FOCUS

A Practical Parenting Guide

REVISED AND EXPANDED

NYC-Parents in Action, Inc.

EFFECTIVE PARENTING IS SUBSTANCE ABUSE PREVENTION

In conjunction with NYC-Parents in Action's mission that "Effective Parenting is Substance Abuse Prevention," FOCUS is intended to provide useful information to parents. It is for general information purposes only, and is not intended to replace medical, legal or other professional advice. The information contained in FOCUS is not a substitute for professional advice, diagnosis or treatment. You should never disregard professional medical, legal or other advice or delay in seeking it because of something you have read in FOCUS. NYC-Parents in Action, Inc. disclaims liability of any kind resulting from the use of the information or ideas contained in FOCUS. Your access to and use and distribution of this document is at all times subject to the Terms and Conditions of Use found at the NYC-PIA Web site.

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The Spence School
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The Town School
The Trevor Day School
Trinity School
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Winston Prep
York Preparatory School

(List incomplete)

Dedication

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

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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, the commercial and social pressures that contribute to alcohol and drug use, and its social, psychological and physiological consequences.

Believing that education and improved parent-to-child and parent-to-parent communication are key elements in preventing substance 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 present parents with 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 practical 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. FOCUS provides information on a variety of topics including social activities, health and safety, media influences and substance abuse.
- **Seminars,** held several times a year, offer insight from professionals in the fields of parenting, substance abuse prevention, child psychology, and pediatric and adolescent medicine. In addition, Teen Scene, an annual seminar, provides a unique opportunity to hear teens from 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, cover NYC–Parents in Action seminars, and feature advice from experts on child and adolescent development, health, and the effects of alcohol, tobacco and drugs on children and adolescents. The newsletters also provide information on NYC–Parents in Action programs and events.

- **Web site,** www.parentsinaction.org, provides visitors with information about NYC–Parents in Action, its programs, events and publications. Visitors can also learn about volunteering opportunities or supporting NYC–Parents in Action. Parents who register on the Web site can make online reservations for seminars and receive early e-mail notification of publications 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 children in grades K to 12. Discussion groups at each participating school are scheduled by the school's NYC–Parents in Action representative, who serves as the liaison to NYC–Parents in Action.

NYC–Parents in Action recognizes that effective parenting in early childhood provides a primary form of substance abuse prevention for children and teenagers. NYC–Parents in Action 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 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 healthy family can nurture and sustain children who will grow into productive adults, ready to assume their place as active and responsible members of their community.

The family today is challenged by conflicting values, new freedoms and rapidly expanding technology. If the strength and integrity of the family is undermined, serious problems, including alcohol and drug abuse and juvenile crime, can develop. Problems at home become problems for schools and the community.

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 willingness to listen and understand our children's point of view.

Our job is to help 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 that you will find this book valuable 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 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.

Veronica Bennett
Aimee Garn
Lynn Manger
Editors

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parenting

While parenting styles are as unique as families themselves, NYC–Parents in Action believes that open lines of communication are essential for a good parent-child relationship.

PARENT-TO-CHILD COMMUNICATION

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.

- Spend time talking with children openly and honestly. Listen carefully to what they say. Take them seriously.
- Discuss drugs, alcohol and other risky behaviors with your children. Be well informed about the influences on them.
- Communicate in words and actions what you expect of your children. Be consistent. Keep promises and follow through. Say "No" when needed.
- Agree on issues and discipline with your spouse or co-parent, and make rules that you can enforce.
- Involve children actively in the family and the community.
- Plan dates to have family dinners together. Encourage discussion by turning off the TV and other distracting electronic devices during family meals.
- Maintain positive guidelines to build character and security in your children. Establish a visible and explicit moral framework.
- Reduce pressure and model healthy ways of managing stress.
- Above all, hold on to your sense of humor, your perspective and your memories of your own childhood and adolescence.

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 to establish guidelines and to plan 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.

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

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

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 chaperoning group events. 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."

Parents can work together to provide a common social structure. Young people feel less constrained and more secure when they realize that their friends are subject to similar rules and limits. Have confidence in your ability to make a difference by joining other parents in a cooperative network:

- Parents should feel that they can call and be called by other parents with regard to 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 report observations of inappropriate activities with the understanding that they are stating facts and not making judgments or drawing 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 invitation to trouble.

social activities

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

- Plan ahead. Parties both large and small are far more successful if they are planned in advance, by both parents and children together.
- Keep in mind that small parties are easier to manage and less conducive to misbehavior. Only invited guests should be admitted.
- Discuss possible problems with your child ahead of time and reach an agreement as to how to deal with them.
- Be alert to the disappointment of a child whose invitations have been accepted but whose guests fail to appear or leave well before the party is over.
- 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. (Children should also know how to reach their parents, so they can let them know about any change in plans.)**

> **Should have assurance that the party will be chaperoned by adults who are available and willing to take an active role if necessary.**

> **Can call to the host's parents with an offer of help. This gesture can insure that both sets of parents are aware of party plans.**

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, e-mail or 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 sent either to all the students in a class or to fewer 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.

Parents have the right to know where their children are at all times.

