kids and drugs

A PARENT’S GUIDE TO PREVENTION
Parent’s booklet

Kids and drugs:
A parent’s guide to prevention

An AADAC and RCMP joint project
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An invitation

Most young people don’t end up abusing drugs. But in a world where alcohol, tobacco and other types of substances are well accepted, the risks are definitely there. Our children are exposed to a variety of mood-altering drugs as they grow up, and there are a lot of reasons they might consider experimenting. Perhaps they are curious about what it would feel like, or they like to take risks and seek excitement. Many young people also struggle to cope with school, their emotions, social situations and other types of stress.

Fortunately, we have available a powerful line of defence against the mixed messages our children sometimes get from our own drug using culture...You! Parents can equip their children to prepare for and handle the pressures and influences to use drugs. As a parent, you are a role model for your children, and you know your kids better than anyone else. You can encourage them to think critically and help them understand the importance of being careful about what they put into their bodies.

This booklet provides many ideas for ways that you, as a parent, can make a difference with your attitude, your actions and your words. Despite all the challenges out there, you can raise a healthy child, free from drug abuse.

We invite you to learn more...

About this booklet

This publication is directed to Canadian parents and caregivers. It is primarily designed to support a series of workshops for parents who want to learn more about their role in preventing their school-age children from using drugs. However, it is also a useful reference for parents who are not attending the workshops but want timely and reliable information on this important topic.

For more information, contact your local RCMP detachment.
Introduction

It’s not always easy to be a parent. When it comes to alcohol and drug use and your child, you probably ask yourself many questions. This booklet encourages you to think about your answers to some of these questions:

- Am I a good role model?
- Do I know how to communicate with my children?
- Am I helping my children learn how to make responsible decisions?
- Do I recognize that young people need increased independence and responsibility as they grow older?
- Am I helping my children to cope with pressure from their peer group?
- Am I using positive discipline techniques?
- Do I understand why young people might use drugs, and how to recognize the signs and symptoms of drug use?

Note: This booklet uses the terms “parent” and “drug” in specific ways. Please refer to the glossary at the back for definitions of these terms and several others that are identified in the following pages with an asterisk (*) the first time they are used.
The power of parents

You are the role model

Parents* are their children’s strongest role model and greatest influence. Your children will eventually adopt many of your values* and types of behaviour, just as you have been influenced by your parents. Your children notice and respond to the way you deal with problems, express feelings and celebrate special occasions.

As a parent, it is impossible to not model. Your children will see your example—positive or negative—as a pattern for the way life is to be lived.

Families are both a very important protective factor* and risk factor* influencing drug use problems among youth. In other words, what you do—or do not do—has a big impact on your child’s decisions about using or not using drugs.*

Everyone makes mistakes

Keep in mind, though, that there is no such thing as an ideal family. Every family has problems, and everyone makes mistakes. Young people make mistakes, and parents make mistakes. What’s more important for learning (yours and your children’s) is the way you handle the situations when you do make mistakes. Honestly admitting when you are wrong and making amends can be a powerful way to model the behaviour you want your kids to adopt.
It’s important to stay involved, no matter what the age of your children. Start early and keep at it, even if you get the impression that they aren’t paying any attention to you!

**Things parents can influence**

There are many things that parents can do to help their children grow and develop in positive ways and avoid abusing drugs. Research in the area of positive youth development reinforces the common-sense idea that if parents, schools and communities really focus efforts on supporting the healthy growth and development of children, we will naturally prevent a range of problems (including substance abuse) in the process. Building on a child’s strengths (or developmental assets’) is a key focus.

The following describes some ways that parents can build developmental assets in their children and is adapted from the work of the Search Institute©:

- provide support to all family members
- communicate in a positive way with each other
- be involved in your children’s schooling
- set boundaries, be a role model and have high expectations for behaviour
- encourage good use of time; for example, being involved in recreational or creative activities or helping others in the community or at home
- model a commitment to learning
- promote positive values, including responsibility and restraint
- help develop social skills such as planning, decision-making and resistance skills
- help children develop a sense of personal power and purpose, high self-esteem, and a positive view of their own future

For more information on developmental assets visit www.Search-Institute.org
To understand how to prevent alcohol and drug abuse, it is also important to understand the connection between risk factors and protective factors. These are concepts well supported by many years of research. Risk factors are life events, experiences or conditions that are associated with an increase in problem behaviour such as drug abuse. Protective factors protect against problem behaviour and include many of the developmental assets described above.

As parents, it is most important to focus your attention on your child’s strengths and protective factors (or developmental assets). At the same time, it is helpful to understand that children experience differing degrees of vulnerability to problems based on risk factors related to their personality, genetics, family upbringing, peer group, school, community, culture and so on. The more risk factors they are up against, the more important is your need to build strong protective influences around your children.

