

# FOCUS

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A PRACTICAL PARENTING GUIDE

NYC-PARENTS IN ACTION, INC.

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*20TH ANNIVERSARY YEAR*

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The Episcopal School	Winston Preparatory School
Ethical Culture Fieldston Schools	York Preparatory School
Friends Seminary	<i>(list incomplete)</i>
Grace Church School	

# DEDICATION

FOCUS is dedicated to all those children who enrich the lives of their parents, their schools and their friends.

# ACKNOWLEDGEMENTS

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## NYC-PARENTS IN ACTION, INC.

NYC-Parents in Action, Inc., a non-profit organization founded in 1979, serves parents of children in the New York City independent schools. It is dedicated to educating parents, children and those in the community who have a decisive influence on young people about the use of alcohol and drugs by children and teenagers, the commercial and social pressures that encourage such behavior and the social, psychological and physiological consequences of drug and alcohol use.

Believing that education and improved parent-child and parent-to-parent communication are key elements in preventing drug use among children and adolescents, NYC-Parents in Action offers a variety of services designed to meet the following goals:

- to provide parents with opportunities to exchange information about their children's activities
- to promote parenting techniques that emphasize communication and encourage the development of children's self-esteem and independence
- to disseminate factual and current information on the nature and risks of substance abuse

Supported by contributions from individuals and institutions, the NYC-Parents in Action program is based on collaborative relationships with schools and school parent associations. It includes the following components:

**FOCUS**, a parenting guide, is designed to help parents communicate more effectively with their children and to prepare families to cope with critical issues facing children and adolescents in New York City today. FOCUS provides information on a variety of topics including social activities, substance abuse and safety.

**SEMINARS**, held several times a year, offer insight from professionals in the fields of parenting, child psychology, pediatrics and adolescent medicine. In addition, Teen Scene, an annual seminar, provides a unique opportunity to hear teens from various New York City independent schools talk about what they do, where they go and the issues that are of particular interest and concern to them and their peers.

**NEWSLETTERS**, published three times a year, feature coverage of NYC-Parents in Action seminars, with advice from experts on child and adolescent development, health, and the effects on children and adolescents of alcohol, tobacco and drugs. The newsletters also provide information on various NYC-Parents in Action programs and events.

**PARENT DISCUSSION GROUPS** offer a way for parents to share ideas, experiences and concerns with the parents of their child's classmates. Led by trained facilitators, the discussion groups are available to parents of kindergartners through twelfth graders. Discussion groups at each participating school are scheduled by the school's representative who serves as the liaison to NYC-Parents in Action.

NYC-Parents in Action recognizes that effective parenting in early childhood is a primary form of substance abuse prevention for children and teenagers. NYC-Parents in Action provides parenting education, information and a communications network. These programs help parents prepare their children and teenagers to cope with social pressures and to make sound choices toward a future free of alcohol and drug abuse.

NYC-Parents in Action is committed to the belief that communication between parent and child is the most effective tool in establishing a healthy environment in which our children can develop into mature and responsible young adults. When we also communicate with other parents and work together, we gain knowledge, support and confidence in our ability to make a difference in our children's lives.

# FOREWORD

The primary purpose of FOCUS is to strengthen and support the family. A strong and healthy family can nurture and sustain children who will grow into productive adulthood, ready to assume their place as active and responsible citizens.

The family of today must be prepared to cope with conflicting values, new freedoms and changing roles. If the strength and integrity of the family is undermined, serious problems, including drug and alcohol abuse and juvenile crime, can develop. Problems at home become problems for schools and the community. When the family unit, which is the corner stone of society, is not secure, the entire structure is threatened.

Our effectiveness as parents is related to our capacity for open and honest communication with our children and our ability to balance the need for firmness and consistency with the capacity to listen and understand our children's point of view.

Our job is to help our children develop healthy attitudes and behavior by sharing information, discussing concerns, exploring alternatives and teaching them the skills they will need to make decisions.

We hope you will find this booklet valuable both now and in the years to come. We urge you to discuss with your children the issues it raises. One of our objectives in publishing FOCUS is to help parents realize that they do not have to struggle alone and that, by establishing parent networks, they can work together for the benefit of their children. FOCUS is intended not to heighten concerns about the difficulty of raising young people today, but rather to share carefully researched information so that we can be knowledgeable and strong in guiding our children.

Linda Fraser  
Lynn Manger  
Carol Humstone  
*Editors*

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# PARENTING

## PARENT-CHILD COMMUNICATION

Open lines of communication are essential for a good parent-child relationship. It is never too late to begin. Children respond to models of strong, thoughtful adults. Good family communication starts with parents developing their own skills in communicating.

- Listen carefully to what your children say. Take them seriously.
- Spend time talking together openly and honestly.
- Discuss drugs and alcohol with your children. Be well informed.
- Communicate in words and actions what you expect of your children.
- Be consistent.
- Keep promises and follow through.
- Agree on issues and discipline with your spouse.
- Make rules that you can enforce.
- Involve children actively in the family and the community.
- Maintain positive guidelines to build character and security in your children.
- Establish a visible and explicit moral framework. Children absorb values by example.
- Communicate trust, confidence, affection, and respect for your children as they grow.

**ABOVE ALL, HOLD ON TO YOUR SENSE OF HUMOR,  
YOUR PERSPECTIVE AND YOUR MEMORIES OF  
YOUR OWN CHILDHOOD AND ADOLESCENCE.**

When we as parents make the effort to develop a solid framework of communication with our children, we can establish a closer and more supportive relationship.

## **PEER INFLUENCE**

Identification with a peer group is an attempt by young people to disengage themselves from their parents and to establish their own identity.

During adolescence, peer pressure reaches a peak while parental authority declines. Adolescents who have developed a strong sense of self and have derived a strong value system from their families and schools are much better prepared to withstand negative peer influence and to grow into drug-free healthy young adults.

**Help your child learn how to make decisions. Encouraging independent thinking is the best protection against peer pressure.**

## **PARENT-TO-PARENT COMMUNICATION**

Early communication among parents as well as between parents and children establishes a tradition of openness. Parents need to talk to other parents in order to recognize common problems and provide each other with information in establishing guidelines and structured social activities for their children. Such discussion can help to build a network and a source of ideas about the ways other parents are addressing common issues.

Young people need limits set on their behavior while they are learning how to make rules for themselves. Even though they protest against their limits, they are often helped out of uncomfortable and dangerous situations by using the very rules that they protest against.

It is important that parents talk to each other openly and often. This may be easier for parents whose children are young and who have opportunities to talk while providing transportation or chaperonage of group events, but parents of adolescents, who demand more independence and privacy, need to make an extra effort to continue to communicate with each other.

**Adolescents compare notes with each other. Parents have to do the same.**

Parents who talk with each other will be better prepared to respond when their children say:

- But, everyone else is doing it,
- My social life will be ruined.
- You are stricter than other parents.
- You are interfering in my life.
- I will be unpopular because my rules are different.

Young people feel less constrained and more secure when they realize their friends are subject to similar rules. The development of guidelines among parents for outside activities can help to provide a common social structure in which children can operate comfortably. Some suggestions for mutual cooperation follow:

- Parents should consider it suitable to call and be called by other parents with regard to movies, group activities, and social events.
- Parents are entitled to ask about the presence of adult supervision when their child visits another child.
- Parents should feel free to call each other to report observations of inappropriate activities with the understanding that such reporting will only state facts and draw no moral conclusions.
- Parents who are away from home should be aware that their teen may host a party in the empty home. An empty house is an open invitation to trouble.

**HAVE CONFIDENCE IN YOUR ABILITY  
TO MAKE A DIFFERENCE.  
IN JOINING WITH OTHER PARENTS  
AND FORMING A PARENT NETWORK,  
YOU DEVELOP PARENT POWER.**

## SOCIAL ACTIVITIES

Home is the ideal place for young people to entertain. By encouraging young people to bring their friends home, parents have an opportunity to become better acquainted with their children's friends.