- Young people vary widely in maturity in the 3rd, 4th and 5th grades. Mixed boy/girl parties for this age group are often unsuccessful. Daytime parties seem to work best.
- In the 6th, 7th and 8th grades, while dating is considered premature, small groups of boys and girls may wish to go to movies or school activities together, or to 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 is 10:00 p.m., and for 8th graders, 11:00 p.m.
- Parents and children should establish a communication plan, with telephone numbers where all family members can be reached.
- Parents have the right to know where their children are at all times. 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. Depending on their age and maturity, children should have money and a phone card or a cell phone for such phone calls. Children should also have adequate funds to cover possible transportation emergencies.
- It is important that parents be aware of the time a dance begins and ends. Students who leave a dance sponsored by an organization or institution may not be readmitted.
- Be aware that parties held at so-called "teen clubs" may be open to preteens and teens up to age 19, and may not necessarily be chaperoned by parents.
- Respect your child's decision not to attend a social function. Be available to discuss his or her reasons.

GRADES 9 THROUGH 12

High school students 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. Even if the chaperones wish to allow the guests some privacy, they should check on the party activities periodically. The party should end at the designated hour.

Behavior

If you are not the parent hosting the party, remind your child to respect the home of the parent who is.

Open Parties

Homes 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, and to make sure that the policy is enforced.

Sponsored Club Parties

An alternative to the open party is the student-sponsored club party, where host students rent a club and charge classmates and others a fee to attend the party. A money-making enterprise for the hosts, the party is typically chaperoned by club employees rather than parents. The clubs cannot serve alcohol to minors, although teens may meet beforehand to drink.

Parents who serve alcohol to those under 21 years of age assume legal responsibility for any resulting accidents or irresponsible behavior.

Curfews

Most boys and girls have curfews. Discuss curfew times with your child and other parents to establish consistent limits. Curfews should take into account the particular activities planned for the evening—this recognizes that not every evening out warrants a late curfew and allows for flexibility when a special occasion arises.

Alcohol and Drugs

Frequently, teenagers will bring alcoholic beverages, marijuana, or other drugs to a party. Parents must realize that alcohol and all drugs are illegal for this age group. Further, parents who serve alcohol to those under 21 years of age assume legal responsibility for any resulting accidents or irresponsible behavior.

Hanging Out

Teenagers commonly "hang out" by getting together in groups that are generally unsupervised. Be aware that most hanging out takes place on street corners or in parks. 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.

safety

In cities and suburbs across the country, reports of muggings, kidnappings 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 street life.

It is important for the young person to learn street awareness and some basic guidelines for self-protection. Here are some safety guidelines for parents, as well as suggestions of points to cover with your child before he or she travels alone.

SAFETY GUIDELINES FOR PARENTS

- Plan for your children's independence. Before allowing children to walk alone to school, a bus stop or a subway station, select and practice a walking route with them. Discuss street and traffic safety and develop a back-up plan in the event your child encounters something unexpected in his independent travel. Teach your children how to hail and ride in cabs safely; encourage them to wear seatbelts.
- 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. Remind them to contact you if they will be late, or if they are changing their route or going on to another place. It is not safe for children's whereabouts to be unknown.
- 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.
- If you do not have traditional land-line phone services, understand from your VOIP (Voice Over Internet Protocol) service provider any limitations you may have in making emergency phone calls. In any event, VOIP emergency calls cannot be made if Internet connections are down or if there is a power failure. For this reason, some families maintain a traditional phone line or use a cell phone as a back-up. Please do not test your emergency calling by dialing 911; contact your service provider.

- Teach children how to dial 911 from a cell phone. Calling from a land-line will alert the 911 operator to the caller's phone number and/or location automatically (known as E911 or Enhanced 911 capability), but calling from a cell phone may not. New York City has upgraded its 911 system to receive location data automatically from cell phones with operating global positioning; this is not the case in communities that are still phasing in E911 systems.
- Remind your child to carry a cell phone, a phone card or change for emergency calls.

PERSONAL SAFETY: A GUIDE FOR PARENT-CHILD DISCUSSION

Know how to get help. In addition to your full name, address, area code and telephone number, know your parents' work and cell phone numbers and your school number. Know how, when and why to dial 911.

Know traffic safety. Know and obey all traffic signals and signs. Always leave plenty of time to cross the street and look left, then right, then left again before crossing.

Travel with a friend, neighbor or sibling whenever possible.

Avoid the road less traveled. Stay in well-populated areas (commercial avenues, streets with doorman buildings) and avoid shortcuts, vacant lots, construction sites and quiet park areas and walkways. After dark, stay in well-lighted areas.

Stay in well-populated areas and avoid shortcuts, vacant lots, construction sites and quiet park areas and walkways.

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 aware. Look around you occasionally to see who is there. Walk where you see other people. Appear confident. If you are on a lonely street, walk and act as if you are going to meet someone. Be attuned to parked, idling cars, especially if you can't see inside.

Stay alert. Talking on your cell phone, sending text messages and listening to music is dangerous while crossing streets and will make it more difficult for you to be aware of your surroundings and more vulnerable to confrontation.

Stay with your group. If you should get separated, ask for help from a police officer or security guard; try to find a busy location to wait for your group.

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. ("My Mom is lying down. She has a headache.") Take a message or ask the person to call later.

