

WINTER 2011



Special points of interest:

- Use of positive messages empower youth to make healthy choices.
- Discuss drug and alcohol assessment and treatment with your pediatrician and adolescent at the next checkup.
- Parents who explain the rules, enforce them consistently but are flexible, have the lowest risk of teens who drink alcohol heavily.

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"TODAY'S HEALTHY CHOICES ARE TOMORROW'S HEALTHY OUTCOMES"

Changing the Perception of Drug Abuse

Each year, the Partnership for a Drug-Free America surveys adolescents to monitor their thoughts on drugs and alcohol. Partnership Attitude Tracking Study (PATs) is considered one of the most important teen surveys in the country. In case you are wondering how accurate teen surveys are, many years of data collection shows that student survey results are reasonably accurate, provided that student participation is voluntary and that the survey is completely anonymous.

According to data from the 2010 PATs, student perception of harm of drinking alcohol and smoking marijuana is on a decreasing trend. Only 27% of high school students report that they think there is a great risk in drinking one or two drinks every day. Only 55% of students see a great risk in drinking four or more drinks every day. 31% of students disapprove of teens their age getting drunk. One-half of students perceive a great risk in using marijuana regularly. This data is much lower than the students' perception of risk of regular use of other

drugs which ranges from 72% to 84%.

Previous research on high school students has shown that when teens' perceptions of risk and disapproval of drug use decrease, their rates of drug use increase.

According to another national youth survey, Monitoring the Future (MTF), the percentage of high school seniors who thought there was a great risk of harm from using marijuana decreased to 46% in 2010, which is the lowest level since 1979.

Previous research on high school students has shown that when teens' perceptions of risk and disapproval of drug use decrease, their rates of drug use increase. In order to decrease teen use of alcohol and marijuana, we need to increase perception of harm without using scare tactics.

Scare tactics have been proven to have little effect on teens. Teens might ignore a fear message by

saying things like, "I just don't want to think about this," or "It's not that bad," or "That might happen to other people, but not me." As a result, they don't change their behavior. Scare tactics often talk about serious but rare consequences. For example, if a teen has been drinking without experiencing a serious negative consequence, they think, "Nothing happened to me last time I got drunk." That negative message does not scare them anymore.

Use of positive messages empower the youth to make healthy choices. For example, the "Above the Influence" anti-drug campaign encourages teens to be happy with their identity and not feel the need to use drugs to fit into someone else's idea of who they should be. "The 84" is an anti-tobacco campaign named for the 84% of high school students in Massachusetts that do NOT smoke cigarettes. Emphasizing that the majority of teens do not use tobacco products, changes teenagers' perceptions about the need to smoke in order to fit in.

For more information on how parents and school professionals can use campaigns to reach youth, please visit:

www.teens.drugabuse.gov

www.toosmarttostart.samhsa.gov

www.thecoolspot.gov

www.drugs4real.com

www.abovetheinfluence.com

www.JustThinkTwice.com

www.the84.org



*Dr. Sharon Levy,
Director of Adolescent
Substance Abuse
Program at Children's
Hospital*

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Parents and Teenage Privacy

The American Academy of Pediatrics recently released a new policy stating that doctors should screen their adolescent patients for drug and alcohol use at every visit, not just annual check-ups. It is vital to recognize the signs of substance abuse right away because early intervention can prevent addiction.

The American Academy of Pediatrics (AAP) provides a guide to help doctors ask their teenage patients about substance abuse. Dr. Sharon Levy, co-author of the new policy and Director of the Adolescent Substance Abuse Program at Children's Hospital Boston, says the guide makes it easier for doctors to talk about drugs and alcohol and provides a simple tool for measurement of risk factors.

Pediatricians should follow up the assessment with information on the negative health effects of substance abuse, advice on making healthy choices and provide referrals for additional treatment if needed.

The AAP recommends that doctors consider talking to the teen's parents about the results of a substance abuse assessment. According to federal and state medical privacy laws, physicians are not required to tell parents of adolescent patients about drug or alcohol assessments. In Massachusetts, the minor (age 12 and over) is legally authorized to consent to certain health treatment such as substance abuse treatment and the parent does not control the protected health information related to that care.