1. Plan ahead. Parties both large and small are far more successful if they are planned in advance. Children have fun planning parties, but parental participation is important. Planning ahead also protects parents and children from last minute pressures.
2. Keep in mind that small parties are easier to manage and less conducive to misbehavior. Only invited guests should be admitted.
3. Discuss possible problems with your child ahead of time and reach an agreement as to how to deal with them.
4. Be alert to the disappointment of a child whose invitation has been accepted but whose guests fail to appear or leave well before the party is over.
5. Advise immediate neighbors of any sizable party and ask that they call if the noise becomes objectionable.

### **Parents whose children have been invited to a party should have:**

- the telephone number and address of the party (If there is a change, their children should call.)
- assurance that the party will be chaperoned by adults who are available and willing to take an active role if necessary

A call to the host's parents with an offer of party food is a helpful gesture and can insure that both sets of parents are aware of party plans.

**PARENTS, KEEP IN TOUCH.  
KNOW WHERE YOUR CHILDREN ARE AND  
BE SURE THAT YOUR CHILDREN  
KNOW WHERE TO REACH YOU.**

## GRADES 3 THROUGH 8

- Weekends are usually the best time for parties.
- It's advisable (and expected) that the host or hostess extend the invitation directly by mail, email or by phone. Parents of children attending the party need to be fully informed of party plans. Most schools request that no invitations be issued at school and that invitations be issued either to the whole class or less than half. All invitations should be promptly acknowledged.
- Parties and other activities are most successful when both parent and child are involved in planning them. An adult should be present and accessible throughout the event.
- Young people vary widely in maturity in the 3rd, 4th and 5th grades. Mixed parties for this age group are often unsuccessful. Daytime parties seem to work best.
- In the 6th, 7th and 8th grades, while one-to-one dating is considered premature, small groups of boys and girls may wish to go to movies or school activities together, or have a party at home. Parents should always chaperone at home.
- Parents and children should agree on a safe and reasonable curfew. A suggested time to end parties: for 6th and 7th graders – 10:30 p.m. and for 8th graders – 11:00 p.m.
- Children who find that they will be home later than expected or who change their location should notify their parents of any change in plans. Children should have money to cover such phone calls or possible transportation emergencies. **Make sure your children have a telephone number where you can be reached.**
- It is important that parents be aware of the time a dance begins and ends. Usually, students who leave a dance sponsored by an organization or institution may not be readmitted.

**RESPECT YOUR CHILDREN'S DECISIONS NOT TO ATTEND A SOCIAL FUNCTION. BE AVAILABLE TO DISCUSS THEIR REASONS IF THEY SO DESIRE.**

## **GRADES 9 THROUGH 12**

Students in grade 9 through 12 vary widely in maturity and interests. The suggestions offered for this group should be viewed with these facts in mind.

- **CHAPERONING:** Regardless of the size of the party, parents need to remain at home or wherever the party is being held. Greeting guests at the door quietly establishes that the party is supervised. When other adults are asked to help with the party, be sure that they understand their role as chaperones. End the party at the designated hour.
- **OPEN PARTIES:** Apartments are vulnerable to being “trashed” as the result of open parties. A wise precaution is to tell the guests ahead of time that the party is by invitation only.
- **HOURS:** Most boys and girls have curfews. Discuss curfew times with other parents to establish consistent limits.
- **ALCOHOL AND DRUGS:** Frequently, youngsters will bring alcoholic beverages, marijuana, or other drugs to a party. Parents must realize alcohol and all drugs are illegal for this age group. Further, parents who serve alcohol to those under 21 years, assume legal responsibility for any resulting accidents or irresponsible behavior.
- **HANGING OUT:** A favorite of teenagers, hanging out, involves getting together in groups which are generally unsupervised. Be aware that most hanging out takes place on street corners. Parents need to be concerned about their teenagers’ activities at all times and in all places. Encourage your teen to maintain reasonable communication and adhere to prearranged hours.

**IF YOU ARE NOT THE PARENT HOSTING THE PARTY,  
REMINDE YOUR CHILD TO RESPECT THE HOME  
OF THE PARENT WHO IS.**

# SAFETY

In cities and suburbs across the country reports of muggings, kidnap-pings, and child abuse have made the safety of children outside the home a major concern of parents. The concern is particularly acute where children move about on foot or on public transportation and are constantly exposed to life in the streets.

It is important for the young person to learn street awareness and some basic guidelines for self-protection. Here are some suggestions.

## A YOUNG CHILD'S GUIDE TO PERSONAL SAFETY

- **Know how to get help.** Know your full name, address, area code, telephone number, and school. Know how, when, and why to dial 911.
- **Familiarize yourself with your neighborhood.** Remember specific places you can go if you need immediate help. Do not enter buildings or elevators or your apartment if you see someone suspicious standing there.
- **Be alert.** Look around you occasionally to see who is there. Walk where there is light and other people. Appear confident. If you are on a lonely street, walk and act as if you are going to meet someone.
- **Stay with your group.** If you should get separated, ask for help from a police officer or security guard; if available, choose a busy location to wait, so that you are not alone until your friends find you.
- **Don't open the door to strangers.** If your parents are home, let them answer the door. If you are alone, use an excuse.
- **Lock doors and windows and never indicate to strangers that you are home alone.** If someone telephones, make up an excuse to explain why your parents can't come to the phone. ("Mommy is lying down, she has a headache.") Take a message or ask the person to call later.
- **Be aware that there are some people who will try to take advantage of you.** They might try to win you over by offering you money, candy, or a gift of some kind for favors of a very

personal nature that would embarrass you or make you feel uncomfortable. Don't be afraid to say **No!**

- **Always discuss with your parents any incident which has disturbed or confused you.** Always let your parents or school authorities know about anyone who tries to accost you bodily, or lure you away.
- **Hanging out can be dangerous.** Safety is not always in numbers. Any group loitering on a street corner may become a target for troublemakers. Gather with your friends in supervised areas, at school, or at your home.
- **Your personal safety is important.** Don't be embarrassed at being afraid. Confide in your parents, guardians, school authorities and police – all of whom want to help you.

## **SOME SAFETY TIPS FOR TEENS**

- When returning from late night parties, avoid wearing flashy gold jewelry, especially valuable necklaces. These are eye-catching, and an open invitation to robbery and assault.
- If using subways late at night, wait in Off-Peak Waiting Areas where toll booth attendants may be alerted to call for help.
- If waiting for buses, stay in well-lit areas, where you can be seen. Avoid the temptation to lean against buildings in the shadows, and, if possible, wait in groups.
- Pay attention to the particular block on which you're walking. Avoid the park side of streets. Keep in mind that well-lit commercial streets are safer than quiet areas.
- When leaving a party or school, depart promptly in small groups. Lingering in a large, noisy crowd outside the building may draw unwanted attention.
- If approached by a mugger, do not fight or argue. A mugger may be on drugs and/or irrational.
- If anyone suspicious is following you, seek help from the nearest police officer, store or restaurant. **Look for safe haven stickers on store windows.**



- At night call a cab service to take you home, even for a few blocks. Ask the driver to wait until you are safely inside the building.
- If driving, keep the car doors locked and the tank full of gas. Always lock the car doors and trunk after parking. (If you have forgotten to do so, check before getting in to see if there is someone in the back seat or on the floor.)

## **SAFETY GUIDELINES FOR PARENTS**

1. From an early age, get your children into the habit of telling you what they will be doing, where they will be going and with whom.
2. Remind them to contact you if they will be late, or if they are going on to another place.
3. Offer to take your children and their friends to places and pick them up.
4. Believe your children if they tell you an incident has occurred. Stay calm and reassure them. Notify the police and seek professional help in working through the situation, if needed.

**REMIND YOUR CHILD TO CARRY CHANGE  
FOR EMERGENCY TELEPHONE CALLS.**

*Information supplied by N.Y.C. Police Department, Lenox Hill  
Neighborhood Association, Community Board 8.*

## **CHILD ABUSE**

Parents should encourage the growing independence of their children, but alert them to the possible dangers of city life. Without being overly alarming, discuss the realities of child molesting and the possibilities of sexual advances, not only from strangers, but also from people in the neighborhood.

