

# **Dealing with Young People's Alcohol and other Drug Misuse**

**A guide for parents and carers**



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# The purpose of this booklet

Finding out your son or daughter is drinking or using other drugs can be extremely difficult to deal with.

This booklet is for parents and carers who find themselves in this situation.

## This booklet will:

- Give you some ideas on how to deal with this.
- Discuss skills that can be applied to other concerns too.
- Help you make some important decisions that can have a lasting impact.

It is not a replacement for professional help if families need it.  
Where to get help is included in this booklet.

## Key messages about alcohol and other drugs and their use by young people:

- 🍷 All drugs, both legal (alcohol) and illegal (e.g. cannabis, ecstasy, etc) have risks
- 🍷 Not all young people get involved with drugs
- 🍷 Not every young person who takes drugs develops problems
- 🍷 Many children and young people experiment with drugs – alcohol, cannabis, tobacco, etc.  
Not all experimentation leads to continued use....or misuse
- 🍷 If a young person does develop problems, they are more likely to have certain risk factors in their lives
- 🍷 Strong relationships and a young person feeling connected to the family and school are powerful protective factors
- 🍷 The bottom line for parents and carers:  
Don't panic and over react.  
There are things you can do that  
can make a difference!

***Read on to find out more...***

# Introduction

What do you do when you find your child is getting involved with alcohol or other drugs?

Do you  
panic? shout?

Picture  
the worst?

Blame  
yourself?

Feel your world  
is falling apart?

Adolescence is a time for trying new things and taking risks. How we deal with this as parents and carers is crucial. It requires thought, skills and a cool head.

Despite prevention efforts, the reality is parents and carers cannot stop young people coming into contact with drugs.

Drugs, including alcohol, are available to young people in every town across Northern Ireland.

Because drug use and underage drinking are such emotionally charged issues:

- 👉 Communication can be awkward and strained
- 👉 Discussions can become heated and escalate to arguments
- 👉 Parents can feel like their feelings and concerns aren't being listened to
- 👉 Young people can feel alienated and believe their parents just don't understand

Every family and every situation will be unique and different. There isn't one right way to respond that will work with every family. The age of the young person is one factor. How you would respond to a 13 year old may be different if the young person is 17. There are a range of responses that parents and carers can use. Choose ones that you think will work for you and your child.

Our strongest resource in dealing with any difficulty is the strength of our relationship with our children.

As you respond to a young person's drinking or other drug use, no matter what you do or say, the most important message you should get across is **"I Care about you."**

# Your own attitudes will influence what you do and say

Thinking through your own attitudes toward adolescents and the risks they take can help you be more purposeful in how you respond, rather than reacting without thinking.

**Don't blame yourself for what you don't have the control over.**

Parents and carers do have significant influence but... we cannot stop our children being exposed to drugs. The reality is they are out there. As our children get older the control we have lessens. There are so many other influences they are exposed to, such as from TV, at school, from their friends. There is no point in feeling guilty over things we have no control over. Guilt helps no one, especially our children.

**Remember we were that age once too!**

Adults often forget what it was like to be a teenager. Most of us were no angels when we were young. We took risks, broke rules and drove our parents mad with worry. Whatever rules we broke or risks we took, did we get through it ok? There is a clear message here.

Most young people who experiment with drugs grow out of it. They do not go on to develop long term problems.

## Why do children change when they hit the teenage years?

Adolescence can completely take you off guard. Suddenly, that lovable child you knew starts grunting instead of talking. They just seem angry most of the time when they hit their teens. So what happened?

### 1. Hormones start to kick in.

It happens to all of us, generally earlier in girls than in boys. This can mean that they may not even realise they are arguing about an issue this week that didn't bother them at all last week. Moodiness can be a real issue.



### 2. Critical thinking skills begin to develop during puberty and they can be really critical.

No longer are parents all-knowing and unquestionable. Combine this with the fact that kids think they are right and you are wrong most of the time and you can see how conflict can start.

### 3. Teens begin to see parents as fallible human beings. (\*OUCH\*)

When our kids are young, they listen to us. Our opinion matters. Now their opinion matters. They let parents know what they think, even if we did not ask. Power struggles can arise as your teenager questions your beliefs on politics, religion, risky behaviours, etc.

### 4. They can take their feelings out at home.

Since you are the stable figure in your teen's life, you are the first target when things are not going well for them. It is easier to take things out on those you feel safe with.

## Myths can cloud the issues

When a young person dies from a drug related incident it is headline news. This creates the image that drugs are killing our young people at shocking rates. This is not the case.

No one can take the pain away from a parent who has lost a child through drugs. It is a tragic loss of young life. Some young people using alcohol and other drugs do come to serious harm.

Thankfully, however, most who try drugs will not experience any serious difficulties. For many young people it is a passing phase. While it can and does cause some young people problems, most dabble in it occasionally and get through it with no long term harm. Not everyone who drinks, for example, dies of alcohol poisoning. The same can be said for illegal drugs.

### Let's explore some of the myths that add to the fear for parents and carers, balanced by the facts

#### Myth: All drug use is the same

**Fact:** While all drugs carry risks, the risk associated with a drug like cannabis is very different from using heroin or cocaine. In Northern Ireland, alcohol is the drug that causes the most harm to both adults and young people.

#### Myth: If you start on cannabis you will move on to harder drugs

**Fact:** There is no evidence that cannabis use leads on to the use of harder drugs.

#### Myth: Take a drug once and you're hooked

**Fact:** It takes time to become addicted to drugs. With drugs like heroin, it will happen more quickly. Some drugs like Speed and LSD are not physically addictive at all.

#### Myth: Cannabis is addictive

**Fact:** You cannot die of a cannabis overdose. Cannabis is not physically addictive like alcohol or heroin. It can be psychologically addictive. This means you believe you need it, but it won't cause serious withdrawal.

#### Myth: If you take ecstasy you will always end up dead

**Fact:** Deaths from ecstasy make headline news. The total number to date who have died in the British Isles (UK and Ireland) would be a few hundred. With any stimulant there is risk of heart failure. Overheating, through non-stop dancing in hot crowded clubs adds to the risk. "Chilling out" for a period, taking rests and drinking a pint of water an hour, reduces the risks.

#### Myth: I know nothing about drugs

**Fact:** Parents often think they know nothing when it comes to drugs. The truth is we know a lot more than we realise. We may think our children know more than us, but what they know is more likely to be rumours and confused messages.

## There is a difference between using and misusing alcohol and other drugs

When it comes to drugs, parents don't often see the difference between use and abuse, but young people see it. Most young people see adults using alcohol without abusing it, so they think they can do likewise.

In dealing with a young person's substance misuse it may be helpful to try and gauge what stage their use of drugs is at.

### Stages of drug use:

There are definitions which explain the stages of drug use, including alcohol.

Problems can occur at any stage but are more likely in the latter stages. The responses of parents and carers may differ depending on the level of the young person's use or misuse.

**Experimental:** Experimental drug use is when young people try a drug a few times. Why might they do this? Curiosity, risk taking, influence from friends. Use is often unplanned or impulsive. This is when they learn how the substance makes them feel.