Don't disclose information online without first checking with your parents. Don't disclose any identifying information—address, telephone number, school or regular after-school activities—in Internet chat rooms or on blogs or personal Web pages. Be sure that your parents know and trust any person or company to whom you give identifying information in an e-mail or on a Web site.

Don't disclose any identifying information in Internet chat rooms or on blogs or personal Web pages.

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 a gift, money or candy for engaging in activities of a very personal nature that would embarrass you or make you feel uncomfortable. Some may ask you to help them find something, such as a dog or puppy. Don't be afraid to say "No!" Remember that you do not need to answer any questions directed to you from an adult you do not know—simply walk away.

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 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 about being afraid. Confide in your parents, guardians, school authorities and the police, who all want to help you.

SAFETY TIPS FOR TEENS

- When returning from late night parties, avoid wearing flashy jewelry and accessories. These are eye-catching, and an open invitation to robbery and assault.
- Thefts and violent crimes involving cell phones, MP3 players and handheld devices are on the rise—keep them secure and, preferably, out of sight.

- When waiting for a subway or train, stand well back on the platform and avoid crowds near the edge of the platform. Never jump onto the tracks. Avoid empty cars and never move between cars while the train is moving. If you wish to change cars, wait until the next stop. If possible, sit in the middle of the train near the conductor. If the train becomes stuck, stay in the car and wait for instructions. If using subways or trains late at night, look for 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. Sit at the front of the bus near the driver.
- 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.
- Remember that talking on your cell phone, sending text messages, Web surfing and listening to music or watching videos on cell phones, MP3 players or other handheld devices will make it more difficult for you to be aware of your surroundings.
- 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 anyone suspicious is following you, seek help from the nearest police officer, store or restaurant. Trust your instincts and err on the side of caution if something or someone doesn't seem right. Look for Safe Haven stickers on store windows. At night, call a car service to take you home, even for a few blocks. Ask the driver to wait until you are safely inside the building.
- If approached by a mugger for money or possessions, do not fight or argue. He may be armed, on drugs and/or deranged.
- Remember that not all elevators are monitored. Don't get on an elevator with a stranger if your own judgment warns you against it. If necessary, make an excuse such as "I'm waiting for a friend."

Don't get on an elevator with a stranger if your own judgment warns you against it.

- 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.

Selected 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 molestation and the possibility of sexual advances, not only from strangers, but also from people they know.

How to Discuss the Issue with Children

- **Caution your children against playing in unsupervised areas, particularly parks, vacant lots, empty apartments or buildings that are under construction.**
- **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. Remind children that they do not need to respond to the questions of any stranger—simply walking away is not being rude.**
- **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."**
- **Teach your children never to meet an online friend in real life without discussing it with you first and taking a parent or another trusted adult as a chaperone.**
- **Remind your children to report any unusual incident to you.**

DRIVING SAFETY FOR TEENS

AAA New York reports that each year traffic accidents cost more teen lives than drugs, guns, suicide and AIDS combined. Extensive research has helped AAA experts identify ten mistakes that most commonly lead to fatal crashes involving teens.

1. Overestimating their abilities.

"The law requires only 20 hours of behind-the-wheel practice to get a driver's license and operate a motor vehicle in which teens can endanger themselves and others," says Barbara Ward of AAA New York's Traffic Safety Department. For teens, inexperience combined with overconfidence becomes a recipe for disaster.

2. Driving unbuckled.

Safety belts reduce the risk of injury or fatality by a whopping 45%. Experts insist that buckling up is a habit cultivated from a very early age. If you always wear your seat belt—and insist that your teen always wears his or hers, even as a passenger—eventually your child will feel naked without it.

3. Speeding.

About one-third of all fatal teen crashes involve excessive speed. Apart from a young person's natural inclination to move fast, your teen may have inherited a heavy foot from you. Teens with bad driving records are much more likely to have parents with bad driving records.

4. Carrying rowdy passengers.

A teen driver's crash risk doubles with one peer passenger. With two or more, the risk increases fivefold. Prohibiting all teen passengers for the first few months of driving can give your teen the chance to log valuable solo time in lower-risk conditions.

5. Indulging in wireless exchanges.

Evidence about the hazards of yakking and driving continues to pile up. Mark Kulewicz, AAA New York's director of Traffic Engineering and Safety Services, suggests teens refrain from using even hands-free models during the first year of driving. As for text messaging and downloading—they're completely out of the question.

6. Monkeying with music.

According to the AAA Foundation for Traffic Safety, adjusting the radio, cassette, or CD player ranks as the No. 1 distraction among drivers under the age of 20. Although you can't hope to separate teens from their music, you can insist that your teen not root around for CDs and/or scroll through playlists while the vehicle is moving.

7. Cruising at night.

Between the hours of 9 p.m. and 6 a.m., teens' crash rate doubles. Parents need to emphasize that a car is a vehicle for transportation, not a means of amusement. "Going out for a drive at night, with no particular destination and no parental control, creates a situation in which a teen can do something dumb—and dangerous," says Kulewicz.

8. Drinking.

Thirty-six percent of all fatal teen crashes involve alcohol. Statistically, alcohol tends to grow as a problem for older teens. Parents should enforce a zero tolerance policy for teen drivers, and also guarantee a ride home for their children who may have been drinking. "It's important for kids to know that they can call their parents anytime, day or night, and get a ride home, no questions asked until the morning," says AAA's Ward. "You can discuss the situation the next day. But if teens are too scared of their parents' reaction, they might take a chance and drive after drinking."