The following charts outline some of the known risk and protective factors for children and youth on a number of different levels: individual factors such as personal resilience, family and peer group factors, the school environment and factors in the broader community.
Risk and protective factors

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is not necessarily a cause-and-effect relationship, but these qualities and influences often occur in the lives of young people who use drugs.</td>
<td>These are some of the events, qualities and influences that researchers have found help to prevent drug use among young people.</td>
</tr>
</tbody>
</table>

**Individual factors**

- having a more difficult temperament, making it harder to form connections with other people
- struggling with mental health issues such as depression or anxiety
- having positive expectations of drugs along with easy access
- beginning to experiment at an early age
- having an easygoing, positive temperament, sociable, hopeful and able to cope with problems
- having strong self-esteem and good social skills
- feeling connected to school, family and supportive adults in the community
- having negative expectations of drug use
- delaying use until later years, if at all

**Family**

- belonging to a family that struggles with drug abuse or has permissive attitudes about drugs
- living in a stressful or unsupportive home environment
- having parents who have unclear rules and expectations, poor supervision and inconsistent discipline and support
- belonging to a family that discusses and models responsible drug use (e.g., not allowing smoking in the home, drinking responsibly, not using illegal drugs and ensuring that all prescription medication is stored and used appropriately)
- having parents who strive to build close relationships with their kids and to set clear expectations and consistent discipline

**Peers**

**Having friends who:**
- use drugs and encourage drug use
- have an excess of time or money and are not engaged in positive social activities
- break the law
- don’t use drugs or encourage drug use
- are engaged in school and other positive social activities such as sports, music, and art
- positively influence decision-making
### Risk Factors

**School**
- academic failure
- negative, disorderly and unsafe school climate
- low teacher expectations
- lack of clear school policies on drug use
- lack of commitment to school
- withdrawn/aggressive classroom behaviour

**Community**
- community norms that promote or permit substance abuse
- poverty with (often) accompanying high crime rate and alienation
- high rates of transition/mobility
- lack of cultural traditions and history

### Protective Factors

- caring and supportive school environment
- high expectations
- clear standards and rules for appropriate behaviour
- youth participation, involvement and responsibility in school tasks and decisions

- caring and supportive community
- high expectations of youth
- high level of media literacy in community (to counteract undesirable advertising messages)
- religious or spiritual-based activities
- community-sponsored activities

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A lot of research has been done in the area of resiliency to try to understand how some young people who struggle against the odds (have many risk factors in their lives) seem to be able to overcome these challenges and develop into healthy, happy adults. This important research has clearly pointed to the critical role that protective factors play in the lives of all young people.
As a parent, it’s important to think about the kinds of things that you can do to increase the number and quality of protective factors and decrease some of the risks your child may be exposed to.

**Drawing on school and community resources**

It’s important for parents to be involved and informed. Find ways to reach out to connect with your child, to support them, encourage them and let them know how much they mean to you. Keep yourself in the picture. Doing things together as a family (preparing a meal, discussing a TV show, playing sports together, etc.) gives you a chance to spend time together and to get closer. Finding time for your children is not always easy, but it is always worthwhile.

But young people also look for support and role models among other family members (including older siblings), friends, friends’ parents, neighbours, teachers and other adults in the community such as sports coaches or club leaders. Sometimes media personalities on TV, in the movies or in the music and entertainment world can be role models. These people often have a key role to play in helping to support, mentor and encourage your children in a positive way.

The relationships that our children establish with adults outside the home can have a strong protective influence on them later in life.

**A discussion about mentors and role models**

*Talk to your child about who has made a big difference in your life and why you admired that person.*

*Tell stories about family members or friends who have shown real courage, kindness, humour or determination in their lives.*

*Ask your child to consider who they admire, and talk about the characteristics that make that person special to them.*
Talking with your kids

Listening in a way that really “hears” what your children are saying and talking to them about your views and experience are two of the best things you can do to help your children develop self-esteem and have positive values. Your children will respond to your efforts to connect with them if you keep at it and show that it really matters to you. So do it often, openly and throughout their growing-up years.

Setting the stage

Create an environment for communicating easily with your children by

1. spending time with them, both at home and while taking part in activities outside the home
2. choosing the right time to talk to your child and trying to be available when they want to talk to you
3. knowing your children—their activities and interests—and getting to know who their friends are (and the parents of your children’s friends)
4. speaking calmly and being prepared for resistance when emotional or difficult topics (like drug use) come up
5. not being resistant or emotional yourself
   *Children need to know that their parents are going to listen and not hit the roof if a problem arises. They are much less likely to open up and seek help and advice if they expect you to react with anger or panic.*

Something to think about

*Do I connect with my children at mealtime? While walking or driving to school or activities? At other times?*

*Do I invite my children to spend time with me while doing household chores and cooking? Shopping? Walking the dog? At other times?*

*Do I spend time individually with each of my children?*

*Do I take advantage of opportunities to kick-start a discussion about values and important life choices; for example, when a current news story is raising such issues?*
Talking about alcohol and drugs

In talking to your children about drugs, it is important to acknowledge that people who use drugs do so for a reason. Drugs usually serve a purpose or meet a need for people, at least initially. Prescribed drugs are used to prevent disease, fight disease or help the body function. People may also take drugs, however, to change the way they feel; for example, to get high or to help them forget problems or to relax. If used repeatedly in this way, drugs often end up increasing a person’s problems rather than reducing them. Many drugs are addictive, and street drugs present additional risks since there are no controls on the quality, content, safety or strength of street drugs.