**Recreational:** There is a more conscious decision to use at this stage. The recreational user starts to plan when, how, where and with whom they will use. The intent is to add to existing good times. Their use is often connected to dancing, listening to music, relaxing with friends, watching videos and being confident with the opposite sex.

**Functional use:** The person continues to use drugs more regularly for the effect. It works for them. It is *how* they have fun, relax, cope and build confidence. Functional use can easily turn into a habit and more problematic.

**Problematic misuse:** The young person continues to use drugs despite experiencing some negative consequences and problems. This is a critical stage in the continuum towards developing real problems. While outside help can help at earlier stages, this stage is when you would call in professional help.

### Can you recognise your child's type of use?

Experimental

Recreational

Functional use

Problematic use

If YOU use alcohol...it may be helpful for you to gauge your own level of use against this scale. In our culture, we as parents often have a positive (or at least a 'not negative' attitude towards drinking alcohol) but feel that any 'drug use' is totally wrong. This sends a message to our young people that can be confusing as alcohol is the cause of a lot of problems in our society. Young people can see it as hypocritical if we, as adults, get 'drunk' occasionally or drink a lot and yet refuse to acknowledge that young people often use other drugs (like ecstasy and cannabis) for the same reasons that adults choose to drink alcohol – to relax with mates, have a good time and have fun!

# Addressing Drug Use: What can parents do?

It is quite appropriate for you to clearly say to your child what you think and believe in regard to alcohol and other drug use. It is OK to say “this is not on”. The challenge is how to say it to have the most effective impact.

## In addressing drug use, avoid demonising drugs.

While young people do need facts and accurate information about drugs, this will not necessarily stop them using them.

Young people often think they are invincible and nothing will happen *to them*.

Don't be afraid to talk about it, but go beyond just saying they are bad for you. When we do talk to them about what we think, don't demonise drugs or give them exaggerated messages. This will make young people not believe you and may affect trust.

“The worst thing you can do with drugs is demonise them, as if they were horrible, meaningless.  
...All you have to do to attract some young people to drugs is just say they are bad for you.”

*Paolo Coelho, Confession of a Pilgrim*

Whatever you feel, it is important for your child to know **WHY** you feel drug use is risky/wrong etc. – **YOU NEED TO DISCUSS THIS WITH THEM!**

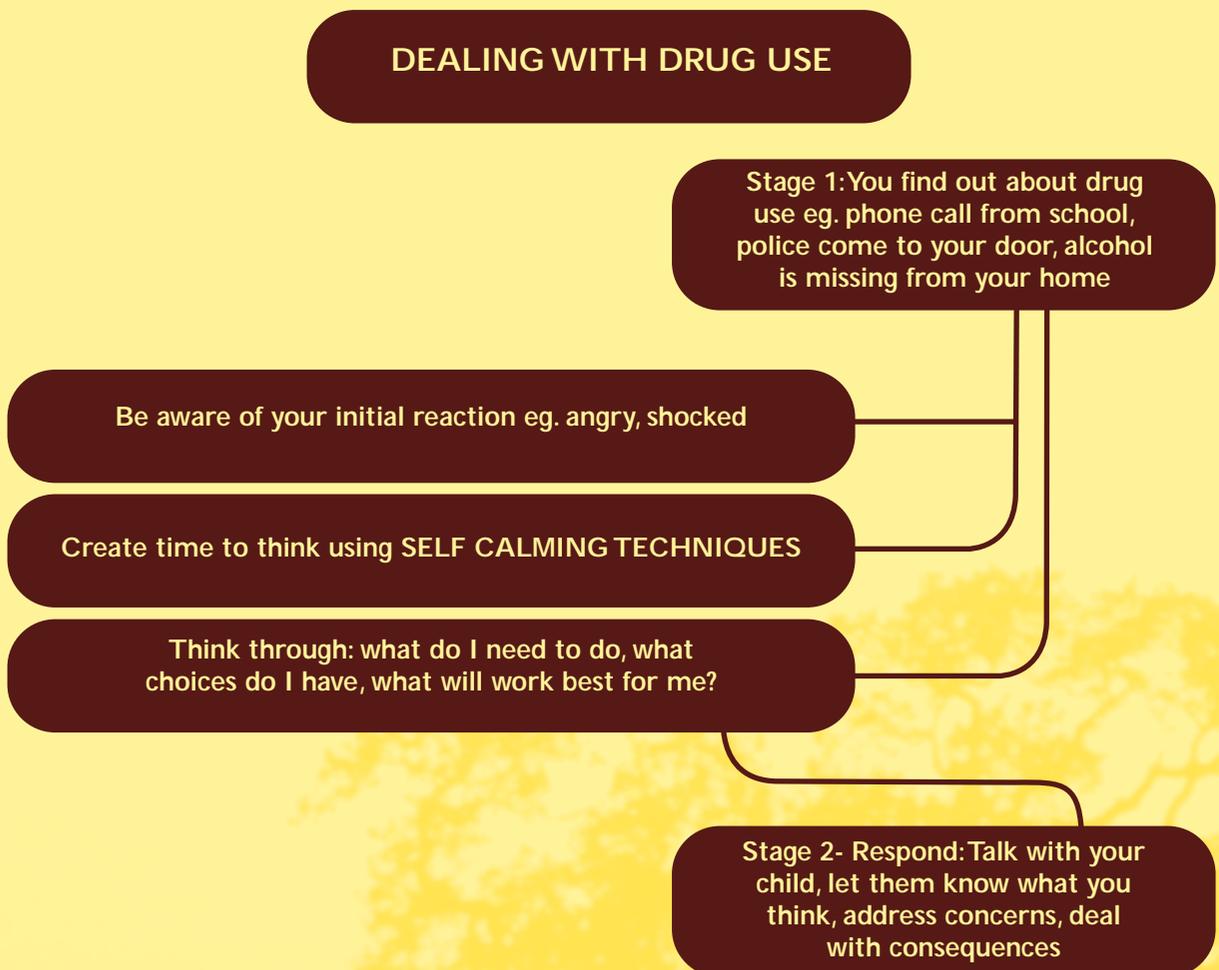
Young people will not blindly obey adults any more (if they/we ever did) but they will respect boundaries and rules when they understand why they are there, the reasons for having them have been discussed and they understand where you are coming from in setting those boundaries!

Respect for those boundaries you set will be more effective when there is a strong relationship between you and your child. Behind any message we give our children should be “I care about you”.

## Staying calm: Self-calming techniques

Picture getting a phone call telling you your son or daughter has been found with drugs at school, or finding cigarette papers in their room when you know they do not smoke. What is your first reaction? Is it well thought through or do you react based on your feelings?

Self-calming techniques do not necessarily help you cope better. They do give you time to think and to consider your choices. Best of all, they can be applied to any stressful situation. Get used to using them when things are clam so they really work for you at times of stress.



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## Examples of self calming techniques

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### **Clenched Fists - Opened Mind**

This is a simple technique that works on a simple principle. Tensing muscles and then relaxing them can have a calming effect.

