances of using drugs. Many government approved prevention programs and school health curriculums have incorporated these factors and assets.

Research shows that it is better for children when parents and community institutions unite to promote these assets. These findings were brought to national attention by an independent nonprofit, nonsectarian organization called *The Search Institute*. From their data they have built a framework of forty developmental assets that promote high-risk prevention and resiliency in children. Schools are incorporating curricular activities that help with character education and building life skills that are based on the Search Institute framework of assets.

These 40 assets fall into the following eight categories:

1. Support
2. Empowerment
3. Boundaries & Expectations
4. Constructive Use of Time
5. Commitment to Learning
6. Positive Values
7. Social Competencies
8. Positive Identity

When parents have already begun developing these assets at home, it helps to create balance in their children's lives. A detailed description of the assets and how to promote them is available at www.search-institute.org or by calling 1-800-888-7828.

CREATING BALANCE THROUGH MAKING CHOICES

The basis of all our life experiences is the skill of *making choices*. The choices parents make for their lives will affect the way their children make choices. Parents can help children at very early ages to become aware of looking for more than one way to solve to a problem. It is helpful if parents have children look at the rewards and consequences of the choices they make.

Have children pay attention to how they feel about their choices.

When harmful choices are made, particularly impulsively, a person may feel off kilter or just not happy with the decision. Too many of these type choices can make one's life feel unmanageable and out of control (unbalanced). Learning impulse control is part of maturation. Children need adults to help them to know that their daily lives are okay. Children need adults to help them form positive self images.

When alcohol and other drugs are used by children, it interferes with a clear image of self or creates a false image for them. When a child is in harm's way with ATOD, his/her ability to make productive choices will also be hindered.

It is important that parents give children the guidance to learn to make their own decisions at an early age, but it must be with the understanding that life carries rules and principles that everyone must live by in order to survive.

A LIFE SKILLS ACTIVITY FOR PARENT AND CHILD

Tell your child about an experience in your youth, when you had to make a tough decision and were unsure of what to do. Make sure you share how you were feeling at the time of the challenge.

Ask your child what he/she thinks you could have done or what he/she might do in that situation. The object is to explore options. Then discuss the outcome.

This is an activity that can be practiced concerning any problem that the child and family may face. Exploring options is recognizing that there are choices in every situation.

EXPLORING OPTIONS AND OUTCOMES

1. Have a support system that extends beyond immediate family to other trustworthy adults who will help, particularly in crises or emergencies.
2. Encourage children's self-worth and self-identity by loving and praising them just as they are.
3. Truly *know* your children, what they are about as people. (Ex. A child may show a different side of himself at school and the parents may be surprised to see this side of the child when a teacher reports it.)
4. Know your child's friends and their friends' parents. Be willing to talk to other parents about concerns.
5. Have a family *connectedness* to some form of a higher power.
6. Have family awareness sessions and talk on issues that affect family balance and harmony. These can be times to educate the whole family on issues such as ATOD, as well as other high- risk behavior. Always end sessions with a time of sharing and expressing gratitude for one another.
7. Parents must be willing to admit that they don't know all the answers, and work with children to find solutions.



One model for conflict resolution POWER

PARENTAL INTERVENTION

WHAT TO DO WHEN A CHILD IS USING ALCOHOL OR OTHER DRUGS

Because parents are too close to the situation, they may be the last ones to notice or at least to admit that their child is using drugs. It is a painful situation experienced by all parents.

When elementary school age children are involved with ATOD, it is a definite sign of a lack of adult supervision or even neglect. This can be true for older kids also, but the influences outside the home become greater in the middle and high school years.

It takes a very aware and committed parent to catch drug use in the early stages. There are three primary reasons parents do not notice drug use and get help for the child:



1. **Denial.** It hurts to see drug use as the problem; a parent may look for some other reason the child's behavior has changed.
2. **Enabling.** To keep the child from experiencing the consequences of drug use, parents may try to keep the child out of trouble by covering up or lying for him/her.
3. **Shame and Blame.** It can be difficult for parents to admit a child's substance problems because of the shame that they connect with it. They may blame themselves, or the child is shamed and blamed for creating the problem.

Families need to know they are not alone. This is why it is important to get a substance abuse professional involved as soon as possible. Intervening when a child is using drugs can be very difficult and the parents and child need the help and support that comes from professional counseling.

A using child needs to have a *professional assessment*. This is an evaluation to determine the stage of use. It could be experimentation, harmful involvement or chemical dependency. This should be done by a licensed professional who will make recommendations to the family for support and/or treatment.