When discussing drugs with your children, try to be clear and concise while explaining the facts and discussing the pros and cons of use. You don’t need to protect them from the facts but neither do you want to go out of your way to scare them. For example, caution should be taken when discussing the addictive potential of any drug with your child. There are many factors that lead to the development of an addiction, such as amount, frequency and method of use, predisposition to addictive behaviour, and other risk and protective factors. Absolute statements such as “You will be addicted after a single use” are difficult to prove, and may ultimately hurt your credibility when it comes to sharing important information about the harmful effects of drugs.
Opening up the discussion

Let your children know that you are open to conversations with them and want to hear their thoughts. You can do this in a casual or a more planned way (for example, at a family meeting). To open up the discussion, it is helpful to:

- try to avoid lecturing or sermonizing and focus more on having an open discussion
- keep a relaxed attitude and encourage your children to ask questions and to tell you what they think
- try to understand your child’s point of view
- don’t expect teens to agree with you about everything just because you are the parent. (Keep in mind, though, that parents have rights too!)
- develop active listening skills
- be as concise and objective as possible when explaining the facts about drugs and discussing the pros and cons

TIP: Use open-ended questions such as, “Why do you think drugs are becoming a problem at your school?” Don’t ask, “Have any of your friends asked you to try a drug?”
How to listen actively

Listen to both the spoken word and unspoken feelings. “I hate my friends and never want to see them again.” What does that mean, really? Is your child talking about being hurt, lonely or rejected? Or is there some other explanation?
Your response might be, “You must be feeling pretty angry to say that.”

Don’t interrupt or let anyone else interrupt.

Look at your child as they speak. Maintain good eye contact, and respond just enough to show you are listening. The responses can be physical (nodding, shaking your head or touching your child’s arm) or verbal (“Really?” “That’s too bad”).

Ask them to explain if you don’t understand their point of view. Repeat the idea to make sure. Make comments that show that you’ve heard what they said and that you understood.

Try to hear and respond to the feelings behind the statements made.

Don’t try to guess what your child feels. Ask!

Use I-messages (“I feel, because...”) instead of you-messages that blame or put down (“You are being silly”).

If the timing is bad, ask if the discussion can wait. Then follow up as soon as possible. Take the time needed to talk about issues that are important to your child.

Try not to judge, but let your child know how you feel when they say something negative or angry. For example, “I’m very sorry that things are not going well with your friends.” (If that is what you really feel. Don’t pretend.)

Some children will be more ready to talk than others. Accept that. When children get older, they need more privacy.

Don’t feel you have to “fix” everything. Children learn independence when they are involved in solving their own problems.
Responding in a helpful way

Be prepared to respond to your children’s questions and challenges. There are many approaches you can take, including asking friends and other family members for help.

Some keys to success include:

• focusing on being honest and open about your own values
• learning as many of the facts about drugs as you can, and being prepared to help your child make sense of conflicting messages that they may be getting
• emphasizing that using alcohol and other drugs is a choice that we all make and an opportunity to practise making good decisions in our lives
• letting them know that it is natural to have problems and make mistakes and that they can count on you if they ever need help

TIPS: Admit it when you don’t know something. But when such a situation arises, try to get up to speed quickly or to find someone else in the family or community who can help answer your child’s questions.

Another alternative might be to research the question with your child.

It’s something you can do together!
Helping your kids make good decisions

Developing your child’s self-esteem

To help your children develop a positive self-image:

- let them know you care about them
- show that you respect them
- give them chances to practise skills that make them feel competent and capable; for example, doing house or pet care chores they can handle, and participating in hobbies and activities
- let them know that you don’t expect perfection

**TIPS:** Regularly recognize your kid’s achievements (small and large) and their overall “special-ness” with notes, kind words and sometimes, small gifts. The best rewards are sometimes those that come completely unexpectedly. Even just a hug or a heartfelt “Thanks” can be worth a million bucks!

Know that everyone is good at something, and that building self-esteem is a long-term goal. It is unrealistic to expect every child to earn high marks all the time or be chosen to play on the school’s basketball team.

Talk to your kids about the things they are good at, and encourage them to say positive things about themselves and others.

Ask for (and pay attention to) your children’s opinions and input about family issues and plans (for example, an upcoming move or a family vacation).

Avoid comparing family members or making comparisons between your children and other children outside of your family.
Critical thinking

Critical thinking skills are required before you can make responsible decisions. Critical thinking skills include the ability to analyze and evaluate ideas, rather than simply accepting them as facts. A young person who has developed good critical thinking skills is better prepared to resist and counter the influence of those who might invite them to use drugs.

Examples of critical thinking skills

1. Looking for evidence. For example, asking, “Is that really true? How do you know?”
2. Considering other viewpoints or perspectives. For example, “What do other groups or types of people think about this, and why?”
3. Considering the implications and consequences. For example, asking, “What will likely happen if I try this drug?”

TIP: When your children make mistakes—and they will—don’t overreact. Ask what they would do differently next time, and what they learned from their mistakes. Sharing, reflecting, apologizing and trying to see things from your child’s point of view are all good ways of dealing with a mistake.

Teaching your child to be independent

Independence is a natural development, especially among older children. Although your first instincts are to focus on protecting and helping your children, it’s also important to encourage their efforts to be independent.

A parent’s role includes teaching children how to make decisions and how to draw on personal values when dealing with peer pressure.

