

How to communicate with kids about drugs (specifically marijuana) & alcohol

Why Parents should communicate with their kids about drugs, alcohol and specifically marijuana:

1. **Always:** Drug and alcohol use are issues kids have to navigate; we can help prepare them in intentional and meaningful ways.

2. Only 5% of kids try marijuana when they clearly understand their parents are against it. In contrast 35% of kids will try marijuana if their parents support its use or are unclear about their stance on use.

Source: NSDUH, 2010 published Sept 2011; <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm>

3. 90% of adult addicts began smoking, drinking or using other drugs before 18. Increasingly, adult addiction is being seen as a childhood onset disease. Parents can have significant impact on this. Source: CASA –National Center for Addiction and Substance Abuse www.casacolumbia.org

4. **New:** Environmental Protections like limited access and perception of harm are eliminated with legalization. California legalized the recreational use of marijuana November 2016 (Proposition 64). Full implementation of these laws begin January 2018 (full scale advertising and promotional campaigns, retail stores, mobile delivery and licensing for the entire marijuana supply chain to make products available). Home grows (6 plants, which equal 1000s of joints) have been legal since November 2016. With these environmental protections gone, parents (more than ever), schools, local law enforcement and governments now have the daunting role of protecting kids from marijuana use.

5. Unfortunately, at the same time, Legalization changes the calculus of drug use among all people, and kids especially. What was once a one-on-one or small group decision to use drugs or not, is now replaced by mass media encouragement (advertising in all mediums) to use marijuana for “promised benefit and/or lifestyle.” This messaging along with the simultaneous increase in access means marijuana is becoming normalized in our communities.

Normalizing marijuana through commercialization means there is no neutral response to marijuana anymore. A neutral or non-response is effectively pro-pot; only a clear rebuff or refute is anti-pot.

6. Parents need to develop “informed” responses around marijuana to clarify their position. They risk unintentionally normalizing this drug inside their families if they don’t.

“Informed responses” come from Strategic Understanding:

Marijuana – the drug & the industry	Developmental appropriateness
<ul style="list-style-type: none"> • What are you looking at (flower, edibles, concentrates) – Forms & Potencies (see below) • Physiological Impacts – Brain 101 (see below) • Marijuana vs Alcohol • What does lipophilic mean and why do you care? • “Medical” Marijuana – what it IS; what it IS NOT • Marijuana induced psychosis and other mental illnesses • Legalization in California (state, Orinda, Contra Costa County) <ul style="list-style-type: none"> • Big Marijuana, the Marijuana Industry – the next Big Tobacco - view “Then & Now” video http://www.edventi.com/#company • Crime relative to Legalization • What’s happening in other states 	<ul style="list-style-type: none"> • What makes a child vulnerable to experimentation, then possible use and abuse • Signs to look for • What message is sent when parents “look the other way” • How to respond to normal experimentation to keep it from escalating • How to set and enforce the right boundaries and limits • Do I share my own drug use with my kids? • How to model resiliency • Understand coping strategies – help kids label and understand their strategies
<p>Physiological Impacts https://drive.google.com/open?id=1chDzXZvivwXdHWRJRgEiucrp_qQimXJ</p> <p>Forms & Potencies https://drive.google.com/open?id=1oc-Ldlgt7Pd46Wosw1UqPpfTEO45-FwK</p> <p>MJ Talk Kit from Partnership for Drug-Free Kids https://drive.google.com/file/d/1YFwVtCf8LPRaCZNFzqI9qBStzHOR2eCW/view?usp=sharing</p>	

Some Age – appropriate Tactics:

Elementary	Big drug conversations are not necessary
<i>Validate resilient behaviors</i>	<ul style="list-style-type: none"> • Resiliency training – help kids learn how to cope with life’s ups and downs as early as possible. <ul style="list-style-type: none"> ○ Failure recognition – Failure is part of living. Validate, “that was hard,” recognize, “what went right,” verbalize, “and you’re ok” or “you learned x” ○ Express joy – verbalize, “that makes you so happy.” “I’m so happy every time x,”
<i>Physically protect</i>	<ul style="list-style-type: none"> • With home grows – 6 marijuana plants are now legal in every home and protected. Prior to playdates with new friends, ask the parents if they are growing and/or if there is marijuana on the premises? And if yes, how is it stored and/or how accessible are the plants?
<i>Parent Education</i>	<ul style="list-style-type: none"> • Start developing your “informed” responses around marijuana; start using them if drugs questions come from your child.