### **Talking Points:**

1. Caution your children against playing in unsupervised areas, particularly parks, vacant lots, empty apartments, or buildings that are under construction.
2. Warn your children about talking to strangers who loiter near their play area, try to join in their play, or ask them to leave their companions for any reason.
3. Teach your children to say “no” and to tell you if any adult pats, touches, or kisses them, “plays games” with them, says something to them that makes them feel uncomfortable or asks them to keep a “secret.”
4. Remind your children to report to you any unusual incident.

## **COMMUNITY**

### **COMMUNITY SERVICE**

Children benefit from being introduced early to the needs and concerns of others. There are many ways children can be of service to others, including tutoring, coaching, shopping for the elderly, visiting the sick, reading to the disabled and providing food for the homeless.

For information about volunteer activities, inquire at your school, church, synagogue or a local hospital, museum, YMCA, YWCA, YMHA or YWHA.

## **BABYSITTING**

### **Tips for Parents:**

- Let your sitter know where you will be, how you can be reached by telephone, and what time you expect to return. Telephone if you are delayed.
- Be sure your sitter knows not to bring friends or let friends drop in without your permission.
- If you have a new babysitter, ask if she can arrive early, meet the children, learn what activities the children enjoy and review emergency instructions. Be sure she can lock and unlock the doors.

**POST A LIST OF EMERGENCY TELEPHONE  
NUMBERS NEAR THE TELEPHONE.  
LEAVE THE TELEPHONE NUMBER  
OF A FAMILY MEMBER  
OR FRIEND WHO CAN HELP IN AN EMERGENCY.  
PRE-ARRANGE A MEETING PLACE IN CASE OF FIRE.**

### **Advice to Babysitters:**

- Your job is very important. Small children require full attention. Take your responsibilities seriously.
- Be sure you understand emergency instructions and are prepared to carry them out.
- Responding to the door:
  - Do not unlock the door or let strangers enter the house for any reason.
- Responding to the telephone:
  - Ask the caller's name and say that you will have the call returned.
  - Do not give out any information or the family's name to someone you do not know.
  - If strangers dial a wrong number, ask what number they are calling and tell them only that they have dialed incorrectly.
  - If you receive a crank call, hang up without talking.

- Do not tie up the telephone or raid the refrigerator without permission.
- Report all events to the parents when they return home.

## **RESPECTING THE PROPERTY OF OTHERS**

Children must learn that damaging the property of others or taking something from another person without their permission is wrong. It's common practice for children to borrow from each other. Sometimes, particularly among young children, "borrowing" takes place without the owner's consent.

- Taking the property of another is stealing.
- Allowing a child to take money from your wallet may blur the distinction between what is theirs and what is not.
- Stealing is sometimes an indication of peer problems or other more serious problems of substance abuse or personality disorder.
- Respect for the property of others applies also to a person's work or ideas. Plagiarism, passing off as one's own the work or ideas of another, is a form of stealing.

## **SHOPLIFTING**

Children suspected of shoplifting often explain away their illegally acquired possessions as "borrowed" or "gifts". Many consider it a game or a right of passage – until they are arrested. Parents might help prevent this behavior by pointing out the following:

- Shoplifting is a prosecutable crime. A police record can restrict opportunities for the future.
- In many stores, even if only one person shoplifts, the whole group is arrested. Stores use many devices for apprehending shoplifters.

## **MEDIA and TECHNOLOGY**

Modern technology offers the youth of today a myriad of viewing opportunities. The extensive access to network and cable television, computer technology and the availability of compact discs, video-cassettes and movie rentals increase the likelihood that our children will be exposed to information that is age-inappropriate or contrary to family values. Easy access makes it difficult for parents to control children's viewing habits.

- Discuss your feelings and concerns with your children. Encourage them to talk with you about what they have seen and heard.
- Establish viewing guidelines with your children that leave no doubt as to what is acceptable in your home.
- Remind babysitters of the guidelines. Ask that they adhere to them.

**BE FAMILIAR WITH THE RANGE OF PROGRAMMING  
AVAILABLE TO CHILDREN TODAY.**

**PROGRAMMING YOU DISAPPROVE OF MAY BE  
ACCESSIBLE IN ANOTHER HOME.**

### **MOVIES**

Parents need to be aware of a film's contents and evaluate each film's impact with respect to their particular child. Decisions about suitability should be made individually regardless of the rating. The Motion Picture Rating Board describes films according to the following categories.

- G** General Audience – All ages are admitted. These films are considered acceptable for the entire family.
- PG** Parental Guidance Suggested – All ages are admitted. PG films contain material which some parents might consider unsuitable.
- PG 13** Parents are strongly cautioned to give special guidance to children under 13. Some material may be inappropriate for young children.

**R** Restricted - Children under 17 must be accompanied by a parent or an adult guardian. An R rating indicates a film which is adult in theme and treatment. Frequently the minimum age requirement is not enforced.

**NC 17** No children under 17 are admitted.

**PARENTS SHOULD NOT EXPECT MINIMUM  
AGE REQUIREMENTS TO PREVENT AN  
UNDERAGE CHILD FROM GAINING ADMISSION  
TO AN R-RATED OR X-RATED FILM.**

## **TELEVISION**

Children in the USA watch an average of 3.5 hours of television a day. About 20 percent of children's television consists of advertising. It is estimated that an average 18-year-old has seen 100,000 beer commercials.

Parents and educators have expressed concern about the effects of television on children, especially in the elementary grades. It may be wise to monitor your children's use of television and participate as much as possible in their viewing. Be available to explain incidents which are confusing or frightening and help your children to discuss their feelings about what they have seen.

Studies have suggested that excessive television viewing may:

- impair conversational abilities and interpersonal relationships.
- teach a child to receive information passively.
- impair the development of values and attitudes.
- discourage active ways of coping with boredom.
- affect a child's attitude toward violence and human suffering.

Excessive television viewing may also be a sign that something else in the child's life is missing or going wrong.

**Consider the following alternatives to television viewing:**

- Encourage as much communication within your family as possible.

- Read with your children.
- Interest your child in sports and hobbies.
- Include your children in your own activities when appropriate.

Parents can play an important role in improving the quality of television programming. Write to networks and local stations stating your views.

## **TELEVISION RATING SYMBOLS**

The following symbols apply to programs designed solely for children:

- TV/Y** Appropriate for all children
- TV/Y7** Directed to older children (age 7 and above)

The following symbols apply to programs designed for all audiences:

- TV/G** Suitable for all ages
- TV/PG** Some material may be unsuitable for younger children
- TV/14** Some material may be unsuitable for children under 14 years old
- TV/M** Specifically designed for adults; unsuitable for children under 17

## **COMPUTER AND VIDEO GAMES**

Computers and video games can be valuable research and learning tools for children. However, the breadth of material available through such services as the Internet may expose your child to information you deem inappropriate, such as graphic sexual material, potentially risky “chat room” exchanges or promotional material about controlled substances. Here are some suggested guidelines for computer use by children:

- Keep the family computer in a common area.
- Know your computer and the services your children use.
- Encourage your children to tell you if they’ve received suggestive or obscene messages.
- Remind children that real people are responding to their messages.

# ALCOHOL, TOBACCO AND DRUGS

## DRUG USE RISING AMONG YOUNG TEENS

According to PRIDE, (The National Parents' Resource Institute For Drug Education), in 1960 less than one percent of American teenagers had tried marijuana or any other illicit drug. By 1980, over 60 percent had experimented with drugs, and the average age of first use of marijuana had dropped from 19 to 12. This 6,000 percent increase in drug use within 20 years is unprecedented in world history. In the early 1980's, "partying" meant getting high on drugs and alcohol and over 40 percent of teens became "social" or regular users. Ten percent of high school seniors were stoned every day.

Today, we still confront the dangers of teenage drug abuse. Alcohol, marijuana and cocaine are the drugs most widely abused by our teenage population. After more than a decade of decline, drug use is increasing among teenagers and is led by the booming popularity of marijuana.

According to the National Household Survey on drug abuse, nine percent of adolescents ages 12 to 17 said they had used an illegal drug in 1996. Marijuana is used by 7.1 percent of the same age group and accounts for 77 percent of the illegal drug use measured in this survey.

There has also been a surge in the reported use of alcohol. Seventy-five percent of teenagers who participated in the survey said they had tried alcohol. Although alcohol is not a new phenomenon in America, its increasing usage by the young and its combined use with other drugs is viewed as an alarming problem.