Making decisions. Children need to practise making decisions appropriate to their age level, with an understanding of the consequences.
Children need to learn how to make choices that are respectful, realistic and responsible. In other words, they need to think about how their actions will affect themselves and others, what their options actually are and what the outcome of their chosen path is likely to be.

**Dealing with peer pressure.** Many of us imagine that if our children are going to be exposed to drugs, a stranger who is trafficking will be involved. The reality is that your children are most likely to be offered drugs by a friend, often someone their own age.

Further, as every parent of a teen knows, at this stage of development, young people often have very strong ties to their friends. Your role as a parent tends to shift. You are no longer the first person your child always turns to for advice and help, and you move into a new role—that of listener and coach.

Try to get to know your child’s friends, and if possible, their parents. Talk about being a leader or a follower. Listen to your child and let them know that you understand the difficulties of coping with peer pressure. If you can listen to them and discuss the issues without being judgmental, chances are they’ll continue to talk to you as they get older.

**Peers can be great.** When we talk about “peer pressure,” we usually think of bad influences. But most of the time, other children will influence your child in ways that are healthy and supportive. If friends are performing well at school, sports or music, they can inspire your child to work harder. And your child can have the same positive influence on others.

Friends are important to us throughout our lives, and learning to socialize with others is part of a child’s normal development. Every child has to learn how to fit in with the group while still holding on to their own values and identity. When you help your child to develop confidence and security, they will be better equipped to deal with the pressures of the group. They’ll have the strength to say “no” to things that make them uncomfortable or that they believe are not right.
TIPS: Helping your child deal with peer pressure

Ask your children what they think and feel about peer pressure. Do they think they always have to give in to be accepted? Do they believe they are strong enough to influence their friends? Do they have ideas about what they could say if a friend pressured them to use drugs?

If your child seems at a loss about how to respond, suggest that these answers might be appropriate:

Say “No, thanks” or “I’ll pass.”

Repeat the response as often as you have to.

Give reasons for refusing, but only if you want to. Some reasons might be:

- “I would get kicked off the soccer team.”
- “My parents would ground me for months.”
- “I don’t have time for drugs.”
- “Everyone is not doing it, and besides, even if they were, that doesn’t mean I have to.”

Put the pressure back on their friends. “Why do you need me to do it with you?” “Do you know what would happen if you were caught?”

Excuse yourself and leave.
Establishing rules and boundaries

Disciplining children is one of the most difficult parental tasks. And one of the most important.

This booklet has emphasized the importance of helping your children develop a positive self-image, letting them make decisions on their own and helping them become responsible for themselves. But parents must also provide regular and steady direction and guidance. Children are not adults. First and foremost, you are their parent, not their friend. In many situations our children need someone to tell them where the lines are that they must not cross. Some things are non-negotiable.

The following seven points summarize key steps towards establishing and enforcing rules.

1. Develop clear, reasonable and safe rules, and revise them as your child gets older. Some rules can be made in consultation with your child, but others are non-negotiable.

When appropriate, get everyone involved and try to get everyone to agree to the house rules.

Remind yourself regularly that it is not appropriate to try to keep your children entirely under your wing as they grow older. You do not lower the risks in life by overprotecting your child. Revise the rules as your children mature, and involve the whole family in this process.
Have a set of rules for all-important issues, including the use of drugs. Establish rules and boundaries that are tailor-made for your family, your children and you.

Maybe even write them down.

Make sure everyone understands what the rules are, and what the consequences will be when or if they are broken.

Encourage children to ask questions about anything that is not clear to them.

2. **Aim to provide consistent rules with consistent consequences.**

If important rules are broken, try not to overreact ‘in the heat of the moment’ and impose consequences that you can’t possibly follow through on. Take the time to decide on consequences that you can support and that are also meaningful because they are tied to the misbehaviour. For example, a child could be required to pay or work off debts or the cost of damages done, to apologize to a person they have harmed, to give up privileges such as going out with friends or watching TV, if other responsibilities have not been met.

Don’t forget to offer praise when rules are followed, as well as reacting when they are not.

3. **Establish a range of consequences that will suit different degrees of rule breaking, and be prepared to negotiate.**

Recognize that everyone makes mistakes. Decide how much ability your children have to see the consequences of their actions.

Example of negotiation: “You can colour your hair green, but I don’t want you to pierce your lip or get a tattoo!”

4. **Try not to let emotions get in the way.**

Try to avoid negative and emotional responses to misbehaviour; for example, blaming, name calling, threats, commands, lectures, warnings, sarcasm, talking about how the misbehaviour is causing you to suffer, comparing your child’s behaviour to that of other family members or other children outside the home.
Don’t discuss or decide on consequences when either you or your child is angry or upset. Take a break to cool off, and allow everyone time to reflect and gather their thoughts. Then talk about the issue later.

5. **Show trust in your children, but also set boundaries.**
   *It’s okay to say “no”. Balance monitoring of your children’s behaviour with allowing them to develop their independence.*

While children want to be independent, they also want limits placed on their freedom—even when they’re in their teens. It gives them an “out” to be able to tell their friends, “My parents won’t let me.”

6. **Show children how adults also live within restrictive boundaries.**

   For example, adults must get a good night’s sleep to go to work in the morning, they must pay their bills on time, and they must avoid breaking the law.