This does not resolve the question of whether the parent can access the pediatric patient's personal health information without the patient's consent. Although doctor-patient privacy encourages teenagers to accept medical help for substance abuse, sexually transmitted diseases and contraception, parents should to be aware of their children's health needs.

Discuss drug and alcohol assessment and treatment with your pediatrician and adolescent at the next checkup. Let them both know that you respect your child's right to patient confidentiality but substance abuse can be life-threatening or a lifelong battle with addiction. Tell them that you want to be part of a team effort to keep your teen healthy. Encourage open dialogue by calmly offering your support to both the doctor and your adolescent.

Set and Enforce Clear Rules

Youths whose parents set clear rules for them are less likely to report using illicit drugs, according to data from the 2009 PRIDE Survey. Middle and high school students whose parents set clear rules for them "a lot" were less likely to report using illicit drugs in the past year (21%) than students whose parents never set clear rules (49%). Similar results were found for having

parents who punish them for breaking these rules.

The PRIDE Survey was designed by professors at Georgia State University to help schools measure drug, alcohol and tobacco use. They also measure other crucial issues to adolescent development such as family, gangs, violence and activities.

A report published in the *Journal of the Study of Alcohol & Drugs* (April 2010), found that youths

living in households with **authoritative parents** were less likely to drink alcohol or have friends who drink alcohol.

Authoritative parents are described as parents who set rules and discuss the reasons for those rules. They enforce the rules consistently but are flexible for special situations. They monitor their children's whereabouts but are very supportive of their needs and ideas.

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The Partnership for a Drug-Free America recently printed a full-page parent guide in The New York Times. It is a "Time To Talk" kit of talking points designed to help parents with some of the toughest parts of discussing substance abuse with adolescents. The entire talk-kit is available at TimeToTalk.org.

The bottom line is that it's never too early to start talking about healthy choices with your children.

Adolescents act like they're not listening which acts as a barrier to open communication. Parents perceive this barrier as a sign to stop talking. But studies show that adolescents are listening even when they act otherwise. Parents should not become discouraged and keep talking.

Most parents are afraid to talk to their children about drugs because they fear discussing their past drug experiences. According to the Time To Talk kit, "The issue isn't about your past. It's about your children's future. What's important now is that your kids understand that you don't want them to use drugs".

1. THIS ISN'T ABOUT YOU. Many parents are afraid their teen will ask them if they ever did drugs. Do not let them turn the focus of the conversation on you. Keep the conversation on them.

2. CONFESSION IS NOT ALWAYS BEST. Most experts agree that confessing your past drug and alcohol use is not a good idea. "*Do as I say, not as I do*" rarely works as a deterrent. Teenagers often will perceive that if you could do drugs and end up fine, they can do drugs for a few years then quit and end up fine too.

3. WHEN SHOULD YOU LIE? Experts say never. Parents always risk losing credibility if the truth comes out. Either speak honestly or talk about the differences in drugs since you were young. Potency of drugs has increased, making addiction occur quickly now.

4. SAY WHAT YOU MEAN TO SAY. Be clear with your expectations. Say "I don't want you to use drugs because..."

5. DON'T JUST TALK. LISTEN TOO. Try asking open-ended questions that require more than a "yes" or "no" answer. Ask what they think of celebrities who use drugs. Ask about the effects of drug use on people they know. Listen to their answers then comment calmly.

Start an ongoing conversation. Keep conversations brief but frequent. Be consistent with your expectations. Don't be afraid that you might make a mistake. The only real mistake is to not talk about drugs with your children.



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*“Answering the question: Did you do drugs?
The issue isn’t about your past. It’s about your
children’s future. What’s important now is that your
kids understand that you don’t want them to use drugs.”*

*-www.TimeToTalk.org,
The Partnership for a Drug-Free America*

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Set and Enforce Clear Rules (continued from page 2)

Parents who act more as friends, have increased risk of teens who drink alcohol heavily.

Parents who set strict rules without exception or discussion have increased risk of teens who drink alcohol heavily.

Parents who explain the rules, enforce them consistently but are flexible, have the lowest risk of teens who drink alcohol heavily.

Students (Grades 6-12) Whose Parents Set & Enforce Rules Are Less Likely To Abuse Drugs (PRIDE 2009)