Middle School	Good time to actively learn more about marijuana and developmentally appropriate behavior. Can also be a time to assess family risk of addiction and to look at one’s own relationship to drugs and alcohol.
<i>Modeling (resilience & coping)</i>	<ul style="list-style-type: none"> • Model stress relief that does not include alcohol and drugs • Model joy, happiness and social interaction that does not include alcohol and drugs • Continue expressing joy and share other feelings such as anxieties, sadnesses, nervousness – this helps kids understand that these feelings are normal, and with patience, sometimes perseverance, sometimes a technique - they resolve • Identify your own coping strategies as well as your child’s. Coping strategies are anything we do to deal with stress. Things that make us feel happy, relaxed or connected have a coping aspect to them as well. Coping strategies are also considered self-soothing and distracting if need be. Things like activities, team sports, music, horses, etc, taking a bath, massage, walk/run, breathe, to name a very few can be coping mechanisms. Most of us don’t realize we are coping instinctively much of the time. Labeling these strategies - naming them as such – can help your child consciously chose one of the healthier activities as stress mounts.
<i>Family Risk Assessment</i>	<p>Late MS ...</p> <ul style="list-style-type: none"> • Conversations to have: <ul style="list-style-type: none"> • If there is addiction in the family, talk to your child about it – “honesty” does not mean salacious detail. This can be extremely prophylactic and give kids a story to tell their friends.... “I can’t drink that or smoke that because addiction runs in my family” [Note: addiction is a difficult disease that affects the whole family including extended members. Taking time before high school to explore this can be valuable) • Start discussions about brain chemistry – what drugs and alcohol are doing in their brain...follow with comments like, “this is why I do not want you drink in high school – we need your brain chemistry to set-up as much as possible before you try alcohol. I want you to wait until you’re 18, 19, 20 or 21 to try alcohol and I never want you to do drugs of any kind including marijuana. Adolescent brains are much more susceptible to the negative impacts of drugs and alcohol, so there is real reason to delay use.” This brain chemistry conversation is extremely important if there is family history of addiction.
<i>Physically protect</i>	<ul style="list-style-type: none"> • Continue asking parents of new friends if they grow or store marijuana if your child will be in their care. Express how important it is to you that they not be exposed to the drug in any way – visually, second hand smoke, accidental edible ingestion, etc... • In middle school, parents tend to disconnect from other parents as their kids take more of a lead in their social lives. This is developmentally appropriate, but it can be helpful to reconnected with parents before kids go off to high school especially as they navigate drugs and alcohol in the coming years. This can also be a time to advise other families

	<p>about how you feel regarding drugs and alcohol. Do you want to be told if they find your son/daughter consuming x or y? Sharing a family history of addiction can empower other families to help keep your child safe.</p>
<i>Parent Education</i>	<ul style="list-style-type: none"> • Developmentally kids are becoming more cognizant of their surroundings/environment and will start noticing the drug messaging around them. Continue developing your “informed” responses. Use them as you get questions. • Marijuana use is Russian roulette – you don’t know who will have an immediate psychotic break – pot is strong today
<i>Middle School Note:</i>	<p>There is no marijuana use at OIS according to the 2016 Healthy Kids Survey, however it is important to understand that all the bad outcomes of marijuana are worse when use starts in middle school. Parents should be very aggressive in their efforts to end use should it occur - strong intervention tactics/boundaries. Language can be compassionate but non-negotiable, i.e. “I’m deeply sorry your best friend is using, I’m profoundly saddened. It’s horrible for his/her brain too. You are both making a really bad decision in using marijuana. We can work together to encourage him/her to stop as well, or you can stop hanging out with him/her. Do you want to engage in an intervention effort with him/her?” This type of stance can be used in high school as well.</p>
High School	<p>While there are still 65-80% of students not using, depending on the year and substance, there is an increase in use of alcohol and marijuana between High School Freshmen and Junior years in Lamorinda and across California. Be prepared to navigate this potential increase.</p>
<i>Use your Parent Ed</i>	<ul style="list-style-type: none"> • Continue developing “informed” responses. • Know what marijuana used for medical purposes is so you can push back appropriately on “it’s natural,” “it’s good for you,” “it’s medicine.” “Medical marijuana” has led the charge in normalizing this drug. • Bring up marijuana topics heard on news for discussion. • Continue to talk to your kids about drugs and alcohol in terms of protecting their brains and the things they like about their brains – not necessarily academics or grades, but athletics, comics, impassioned conversations they frequently have around the house, the ability to care for their dog, connection with their girlfriend, and on and on – all the stuff that makes them happy or that you observe makes them unique and powerful - these are the things that are at risk if they injure their brains. • Marijuana use is Russian roulette– you don’t know who will have an immediate psychotic break – pot is strong today • Delay, Delay, Delay. As adult addiction continues to be seen increasingly as a childhood onset disease, the longer a kid can let their brain chemistry set, the more protected they will be from their brain becoming wired for addiction or cognitive decline.
<i>Exercise your parental rights and know-how</i>	<ul style="list-style-type: none"> • If not already discussed in 8th grade, let your kids know and/or remind them of your rules around drugs and alcohol. • Require knowing where your kids will be.