CHEMICAL DEPENDENCY (ADDICTION) IS A MEDICAL DIAGNOSIS

Chemical Dependency is considered a disease because there are signs and symptoms just like any other disease. Parents should not put off getting help for a child because they think the problem is not serious. The problem will get worse, rather than better. Parents often do not pay attention until there are failing grades. In some cases, this may not happen, but the child can still be using. *In addition to actual physical damage, alcohol and other drug use affects children's emotional growth.* Some experts say that the age at which a child begins active drug use will be the emotional/mental age he/she will stay unless they begin recovery. Often people are afraid of treatment because they do not know what it involves. This is explained in the assessment process.

FIVE STEPS TO TAKE TO HELP A USING CHILD

Remember, there are NO quick fixes to this challenge. You will not be able to control, scare or bribe the child out of using.

1. Parents need to get support for themselves (through a counselor and other parents who have gone through this with their child, such as Families Anonymous).
2. When talking to a using child or confronting them about use, stay calm and don't argue. The child may attempt to make parents feel guilty. Describe the behaviors and situations that have led to these conclusions about drug use. Let the child know that caring parents will get help for their child and that is what is going to happen. Stand firm and united. Single parents can have another family member present for support.
3. With very difficult children, an intervention facilitated by a professional may have to need

- place. A counselor may help with breaking the child's resistance to therapy or support.
4. Get the assessment and follow through with the referral recommendations for the child and the family. The evaluator will consider a family's financial circumstances and other needs.
 5. Keep in mind that getting help for the child is expressing love and taking care of the child's well-being.



BEHAVIORAL CHECKLIST

People who have problems with alcohol or other drugs can be very manipulative and parents in particular are sometimes not sure if they are over-reacting or have a true concern. It can be helpful to parents to use a behavioral checklist with which to compare their child's behavior. Many counselors give these to parents to assist in noticing certain behaviors.

It is sometimes difficult to distinguish normal adolescent behavior from emotional problems or substance abuse. Teens can have emotional and substance abuse problems simultaneously. Most teen rebellious behavior will improve when discipline and support measures are applied. When it is substance abuse, a change for the better will not be seen until the substance use is addressed.

DIRECT INDICATORS OF TEEN INVOLVEMENT WITH ALCOHOL OR OTHER DRUG USE:

- Teen is in an obvious "drunk" or "high" state (ex. Swaying, slurred speech, not comprehensible)
- Smell of alcohol or marijuana
- Drug paraphernalia in teen's possession (ex. Rolling papers, pipes, spray aerosols, inhalant bottles, needles, etc.)
- Hidden stashes of marijuana, pills, alcohol, etc.
- Talking about his/her drug use to others
- Physical signs (particularly in several combinations) – tremors, shakes, abnormally small or enlarged pupils, sweating, red watery eyes, smoky chemical smells, needle marks, burnt finger tips, unexplained changes in mood or body weight, etc.
- Wearing clothing or jewelry that advocates or promotes drug use, such as T-shirts with pro-use messages, or gold marijuana leaf necklaces.

INDIRECT INDICATORS OF TEEN INVOLVEMENT



WITH ALCOHOL OR OTHER DRUG USE

If teens show these behaviors and are found not to be users, consider them at high-risk for use:

Unexplained change in behavior or attitude
Friends are known drug users
Mood swings, depression or hyperactivity
Frequent discipline problems at home or school
Drop in grades
Stealing or suspected of stealing
In school truancy -- skipping classes, but still on school premises

- Lies
- Excessive need for privacy
- Hanging out in locations that are known drug-use locations
- Gives verbal or physical threats when disciplined
- Threatens to run away
- Frequently requesting hall passes at school
- Getting in trouble with the law
- Sleeping in class

Some of the indirect behaviors can be signs of other emotional problems, but if traditional methods of therapy do not seem to be working then substance abuse problems should be considered. Even if some other disorder is the primary problem, little will be gained in therapy until the substance abuse is properly addressed. Usually by the time any significant behavior signs appear, the teen has been involved in substance use for some time. The earlier the intervention, the better the chance the teen will have of working a successful recovery program.

COMMONLY ABUSED DRUGS

Stimulants: stimulates nervous system, increases heart rate

Amphetamines (speed)

Tobacco

Amyl nitrite (inhalant)

Anabolic steroids (body building)

Ecstasy (also hallucinogenic)

Cocaine, crack cocaine

Club drugs – can be stimulating and hallucinogenic

MDMA (Ecstasy), GHB, Rohypnol, Ketamine, Methamphetamines, LSD

www.clubdrugs.org Web site.