First, make your hands into tight fists...as tight as possible. Notice the tension in the muscles of the fingers. Become aware of the hardness of your fingernails in the palm of your hands. Notice the skin stretched across the knuckles and how your wrists have become rigid...and the tension running up your arms to your shoulders.

Then...slowly relax your hands. Really concentrate on the change between tension and relaxation. Relax those hands and fingers. The relaxed feeling is

now going up your arms to your shoulders. In a few minutes let it spread to your whole body. You don't have to say anything or do anything. Let the relaxation flow.

### **Deep Breathing 7/11**

This is a simple but powerful technique that is easy to learn. It has immediate beneficial effect. From deep in the pit of your stomach breathe in for 7 seconds and then breathe out for 11 seconds. Do this 5, 6, 7 times and feel the reaction. The reason for making the out breath longer is that inhaling stimulates arousal and exhaling stimulates a relaxation response. By breathing out more than breathing in, you trigger the relaxation response over the arousal response.

## Communication is our strongest tool

With your initial response, don't block communication by being dismissive (I don't want to hear your excuses) or avoiding it (I can't deal with this).

There are many styles of conversations which leave little room to help your child work things out for example:

ORDERING:

"You have to..."

ADVISING:

"It would be best if you..."

WARNING:

"If you do this again..."

AVOIDING:

"I can't deal with this?"

LECTURING:

"Do you realise...?"

JUDGING:

"You were being stupid."

INTERROGATING:

"Why do you do it?"

## Positive Communication

Positive communication in times of crisis helps something positive come from what could be seen as a very tough situation.

- 👂 Perhaps the most important communication skill we have is listening.
- 👂 Listening to your child is just as important as talking to them.
- 👂 When you open yourself to what your child has to say, you will hear their view. It can strengthen your relationship with them.
- 👂 Young people feeling their parents understand them is a powerful protective factor. Listening helps achieve that. This is especially important during conflict.

### Listen with both ears. Points for good listening:

- 👂 Don't challenge or disagree to begin with.
- 👂 Make an effort to try to understand what your child is saying.
- 👂 Listen to the thinking and feelings behind the words. What is going on for them?
- 👂 Listen actively; repeating words, reflecting, checking out what you are hearing tells your child you are listening.

### Say what you think and feel so your kids will listen: Using "I Statements."

Healthy communication is critical to relationships and especially when there is conflict.

One way to communicate with your child is by using feeling language or "I statements", a way of expressing how you feel about a situation without placing blame or drawing a defensive, argumentative response from the young person.

Saying "you did this wrong" or "you shouldn't have done that" often makes people feel angry and hostile.

"I statements" can help you communicate your feelings to your child in a way that makes them more likely to hear what you have to say.

"I statements" also provide young people with clear, direct messages and help them understand that their actions have effects on other people.

### Here are a few examples:

- 👂 When you hang around with him, I feel really concerned because I worry he will have a strong influence on you.
- 👂 When you scream loudly, I feel upset because it means we are not listening to each other.

### You also can reverse the order and state your feelings first. For example:

- 👂 I feel worried when you smoke cannabis, because I am worried how it will affect your future.
- 👂 I feel terrified when you don't come home, because I am afraid you are getting into trouble.

**"I statements" attack the issue, not the person. While there is no guarantee, young people are less likely to get defensive when you use an "I statement" to express your concerns.**

## "I statements" can also be used to express positive feelings:

 When you come home sober, I feel proud because I think you are sticking to our family rules.

To begin using "I statements", follow a basic format of three parts:

1. When (provide non-judgemental description of behaviour).
2. I feel (name your feeling).
3. Because (give the effect the behaviour has on you or others).

Any new skill takes practice. Look for opportunities to use "I statements" and notice how they open up communication.

## Or you may want to state your feelings first and follow this format:

1. I feel (name your feeling).
2. When (provide non-judgemental description of behaviour).
3. Because (give the effect the behaviour has on you or others).

Using "I statements" may feel awkward at first but, with a little practice, it can become a regular part of how you talk to your kids.

## The language of "I Statements"

To use "I Statements" effectively it is helpful to have a good use of feeling words i.e. having words to express how you are really feeling. Below is a range of feeling words that parents could use. For three key feelings, sad, angry and afraid, there are words that communicate different levels of those three feelings:

### SAD

Unhappy  
Depressed  
Gloomy  
In the dumps  
Low  
Out of sorts  
Discouraged  
Disappointed  
Choked up  
Ashamed  
Useless  
Worthless  
Uneasy  
Down

### ANGRY

Resentful  
Irritated  
Enraged  
Furious  
Annoyed  
Inflamed  
Provoked  
Infuriated  
Offended  
Irate  
Cross  
Bitter  
Frustrated  
Boiling  
Fuming  
Confused

### AFRAID

Fearful  
Terrified  
Panicky  
Tragic  
Alarmed  
Cautious  
Shocked  
Insecure  
Impatient  
Nervous  
Worried  
Dismayed  
Scared  
Threatened  
Appalled  
Petrified

## Communicating concerns

Alcohol and other drug use results in very real worries and concern for us as parents and carers. Our children won't know what our worries are unless we tell them. "I statements" can help you say what you think about drugs and your concerns.

-  The legal risk: illegal drugs and underage drinking are against the law. Getting a conviction can have a lasting impact and affect their future.
-  They can get in the way of future ambitions. Getting caught with drugs in school can have serious implications.
-  The unpredictability of drugs: With illegal drugs you do not know what you are getting and therefore this can result in unpredictable reactions. This can happen even with drugs like alcohol. It can affect us more if we are tired, have not eaten or are stressed.

**Above all, try not to argue if you hear things you disagree with.**

### What if they don't want to talk?

Timing can be a real challenge for parents and carers. You don't want to avoid the issues but you can't force somebody to talk when they are not ready. Raising the issues, then backing off may be an option. You can pick your moment to open up the discussion again when they are more open to talk.

**Show that you recognise the person's feelings.**

"You feel strongly about this!"

"You seem to feel very concerned". (hurt, upset, confused)

**Invite more discussion.**

"I would like to understand how you are feeling/thinking."

"Will you tell me more?"

**Actively listen.** Work at understanding what your child is thinking and feeling.

"Let me see if I understand. You feel like...?"

"It sounds like you feel lonely (confused, sad, etc.). Is that right?"

**Choose the best time.**

Your messages and views will not be fully heard if your child is under the influence of alcohol or other drugs. You may want to wait until the effects have worn off.

Trying to talk to your child in front of their friends or brothers/sisters may only cause embarrassment.

You know your child best. Choose a time you believe will work best.

**Young people need to know what is expected of them, what they can and can't do.**

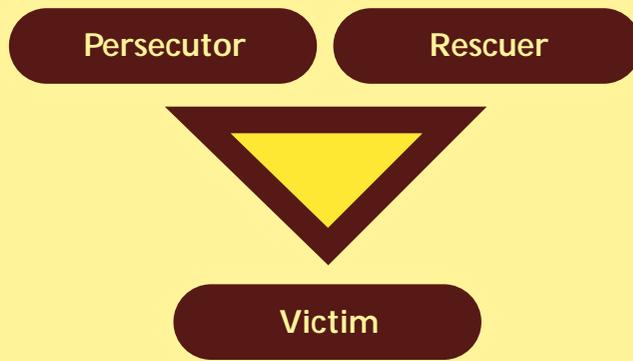
You may need to express your view on any family rules that have been broken.