Cocaine, while rarely the first drug used, is frequently added to a drug-use pattern of marijuana smoking and excessive drinking.

The variety of drugs available to our young is without historical or cultural precedent. Those who experiment are at risk because of increased supplies and availability of higher-potency marijuana, cocaine, and "designer" drugs. The only sure route to a drug-free society is to help each child develop the will and skills to say **No**.



The most important fact The National Center on Addiction and Drug Substance Abuse at Columbia University (CASA) has learned in its first three years is this: **Based on everything we know, a young man or woman who gets to age twenty-one without smoking, abusing alcohol or using illegal drugs is virtually certain never to do so.**

**A CHILD'S FIRST EXPERIMENTATION  
WITH AN ILLEGAL SUBSTANCE WILL PROBABLY  
BE AMONG FRIENDS AT HOME.**

## **GATEWAY DRUGS**

Tobacco, alcohol and marijuana are called the gateway drugs because they are the substances teenagers use first and most often. Gateway drugs pose substantial risks for adolescents because their use often results in a progression to hard drugs. Recent studies show there is strong support for the idea that all addictive drugs interfere with the same brain circuits.

## **TOBACCO**

The use of cigarettes is a matter of concern to anyone involved with the health and well-being of children. The millions of smokers who quit in response to the awareness of health hazards are more than offset by the estimated 5,000 children a day who start smoking. Many of them are under nine years old.

According to one survey, almost one-third of high school seniors are cigarette smokers. The number of middle school students who said they had tried smoking increased from 31 percent in 1990 to 44 percent in 1996. Unlike the other gateway drugs, tobacco is not a mind-altering drug; however, the strong addictive characteristic of nicotine accounts for its placement in this category.

Research reported by the National Cancer Institute shows a dramatic increase in smoking among teenage girls. Parents and teachers need to present anti-smoking information in a straightforward manner. One approach is to urge children to be independent thinkers and to

consider the importance of their own physical well-being. Another is to seek the positive influence of non-smoking peers and adults.

In trying to educate children about the dangers of smoking, the following points should be stressed:

1. Nicotine is a stimulant, raising the heart rate and blood pressure. **Nicotine is one of the most addictive chemicals known to man**, and cigarette dependency is one of the most difficult drug habits to break.
2. Cigarette smoking is often the cause of potentially fatal diseases of the lung, heart and circulatory system. As more young people smoke, lung cancer now occurs at an earlier age.
3. Cigarette smoking kills more people prematurely than heroin, cocaine, and other illicit drugs, automobile accidents, homicide, suicide, and alcohol abuse, combined.
4. **Of youngsters who begin at the experimentation stage with only 5 to 10 cigarettes, nearly 85 percent will become habitual smokers.** About 90 percent of all adult smokers began to smoke as teens or preteens.
5. Cigarette smoking is often a precursor to marijuana smoking. Youngsters who avoid tobacco probably will not progress to smoking other drugs.

**NEVER STARTING IS EASIER THAN HAVING TO QUIT.**

### **Parental Responsibility**

Scientists have documented the injurious effects of parental smoking on children. Studies on “passive smoking” show a link between parental smoking and respiratory damage in children. Specifically, the children of parents who smoke are found to have higher rates of bronchitis and pneumonia and a higher rate of lung cancer in adulthood.

Prevention of nicotine addiction should be every parent's goal. **Children can start smoking as early as the 4th grade** – and other children will be exposed to them. The time to talk to them is now!

**GROWING UP IN A SMOKE-FREE HOME  
HAS MORE IMPACT ON A TEENAGER  
THAN LECTURES ON HOW SMOKING  
HARMS THE LUNGS.**

## **ALCOHOL**

According to a Congressional study, American adults use alcohol more than any other drug. Likewise, alcohol has emerged as the “drug of choice” among adolescents. In addition, there is a disturbing trend of earlier, more frequent and heavier drinking among our nation's young.

### **Beer and wine coolers are alcoholic drinks.**

Seventy-five per cent of all teenagers surveyed in 1996 said they had tried alcohol and 66 percent of high-school seniors are “current drinkers,” meaning they have had at least one drink in the last month. More than one-third are occasional heavy (binge) drinkers.

**Adolescents can become alcoholics in six months to three years, versus the 10 to 15 year pattern for adults.** An estimated 20 to 30 percent of teenage drinkers are potential or complete alcoholics. The younger the age at which an individual starts to ingest alcohol, the greater the chances of becoming a problem drinker.

- Alcoholism, the compulsive frequent need for alcoholic intoxication, is a biological illness with strong genetic and metabolic factors. Of the more than nine million Americans who become alcoholic, most inherit a physical vulnerability to alcohol.
- Ethanol, the intoxicating ingredient in beverage alcohol, is a chemical depressant which sedates the inhibiting and suppressing mechanisms of the brain and central nervous system.

- Alcohol reduces judgment, control, and coordination. It impairs vision, depth perception, speech, and speed of reflexes.
- The high incidence of “blackouts” (memory losses) reported by teens after drinking parties suggests a stronger effect on the brain than reported by adults.
- Many adolescents use alcohol as a “head drug” – i.e., for total intoxication.
- Although the drinking age in New York State is 21, many younger students can buy alcohol using fake identification cards which are easily purchased.
- The home liquor cabinet and medicine cabinet are the two most common sources for young people who want to experiment with alcohol and drugs. Combining alcohol with any other drug is extremely dangerous.
- An increasingly popular and potent blend of sweet-tasting gelatin combined with alcohol and perhaps topped with whipped cream is called a “jello shot.” Ingesting large amounts can be lethal.

### **Females and Alcohol**

Drinking holds special risks for females. Medical studies reveal that females have far smaller quantities of a protective gastric enzyme that breaks down alcohol in the stomach. As a result, women absorb about 30 percent more alcohol into their bloodstreams than men. Thus, two ounces of liquor has about the same effect on a woman as four ounces would have on a man.

Further, medical studies indicate that women’s livers metabolize alcohol faster than men’s and that women may be more vulnerable to cirrhosis. A medical link has been clearly established between drinking while pregnant and serious birth defects, including physical deformities and mental retardation.

Females should be aware of their greater sensitivity to alcohol if they are driving or performing any task that requires close attention or fine coordination.

**A LEADING CAUSE OF DEATH  
AMONG ADOLESCENTS IS ALCOHOL-RELATED  
AUTOMOBILE ACCIDENTS.**

**Guidelines for Parents**

- A young person with accurate information about the pitfalls of alcohol is better prepared to make intelligent decisions about its use.
- A parent who has a responsible attitude toward drinking is the best example for a child.
- It's critical to seek help right away if you suspect your child has a drinking problem.

Alcoholism Council of Greater New York -  
Alcoholics Anonymous -

**Tell your teenagers:**

1. Don't drive under the influence of alcohol.
2. Don't ride with a driver who has been drinking.
3. Call home and ask for a ride or take a taxi.

**Following these rules may prevent serious injury or save a life.**

## MARIJUANA (“Pot”, “Grass”, “Weed”, “Hash”)

The latest clinical and scientific evidence confirms without a doubt that marijuana is hazardous to health. Researchers studying the impact of marijuana on brain chemistry have found that smoking marijuana can affect the brain in the same ways as heroin, cocaine, amphetamines, nicotine and alcohol. Marijuana’s first consequence is intoxication, the “high” state which lasts for several hours after use of the drug. During this stage, judgment, memory and the ability to drive a car and perform other tasks is diminished. Because of selective cultivation, marijuana today is often ten times more potent than the substance smoked in the early 1970’s. Marijuana remains the most widely used illegal drug. It is far more dangerous than most users realize.

Primary reasons for youthful experimentation have been identified as “rebellion” and a desire to be “cool.” Current survey data shows that the mean age for first use of marijuana is barely 14, and preadolescent usage is not uncommon. Obviously, the younger the age of first time users, the less mature and less capable they are of making responsible decisions.