Hallucinogens: causes hallucinations

LSD, magic mushrooms, very high potency marijuana

Depressants: depresses nervous system, lowers heart rate

Alcohol

Benzodiazepines – tranquilizers such as Valium & Temazepam

Cannabis (marijuana)

Opiates, such as heroin, morphine , methadone

Other prescription pain relievers (such as Oxycotin)

For a detailed description and street names of these drugs call NCADI for a free brochure at 1-800-729-6686 or go to Web site: www.health.org .

RESOURCES

PARENTAL INTERVENTION

BOOKS:

Schaefer, Dick. Choices & Consequences, What to do when a teenager uses alcohol and drugs

Jay, Jeff & Debra. Love First: Intervention for Alcoholism and Drug Addiction

AGENCY REFERRAL LIST

We have provided this list of resources of which we are aware. Plymouth-Canton Community Schools and its staff are not endorsing any of these opportunities. We are providing you with resource suggestions.

Advanced Counseling Services

6223 Canton Center, Suite 210, Canton, MI 48187

734-737-1200

Website: www.advancedcounseling.org

Insurance: Most major insurance plans accepted

SPECIALITIES: Mental health and substance abuse.

Ann Arbor Center for the Family

2300 Washtenaw, Suite 203, Ann Arbor, MI 48104

734-995-5181

Website: www.annarborcenter.com

SPECIALITIES: Depression, school problems and learning disabilities, family conflicts, substance abuse, anxiety, eating disorders, reactions to divorce or loss, traumatic experiences, adoption, chronic medical disorders, emotional or developmental concerns in children & adolescents.

Canton Human Services (Affiliated with Growthworks)

50430 Schoolhouse Rd., Canton, MI 48187

734-495-1722, 734-495-3068 (fax)

SPECIALITIES: Will do an assessment at no charge.

Cruz Clinic

17177 N. Laurel Park, Suite 131, Livonia, MI 48152

734-462-3210, 734-462-1024 (fax)

Insurance: Most major insurance plan accepted

SPECIALITIES: Child, adolescent and family therapy, ADD, ADHD, anxiety, depression, evaluations, psychological testing, psychotherapy, cognitive restructuring.

Eastwood Clinic
17250 Farmington Rd., Livonia, MI 48152
734-425-4070
Website: www.stjoh.org/eastwoodclinics
SPECIALITIES: Child, adolescent and family therapy, ADD & ADHD evaluations and therapy, anxiety, depression, psychotherapy, cognitive restructuring, substance abuse, grief counseling, sexual molestations.

Growthworks, Inc.
271 S. Main, Plymouth, MI 48170
734-455-4095
Website: www.growth-works.org
SPECIALITIES: Adolescent substance abuse. CD Treatment/CMO.

50430 Schoolhouse Rd., Canton, MI 48188
734-495-3074
SPECIALITIES: Assessment/Youth Assistance Program.

Ron Harrison, SW
734-214-5883
SPECIALITIES: Adolescent assessments will determine treatment options. Client pay.

Hegira Programs, Inc. - Children's Outpatient Services
8623 N. Wayne Road, Suite 123, Westland, MI 48185
734-367-0469
Website: www.mhweb.org/wayne/hegira.htm

Henry Ford Behavioral Services, Psychiatric Services
5111 Auto Club Dr., Suite 112, Dearborn, MI 48126
313-317-2000
Website: www.mhweb.org/wayne/hford.htm
SPECIALITIES: Child, adolescent and family therapy, ADD & ADHD evaluations and therapy, anxiety, depression, psychotherapy, substance abuse, grief counseling, sexual molestations, anger management.

Kara Lee & Associates PC
1308 S. Main St, Plymouth, MI 48170
734-451-3440
SPECIALITIES: Child, adolescent therapy, assessment, substance abuse, depression, anxiety.

Lifespan Clinical Services
18316 Middlebelt, Livonia, MI 48152
248-615-9730
Website: www.starfishonline.org
SPECIALITIES: Mental, emotional health issues, blended family concerns, substance abuse, ADHD, grief and loss, impulse control, aggressive behavior, communication techniques, crisis assessment and stabilization.

Outpatient Behavioral Services/St. Joseph Hospital
2006 Hogback, Ann Arbor, MI 48105
734-786-2300
2200 Canton Center Rd., Suite 200B, Canton, MI 48188
SPECIALITIES: Child, adolescent and family therapy, ADD, ADHD, depression, evaluations, psychological testing.

Plymouth Family Services - Help Source
684 Deer St., Plymouth, MI 48170
734-453-0890, 734-453-1664 (fax) Insurance: Call to verify.
SPECIALITIES: Eating disorders, anxiety, depression, families and young adults, and marital issues.
Elementary through age 18 ADD and ADHD.