What are the consequences that can help your child learn from the experience?

This raises the question, are family rules about things like alcohol or other drugs openly discussed?

## Avoiding the Drama Triangle

Ever heard of the Drama Triangle? It describes how we get caught in patterns of changing roles when relating to people in conflict situations. What happens in conflict is that we start in one role, but move to another. What are these roles?



**PERSECUTOR (Bad guy)** - "It's All Your Fault." Blames, criticises, angry, rigid, authoritative stance.

**VICTIM** - "Poor me." Feels victimised, helpless, hopeless, powerless.

**RESCUER** - "Let me help you." Feels guilty if doesn't rescue.

The cycle goes like this; "I was just trying to help (rescuer), and they turned on me (victim), so I had to defend myself (persecutor)."

Here is an example. Dad finds his son has taken a bottle of vodka from the house (victim). His son is in the wrong (persecutor). If Dad shouts at his son in front of his friends his son is embarrassed. His son now becomes the victim. The father is now the persecutor. Roles continue to move back and forth as the two shout at each other. Friends become the rescuers by consoling the son.

It is so easy to move from one role to another, with the result of increased conflict.

Steps in recognising the Drama Triangle:

- 👉 When you see conflict building i.e. voices raising.
- 👉 When you notice your own anger building.
- 👉 When you feel the need to jump in and "sort things out."

Being aware of the triangle helps people not take any of the 3 roles. That way a person does not get caught in the way roles can change during conflict. Good communication and "I statements" help that. We both (parent and the young person) need to feel listened to and understood.

## Helping our children learn from their experience

Does punishment help your child learn from a situation? Does the type of punishment fit what the young person did?

If seen as excessive or harsh by the young person, then probably not.

This does not mean young people do not need consequences and to learn from what they do. The word discipline means to “teach”. How do we help the young person...

👉 Learn from the experience?

👉 Learn what we as parents and carers think and value?

If there are issues at school or with the police, these can be used as consequences that have to be dealt with. Showing the young person how to cope with these challenges helps them learn from them.

It also helps young people to see how they do affect other people close to them, e.g. disappointed, let down, fearful. This will have a more powerful impact when there is that strong relationship between you and the young person.



## Reducing conflict: Some practical suggestions that do work

Whether alcohol or other drugs are an issue or not, parents and teenagers can be caught in patterns of conflict that make you both feel that you shout at each other more than talk. These ideas on reducing conflict do help to improve relationships. They are not just for issues around drugs.

To help see things in a more positive light when conflict flares, you should ask a few key questions. This helps you put things in perspective.

Am I *generalising* from one or only a few incidents? Is this a constant thing for you or are you experimenting?

Am I *making it bigger than it needs to be*? Yes, this is serious, but we can get through this.

Am I *excluding* any positive aspect or potential? Is there something good that could come out of this?

### What helps reduce conflict?

**Choose your battles.** Avoid unnecessary conflict - this is another way of reminding parents of the old advice to "pick your battles." It is easy to get locked into conflict over things that in the bigger picture really don't matter at all. This doesn't mean that a parent and carer should avoid confrontation about big issues like potentially harmful and dangerous choices. It does mean letting go of the little things that really don't matter.

**Argue less and listen more.** It sounds quite simple, just stop arguing. This takes a lot of effort, but it is harder to argue with someone who is listening to us and trying to understand what we are thinking and feeling. By refusing to participate in the argument, the power struggle eventually disappears.

**Choose your words carefully.** A good rule of thumb is to speak to your teenagers as you would to another adult. This is far easier said than done, because they will not always be acting or speaking like an adult to you. This sets an example of respectful behaviour and puts you in a positive position of not being pulled into conflict.

An argument takes two people. With just one person, it is a temper tantrum. It's harder to argue with someone who is listening to us and trying to understand what we are thinking and feeling.

**Give choices and choose consequences carefully.** When you think it is appropriate, let them know that what they do is their choice. They will then have to deal with the consequences of their behaviour. Let them struggle with what decision to make. This helps them learn decisions have consequences.

When giving choices, make sure to use only what you are willing to carry out. Don't use threats which they know you won't follow up on. Once you have decided on the choices, don't yell or be drawn back into conflict. Walk away, leave the room and wait outside if you have to.

## Some examples of choices to give your children:

- 🍌 You can do your homework, or else tomorrow I will ring the school to let your teacher know why your homework is not done.
- 🍌 You can be pleasant at the dinner table, or you can leave the room and eat your dinner alone, after we have finished.

Old habits are hard to break, so it may take a while for your children to understand that you are serious and are no longer being controlled by their emotional outbursts. Keep your cool and continue about your day, not letting them see the frustration you feel.

**Above all, be consistent. Follow through with the consequences that are given.**

When they make good decisions, this is the time for praise. Let them know how pleased you are and that you are proud of them.

**Negotiate, accommodate and compromise:** While negotiating with a 2-year-old may have seemed impossible, it is possible to negotiate and compromise with a teenager. Of course, this means that everyone is open to discussion. This probably won't work in the heat of an argument. Step away when emotions are running too high and come back to resolve the situation when things have cooled down.



**Admit we are wrong when we are wrong:** There is no shame in a parent giving in when a teenager may be right or have a reasonable point of view or request. Being able to admit mistakes and make a sincere apology are important skills for any parent. It can help to build trust and model a behaviour you want to encourage. It does not mean we are giving in or losing control. It means we are being fair.

**Let go of the past** - Once a problem has been dealt with, let it stay in the past. Bringing up past mistakes in the heat of argument won't help. Teenagers make mistakes and errors in judgment. That is part of being a teenager. Getting stuck in the past doesn't allow for the young person to learn and move on.

**Stick to boundaries when it is important** - Some kids truly push boundaries and test your ability to stay in control as a parent. Sticking to boundaries doesn't mean to use force, which seldom is even remotely reasonable with teenagers. It means to draw the line and assert that you are, in fact, still the parent and have the final say in the situation. Think carefully about the boundaries you set, before you set them. Think through, is this really important? Once you say no, mean no. The misuse of this is one of the main reasons parents and teens get stuck in conflict. Young people feel they have no choice or control. Save it for what is important!

**Work together** - Families that present a united front to teenagers give the message that we are parenting together. This can mean both parents, as well as extended family who are important to the young person. Even if parents are separated, it helps when everyone is "singing from the same hymn sheet".

**Which of these ideas are you already using? Which could you do more of?**

# Focus on strengths

Too often when things like substance misuse hit a family the focus is on what is wrong. What promotes young peoples' good healthy development and what is going well gets forgotten about.

Strengthening protective factors and reducing risk factors can help to stop experimentation of drugs developing into more problematic use.