7. **Choose your battles.**

   Consider whether it’s really worth starting an argument if the issue is a small one.
What parents need to know about drugs

Most commonly used drugs and their effects

For many people, the term “drug” tends to suggest illegal activity. However, the use of tobacco and alcohol is legal for people over the age of 18 or 19 (depending on the province), and medicines are legal when prescribed or available over the counter.

Alcohol and tobacco are the drugs that young people are most likely to try, and cannabis is the most widely used illegal drug in Canada. The short-term and long-term effects of these drugs are described in the chart below.

**ALCOHOL (depressant)**

The term “alcohol” refers to substances made by fermenting or distilling grains or fruits; for example, wine, beer and hard liquor. Alcohol is the most popular drug in most provinces of Canada.

<table>
<thead>
<tr>
<th>SHORT-TERM EFFECTS MAY INCLUDE</th>
<th>LONG-TERM EFFECTS MAY INCLUDE</th>
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<tbody>
<tr>
<td>· depresses the central nervous system (CNS)</td>
<td>· damage to the stomach lining, ulcers, decreased appetite and malnutrition</td>
</tr>
<tr>
<td>· relaxation and feelings of well-being, but in some cases depression and anger</td>
<td>· liver damage, cirrhosis of the liver</td>
</tr>
<tr>
<td>· increased activity and decreased inhibition</td>
<td>· blackouts (periods when the person is conscious and functioning but is later unable to recall what they did or said)</td>
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<tr>
<td>· drowsiness, dizziness, slurred speech and loss of coordination and concentration</td>
<td>· brain damage that causes problems with memory, judgment and abstract thinking</td>
</tr>
<tr>
<td>· in extreme cases, loss of consciousness and even death</td>
<td>· increased risk of hemorrhagic stroke</td>
</tr>
<tr>
<td></td>
<td>· impotence in men and infertility in women</td>
</tr>
<tr>
<td></td>
<td>· cancer of the mouth and throat, as well as other types of cancer</td>
</tr>
<tr>
<td></td>
<td>· heavy use can lead to dependence.</td>
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</table>
TOBACCO (stimulant) is usually smoked but can also be chewed.

<table>
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<tr>
<td>· stimulates the central nervous system (CNS)</td>
<td>· heart disease, strokes, emphysema, chronic bronchitis and aneurysms</td>
</tr>
<tr>
<td>· feelings of pleasure, stimulation and relaxation</td>
<td>· cancer of the lung, throat, stomach, bladder, kidney and pancreas</td>
</tr>
<tr>
<td>· increased heartbeat, blood pressure and blood sugar</td>
<td>· physical and psychological addiction*, with significant withdrawal symptoms</td>
</tr>
<tr>
<td>· irritations of the throat and lungs (coughing)</td>
<td></td>
</tr>
<tr>
<td>· reduced appetite and endurance</td>
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CANNABIS (marihuana) is the most widely used illegal drug in Canada. It is a mood-altering drug that comes from the Cannabis sativa plant. People use it in three forms: marihuana (the dried and ground bud of the plant), hash or hashish oil/weed oil.

The cannabis high comes from the chemical THC. The cannabis that was smoked in the sixties and seventies was much less potent than it is today. With the improvement in horticulture and growing techniques, the concentration of THC in cannabis today has increased substantially.

<table>
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<tr>
<td>· feelings of calmness and relaxation, as well as clumsiness and slowed-down reactions, drowsiness</td>
<td>· decreased motivation and interest, as well as difficulties with memory and concentration</td>
</tr>
<tr>
<td>· giddiness, talkativeness or quiet seriousness</td>
<td>· chronic coughing and lung infections</td>
</tr>
<tr>
<td>· heightened senses</td>
<td>· cancer (As a result of the heavy use of pesticides and fertilizer in indoor grow-ops, the tar in cannabis smoke contains much higher amounts of cancer-producing agents than tar in tobacco smoke.)</td>
</tr>
<tr>
<td>· forgetfulness and reduced ability to concentrate</td>
<td>· psychological and physical dependence can occur among heavy or regular users.</td>
</tr>
<tr>
<td>· distorted sense of space and time</td>
<td></td>
</tr>
<tr>
<td>· increased heart rate and changes in blood pressure</td>
<td></td>
</tr>
<tr>
<td>· increased appetite</td>
<td></td>
</tr>
<tr>
<td>· anxiety, occasionally panic attacks and/or paranoia (suspicious feelings)</td>
<td></td>
</tr>
</tbody>
</table>
Less commonly used drugs and their effects

Other illegal drugs, such as those described in the chart below, are much less commonly used by young people in Canada.

**AMPHETAMINES and METHAMPHETAMINES (stimulants)**

Amphetamines are a large group of stimulant drugs. They can be powders (ranging in colour from white to brown, or even purple), pills or liquids. Amphetamines stimulate the central nervous system. Their effects are similar; however, the intensity will vary with the drug and the manner in which it is taken.

Methamphetamine is a powerful member of the amphetamine family that comes in many different formulations dating back to the late 1880s. The popularity of methamphetamine has come and gone over the years. Recently a new form of methamphetamine has emerged worldwide. Although it is the same drug, it is now much more potent. Methamphetamine comes in powder or crystal form. Crystal meth, a colourless crystalline solid, is a form of methamphetamine that is mostly smoked.