**MARIJUANA MAY BE ESPECIALLY HARMFUL DURING ADOLESCENCE, A PERIOD OF RAPID PHYSICAL, AND SEXUAL DEVELOPMENT.**

### Physiological Effects of Marijuana

1. Marijuana is a mind-altering drug which comes from the *Cannabis sativa* plant. Besides THC, its major psychoactive ingredient, marijuana contains over 400 other chemicals.
2. A 1997 issue of the journal *Science* suggests that chronic marijuana use may prime the brain for the use of other more potent drugs, thus supporting the notion of marijuana’s “gateway effect.”
3. THC is rapidly absorbed by fatty tissues of the body and accumulates, causing adverse, permanent effects in the brain, reproductive organs, liver, and heart. **It takes up to four weeks for a single dose to leave the body.**

4. Immediate physical effects of marijuana include lack of coordination, faster heartbeat, bloodshot eyes, dry mouth, inappropriate laughing, hallucinations, paranoia and hunger. Additionally, marijuana impairs short-term memory and the ability to concentrate.
5. Marijuana impairs several mental functions specifically required for driving, such as judgment, attention span, and reaction times.
6. The drug depresses the body's immune system and increases the body's susceptibility to bacterial and viral infections.
7. THC interferes with hormones that control sexual function and may adversely affect the reproductive system of both males and females.
8. There are more carcinogenic chemicals in smoke from a "joint" than in an ordinary cigarette. Furthermore, marijuana smokers inhale more deeply and hold the smoke in the lungs longer.
9. Heavy marijuana use can have lingering effects on the ability to learn. Studies show that college students who use marijuana regularly have attention, memory and learning impairments for up to twenty-four hours after using the drug. Someone who smokes two joints per week for a period of one month is considered by scientists to be a regular user of marijuana.

**DRIVING WHILE STONED IS AS DANGEROUS AS  
DRIVING WHILE DRUNK.**

### **Psychological Effects of Marijuana**

1. The drug alters perception, reduces concentration, causes memory loss, and motivation.
2. Heavy users become dull, slow-moving, and inattentive – victims of "burnout" or a "motivational syndrome."
3. Marijuana blurs reality. Teenage smokers may miss opportunities to develop skills for coping with life's stresses and anxieties.
4. Heavy users become isolated and psychologically dependent.

## Signs of Usage

Changes in personality, friendships, intellectual functioning or physical health may indicate signs of marijuana usage in your child. Sometimes these changes are dismissed as typical adolescence. However, parents need to be alert to the possibility that marijuana experimentation may also be a factor. Rolling papers, pipes, dried plant material, odor of burnt hemp, and “roach clips” are some other indicators of marijuana usage. **Trust your instincts.**

**NINETY-EIGHT PERCENT OF COCAINE AND HEROIN  
USERS STARTED WITH MARIJUANA.**

## STIMULANTS

The use of stimulants is one of the fastest growing segments of the drug culture.

### COCAINE (“Coke”, “Snow”, “Flake”)

Cocaine, an odorless white powder usually sniffed through the nose, is extracted from the leaf of the coca bush. A powerful stimulant to the central nervous system, cocaine has mind-altering and energy-producing qualities similar to amphetamines. The powder may be sniffed, a solution injected, or vapors inhaled (free-basing). Initially, use of this drug reduces appetite and makes the user feel more alert, energetic, and self-confident — even more powerful. With high doses users can become delusional, paranoid and experience acute toxic psychosis.

- Cocaine’s legal classification as a narcotic and its glamorized status as an illicit substance combine to make it a drug culture status symbol.
- When snorted, cocaine produces a euphoria which lasts about 20 minutes. The drug then withdraws rapidly from the brain, making the user feel depressed, irritable, and fatigued. The coke “crash” reinforces the brain’s craving for another dose to alleviate the distressing withdrawal symptoms.



- Neurological incidents, including strokes, seizures, fungal brain infections and hemorrhaging in tissue surrounding the brain are possible consequences of cocaine use, as are pulmonary effects such as fluid in the lungs, aggravation of asthma and other lung disorders, and respiratory failure.
- Cocaine creates a dependency and an intense desire for a repeat experience. Tolerance is easily developed, leading to excessive doses which may result in toxic paranoid psychosis. Its use becomes a more powerful drive than the survival instincts of hunger, thirst or sex.
- Dependency can cause mood swings, depression, paranoia, nausea, vomiting, strokes, and epileptic seizures. Medical reports indicate that very tiny amounts of cocaine can trigger a significant fall in the flow of blood from the heart. Furthermore, cocaine increases the risk of a heart attack for up to at least two weeks after withdrawal from the drug.

New York Hospital-Cornell Medical Center and the office of the state Chief Medical Examiner found that almost one of every four drivers between the ages of 16 and 45 who were killed in New York City traffic accidents tested positive for cocaine use. Half of those using cocaine had also used alcohol.

### **Signs of Usage**

Parents should look for loss of appetite, nervousness, high energy, irritability and cold symptoms. The presence of glass vials, glass pipe, white crystalline powder, razor blades, syringes, and needle marks are also evidence of usage.

### **CRACK (“Rock”, “Base”, “White Tornado”)**

Crack is a chemically condensed, smokable lump of cocaine which is often sold inexpensively in small plastic vials with colored plastic stoppers at one end.

- Users may prefer cocaine in the form of crack because of its lower unit cost and its more rapid, intense “high,” a result of the body’s capacity to absorb cocaine into the bloodstream more rapidly when it is smoked than when it is snorted.

- Crack has a striking ability to drive its users into compulsive addiction within an extremely short period, sometimes within six months or less after first use.
- Crack is tailor-made for marijuana smokers who move easily into this more powerful drug with its familiar social patterns and paraphernalia (socially acceptable pipes and cigarettes versus heroin injection needles.)
- In addition to withdrawal symptoms of agitation, depression, and drug cravings, dependency can cause lung problems, brain seizures, and death due to the disruptive effect of crack on heart rhythm, blood pressure, and other vital functions.
- To increase their markets, drug cartels in the 1980's seized upon crack as a highly addictive, inexpensive form of cocaine that could be aimed at smokers and adolescents.

**CRACK IS MUCH MORE POWERFUL,  
MORE ADDICTIVE AND MORE DANGEROUS  
THAN COCAINE POWDER.**

### **AMPHETAMINES (Benzedrine, Dexedrine, Methamphetamine)**

Amphetamines are stimulants, in capsule or tablet form, used as energizers and appetite suppressants. These “uppers” stimulate the central nervous system and disguise the effects of fatigue, leading abusers to exceed their physical endurance and not realize that they are doing so until it is too late. Methamphetamine-related emergency room episodes more than tripled between 1991 and 1994 nationwide, according to the Drug Abuse Warning Network.

- Methamphetamine (“Speed”) is the most potent of the amphetamines and is widely used among teenagers and college students to lose weight, stay awake, and gain more energy during times of stress. It is a central nervous system stimulant with enormous potential for abuse.
- Signs of usage include weight loss and hyperactivity.

- Methamphetamine can be swallowed, smoked, snorted or injected.
- Amphetamines may cause anxiety, depression, insomnia, hallucinations and violent paranoid behavior. Amphetamine use may also cause injury to the brain's blood vessels, resulting in permanent damage to brain cells. Further risks include increased blood pressure, heart attack, strokes, seizures and death.

**REMEMBER, AN OVERDOSE OF SPEED  
CAN CAUSE DEATH.**

## **CRANK**

This drug is a smokable heroin-crack combination often referred to as “chasing the dragon.” Heroin lengthens the crack euphoria, then lessens the “crash” which follows. Crank is dangerous because it combines the powerful addictive properties of heroin with the intense high of crack.

## **DEPRESSANTS**

- Barbiturates (Amytal, Butisol, Nembutal, Seconal), tranquilizers (Valium, Librium), and nonbarbiturate sedatives (Quaaludes) are the “downers” that depress the central nervous system and make people calm or sleepy.
- “Downers” have such street names as “blues,” “reds,” “rainbows,” “yellow jackets,” “ludes,” and “purple hearts.”
- Barbiturates and tranquilizers are available in capsule or tablet form and are prescribed by doctors. Parents should keep track of these drugs if they have them at home.
- Mixing even a few sleeping pills with alcohol can lead to an overdose and accidental death. Never let anyone take any barbiturate or other “downer” if they have been drinking.