9. Getting into bad situations.

Getting into a car with a driver who has been drinking can prove just as deadly as driving drunk yourself. So can cramming yourself into an overcrowded car with an overexcited driver. "Teens should know that they don't have to get into a car with a driver who is drunk, fatigued, emotional, or angry, even as a passenger," says Ward.

10. Taking dumb risks.

From slipping past red lights to sitting on the hood of a moving car to drag racing, the list of tragic teen blunders that "seemed like a good idea at the time" goes on and on. Of course, you can't monitor your teen's driving habits every minute. But you can't throw up your hands, either. "There's a tendency for even responsible parents to drop out of the picture after their teen takes driver's ed," says Kulewicz. "You have to get involved and stay involved."

This section excerpted from "The 10 Deadliest Mistakes Teen Drivers Make," by Joseph D. Younger. Reprinted by permission, Car & Travel *magazine, AAA New York. AAA New York offers free, informative presentations on teen driving safety for PTA and other community groups. For details, call the Club's Traffic Safety Department at 516-873-2378.*

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, place of worship or a local hospital, museum, YMCA, YWCA, YMHA or YWHA.

HIRING A TEENAGE BABYSITTER — GUIDELINES 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.
- 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 or another emergency situation.
- Be sure that your sitter knows not to bring friends or let friends drop into your home without your permission.
- Discuss any guidelines relating to activities, TV or movie viewing or computer use.
- 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 the babysitter can lock and unlock the doors.
- Be sure your sitter understands how to make an emergency phone call from your phone set-up (see "Safety Guidelines for Parents").

GUIDELINES FOR THE TEENAGE BABYSITTER

- 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.
- 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 you receive a "wrong number" call, ask what number the caller dialed, and tell them only that they have misdialed. If you receive a crank call, hang up without talking.
- Do not tie up the telephone, use the computer 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 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.

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. When children begin to use the Internet for research, remind them that plagiarism also applies to the use of online material.

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 future opportunities.
- In many stores, even if only one person in a group shoplifts, the whole group is arrested. Stores use many devices for apprehending shoplifters.

media and technology

Modern technology offers children a myriad of viewing and communication opportunities. The extensive access to television, computers and the Internet, as well as the availability of computer games, CDs, music videos, DVDs, online videos and pay-per-view programs and films increase the likelihood that our children will be exposed to information that is age-inappropriate, contrary to the family's values or potentially dangerous.

The vast array of media and its easy access makes it difficult for parents to control children's media habits. While parental "control" may be more difficult to enforce, this does not diminish the parent's responsibility. More than ever, parents must educate themselves about the media available to their children so that they can participate in developing their children's attitudes and values as they relate to media content. Children are media savvy; parents should be too.

In addition to being adept at using new media, today's children and teens are accustomed to using one or more different kinds of media at once. *Generation M: Media in the Lives of 8-18 Year-olds* (available at www.kff.org), a 2005 study released by the Kaiser Family Foundation, indicates that media "multi-tasking" has children watching TV, going online, listening to music and reading or doing their homework all at once. As children's rooms become multi-media centers, "important issues about supervision and exposure to unlimited content" are raised, the study states.

To ensure participation in your child's use of media:

- **Be familiar with the range of programming and online material available to children.**
- **Discuss your feelings and concerns with your children. Encourage them to talk with you about what they have seen and heard.**
- **Establish viewing and computer use guidelines with your children that leave no doubt as to what is acceptable to your family, whether at home or elsewhere.**
- **Remind babysitters of the guidelines. Ask that they adhere to them.**
- **Remember that TV and movie programming, Web sites and other online material that you disapprove of may be accessible outside your home. When your children visit friends, check with other parents to make sure that their standards agree with your own or that they will respect your standards when hosting your child.**

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. There are a number of Web sites available to parents that give detailed evaluations of movie content to enable parents to make an informed decision about appropriateness; start with the Coalition for Independent Ratings Services (www.independentratings.org) or Common Sense Media (www.commonsensemedia.org), which covers a range of media in additon to movies.

The Motion Picture Association of America's 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 for children.

PG-13 Parents 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.

NC-17. No children under 17 are admitted.

Please keep in mind that parents should not expect minimum age requirements to prevent an underage child from gaining admission to an R or NC-17 rated film.

TELEVISION

According to Nielsen Media Research, the average home in the U.S. now has more television sets than people. Children in the U.S. watch an average of approximately 3.5 hours of television/prerecorded television a day. About 20% 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 that 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 affect a child's attitude toward violence and human suffering. Exposure to violence and news events may also increase stress in some children.

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:

- **Read with your children.**
- **Interest your children 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, cable programmers 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; rating may be accompanies by subratings V (moderate violence), S (mild sexual situations), L (mild coarse language) or D (suggestive dialogue).

TV/14 Some material may be unsuitable for children under 14 years old. May contain intense violence (V), intense sexual situations (S), coarse language (L) or intensely suggestive dialogue (D).

TV/MA Specifically designed for adults; unsuitable for children under 17. May contain graphic violence (V), explicit sexual activity (S) or strong coarse language (L).

Programs are rated by episode, not series. Sports and news shows do not carry ratings.