Methamphetamine is highly addictive. Addiction to methamphetamine is treatable, although it can be a long process and relapse is common.

**SHORT-TERM EFFECTS MAY INCLUDE**

- stimulates the central nervous system (CNS)
- feelings of well-being, increased alertness and energy
- increased heart rate and breathing rate, increased body temperature
- “twitching,” teeth grinding and obsession with performing repetitive tasks such as cleaning, hand-washing or assembling and disassembling objects
- irritability, insomnia, confusion, hallucinations, anxiety, paranoia (suspicious feelings) and increased aggression

**LONG-TERM EFFECTS MAY INCLUDE**

- loss of muscle control with symptoms similar to Parkinson’s Disease
- severe paranoia (suspicious feelings) and severe depression
- black teeth and gums, ashen skin and repellent body odour
CLUB DRUGS

The most commonly used club drugs at the time of publication are ketamine (Special K), GHB, methamphetamine and ecstasy. It is important to know that the so-called club drugs are not just confined to the dance club scene. The dangers of these drugs include a strong likelihood that they have not been properly manufactured, and in the case of GHB and ecstasy, the fact that they cannot be safely used in combination with alcohol.

Ketamine is used as an anesthetic in medicine and by veterinarians as a tranquilizer on large animals. It is similar to PCP (angel dust) and creates a dissociative effect, causing the user to experience loss of identity and distorted perception of time. The user can also suffer from hallucinations and exhibit psychotic behaviour.

**SHORT-TERM EFFECTS MAY INCLUDE**

- feelings of relaxation and sedation
- at higher doses, distorted perceptions, confusion and blackouts

**LONG-TERM EFFECTS MAY INCLUDE**

- addiction
- (in high doses) delirium, amnesia, high blood pressure, depression and breathing problems
- becoming withdrawn, paranoid and very uncoordinated

GHB, a sedative hypnotic originally developed as a sleep aid, is an odourless and colourless liquid mixed in water or provided in the form of a white powder. Effects are felt in about 10 to 20 minutes and can last up to four hours. GHB makes the user feel very drunk but is out of the system in 24 to 48 hours.

**SHORT-TERM EFFECTS MAY INCLUDE**

- feelings of relaxation and happiness, and increased sociability (similar to the effects of alcohol)

**LONG-TERM EFFECTS MAY INCLUDE**

- (in high doses) dizziness, drowsiness, nausea, vomiting, headaches, loss of consciousness, loss of reflexes, impaired breathing and even death
- physical dependence
- withdrawal symptoms such as insomnia, anxiety, tremors and sweating
Ecstasy is a powerful stimulant that is chemically related to methamphetamine. “E,” as it is known, is almost always found in tablet form and is taken orally. Ecstasy has a euphoric effect and raises the energy level of the user, which makes it attractive to the dance culture. It also has some hallucinogenic effects. Ecstasy is sold in coloured tablets that are usually imprinted with some form of caricature or logo. This is a marketing technique used to attract youth. Unfortunately, users may mistakenly view these drugs as being safe because they come in the form of pills or tablets. It is very rare to find a pure ecstasy tablet for sale. It is more common to see other less expensive drugs such as methamphetamine, ketamine or GHB contained in a single tablet. This places the user at risk of a potentially dangerous drug interaction.

<table>
<thead>
<tr>
<th>SHORT-TERM EFFECTS MAY INCLUDE</th>
<th>LONG-TERM EFFECTS MAY INCLUDE</th>
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<tbody>
<tr>
<td>· feelings of euphoria, pleasure, empathy and sociability, but also confusion, depression, sleep problems, anxiety and panic attacks</td>
<td>· weight loss</td>
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<tr>
<td>· blurred vision, nausea, muscle tension, teeth grinding</td>
<td>· irreversible brain damage with symptoms similar to the early onset of Alzheimer’s disease</td>
</tr>
<tr>
<td>· faintness, chills, sweating; increased heart rate and blood pressure, elevated body temperature</td>
<td>· flashbacks, paranoia (suspicious feelings), depression and psychosis (severe mental illness)</td>
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<tr>
<td>· (in high doses) distortions in perception, thinking and memory, as well as hallucinations</td>
<td>· liver damage</td>
</tr>
<tr>
<td>· death from dehydration and hypothermia in the context of raves or dances</td>
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### HALLUCINOGENS

Hallucinogens, the best known of which is LSD, are drugs that act on the central nervous system to greatly affect the way one feels and thinks. These drugs typically take the form of tablets or capsules containing powder of any colour but can also be in the form of magic mushrooms (psilocybin).

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<tr>
<th>SHORT-TERM EFFECTS MAY INCLUDE</th>
<th>LONG-TERM EFFECTS MAY INCLUDE</th>
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<tbody>
<tr>
<td>· mood swings from euphoria to sadness or fear, and back again</td>
<td>· flashbacks</td>
</tr>
<tr>
<td>· changes to the senses (the way you see, hear, taste and touch) and hallucinations (at higher doses)</td>
<td>· psychosis (severe mental illness) in vulnerable users</td>
</tr>
<tr>
<td>· increased heartbeat and blood pressure, dizziness, upset stomach, numbness of the mouth, nausea, anxiety and shivering</td>
<td>· possible psychological dependence in chronic users</td>
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### SOLVENTS/INHALANTS

Common household products such as quick-drying glues, gasoline, nail polish remover, paint thinner and cleaning fluids contain solvents that are commonly abused. Gas propellants in aerosol products like hairsprays and air fresheners are also inhaled.