*Risk factors* are those things in a young person's life that raise the risk that they will develop problems with things like alcohol and other drugs. They are found in four areas: community, school, family and the young person themselves. Risk factors build upon each other, so the more risk factors that are present, then the greater the risk of developing problems.

*Protective factors* are strengths in the family, community, school and the young person themselves. They either reduce the impact of the risks or change the way a person responds to them.

While there is no guarantee, reducing risk factors and building strengths can make a difference.

A strong parent/child relationship is a powerful protective factor

## Some of the Key Risk Factors. Which of these do you think exist in your...

### ...Family?

- Unclear rules about things like alcohol and other drugs
- When the example set by parents is not consistent with the rules
- Low parental involvement in their children's lives:
  - not noticing their efforts
  - not involving young people in family decisions
  - lack of doing enjoyable things together
- Young people believing their parents don't understand them
- How the family manages problems:
  - poor supervision
  - inconsistent or harsh punishment
- Family conflict

### ...Community?

- Availability of alcohol and other drugs in the locality
- An over-positive attitude in the community to drugs, including alcohol

### ...School?

- Young people who feel a failure
- Lack of commitment and connection to school

### ...Individual?

- Friends who use alcohol and other drugs
- Young people feeling they don't belong
- Feeling unvalued
- Low self-esteem
- Positive attitudes to alcohol and other drugs
- Early use: There is growing evidence that says when young people start drinking before the age of 15, they are 4 times more likely to develop later problems

**Some of the key protective factors: What are you already doing or could you do a little more of?**

- **Bonding:** Young people need to feel they belong. They have the opportunity to contribute and to be recognised for that contribution in the family, school and community.
- **Healthy and consistent standards:** For example, the family has clear rules about using alcohol or other drugs.
- **Developing skills:** Young people having good problem solving, decision making, coping skills.
- **Raised self-esteem:** Young people feeling positive about themselves.
- **Alternative activities:** Young people get involved in activities. They have the opportunity to develop themselves.

### Can Protective Factors be Strengthened?

Parents can consistently strengthen protective factors while reducing the risk factors their children are exposed to. A leaflet discussing risk and protective factors, *The Power of Parents in a Child's World* can be downloaded at [www.edact.org](http://www.edact.org) in the local resources section.

*Connections*, a further resource on helping our children feel connected and *Bouncing Back, Building Resiliency* can also be found at [www.edact.org](http://www.edact.org).

There is no end to the creative ways parents try and build on the protective factors for their children. Take building self-esteem as an example. Parents look for:

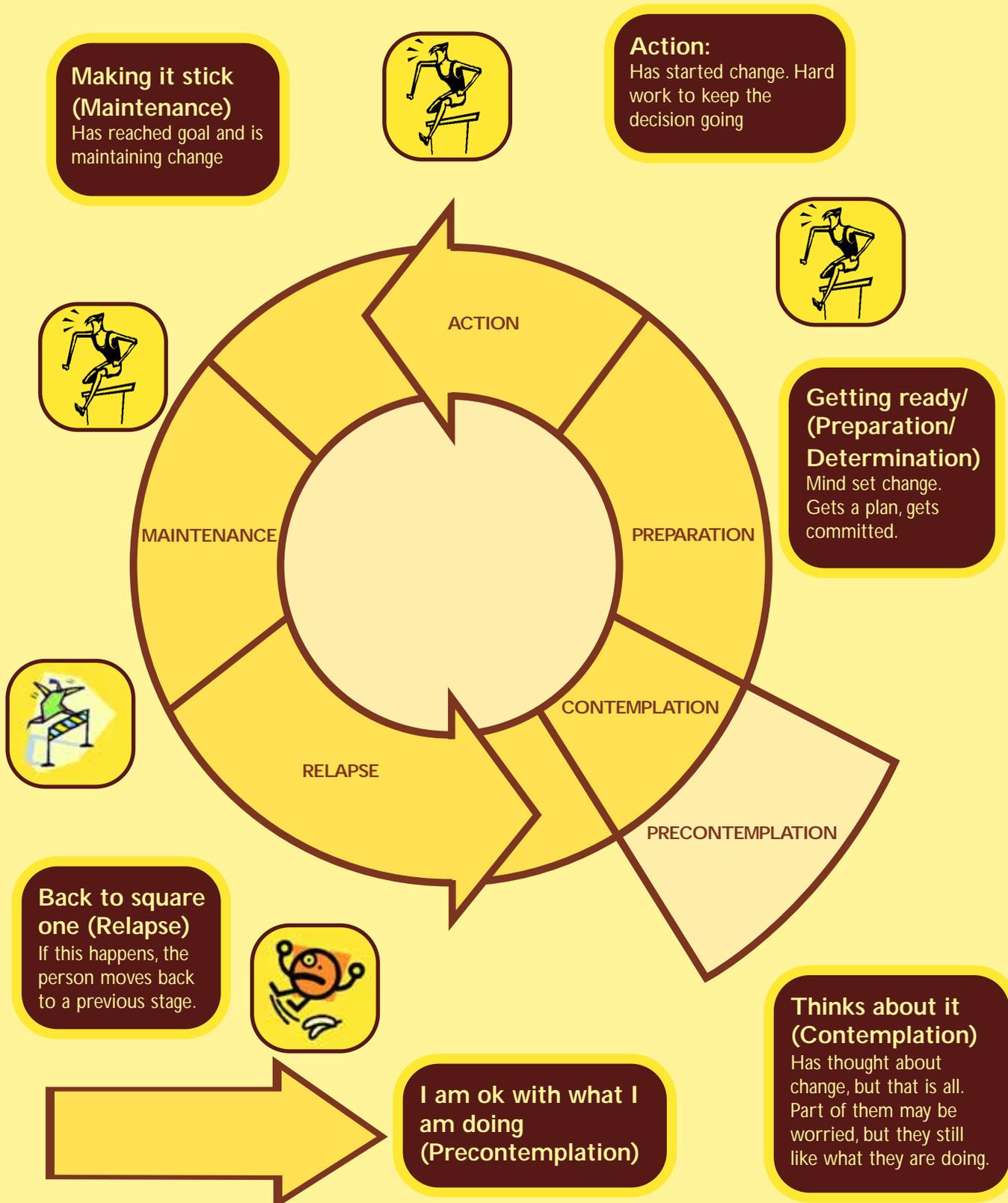
- 👂 Opportunities to notice their children's efforts as much as their successes
- 👂 Times to give their children undivided attention
- 👂 Ways to show their kids they are listening and understand what they are saying
- 👂 Ways to help their kids feel they have something to contribute to the family

*Talking to your Children about Tough Issues* is an opportunity for parents to examine these risk and protective strategies. It is a series of three, 2 hour workshops that help parents and carers build ideas and skills to strengthen these protective factors in their family. It is available in your area. Details can be found in the section on *Where can I get help?*

# How do people change?

It may help parents to know how anyone changes their drinking or other drug misuse. This can apply to any stage of use, from experimentation to problematic use. There are five stages when changing. When they enter the cycle, the person is happy with their drug use. They don't see a problem. (precontemplation). Moving from one stage to the next (and eventually towards change) means seeing "where you are at" and deciding what is the best way forward.