MUSIC

Popular music has for many years provided teens with a common entertainment language and an avenue for expressing normal teen rebellion. Some of today's music and music videos fill this niche with an ever-broadening array of sexually explicit themes, violence and strong and hateful language. Know what your children are listening to and discuss any objections to songs or lyrics as a way of teaching your own values to your children and helping them become thoughtful media consumers. Songs with explicit content and strong language are marked with a "Parental Advisory" label.

COMPUTER AND VIDEO GAMES

A hallmark of our media age is that a substantial number of U.S. children regularly play computer and video games. Discuss rules with your children about what kinds of games can be played and how much time can be spent playing. If computer or Internet games are important to your child, take the time to play them together—note that, in some games, content gets more explicit as you play through the game. Be alert to the warning signs of excessive game playing, such as neglecting family, friends or schoolwork, withdrawing from other activities and engaging in lies and subterfuge to continue playing. Act on your concerns, if necessary by limiting the activity.

The Entertainment Software Rating Board (ESRB) is an industry organization that provides content ratings for video and computer games. Controversy over undisclosed, hidden, sexually-explicit material in one popular game led the ESRB to change the game's rating to "Adults Only" and prompted certain politicians to call for independent ratings. In addition, independent programmers ("modders") create game modifications ("mods"), which may not be consistent with the game's rating, that can be easily downloaded from the Internet. The current ESRB ratings can be found at www.esrb.org.

COMPUTERS, CYBERSPACE AND CELL PHONES

Computers and cyberspace are facts of life for today's children, and they have changed the way children learn and interact with the world. While computers can be valuable research and learning tools, parents must remember that their authority should govern their child's activities and conduct online. Children and teens need parental supervision and guidance on appropriate computer use. This is especially true of the Internet, where myriad opportunities for learning and entertainment are countered by a wide range of methods for exploiting or bullying children. An open dialogue with children on the benefits and dangers of the Internet, and how the family's values may or may not be reflected there, is the best way for parents to raise children who are "street smart" in cyberspace.

Areas of Risk Online

Exposure to inappropriate or disturbing material. Children may be unwittingly exposed to Web sites with content that is sexual, hateful or violent. Normal exploration could lead to material that is beyond a child's ability to process and that would be disturbing even to adults. Children could also come across inappropriate material in chat rooms, e-mails or instant messages.

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Sexual solicitations and online "friends." A child or teen could put himself in physical danger by disclosing personal information on the Internet. Child molesters have used chat rooms (sometimes posing as a peer in a child- or teen-oriented chat room), instant messages and e-mails as a means of gaining a child's confidence before suggesting a face-to-face meeting. Some online predators will send pornography to a child as a means of "normalizing" pedophilia. Recent news reports and Congressional hearings on Internet child pornography have also revealed that predators can entice children and teens into sustained online sexual activity and "performance" by sending them gifts of technology such as web cams. In some instances, the activity will move offline to sexual abuse. Experts estimate that one in five children each year receive an online sexual solicitation or approach. This risk is especially great for older children and teens because they are generally more inclined to seek out online relationships. As a general matter, online "friends" may expose your child to material or activities that are at odds with your values or that could even result in danger to your child. The FBI publishes "A Parent's Guide to Internet Safety," which contains warning signs that a child might be at risk online (available at www.fbi.gov).

Online harassment and exposure. While harassment and bullying are not new, the Internet, chat rooms, instant messaging, e-mail, cell phone text messaging, digital cameras, video chat and webcams offer bullies new ways to harm friends and classmates. Unlike rumors spread by phone or notes passed in school, e-mail messages or photos and video posted online spread rapidly and can stay in cyberspace forever. Video and social networking sites have become a popular way for teens to memorialize events and behavior—whether innocent or harmful. Parents and teachers alike must be sensitive to the fact that cyberbullies can now torment victims 24 hours a day, and infect classroom and peer group communities.

Viruses and hackers. Children may unintentionally download files containing a virus or otherwise disclose information that makes it easier for a hacker to gain access to the family's computer.

Parent Guidelines for Computer Use

Parents can help their children get the most out of their computers and the Internet while maintaining standards of safety. Here are some suggested guidelines for computer use by children:

- Keep the family computer in a common area. With laptops, encourage use in a common area, or at least establish an "open door" use policy. Consider limiting access to the Internet on cell phones and handheld devices by children and young teens.
- Discuss guidelines for Internet use with your children and post them near the computer. Guidelines should include permissible Web sites, where and how long they can use the computer, who they can contact and parameters of instant messaging and video chat. Use parental controls and determine whether blocking or filtering software is appropriate for your family.
- Limit computer use. Too much time at the computer can be isolating, and when excessive, can begin to replace family and friends as a source of influence and emotional support. In addition, Internet and video games can distort a child's perception of reality. MORPGs (Massive Online Role Playing Games) are especially enticing virtual worlds that can become habit forming. Like excessive television viewing, excessive computer use may be masking a bigger problem. The National Institute on Media and the Family Web site contains useful checklists for identifying computer and video addiction (www.mediafamily.org).

Like excessive television viewing, excessive computer use may be masking a bigger problem.