<table>
<thead>
<tr>
<th>SHORT-TERM EFFECTS MAY INCLUDE</th>
<th>LONG-TERM EFFECTS MAY INCLUDE</th>
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</thead>
<tbody>
<tr>
<td>· euphoria, dizziness, numbness and weightlessness</td>
<td>· psychological problems such as apathy, mood swings, depression and paranoia (suspicious feelings)</td>
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<tr>
<td>· decreased motor coordination, muscle weakness, slowed reflexes, impaired judgment, visual impairment, ringing in the ears</td>
<td>· blood abnormalities and damage to the liver, kidneys, lungs and heart</td>
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<tr>
<td>· bloodshot, watery eyes</td>
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<tr>
<td>· increased heart rate, irregular heartbeat, headaches</td>
<td></td>
</tr>
<tr>
<td>· sneezing, coughing, nasal inflammation, respiratory depression, nausea, vomiting and diarrhea</td>
<td></td>
</tr>
<tr>
<td>· (if inhaled for a long period of time) coma or seizures, unconsciousness and brain damage</td>
<td></td>
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<tr>
<td>· death from asphyxiation (suffocation)</td>
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</table>
COCAINÉ (stimulant)

Cocaine is a fine, white crystalline powder, often diluted with other substances, that is sniffed, smoked or sometimes injected. It comes in two forms: 1) cocaine hydrochloride, a drug that is sniffed in powder form, and 2) crack cocaine, a cocaine-based substance that is smoked.

**SHORT-TERM EFFECTS MAY INCLUDE**

- a sense of excitement, extra energy and confidence, and an elevated tolerance for pain
- decreased appetite, dilated pupils, sweating and paleness
- increased heartbeat and breathing

**LONG-TERM EFFECTS MAY INCLUDE**

- chronic snorting causes runny or bleeding noses and holes in the barrier separating the nostrils
- depression, restlessness, sleeping, eating and sexual problems
- chronic, heavy cocaine use can cause severe psychiatric disorders

HEROÏNE (depressant)

Heroin is a drug derived from morphine, which is derived from the opium poppy. It is most often injected but can also be sniffed, smoked or swallowed.

**SHORT-TERM EFFECTS MAY INCLUDE**

- an intense feeling of well-being or euphoria, numbness and pain relief
- nausea, vomiting and severe itching
- “nodding” or alternating between a wakeful and drowsy state
- overdose is a common cause of death

**LONG-TERM EFFECTS MAY INCLUDE**

- collapsed veins and risk of contracting hepatitis, HIV and other infections from the use of needles
- malnutrition, chronic constipation
- addiction can lead to serious personal problems often involving crime, theft and poverty
Prescription drugs

Improper use of prescription medications and over-the-counter preparations is a serious concern. Many prescription drugs are powerful, and some can be addictive. The results of misusing these drugs, especially in combination with alcohol or illegal drugs, could be deadly.

Our society today is used to taking medications to make us feel better. Children see this, and can develop the attitude that “pills are OK because they make us feel better” or “medicine can’t be bad for us.” (This may also be one reason club drugs like ecstasy are often made to look like pills or capsules.)

It is important to have an open discussion with your child about the harm that can come from improper use of these medications. There are some standard safety practices that can help keep them safe:

- Always read and understand all warnings and instructions for medications. Take only as directed by your doctor.
- Younger children should never take medication without supervision by a parent or doctor.
- Never share your prescription with anyone.
- Never accept medication from anyone else. A pill may look safe, but you have no idea what it truly is or how your body may react to the ingredients. There is a great risk of allergic reaction or drug interaction that could be deadly.
- If you are not sure or have questions, ask your doctor or pharmacist.

Risks of drug use

The World Health Organization has identified substance abuse as a major health risk that can directly cause illness or even death as well as contribute to risky behaviour and harmful outcomes such as unsafe sexual practices, accidents, violence and loss of productivity.
Risks to mind and body

• People who misuse or abuse drugs tend to be sick more often, less coordinated and more prone to accidents.

• Street drugs pose a physical threat as well as a legal one, in that there are no controls on the quality, content, safety or strength of drugs being sold this way.

• Drugs can cause extreme mood changes, confused thinking, poor judgment and other problems with a person’s mental health.

• In extreme cases, users can develop personality disturbances, learning problems, memory loss and addiction. A significant number of drug users die each year.

Risks to family, friends and community

• Drugs can strain social relationships, putting life at home, school and work at risk.

• Drug use may lead to early sexual activity, unplanned or unwanted sex, and other risky behaviour.

• The need to support an addiction can lead to crime.

• Illegal sale or possession of drugs can dramatically affect a young person’s future. Drug users may be expelled from school. If charged and convicted, they will have a criminal record that may present problems in the future with potential employers or when travelling out of the country, etc.