	<ul style="list-style-type: none"> • Feel free to call parents having parties – 1) make sure the parent knows it’s happening; 2) find out if they will be serving alcohol or marijuana. You can advise that your child is not allowed to drink/smoke etc.... If inclined, you can offer to help “police” activity at the party - require kids carrying alcohol to pour it out, hand over weed, etc... • If interested, consider allowing your teen to host a no drug/alcohol party at your house – regularly offer this option, so they know a drug-free gathering place is possible. Consider paying for non-intoxicating activities – they would consider fun – explore options with your kids – bouncy house, karaoke machine, silent dance party, DJ, etc.... • As parents, there are many reasons NOT to serve drugs or alcohol to your child’s friends – illegal, real consequences and liabilities (Social Host Ordinance), don’t want a child injured or dead after being at your house, potentially contributing to a child’s downfall if they are at risk for addiction or if they are the kid that is going to have an immediate psychotic break upon using pot. Discerning which kids are or are not at risk is impossible.
<p>If child is caught consuming - experimenting</p>	<p>Not easy times, but can be powerful times</p> <ul style="list-style-type: none"> • Opportunity to find out why they are using. • If stress related, opportunity to reassess family pace and make changes, look at own parenting fears that might be adding stress to family and child • Opportunity to establish rules & consequences around use – can establish together • Disallowing use categorically is a reasonable decision, but going about it in a way that your child buys in can be effective. • If there is a family history of addiction, it’s time to talk in detail if it hasn’t been talked about yet. • Refer to coping strategies – revisit, retool • Some parents use drug testing randomly to deter use going forward. For some kids, it gives them a tool to use with friends, “no I can’t; my mom is drug testing me.” It’s not so easy with other kids. To effectively use drug testing with either type of kid, consequences of testing positive must be clear and adhered to by parents. • Jamie Anderson’s – having difficult conversations strategies – MHS Parent Ed Speaker - https://www.miramonteparents.com/domain/85 • Ellen Conners, MHS Counselor, recommends an <i>empathy moment</i> when faced with finding out your child may be experimenting - try to remember a time in your life you have felt: social pressure, sadness, anger, boredom, fear, a need to block out emotions that make you feel uncomfortable, an urge to try something new – these can be reasons a child is trying. An empathy moment can help put you, as parent, on the same page and shape your approach/language to be more effective.
<p>If child may actually have a problem – Use Disorder</p>	<p>Contact a psychiatrist or psychologist that deals with addiction specifically and adolescence preferably. It may be advantageous to strategize with a professional on how to proceed with your child even before you approach your child.</p>

	<p>In-patient rehab can be necessary, but it's best used as a last resort. There are many things families can do prior to sending a kid suffering from a use disorder or addiction to rehab.</p> <p>Note: Addiction is a dark disease; many do not find recovery, and of those that do, only a portion successfully stay sober. It is not unachievable, but the best defense is a good offense when it comes to addiction – create an environment where the chances of addiction are low. Delay, delay, delay the onset of consuming intoxicants.</p>
<p>College</p>	<ul style="list-style-type: none"> • Help kid assess anxiety levels about leaving, advise/help them find campus services before leaving, advise/help/remind them of all their coping skills – things that make them happy, feel relaxed, feel connected.... Role play around specific types of events/interactions if they are interested. • Many colleges across the country are looking at drugs and alcohol on campus – much to get involved with, if interested.