- Know your computer and the services your children use. Spend time online with your children. Your child may access the Internet not only by computer, but also by cell phones, handheld devices and video game consoles. Your child may access the Internet at school, in the library, in a café or at a friend's house. Know what safeguards are used at these locations.
- Know who your children talk to online and who is on their "buddy list." Let your children know that you will maintain access to each child's online account and reserve the right to monitor it. Remind children that it is wrong to engage in online conversations using someone else's screen name. Understand the acronyms used in text and instant messages. (See www.netlingo.com.)
- Review the computer use policy of your children's school. Most schools encourage proper use of computers and prohibit cyberbullying and unethical behaviors (plagiarism and improper downloading). Review and discuss the policy with your child. Ask that they respect it in all their computer use.

- Encourage your children to tell you if they've received suggestive messages. Tell them not to respond to any suggestive or obscene messages or to download pictures or other material from someone they do not know. If appropriate, report incidents to your service provider or to CyberTipline by calling 1-800-843-5678 or at www.cybertipline.com. For other guidelines, see the National Center for Missing and Exploited Children at www.missingkids.com.
- Remind children that real people are responding to their messages and postings. Teach your children proper "netiquette" and cell phone/messaging use. For example, a child should not say anything in a message or online conversation that is offensive or that he would not say in person. Children should also be reminded that messages are not private and are easily forwarded to others.

Teach your children proper "netiquette" and cell phone/messaging use.

- Children or teens post personal profiles or blogs on social networking sites, and parents should not ignore the popularity of these sites. Social networking sites are generally designed for older teens and adults, but are often used by middle schoolers who pretend to be in high school. Be clear with children that they should be cautious with any information and all pictures and videos they post, as well as with whom they add to their "friends" list; their profile may be seen not only by friends and peers, but also by strangers. Parents should review their child's profile or web pages on a regular basis to ensure that postings are appropriate and not causing harm to others or inviting harm to themselves. Recent news reports have cited social networking sites in serious crimes against children, with some safety officials calling the sites virtual catalogs of children available to predators around the world. Parents should review the safety information posted on the networking site, as well as the safety sites listed in this handbook.
- Parents should not underestimate the influence of virtual friends and online discussions or postings regarding alcohol, drugs and other risky behaviors.
- Some Web sites directed at young children have kid-friendly "networking" clubs or forums—begin teaching online safety early.
- Remind children that people on the Internet may not be who they say they are. Acknowledge that friends your child has met online are strangers. Children should never meet a "cyberfriend" without taking a parent or other responsible adult with them.

alcohol, tobacco and drugs

The National Center on Addiction and Substance Abuse (CASA) at Columbia University has made the following important conclusion: 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.

OVERVIEW AND RECENT TRENDS

While the use of illegal drugs among teens has declined since reaching its peak in the mid- to late-1990's, we confront teenage drug abuse today with drugs that are increasingly varied and dangerous. In addition, a recent study on parental attitudes conducted by the Partnership for a Drug-Free America shows that parents appear less concerned about the risks inherent in drugs and fewer parents are talking with teens about them. Parents who believe that their children can weather drug experimentation just as they did must remember that the drug scene in America today is vastly different than it was in the 1970's and 1980's. The variety of illegal drugs available to our children 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."

Also important for parents to consider are recent findings about the fragility of our children's developing brains. Studies suggest that the adolescent brain is particularly susceptible to drug- and alcohol-induced damage to memory and other cognitive brain functions, some of which may be irreversible. Because brain development is not completed until as late as age 25, experimentation during adolescence is more risky to the brain than previously believed.

According to the 2006 "Monitoring the Future" survey, the use of many illegal drugs among high-school students has continued a long-term gradual decline. Despite the improvements shown in the survey, the percentage of teens using illicit drugs remains troubling. Marijuana is the most widely used illegal drug, and has been tried by approximately 16% of 8th graders, 32% of 10th graders and 42% of 12th graders.

Cocaine, while rarely the first drug used, is frequently added to a drug-use pattern of marijuana smoking and excessive drinking. In the 2006 "Monitoring the Future" survey, approximately 5% of 10th graders and 8.5% of 12th graders reported having tried cocaine.

Studies have shown that a child's first experimentation with a substance will probably be among friends at home. The 2006 "Monitoring the Future" survey, as well as recent reports from both the Partnership for a Drug-Free America and CASA, indicate that illegal drugs are only part of the story as an alarming new trend of substance abuse has taken hold over the past few years: the abuse of prescription and over-the-counter medications.

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Recognizing the magnitude of this problem, the Partnership for a Drug-Free America titled its 2005 Partnership Attitude Tracking Study (PATS) of drug use *Generation Rx: A Culture of Pharming Takes Root.* The study stated that "alarming statistics...confirm that intentionally abusing prescription (Rx) and over-the-counter (OTC) medications to get high are now entrenched behaviors in today's teen population." (PATS available at www.drugfree.org.) It found that one in five teens had abused a prescription painkiller to get high and one in ten had abused over-the-counter medications, such as cough syrup. These drugs are readily available at home and from friends or can be purchased online, and parents do not fully understand the behavior of intentionally abusing medicine to get high. Teens also mistakenly believe that abusing prescription and over-the-counter medications is relatively safe since they are legal and have legitimate medical uses—abuse and overdose statistics show this to be a dangerous misperception. Accordingly, "Generation Rx" teens are more likely to have abused these easily accessible medications than to have experimented with illegal drugs such as cocaine, crack, Ecstasy and LSD.