• Drug use can affect the health and safety of a young person’s friends and siblings, for example, if they drink and drive, or smoke around others.

• Meeting the demand for drugs also creates social problems. For example, children whose parents are involved in the production of drugs are at risk.
Reasons young people might use drugs

Young people who use drugs may do so because they

- are curious about the effects and want to try experiencing the “high”
- want to relieve boredom or seek out a new risk
- think it is something to do for fun or to be cool
- are influenced by their friends and want to fit in
- have a risk-taking personality
- need to relieve stress or escape from painful feelings
- are motivated by rebellion, or have difficulty dealing with feelings or aggression
- are trying to get their parent’s attention
- lack self-confidence or have learning difficulties
- are trying to relieve physical pain

Each case is unique. Some young people might use drugs for one of the reasons listed above. Others may be responding to a combination of several different issues or problems.

The reasons for using drugs can be temporary. A child may use drugs to cope during a crisis or while going through a difficult time and then stop when the problems get resolved or go away. They may experiment once or twice and decide that the experience is not for them. Or they may use drugs over a longer period of time. The risk of developing a dependency increases the more that a young person begins to rely on alcohol or drugs to help manage their emotions or experiences.

Something to think about.

Are any of the issues listed above likely to affect your child? If you can identify specific areas of risk, you may wish to discuss them with your child.
Signs and symptoms that may indicate drug use

A combination of several of the following signs is a good indication that something is wrong. If you observe several of the following signs, consider taking your child to see a medical doctor or counsellor. If your child demonstrates certain signs and symptoms that suggest drug use, be aware of other possible explanations and avoid jumping to conclusions.

At home

- changes in sleeping and eating patterns: insomnia, napping at inappropriate times, fatigue, sudden increase or decrease in appetite
- changes in physical appearance: red or watery eyes, pupils dilated or constricted; runny or irritated nose; coughing; headaches; slurred speech; less care given to grooming; weight loss
- significantly increased use of strong cologne, mouthwash or eye drops
- changes in emotions and behaviour: moodiness, depression, hostility, hypersensitivity, lying, secretiveness, giggling for no apparent reason
- difficulty following instructions or concentrating, showing confusion
- avoiding contact with you: going straight to their room or the bathroom when arriving home
- excessive secrecy or “guarded” behaviour (for example, always leaving the room to take calls on their cell phone or quickly shutting down e-mail or instant message accounts when you enter the room)
- possession of drug paraphernalia, and presence of strange odours or cover-up odours
- over-the-counter drugs disappearing from the family’s medicine cabinet
School, friends and extracurricular activities

- changes in school performance: lower grades, lateness, absenteeism, discipline problems
- loss of interest in sports, hobbies and activities that the young person previously enjoyed
- presence of new or different friends, including friends who are reluctant to meet parents
- defending a known drug user
- requests for more spending money
- seem to have increasing amounts of unaccountable money of their own
- receiving expensive gifts from friends

If you suspect that your child is using alcohol or other drugs or you see a pattern of change in their behaviour that concerns you, talk to them. Tell them you are concerned and explain why. If drug use ends up being the problem, help is available. And remember, as a parent, you can see a counsellor yourself to help you figure things out and find new ways of reaching your teen. Talk to an addictions or mental health counsellor, your family physician or a member of the clergy for help and support as well as advice on programs and resources in your area.
What next? Creating a personal action plan

Consider making definite plans to follow up on items raised in this booklet that are a concern for you and your family. To be most effective, keep your list of plans short and focus on small steps that you can realistically achieve within the next several months.

Something to think about

- Are there books you want to buy or borrow from the public library? Research you want to do on the Internet? Questions you want to ask a medical doctor, counsellor or teacher?

- Would you like to change something about yourself in order to become a more positive role model?

- Is there a risk factor you could reduce for your child, or a protective factor you could enhance? For example, do you want to help your child get involved in positive activities such as sports or to be more successful at school?

- Could you improve your relationship with your children by improving your communication skills? For example, do you need to practise active listening?

- Could you tell your children more often what you appreciate about them? Or give them more responsibilities?

- Do you have rules and consequences in your home? Does everyone in the family understand them? Are your rules and consequences due for review and change?
My personal action plan

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Glossary

In this booklet:

Parent refers not only to natural parents but also to the wide variety of people who take on a parental role and are responsible for raising children: legal guardians, grandparents, older siblings and others. Approximately half of Canadian children are not in a traditional family.

Drug refers to a substance other than food that is taken to change the way the body or mind functions, including medicines, legally available drugs such as tobacco and alcohol, and illegal drugs.

Other definitions of terms used in this booklet:

ADDITION. A person depends so strongly on a drug or an activity that they continue the behaviour even when it is hurting themselves or others.

CONSEQUENCES. The results or effects of an action or condition. For example, breaking the family's rules will have consequences, such as being grounded for a week.

DEVELOPMENTAL ASSETS. Concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power to influence choices young people make and help them become caring, responsible adults.

PROTECTIVE FACTORS. Life events or experiences that protect against the development of problem behaviour such as drug abuse.

RISK FACTORS. Life events or experiences that are linked with an increase in problem behaviour such as drug abuse.

VALUES. Beliefs about what is valuable or important in life.