- Barbiturates are addictive. Increased use produces tolerance and a desire to take larger amounts. Abusers become confused and forget how much they have taken.
- Sudden withdrawal from barbiturates can cause a medical emergency for the user. A physician should be consulted before withdrawing from barbiturates after heavy use.

**BE AWARE THAT THE MEDICINE IN  
YOUR CABINET TODAY  
MAY BE YOUR CHILD'S DRUG TOMORROW.**

## **HALLUCINOGENS**

Hallucinogens, which first gained prominence in the mid-1960's, modify the way one hears and sees the world and produce hallucinations and delusions. Hallucinogens come in many forms – powders, tablets, capsules, liquids, and paper tattoos. LSD and PCP are extremely dangerous hallucinogenic drugs.

### **LSD (“Acid”)**

- LSD appears as an odorless, colorless, tasteless white powder taken orally in tablet or liquid form. It is often sold in sheets on paper with dot stains or thin squares of gelatin that look like windowpanes.
- LSD alters sensation, thought processes, emotions, and perception of time and space. It can cause serious personality breakdowns, loss of sanity, brain damage, violence, and accidental death.
- “Flashbacks” from an “acid trip” can occur days or months after the last dose, resulting in a recurrence of the above-described effects.

### **PCP (“Angel Dust”, Phencyclidine)**

- PCP may be swallowed, smoked, sniffed, or injected. Cigarettes made of tobacco, parsley, or marijuana may be spiked with PCP. Marijuana cigarettes spiked with PCP are sometimes referred to as “lovely,” “love,” or “loveboat.”

- The effect of PCP is extremely unpredictable. Bizarre or violent behavior can occur after first use. Chronic users may never be normal again.
- In addition, usage may cause muscular rigidity, delirium, convulsions, inducement of catatonic or psychotic state and brain damage.
- PCP was developed as an anesthetic and is now outlawed. Regardless, the New York City area is one of the major centers in the nation for the illicit manufacture and distribution of this drug.

## **NARCOTICS**

Narcotics, sometimes called opiates, are a group of drugs used medically to relieve pain. They also have a high potential for abuse. Narcotics tend to relax the user who feels an immediate “rush.” Abused narcotics include heroin, morphine, sedatives, tranquilizers, and painkillers.

These substances can either be injected or taken orally. They are highly addictive and cause severe withdrawal symptoms (shaking, sweating, vomiting, runny nose and eyes, muscle ache, stomach cramps, chills, and diarrhea) a few hours after the drug’s use is discontinued. The drugs are so hard to control that many addicts die of an overdose.

### **HEROIN (“Smack”, “Junk”, “Black Tar”, “China White”, “Horse”)**

Narcotic drugs are derivatives from the opium poppy. Heroin is the most commonly abused narcotic. In the mid-1990’s it seemed heroin was suddenly staging a comeback. The reality, however, was that heroin had never left. While overall drug use dropped sharply in the 1980’s, heroin use remained relatively steady. During the 1990’s it started to rise, as the population of addicts grew and changed. Heroin on the street became purer; the price stayed the same and more young and middle class Americans began using the drug.

Heroin is generally inhaled or injected, although it may also be smoked. Many new users limit themselves to inhaling the drug. Heroin can be mixed with tobacco or marijuana and smoked in a pipe or cigarette. It may also be heated and burned, releasing fumes that users inhale (“chasing the dragon”).

### **Effects of Heroin Use**

1. sedation – Heroin may produce drowsiness, grogginess, and mental confusion. Characteristic of heroin use is the half-heightened conscious state called “nodding.”
2. tolerance – Regular use causes the body to resist narcotic effects, requiring higher and more frequent doses to achieve the same results.
3. dependency – Over time, regular users easily become “hooked,” physically and psychologically dependent, craving the pleasure the drug brings and unable to interrupt use without suffering symptoms of withdrawal.

Specific consequences of heroin use range from mild distress to life threatening dangers and include:

- constricted pupils and reduced night vision
- nausea and vomiting
- irregular blood pressure
- slow and irregular heart beat
- hepatitis, AIDS and other infections from unsanitary injection
- stroke or heart attack caused by blood clots
- respiratory paralysis, heart arrest, coma, and death from overdose
- dependence and addiction

**WHEN USERS BECOME DEPENDENT ON HEROIN,  
FINDING AND USING THE DRUG BECOMES THE  
MAIN FOCUS IN THEIR LIVES.**

## **DESIGNER DRUGS**

Underground chemists produce these synthetic drugs. They are easily manufactured from readily available chemicals instead of extracted from natural substances. By changing the molecular structure, manufacturers can vary the potency, length of action, euphoric effects, and toxicity of the drugs. Overdoses are common.

### **ICE**

- Ice, a crystal-clear powder smoked in a pipe, is a methamphetamine that can be manufactured in a laboratory using easily obtained chemicals.
- Odorless and hard to detect, ice produces intense highs and increases alertness, but its devastating lows produce hallucinations and paranoia. Side effects include fatal lung and kidney disorders as well as long-lasting psychological damage.
- In the late 1980's Ice became prevalent in Hawaii where it surpassed marijuana and cocaine as that state's foremost drug problem.

### **SPECIAL K (Ketamine)**

- Special K, the drug Ketamine, used by veterinarians as an anesthetic, is illegal without a prescription. It comes in a white powder form on the street.
- It is a mild hallucinogen that provides a quick energy burst. Too much Special K can cause unconsciousness, requiring hospital care for revival.

### **ECSTASY (MDMA)**

- Ecstasy, a current favorite of college students, has been described as the LSD of the 1990's. It offers the euphoric rush of cocaine and some of the mind-expanding qualities of hallucinogens.
- Side effects include acceleration of heart rate, increase in blood pressure, nausea, and interference with the dopamine system of the brain.

## **“SPEED”**

- Various designer drugs are marketed to young users as safe, organic, alternative forms of “Speed.” Ephedrine, the basic ingredient of Methamphetamine (or “Speed”), is used to make designer drugs with names like “Herbal Ecstasy” and “Xphoria.”
- Ephedrine has limited addictive potential, but moderate to high doses may raise blood pressure and provoke chest pain and heart palpitations leading to stroke or heart attack.

## **OVER-THE-COUNTER DRUGS and MISUSING PRESCRIPTION DRUGS**

### **WAKE UP DRUGS**

Popular “stay-awake” drugs are marketed in an appealing way and today’s teenagers frequently use them before exams. They are also used as a weight-loss aid and as a mood altering pick up.

### **“SAFE” DIET PILLS**

Many non-prescription diet products contain phenylpropanolamine (PPA), which is chemically similar to amphetamine and is known to increase blood pressure and cause dizziness.

Most scientists agree that PPA is safe if the recommended dosage is not exceeded; however, many young people have taken more than the recommended 75 milligrams of PPA a day or combined it with other prescription or non-prescription drugs and have suffered adverse reactions. In these instances, PPA can cause hypertensive crises, arrhythmias, agitation, hallucinations and intercerebral hemorrhages culminating in death. Another concern voiced by doctors at a recent Congressional hearing was that such over-the-counter drugs play a significant role in the development of adolescent eating disorders such as anorexia and bulimia.

**Parents should warn against dependency on any chemical. The use of easily procured drugs could lead to experimentation with illicit ones.**



## **LOOK-ALIKES (Counterfeit Drugs)**

Since 1981), “look-alikes” (low potency preparations made to look like real amphetamines or depressants) have been widely available on the streets and purchasable through mail order. These drugs are inexpensive and dangerous since they are manufactured without quality controls and can contain impurities. Because the buyer does not know how the imitation differs from the original drug, the risk of an overdose is increased.

## **INHALANTS (Gas, Aerosols, Glue, Nitrites)**

Inhalants are breathable chemicals that are inhaled for their intoxicating effects. Deep breathing of inhalants may result in unawareness of surroundings, loss of self-control, violent behavior, or unconsciousness. They are easy for children to obtain. Abused inhalants may include ether, amyl, and butyl nitrite, as well as solvents, such as airplane glue, kerosene, gasoline, nail polish remover, lighter fluid, paint-thinners, felt-tip markers, aerosol propellants, and typewriter correcting fluids. The easiest to get, like glue and gasoline, are the most dangerous.