St. Joseph's Behavior Services - Adolescent Partial Program at Huron Oaks
5401 McAuley Dr., Ann Arbor, MI 48106
734-712-5750
SPECIALITIES: Child, adolescent, family therapy, ADD, ADHD, depression, evaluations, psychological testing.

Starfish Family Services
30000 Hively, Inkster, MI 48141
734-728-3400
SPECIALITIES: Child, adolescent and family therapy, ADD, ADHD, depression, evaluations, psychological testing.

University of Michigan Center for the Child & Family
530 Church Street, Suite 1465, Ann Arbor, MI 48109
734-764-9466
SPECIALITIES: Evaluations, psychological testing, individual therapy, parent guidance, family therapy, couples therapy and groups.

Westside Mental Health Services
32932 Warren, Westland, MI 48185
734-513-8295 INSURANCE: BCBS, BC Network, PPOM facility, Aetna, Cigna, HAP, Medicare, most third party insurance.
SPECIALITIES: Good all around therapist for adolescents. Works well with younger children in child therapy and sexual abuse cases and substance abuse.

FOR SUPPORT:

Alateen – www.alateen.org
Alcoholics Anonymous – www.alcoholics-anonymous.org
Families Anonymous – www.familiesanonymous.org
Narcotics Anonymous – www.na.org
Cocaine Anonymous – www.ca.org
Al-Anon – www.Alanon.org

ADOLESCENT TREATMENT OPTIONS

Greenbrook Recovery Center

St. Joseph Mercy System
Ann Arbor, MI
734-786-4900

Assessments, adolescent treatment and recovery.

Growthworks

271 S. Main St.
Plymouth, MI 48170
734-455-4095

Assessments, adolescent treatment and recovery, parent education groups.

Herbert Malinoff, M.D.

4870 Clark Rd. W.
Ann Arbor, MI 48104
734-434-6600

Addiction Medicine
Medical assessments and referrals for addictive disorders.

Livonia Counseling Center

15370 Levan Rd. Suite 2
Livonia, MI 48154
734-744-0170

Assessments, individual and group therapy.

Maple Grove Treatment Program

West Bloomfield, MI
248-661-6100

Assessments, early intervention program and intensive outpatient treatment. Accepts most insurances.

Outpatient Behavioral Services - St. Joseph Mercy

2008 Hogback Rd.
Ann Arbor, MI 48104
734-786-2300

Assessments, therapy, and referrals.

The Pathway Family Center

231 Providence, suite 300
Southfield, MI
248-443-0105

Assessments and intensive outpatient, much parent involvement. Family must bill insurance for reimbursement.

NATIONAL ADOLESCENT TREATMENT PROGRAMS

Caron Foundation – www.caron.org

Johnson Institute – www.johnsoninstitute.com

Hazelden Foundation- www.hazelden.org

Phoenix House – www.phoenixhouse.org

More treatment programs can be found at www.samhsa.gov

NOTE: Insured families can also contact their healthcare providers to find agencies and private therapists who will provide needed services

CRISIS HELP

Emergencies...911

SOS Crisis Center

114 N. River St.
Ypsilanti, MI 734-485-8730

Ozone Youth and Family Services (Ozone House)

1705 Washtenaw
Ann Arbor, MI 48105
734-662-2222
Crisis counseling, shelter for youth, 24 hour crisis hotline



ADDITIONAL RESOURCES

Teens Using Drugs - What to know & what to do.

Site with scheduled talks by Ron Harrison SW, and links to most important substance abuse Web sites.
<http://www.hvcn.org/info/teensusingdrugs>

Washtenaw & Livingston Counties Resources & Referrals

provided by SOS Crisis Center
<Http://comnet.org/soshelpnet>

Drug Testing as a Tool for Parent - FDA Cleared hair tests

Psychomedics Corp. Cambridge, MA
1-800-628-8073
www.drugreeteenagers.com

Latest Street Drugs Information

www.streetdrugs.org

Chemical Makeup of Drugs

www.erowid.org

National Clearinghouse for Alcohol and Drug Information (NCADI)

Updated prevention & treatment information, catalogues, brochures, videos, posters, street drug info. etc.
www.health.org

Substance Abuse and Mental health Services Administration (SAMHSA)

Links to many substance abuse & mental health sites. Latest research, prevention and treatment resources, catalogues, etc.

www.samhsa.gov

***Research cited in this guide can be found on the NCADI and SAMHSA websites.**

SUMMARY

Recent research shows children are choosing not to use drugs because they don't want to disappoint their parents, therefore it is important for parents to communicate with children at an early age about concerns over use of alcohol, tobacco and other drugs. Parents must be willing to discuss and question teens about alcohol, tobacco, and other drugs, and enforce family expectations concerning no use. Parents are children's first role models.