CASA, likewise, has called the prescription drug-abuse problem an "epidemic," with abuse of prescription drugs by teens tripling between 1992 and 2003. Noting that these drugs are increasingly popular among adults and teens alike, the CASA chairman stated, "The explosion in the prescription of addictive opioids, depressants and stimulants has, for many children, made the medicine cabinet a greater temptation and threat than the illegal street drug dealer, as some parents have become unwitting and passive pushers." (See 2003 CASA study at www.casacolumbia.org.)

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; children may become dependent on using drugs as a crutch and not develop appropriate social and coping skills. 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. While millions of smokers have quit in response to the awareness of health hazards, thousands of children still start smoking each day (estimated at 6,000 a day in 2002). Many of them are under nine years old.

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The 2006 "Monitoring the Future" survey issued a separate press release on tobacco use to explain troubling shifts in the current landscape of teen smoking. After marked increases in teen smoking in the early 1990s, a decline in tobacco use among teens began around 1996/1997 and has continued over the last decade. The 2006 "Monitoring the Future" survey, however, indicates that declines in daily smoking rates for the youngest teens (both 8th and 10th graders) stopped, while daily smoking among 12th graders declined only slightly. In addition to daily smoking, the survey monitors tobacco use with the last 30 days or "recent" use. Although these rates showed a slight decline in the current survey, 8.7% of 8th graders, 14.5% of 10th graders and 21.6% of 12th graders reported smoking within the prior 30 days.

Researchers believe that the leveling off in the decline in current smoking may be attributed to the fact that today's teens have had less exposure to anti-smoking sentiments and education. For older individuals, the public debate around the legal settlements with major tobacco companies, the increase in the price of cigarettes by manufacturers to cover the cost of settlements, the increase in taxes imposed by state governments, and the use of settlement funds for anti-smoking campaigns resulted in less favorable attitudes toward cigarettes. While today's children continue to be exposed to neutral or even glamorized images of smoking, they do not have the benefit of these strong anti-smoking sentiments and messages.

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. The recent leveling off of declines in smoking demonstrate that anti-smoking education is effective and must be continued. 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. Because rates of smoking among a certain group of classmates tend to remain constant over the years, researchers conducting the 2006 "Monitoring the Future" survey emphasize that it is critical to prevent smoking at a very early age.

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

Nicotine is one of the most addictive chemicals known to man.

- Never starting is easier than having to quit.
- 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.
- Cigarette smoking is often the cause of potentially fatal diseases of the lung, heart and circulatory system. As more young people smoke, lung cancer occurs at an earlier age.
- Cigarette smoking kills more people prematurely than heroin, cocaine, other illegal drugs, automobile accidents, homicide, suicide and alcohol abuse combined.
- Of youngsters who begin at the experimentation stage with only 5 to 10 cigarettes, nearly 85% will become habitual smokers. About 90% of all adult smokers began smoking as teens or preteens. Many girls still begin smoking as a way to control weight.
- Cigarette smoking is often a precursor to marijuana smoking. Youngsters who avoid tobacco probably will not progress to smoking other drugs.
- Experimentation with flavored cigarettes or smokeless tobacco is not safe.

Parental Use of Tobacco

Parents should know that growing up in a smoke-free home has more impact on a teenager than lectures on how smoking harms the lungs. 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, asthma and pneumonia and a higher rate of lung cancer in adulthood, when it may cause 30,000 deaths annually.

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.

Hookah Bars and Lounges

The popularity of hookah bars (lounges where patrons smoke flavored tobacco mixtures from water pipes) is well established among college students and has spread to high school-age teens. Certain hookah lounges cater to coeds looking for an exotic, "sophisticated" social experience, and may also be lax about underage drinking. Hookah pipes favored by U.S. teens are typically designed with several hoses to allow for communal smoking. The tobacco used in hookah pipes is particularly appealing to teens because it is mixed with molasses, fruit or other flavors. While young hookah proponents say that hookah is a healthier way to smoke (because the water in the pipe acts as a filter), doctors universally dispute this claim. According to a 2005 World Health Organization advisory, a typical one-hour session of hookah smoking exposes the user to 100 to 200 times the volume of smoke inhaled from a single cigarette. Hookah pipes can also be used for smoking marijuana.

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 youth. Alcohol does not only refer to "hard liquor," since beer and wine coolers are, of course, alcoholic drinks.

There is a disturbing trend of earlier, more frequent and heavier drinking among our nation's youth.

The 2006 "Monitoring the Future" survey confirms that alcohol is still the most widely abused substance among teens. By the time they reach the 12th grade, some 73% of teenagers who participated in the survey said they had consumed alcohol in amounts more than just a few sips. In addition, approximately 6% of 8th graders, 19% of 10th graders and 30% of 12th graders reported being drunk at least once in the month prior to the survey. Although alcohol is not a new phenomenon in America, its usage by the young and its combined use with other drugs is an alarming problem. A CASA study reports that each day more than 13,000 children and teens take their first drink, and that *children who begin drinking before age 15 are four times likelier to become alcohol dependent than those who do not drink before turning 21.* (See www.casacolumbia.org.) It is imperative that parents model appropriate behavior with respect to alcohol and that they do not provide alcohol for teen parties or gatherings. Parents who serve alcohol to those under 21 years of age assume legal responsibility for any resulting accidents or irresponsible behavior.