**READILY AVAILABLE AND INEXPENSIVE,  
INHALANTS ARE FREQUENTLY ABUSED  
BY YOUNG PEOPLE  
BETWEEN THE AGES OF 7 AND 17.**

- Vapors from these items produce a short but intense “high.” Nausea, dizziness and headaches may occur. Use may cause mental confusion and depression of the central nervous system, particularly respiratory depression.
- Continued inhaling has been reputed to cause severe anemia, liver damage, brain damage, and SSD (sudden sniffing death).
- Inhaling from a paper bag increases the chance of suffocation.

## WHIPPET

Whippet, an amyl nitrate, is sold in supermarkets in small, metallic, bullet-shaped containers of propellant gases which make seltzer. When used to inflate a balloon and then inhaled, it produces a brief high. Whippet may cause respiratory depression and SSD (sudden sniffing death).

Whippet can generate a feeling of exhilaration and lightheadedness as well as hallucinations. The abuser's senses become distorted and loss of consciousness may occur.

## STEROIDS

A survey by the National Institute on Drug Abuse estimates that **262,000 students in grades 7 through 12 have used anabolic steroids despite the fact that non medical use is illegal.** Of this number, most are boys who are using steroids to build muscles and enhance athletic performance.

- Injectable steroids are the most popular variety. Adverse effects include stunted growth, mood changes, and long-term dependency.
- Possible psychological effects include increased irritability, violent behavior, depression, mania, psychosis, and suicide.

**BECAUSE OF THEIR SHORT-TERM APPEAL, IT IS ESSENTIAL TO WARN YOUNG ATHLETES ABOUT THE VERY REAL HEALTH HAZARDS STEROIDS HOLD.**

- More than half of adolescent users said they had started using steroids by age 16. Eighty-five percent said they had started by age 17. Many obtain the drugs at bodybuilding gyms.
- Steroids are more likely to be used in an environment where athletic prowess is given a stronger priority than academic achievement.

## **BEHAVIORAL SIGNS OF DRUG USERS**

Children involved with drugs can become very resourceful. They may:

- change friends or lifestyle, isolate themselves and become secretive.
- develop low tolerance for frustration and find everything a “hassle.”
- change performance at school and let grades decline.
- exhibit decreased concentration and attention span, along with increased forgetfulness.
- show lack of motivation, complain of boredom, develop an “I don’t care” attitude.
- begin to deceive by lying, cheating, or stealing.

Home can be a primary source of accessible money to support a drug habit.

**TAKING MORE THAN ONE DRUG AT A TIME  
MULTIPLIES THE RISK**

## **SEEKING PROFESSIONAL HELP**

Substance abuse can be a symptom of underlying personal or family problems. Contact the agencies and institutions trained to assist you (See Resources pp. 45-46). Trained counselors can facilitate parent-child communication by providing a neutral ground and can defuse the climate of tension which sometimes develops within families over issues such as drug use.

## TWELVE KEY GUIDING PRINCIPLES FOR PARENTS

1. **Start early** to instill values and give accurate information to children about the dangers of drug use. Prepare them well in advance for the time when they may be asked to try tobacco, alcohol and drugs.
2. **Speak Up. Take a Stand.** Don't be an enabler. If anyone or anything encourages your children to try alcohol, tobacco or drugs, take action!
3. **Remember that you are a role model for your child.** Actions speak louder than words. If you abuse alcohol or drugs, your child is very likely to become an abuser.
4. **Take advantage of every teachable moment.** Use news stories, television and movies as opportunities to discuss drugs and alcohol.
5. **Reinforce both the information and the rules you teach your children.** Repetition is key to learning.
6. **Know what is going on in your child's life at home, in school and with friends.** Listen to your child and to your child's friends.
7. **Know the attitudes towards drug and alcohol use your child may be learning** from babysitters, day care providers, camp counselors, family friends and relatives.
8. **Set limits and adhere to them.** Be firm and consistent for your child's sake. Stand by your family's rules.
9. **Learn the tell-tale signs of drug and alcohol abuse.**
10. **Take action if you believe or have evidence that your child is trying drugs or alcohol.** Do something about it. Don't wait for the problem to go away by itself.
11. **Keep in touch with the parents of your child's friends.** Work together with other parents to establish curfews and other rules for all your children.
12. **Remember, parent power is stronger than peer pressure.** No one loves your child as much as you do. Your love for your child and your determination to help your child stay drug and alcohol free are powerful weapons in the fight against drug abuse.

# HEALTH AND SEXUALITY

## SEXUAL RESPONSIBILITY

Many parents did not grow up with the freedom and openness about sex that are part of today's teens' lives. Audiovisual and printed material with sexual connotations is everywhere. Although many of today's teens appear sophisticated because they know the "facts," they may secretly be confused about the interpretation and too embarrassed to ask.

Sex information is best communicated by parent to child in a natural and direct way, beginning in the early years in the same manner a parent answers all other questions. The parent should explain in language appropriate to the child's level of understanding, offering no more information than the child asks or needs to know at any given time.

**TALKING ABOUT SEX OPENLY IN A  
CHILD'S EARLY YEARS  
WILL MAKE LATER DISCUSSIONS EASIER.**

Children in their preteens and early teens may be filled with anxieties concerning their sexual development. It is important to listen and provide insight and information with honesty and sensitivity.

In the later teen years, maintain a dialogue to ensure that your teenager is obtaining accurate information about personal hygiene, sex, and birth control. Some parents may have qualms about giving information on birth control for fear youngsters will become prematurely active, but a recent study reports that **"children who can talk to their parents about sex are less promiscuous and more responsible."**

Help your teenagers to learn responsibility and to develop a sense of obligation towards other persons, as well as a capacity to accept the consequences of their actions. Strong family values, attitudes reflecting a healthy, integrated acceptance of sexuality, and respect for the opposite sex set a positive example.

Talk about the emotions of healthy sex. Emphasize the interrelation of love and sex within the framework of marriage. Encourage teenagers to uphold their own standards and to resist peer pressure. The illusion that “everyone is doing it” should be dispelled. When a teenager is sexually active too early, the experience can be damaging, disappointing, and detrimental to later love relationships.

Be an understanding listener. If you are uncomfortable discussing sex with your teenager, suggest a talk with the family doctor, clergyman, or a qualified person outside the immediate family with whom your teenager feels comfortable.

## **SEXUAL HARASSMENT**

Sexual harassment is verbal or physical pressure of a sexual nature that is unwarranted and unsolicited. Some examples of sexual harassment are:

- uninvited demand for sexual activity
- display of obscene material
- suggestive gestures, jokes or remarks
- threats of retaliation
- personal or ethnic insults

Some techniques of preventing sexual harassment are:

1. Look at the offending individual squarely and say “no” firmly. Do not explain or apologize.
2. Let the person know you will not accept such behavior.
3. If you are uncomfortable confronting someone alone, take a friend along or write a letter.
4. Keep a written record of harassment, as accurately as possible try to include direct quotes and witnesses.
5. Contact someone in authority.

## DATE RAPE OR ACQUAINTANCE RAPE

Date rape or acquaintance rape is sexual intercourse without mutual consent between two people who know each other. This is a growing problem which parents must discuss with their teenagers, to reduce the risk of date rape or acquaintance rape:

1. Know whom you are with; beware of those with whom you are alone.
2. Be especially alert to new and unfamiliar places.
3. If you are not entirely comfortable with someone, stay with a group you know.
4. Be aware of the potential for miscommunication.
5. Remember that alcohol and other drugs can cause personality changes.

Rape is a crime and should be reported to one's family, physician, and/or the authorities. **Date rape or acquaintance rape can cause severe physical and emotional damage.**

## SEXUALLY TRANSMITTED DISEASES (STD)

All teenagers and their parents should be well informed of the symptoms of sexually transmitted diseases, methods to avoid such diseases and the danger of not reporting symptoms in time to prevent complications. Sexually transmitted diseases spread only by sexual contact:

- **Syphilis** – The syphilis bacterium causes genital lesions within six weeks. After twelve weeks, one can experience fevers, aches, rashes, sores, and hair loss. During later stages the disease causes, among other things, blindness, sterility, insanity, crippling arthritis, and death. Pregnant women can pass on the disease to their unborn babies causing them to be born sick, deformed, or dead. Antibiotics can stop the disease at any stage but will not undo any damage already caused.
- **Gonorrhea** – The gonococcus bacterium thrives in warm, moist cavities – the mouth and throat as well as the rectum, vagina and urinary tract. Symptoms include genital burning, itching, or unusual discharge which normally appears between

2 and 10 days after infection. If the infection goes unnoticed it can cause sterility or other sex-organ problems but is less likely than syphilis to cause death.