What are the 5 Stages?



How do you know what stage someone is at? Ask them.

# What can parents do to support change?

This way of looking at change does not say change is easy. What else is going on in the young person's life? The influence of friends will have an impact. It does mean that parents can take different approaches, depending on where the person is. This isn't about making parents counsellors. It is about helping them be able to help their child, through building on their talking and listening skills.

STAGE OF CHANGE	What can parents do?
<p>Does not see a problem</p> <p>(Precontemplation)</p> <p>I am ok with what I am doing</p>	<ul style="list-style-type: none"> <li>• Increase the person's awareness of the risks and problems of substance use</li> <li>• Help them learn objective facts</li> <li>• Challenge positive attitudes toward substance use</li> <li>• Establish clear rules</li> <li>• Know where they are going and who they are with</li> <li>• Build protective factors</li> </ul>
<p>Thinking about it (Contemplation)</p> <p>Has thought about change, but that is all. Not ready to change yet</p>	<ul style="list-style-type: none"> <li>• Discuss reasons to change</li> <li>• Discuss fears or concerns of not changing</li> <li>• Build their belief in themselves that they can change</li> <li>• Build confidence</li> <li>• Help them consider what is important to them</li> <li>• Build other protective factors</li> </ul>
<p>Getting ready (Preparation/Determination)</p> <p>Gets committed to change, makes a plan</p>	<ul style="list-style-type: none"> <li>• Help the person determine how best to make the changes they need</li> <li>• Help them make a plan</li> <li>• Give them support</li> </ul>
<p>Keeping the decision going (Action)</p>	<ul style="list-style-type: none"> <li>• Help the person take steps towards change</li> </ul>
<p>Relapse</p>	<ul style="list-style-type: none"> <li>• Help the person get back on track</li> <li>• Help them learn from what happened</li> <li>• Help build their confidence</li> <li>• Build protective factors</li> </ul>

Behaviour change does not always happen overnight. Young people can move gradually from being uninterested (precontemplation stage) to thinking about change (contemplation stage) to committing to make a change. These are suggestions that we as parents and carers can do that can help that happen.

For further reading see: Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (1994) Changing for good. New York: Avon Books

# What if they won't stop?

## Some dilemmas and choices

Sometimes, despite all our best efforts, our kids just don't respond the way we want them to. They keep drinking or taking drugs.

### Understanding drug use in your child's life

Before you can change behaviour like drinking or other drug use, it is critical to understand what it does for the person. How does it work? What need does it fill? Just demanding a person "stops" often leaves them with a challenge. How will I fill that need?

The young person may need to tackle the issues behind the alcohol or other drug use.



Does it help me cope?

Does it help me feel better about myself?

Does it help me fit in with my friends?

That is why there are a range of services available to help young people work through these issues. They are listed in the section, *Where can I get Help?*

### If they won't stop is there anything else worth considering?

If all else fails, helping them cut down or alter their use is an option worth considering. It is not condoning continued drug use. While it may not be the change you want to see, any change that reduces harm is a change in the right direction.

Two resources are being developed, *Alcohol and You* and *Cannabis and You*. These self-help guides help people have a good look at their drinking and cannabis use. While these resources are aimed at adults, you can decide if they would be of benefit and if your teenager is mature enough to look at these. They can be found at [www.edact.org](http://www.edact.org) in the local resources section.

Continuing to build protective factors is a positive option that helps build strengths any young persons needs. While you cannot make a person change if they are deciding not to, building protective factors gives you something positive that you can do.

### Why is it so hard to ask for help?

Help is available for parents and carers, as well as young people. So many people believe, however, asking for help is a sign of weakness. Underneath that belief is the feeling, "I should be able to cope with this myself."

Asking for help is often a real sign of strength, seeing the need to make things better and reaching out for support.

One father's experience of asking for help illustrates that small changes can very often have a powerful impact.

### **Small changes can make a big difference: one father's experience**

I was really nervous seeing this guy for help. Ok, he was a professional, but so am I in what I work at. I kept kicking myself, how did I let things get so bad?

I kept saying to myself, I should have known better.

He suggested he saw us as a family.

I was sceptical. How could he turn all this trouble around?

In a few short sessions he did what I was not expecting. He had us look at what was going well for us as well as what the problems were.

We took a good hard look at what we wanted and the message was there. Despite our difficulties, we really cared about each other.

I felt closer to my kids after one particular session. It hit me how much I loved them. What I had been so stuck on was what they were doing wrong.

I noticed that week, we were talking more, instead of shouting at each other. That kept going and in the sessions that followed we looked at more constructive ways to talk about what was worrying us.

I learned about "I statements". I took time to listen as much as talk.

Looking back now, the decision to see that guy really helped our family and in particular me. All I could say was thanks.

Father of a 15 year old

### **What if the substance misuse becomes out of control?**

One of the hardest choices parents and carers sometimes have to make is a realisation they cannot live with the drug use if it gets to that chronic destructive stage. It is strongly recommended you talk a decision like that over with someone.

The key things you can do are:

-  Increase support for yourself.
-  Realise you are not to blame for their drinking or drug use.
-  Take time for yourself emotionally.
-  Ensure they deal with the consequences of their continued drug use.
-  Ensure physical protection if necessary.

# Additional Information

## Signs of drug use

Lists of signs of drug taking can be misleading. They can suggest it is easy to tell when your kids are using drugs. It is not. It may be easier to spot alcohol misuse, but only if they have had a few too many. Other drugs can be more of a challenge simply because we do not know what to look for. It can also be hard to tell if someone is using drugs, as different drugs can affect people in different ways or the effect has worn off by the time they get home.

### Is my teenager doing this?



- Changes in mood (surly-aggressive-passive)
- Changes in attitude (why is everyone "on my case")
- Temper outbursts (over anything)
- Changes in appearance/clothes styles
- Staying out later at night
- Not eating proper meals
- Lying-on later in bed in the mornings
- New circle of friends

Many of the signs and symptoms of drug taking that parents are told to look out for are also signs of young people growing up and of normal adolescence.

Be careful not to assume any of the above signs are definitely indicators of drug use. They may suggest other things are going on in the young person's life. We will not know unless we ask. You know your child best. When you see any of the signs becoming extreme, it may suggest concerns.