- **Chlamydia** (short for chlamydia trachomatis) – This bacteria now causes three to four million new cases of sexually transmitted disease annually, more than any other venereal-disease agent. The most common symptom is inflammation of the urethra that causes painful urination or a mucus discharge. Tetracycline is the usual treatment.
- **PID** – Pelvic inflammatory disease is the most frequent complication of sexually transmitted disease (gonorrhea and chlamydia) in women. Usually the infection spreads from the cervix into the fallopian tubes impeding the passage of eggs into the uterus. Antibiotics can stop PID.
- **Genital Herpes** – The herpes simplex virus causes multiple painful ulcerations in the genital area within ten days of infection. The virus remains chronically in the body. Active herpes can infect babies during delivery, causing brain damage or death. There is no known cure, but daily doses of acyclovir, an antiviral drug, can help control it.
- **Genital Warts** – The human papillomavirus (HPV) causes this condition which is more unpleasant than dangerous, though experts worry about possible links between HPV and cancers of the cervix, vulva, and penis. Approximately one million Americans develop active warts every year. Genital warts are treatable if detected early.
- **Hepatitis B** – This virus attacks the liver, causing a flu-like illness marked by jaundice. There is a prophylactic hepatitis B vaccine, but there is no cure. Most people recover from this illness naturally, but the virus can remain in the body where it remains contagious and can lead to cirrhosis or liver cancer.

Any teenager who suspects that he or she has any form of sexually transmitted disease should visit a doctor, hospital, clinic, or health department STD clinic without delay. Treatment of sexually transmitted diseases is kept in strictest confidence. Only prompt, effective medical treatment can contain, cure, and prevent dangerous long-term effects of any sexually transmitted disease.



## **AIDS (Acquired Immune Deficiency Syndrome)**

It is critical that parents discuss AIDS with their teenagers and make sure they are aware of the seriousness of this disease, how it is transmitted, and how it can be avoided.

While there is no cure or vaccine for AIDS today, public and private health officials are urging an extensive public education campaign as one way of halting the spread of the disease. The United States Surgeon General has strongly recommended that sex education beginning as early as the third grade include “a heavy emphasis” on the prevention of AIDS.

AIDS is an insidious disease that invades the genetic core of specific cells in the immune system. The victim loses the ability to fight off other deadly diseases and is vulnerable to “opportunistic infections” – that is, infections that are normally resisted by a healthy immune system.

AIDS is transmitted through sexual contact with an infected person’s blood or semen, through the sharing of contaminated needles, or through the transfusion of blood from an AIDS victim. Today every blood donation is tested, as a result the transmission of AIDS from blood transfusions is now a remote possibility.

Casual contact with AIDS patients, or persons who carry the human immunodeficiency virus (HIV) which causes AIDS, does not place others at risk for contracting the disease. Shaking hands, hugging, social kissing, crying, coughing or sneezing will not transmit the AIDS virus. Nor has AIDS been contracted from swimming pools, hot tubs or from eating in restaurants, even if a restaurant worker has AIDS or is HIV positive. You cannot get AIDS from toilets, door-knobs, telephones, office machinery, or household furniture.

Among the major risk groups for contracting AIDS are homosexuals, bisexuals, intravenous-drug users, children born to infected women and people with multiple sexual partners. It is estimated that currently more than 1.3 million Americans carry the HIV in their bodies and could infect others through sexual contact. Symptoms can be dormant for as long as ten years.

The AIDS epidemic is spreading. The number of AIDS cases among U.S. teenagers has risen and now includes equal numbers of males and females. The increase in AIDS cases among teenagers has been attributed to promiscuity and failure to use condoms.

## **ABSTINENCE IS SAFE SEX.**

### **TEENAGE ANXIETY AND DEPRESSION**

Although adolescence can be a time for deepening of character and growth of creative, social and academic interests, it can also be a time of anxiety and turmoil. Mood swings seem to affect teenagers more deeply than others. Sometimes depression occurs, a condition in which a people's anger and frustration are turned against themselves.

Some factors which may cause adolescent anxiety are:

- physical development: varied growth rates, body changes or acne
- family problems: poor communication, death, divorce, illness, alcohol
- poor academic performance
- peer relationships: attachments, detachments, and pressures
- concerns about leaving home or a family move

Symptoms of depression can include:

- overeating or excessive dieting
- insomnia, early morning awakening, or late sleeping
- persistent sad, anxious, or empty moods
- withdrawal, an appearance of being "out of it"
- decline in school performance
- expressions of inadequacy and low self-esteem
- restlessness, irritability, or hyperactivity
- excessive crying

- low energy, fatigue, or slowed thinking
- use of alcohol or other drugs

Some signs of severe depression are:

- feelings of guilt, worthlessness, or helplessness that do not go away
- dramatic changes in academic performance
- weight loss, insomnia
- anorexia (self-induced lack of appetite or desire to eat)
- chronic hopelessness or pessimism
- statements that life is not worth living
- **talk of suicide: (a cry for help that should always be taken seriously and addressed by consulting a physician promptly)**

Some suggestions for responding to a mild depression:

- Acknowledge that the person is suffering and in pain.
- Show you care, respect, and value the depressed person.
- Be sensitive and caring.
- Follow up with a family doctor.

Parents should try to understand how their individual child copes with anxiety. The limited skills that young people have for coping with stress can make their depressions acutely painful and confusing. Feelings of depression, frequent in the teenage years, may be transient and not deep seated. (It has been estimated that 85 percent of all depressive episodes go away by themselves.) Yet, if the condition lasts more than two weeks, treatment may be needed.

A more serious depression is a mood that is both prolonged and recurring. **A young person who expresses a desire for professional assistance should be taken seriously.** Likewise, parents should themselves initiate consultations with a qualified professional trained in adolescent problems if they observe in their children marked personality changes and shifts in behavior.

## **SUICIDE**

- Young people between the ages of 15 and 24 are particularly vulnerable.
- More than 70 percent of adolescent suicides are white males.
- Teenage boys seem to prefer firearms as the method of choice.
- Teenage girls are likely to choose overdoses of tranquilizers or other drugs.
- Most suicides take place at home.

**SUICIDE IS THE LEADING CAUSE  
OF DEATH AMONG TEENAGERS.**

## **SEEKING HELP**

When faced with stressful situations, most of us turn to others – whether friends, family members or professionals – for help in handling them. Listed on the following pages are various resources to consider when seeking help. You may wish to turn first to professionals you already have in place – your doctors. Frequently they are able to make referrals. Contact a number of sources to see where you feel most comfortable and receive the most information.

There is a great deal of written material available from health care professionals, resource organizations, bookstores and the Internet. This research can be very useful in formulating questions and in developing a basic understanding of specific problems.

## **RESOURCE ORGANIZATIONS**

Alcoholism Council of Greater New York  
12 West 21st St., New York, NY 10011

American Anorexia/ Bulimia Association  
420 East 76th St., New York, NY 10021

Caron Foundation

Citizens for Informed Choices on Marijuana  
300 Broad St., Stamford, CT 06901

Daytop Village - Manhattan Outreach Center  
132 West 83rd St., New York, NY 10024

Freedom Institute, Inc.  
555 Madison Ave., New York, NY 10022

Freedom From Chemical Dependency  
26 Cross Street, Needham, MA 02194

National Institute on Drug Abuse  
5600 Fishers Lane, Rockville, MD 20857

Phoenix House  
164 West 74th St., New York, NY 10023

Volunteer Referral Center  
161 Madison Ave., New York, NY 10016

**NYC-Parents In Action, Inc.**  
**P.O. Box 287451**  
**Yorkville Station**  
**New York, NY 10128-0025**  
**(212) 987-9629**