### Other general signs that can suggest the young person is having problems:

- Lying and being secretive
- Changes in appearance (not looking well, lacking energy, dopey appearance after a night out)
- Change in eating habits (some drugs can make you lose your appetite, while some can make you very hungry after use)
- Gradual loss of interest in things that used to be important (school, sport, hobbies, friends, younger siblings)
- New friendship patterns (for example, younger teenagers mixing with an older group)
- Stealing, things going missing, borrowing (needing money all the time)
- Unusual smells (either from the use of solvents or cannabis or else to cover the smell of these by using strong deodorants and perfumes)
- Unusually quiet, talkative or tired
- Facial features (eyes may be bloodshot, or pupils dilated, while sores around the mouth may indicate solvent use)
- Drug using paraphernalia (while most young people who are experimenting with drugs will go to great lengths to hide the evidence, you may still find cigarette papers, small bits of torn cardboard, tinfoil, straws, plastic bags with powder/herb-like residue)

## Basic drug information you may find helpful

As one parent said during a workshop, "We don't have to have all the answers. What we need is the confidence to openly discuss the issues. This short section on drugs is to help build that confidence and will include:

- 🍷 The categories of drugs
- 🍷 Information you may find helpful

### Categories of drugs

There are two ways to classify drugs:

1. The legal categories
2. The way drugs affect the body

1. The legal categories are A, B and C which are based on the view of how damaging the drugs are. (A is the most serious) Laws do change and it has been known for some drugs to be moved into different categories. Whatever category it is in, it is still illegal.

#### Legal categories

##### Class A

Cocaine  
Heroin  
LSD  
Magic Mushrooms  
Ecstasy

##### Class B

Amphetamines  
Barbiturates, Ritalin, Codeine  
Any Class B drug when prepared for injection is considered a Class A drug

##### Class C

Benzodiazepines  
Diazepam (Valium)  
Cannabis



2. Drugs can also be classified by the way the drug impacts in the human body

The 4 main categories of drugs which impact the body are **depressants, stimulants, hallucinogens, and opiates.**

Some drugs like ecstasy (E) cross categories since it has both stimulant and hallucinogen effects. Knowing these categories can help people to recognise the signs of drug use.

To understand how the different drugs affect the body, think of the analogy of a car.

- Depressants act like the brakes to slow the body down eg. alcohol
- Stimulants speed the body up like the accelerator eg. speed
- Hallucinogens alter how you see things like someone pouring oil over the windscreen eg. LSD
- Opiates block pain like the airbag eg. heroin, codeine

Further information can be found at <http://www.drugsalcohol.info>

## Depressants



**Alcohol** - Initially gives you a feeling of relaxation and confidence. It can be addictive if used regularly. There are serious physical health effects if you drink excessively or binge drink. It can affect the liver, nervous system and brain. There are no known safe limits for children and teenagers. Young people can get themselves into dangerous situations if they are drunk, e.g. fighting, having unprotected sex, etc.



**Tranquillisers** - (eg. Valium, temazepam, tranx, jellies). They come as capsules and tablets of differing colours and shapes. They create a feeling of relaxation. Although often prescribed by GPs, they are regularly misused. They are highly addictive.



**Solvents** - Glue, butane gas and aerosols can be sniffed, or the fumes breathed in using a bag. It makes people feel 'high'. These substances can make people do things that they wouldn't normally have the courage to do and they may hallucinate. The heart can stop and this can lead to death, even when tried for the first time.

## Signs of Solvent use (for example glue sniffing)

### Behaviour:

- 👉 Not paying attention
- 👉 Uncoordinated, clumsy
- 👉 Irritable

### Physical:

- 👉 Appearing drunk and disorientated
- 👉 Slurred speech
- 👉 Smell of chemicals on your breath or clothing
- 👉 Spots, boils or redness around the mouth

### Other signs:

- 👉 Paint or chemical type stains on face, hands, or clothing
- 👉 Evidence of use such as empty solvent containers, aerosol cans, plastic bags or rags

## Stimulants



**Speed - Stimulant** (amphetamine, speed, uppers, whizz, sulphate) comes as a powder (dirty white or pink) or as tablets. Amphetamines can be swallowed, sniffed, smoked or injected. People feel as if they have lots of energy, 'buzzy' and often talk a lot. But, again, you can also feel very scared, paranoid, anxious or grumpy.



**Cocaine - Stimulant** (coke, snow, Charlie, C) and crack cocaine (rock, wash, stone) makes people feel confident and lively, but can also make them feel tired, scared, unable to sleep and can cause damage to the chest and nose. Cocaine can also lead to agitation, convulsions, fits and overdose. Cocaine is a white powder that is sniffed up the nose and can be dissolved and injected. Crack cocaine comes as crystals (rocks). It is smoked and has similar effects to cocaine powder, but these effects are more rapid and intense and wear off quickly.



**Ecstasy - Stimulant with "psychedelic" effect** (E, pills, disco biscuits,) comes in tablets in lots of different colours and shapes. They make people feel happy, lively and very friendly. But some people feel anxious and scared. If taken while dancing a lot, it is easy to become dehydrated. This has been known to cause some fatalities.



**Caffeine - Stimulant** The drug found in coffee and tea is also found in energy drinks and can be in tablet form. Makes people feel more alert. Too much and/or withdrawal can cause headaches, shakes and heart palpitations. Has been known to cause overdose with excessive use.

### Signs of Cocaine use

#### Behaviour

- Hyperactive
- Talkative
- Unusually confident or arrogant (comes on very quickly after use)

#### Physical

- Nose irritation (runny nose or itching after snorting cocaine)
- Small appetite
- Wide awake/full of energy (despite long periods without rest)
- Excessive tiredness (day after use)
- Depressed or 'low' (day after heavy use)

Taking cocaine can have similar effects as amphetamines, but the 'high' doesn't last as long.

### Signs of Ecstasy and other amphetamine use

#### Behaviour

- Hyperactive ('giddy')
- Talkative
- Unusually confident

#### Physical

- Dilated pupils (like large, black saucers)
- Sweating
- Thirsty/dry mouth (white spit)
- Small appetite
- Wide awake (can't sleep)
- Excessive tiredness (day after use)
- Very down (feeling depressed mid-week after use at the weekend)
- Jaw stiffness/teeth grinding (many users will suck lollipops or chew gum to ease the discomfort).

# Hallucinogens



**LSD - Hallucinogen** (acid, trips, tabs, microdots, stamps) comes on small pieces of paper impregnated with the drug. The little squares have pictures on them. LSD is eaten or sucked. The effect is to hallucinate ('trip') and see odd shapes or colours or hear noises. Trips can be pleasant or terrifying and can last for several hours. You can also have 'flashbacks' several months later, when you have similar experiences to the trip, even though you haven't taken LSD for weeks.

Magic Mushrooms grow wild in the autumn and also have a hallucinogenic affect.



**Cannabis - Depressant effect (making people feel relaxed) with hallucinogenic properties** (marijuana, grass, dope, weed, skunk) is currently the most commonly used illegal drug among young people. The level of the drug THC in cannabis will effect how much of a hallucinogenic effect it has. Some types of cannabis (soapbar) can be very impure and have all kinds of additives. Cannabis resin looks like a gravy browning cube, or cannabis/marijuana can look like dried herbs. It is usually rolled into a 'joint' and smoked like a cigarette or through a special pipe. It can also be baked in cakes. Most people find it makes them feel relaxed, and they may feel they want to talk or laugh a lot. It can also make you feel panicky and nervous, confused, tired and hungry. It can cause lung diseases, if smoked. For some people, cannabis use can trigger schizophrenia or lead to mental health problems.

## Signs of Cannabis use

### Behaviour

- Short attention span, poor short term memory, distracted/uninterested, laughing/giggling

### Physical

- Bloodshot eyes
- Increased appetite (many cannabis users get the 'munchies' after use and become very hungry)

### Other Signs

- Burn marks on clothes (this is caused by hot pieces of cannabis burning through the rolled up cigarette paper and falling on the clothes)
- Torn bits of cardboard from cigarette packets or cigarette paper packets to make a filter
- Cigarette filters/cigarette butts which have not been smoked
- Bits of loose tobacco

## Opiates



### Heroin -

**Opiate** (H, smack, skag, horse, junk, brown) is a brown or whitish powder. It is smoked, sniffed or injected and makes people feel very relaxed and content and cut off from the world. It is highly addictive, even if not injected. There is also the extra risk of getting liver disease (hepatitis) or HIV infection through dirty needles. Over the counter codeine medication is in the same family of drugs.

## Signs of heroin and other opiate use

### Physical

- Eye pupils become pin-point (constricted)
- Some people's pupils dilate
- Eyes take on a glassy appearance
- Very drowsy
- Slurred or slow speech
- Shallow breathing
- Itching and scratching

### Other signs

- Burnt tinfoil (from smoking heroin)
- Boxes or strips of tablets (codeine use)
- Frequent trips to the chemist

### Drug users who are injecting heroin may also show some of these signs:

- Blood stains on clothes
- Bloody tissues
- Track marks on arms (where they are injecting)
- Long sleeves, even in warm weather
- Injecting equipment (shoe laces used as a tourniquet, spoons, syringes)

If you feel that you want to know more, there are open courses run across the region which will help you become more aware of drugs and drug-related issues.

Agencies that run these courses are listed in *Where can I get Help?*

If you want to find out more about what is happening in your area contact your local Drug and Alcohol Co-ordination Team at [www.edact.org](http://www.edact.org), or your local Alcohol and Drug Forum.

## Safety first: Knowing what to do in an emergency

Emergencies are rare, but when they do happen, it is good to know what to do. With alcohol and other drugs, anyone can take too much or have a bad reaction.

### Key points:

- Say calm, don't panic
- Help the young person stay calm
- Reassure them the feelings they have will pass
- Try to find what they have taken
- If worried at all phone the out of hours doctor, or 999 in an emergency

#### If they are tense and panicky (can happen with speed, cannabis, LSD or magic mushrooms)

- Try to reassure. Don't confront
- Sit them in a quiet room
- Keep away from crowds and bright lights
- Encourage them to take long, slow breaths

#### If too hot or dehydrated (Can happen with ecstasy and speed)

- Move them to a cool, quiet place
- Take off excess clothing to cool them down
- Give them non-alcoholic drinks to sip (no more than a pint per hour)

#### If drowsy (alcohol, heroin, sniffing, tranquillisers)

- Sit them in a quiet room
- Do not frighten them or let them exert themselves

#### (This can be dangerous if sniffing was involved)

- Do not give them coffee or keep them awake by slapping them
- If symptoms persist, put them in the recovery position
- If unconscious, call 999
- Make sure their airways are clear
- Place them in the recovery position
- Stay with them
- If you know what they have taken, tell the medics. Save any pill bottles or other containers for the medics to help them know what they have taken.

Putting someone in the recovery position

**If you find an unconscious person (someone who does not respond to you at all), follow these simple steps:**

Tilt their head back then:

- Move their nearest arm, as though they are stopping traffic.
- Lift their furthest knee, and bring their furthest hand to the near side of their face.
- Using their knee as a lever, pull them onto your knees.
- Adjust their position, as shown in D



# Where can I get help in the Eastern Health Board area?

To learn more about drugs and alcohol issues in the Northern Ireland context visit: [www.drugsalcohol.info](http://www.drugsalcohol.info) or [www.knowyourlimits.info](http://www.knowyourlimits.info)

For advice and support, you could try contacting your local GP and/or the Parents Advice Centre on 0808 8010 722 (free phone helpline).

## FOR YOU:

If your child is at the experimenting stage, or you feel they are at the age where they might be more likely to try alcohol and/or other drugs for the first time, you may benefit from

participating in the *Talking to Your Children about Tough Issues* workshop.

Through this training, parents can learn skills which will help them to talk and perhaps more importantly, listen to their children about their views and boundaries regarding using alcohol. Details on how to find a workshop in your area can be found at [www.edact.org](http://www.edact.org) or through your local Health Development Department.



## FOR YOUR CHILD:

If your child is at the experimenting stage they may benefit from attending a Drug Awareness Programme. Three agencies within the Eastern Board area are funded to deliver such programmes:

ASCERT – Tel: 028 9260 4422

Falls Community Council – Tel: 028 9020 2030

FASA – Tel: 028 9080 3040

NB These same agencies also offer drug awareness programmes targeted at adults, so if you as a parent would like to find out more, you could also attend.

CODA also provides training for adults Tel: 028 9046 9261

If your child is recreationally using (e.g. drinking or smoking cannabis at weekends), then perhaps Life Matters could be the solution. This is a life skills programme which addresses substance misuse by examining and addressing the motivating factors for it in the young person's life. It is delivered by:

ASCERT –

Tel: 028 9260 4422

Opportunity Youth –

Tel: 028 9043 5810

If you feel that your child is at the problematic stage in terms of their drug and/or alcohol use (e.g. daily/persistent use) and that this is causing significant problems to their lives and within the family, then you should contact the CHILL Project, the Youth Treatment and Support Services for those aged 17 and under with substance misuse issues living within the Eastern Board area. Please contact:  
Opportunity Youth –  
Tel: 028 9043 5810, or  
Contact Youth –  
Tel: 028 9045 78 48



Alternatively, if your child would prefer to talk to someone over the phone rather than face-to-face, the CHILL Project also offers a Youthline service which is staffed by trained counsellors, call: 0808 808 8000

A more in-depth directory of services across the Eastern Board (covering both prevention and treatment) is available to download from [www.edact.org](http://www.edact.org) (click the relevant button on the home page).

ASIST (Applied Suicide Intervention Training) is available to address the issue of suicide in communities. Contact your local Health Development Department for further information.

# Where can I get help outside the Eastern Health Board area?

Contact your local Drug and Alcohol Coordination Team or visit [www.drugsalcohol.info](http://www.drugsalcohol.info)

Northern Drugs and Alcohol Coordination Team.....	028 25 311111
Southern Drugs and Alcohol Coordination Team .....	028 40 660926
Western Drugs and Alcohol Coordination Team .....	028 82 253950
Eastern Drugs and Alcohol Coordination Team.....	028 90 434248

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- Davis Turkington: Alcohol and Drug Coordination Team Eastern
- Brendan Nellis: Barnardo's
- Ruth Kane: Opportunity Youth
- Neil Smyth: Opportunity Youth
- Eileen Lynch: Barnardo's Parenting matters
- Maighread Kennedy: Barnardo's Parenting matters
- Claire Black: Health Development Dept, Down Lisburn Trust
- Melanie McClements: Health Development Dept, Down Lisburn Trust
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