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 alcoholics, most inherit a physical vulnerability to alcohol.

Adolescents can become alcoholics in six months to three years, in contrast to the ten to fifteen-year pattern for adults. An estimated 20% to 30% 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.

Facts about Alcohol Use to Discuss with Your Teenager:

- Alcohol is a depressant that sedates the inhibiting and suppressing mechanisms of the brain and central nervous system. The use of alcohol in teens has been shown to increase risky sexual and other behaviors.
- 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. Introducing children to alcohol in a family setting does not appear to protect teens from drinking to excess when they are among peers.
- Binge drinking can result in fatal alcohol poisoning, which, if drinking is rapid enough, can occur even before an individual passes out.

The concentration of alcohol in a person's system continues to rise even after a person stops drinking.

- The concentration of alcohol in a person's system continues to rise even after a person stops drinking. It is, therefore, never safe to assume that an intoxicated person can "sleep off" the effects of alcohol; the person may actually be getting more intoxicated. In addition, a person who passes out is in danger of vomiting and choking on his or her vomit.
- Some signs of alcohol poisoning include mental confusion, sleepiness with inability to waken, vomiting, seizures, slow or irregular breathing, low body temperature and pale or bluish skin color. If alcohol poisoning is suspected, obtain immediate medical help. Discuss with your teen the necessity of calling 911 in these circumstances, even if all the above signs are not present. Stress that saving a friend's life is more important than the "fear of getting caught."
- Although the legal drinking age in the United States 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 and can be fatal. Alcohol (alone or in combination with other drugs) is the most frequently mentioned substance reported as the reason for admission to hospital emergency rooms.
- A 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.
- A leading cause of death among adolescents is alcohol-related automobile accidents. Statistics indicate that teen death rates are on the rise.

Tell your teenagers that following these rules may prevent serious injury or save a life:

> **Don't drive under the influence of alcohol.**

> **Don't ride with a driver who has been drinking.**

> **Call home and ask for a ride or take a taxi.**

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 well as a greater percentage of body fat than males. As a result, females absorb about 30% more alcohol into their bloodstreams than males and retain it longer in fatty tissue. Thus, two ounces of liquor has about the same effect on a female as four ounces would have on a male.

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. Recognizing that women are particularly sensitive to alcohol, the American Medical Association issued a warning to college women in 2006 that binge drinking during "spring break" trips can lead to dangerous intoxication as well as risky sexual behaviors.

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.**
- **Alert your child to any genetic vulnerability to alcohol in your family history.**
- **It's critical to seek help right away if you suspect your child has a drinking problem.**
  –Alcoholism Council of Greater New York (1-800-56-SOBER; www.alcoholism.org)
  –Alcoholics Anonymous (212-647-1680; www.alcoholics-anonymous.org)

Marijuana (Pot, Grass, Weed, Hashish, Hash)

The latest clinical and scientific evidence confirms without a doubt that marijuana is hazardous to health and addictive. 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, and it remains in the body longer.

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. While usage rates have declined in the last three years, marijuana remains the most widely used illegal drug. It is far more dangerous than most users realize.

Marijuana may be especially harmful during adolescence, a period of rapid physical, cognitive and sexual development. Primary reasons for youthful experimentation have been identified as "rebellion" and a desire to be "cool." Current survey data shows that approximately 16% of 8th graders have tried marijuana, 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.

Physiological Effects of Marijuana

- Marijuana is a mind-altering drug that comes from the Cannabis sativa plant. Besides THC, its major psychoactive ingredient, marijuana contains over 400 other chemicals.
- 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."
- 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.

- 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.
- Marijuana impairs several mental functions specifically required for driving, such as judgment, attention span and reaction times. The drug depresses the body's immune system and increases the body's susceptibility to bacterial and viral infections.
- THC interferes with hormones that control sexual function and may adversely affect the reproductive system of both males and females.
- 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, which can ultimately cause cancer.
- 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 24 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

- The drug alters perception, reduces concentration, causes memory loss and decreases motivation.
- Heavy users become dull, slow-moving, and inattentive—victims of "burnout" or a "lack of motivation."
- Marijuana blurs reality. Teenage smokers may miss opportunities to develop skills for coping with life's stresses and anxieties.
- 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 of 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.

If you feel that your child may be using drugs, trust your instincts and take action. Consult your pediatrician about how to proceed; he or she may suggest that you request a drug test. Ninety-eight percent of cocaine and heroin users started with marijuana.

PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS

The newest drug dealer on your block might be your medicine cabinet. In citing overwhelming statistics on misuse of prescription and over-the-counter medications, the Partnership for a Drug-Free America has called this phenomenon "one of the most significant developments in substance abuse trends in recent memory." Abuse of medications has penetrated the teen culture in a way that makes the practice (called "pharming") seem commonplace and acceptable. This trend is particularly troubling because prescription and over-the-counter medications are readily available in medicine cabinets at home or at friends' or relatives' homes, purchased at drugstores, purchased from or traded with classmates at school or simply ordered online without a prescription. Awareness of availability is important to curbing this practice, and parents should ask themselves: "Who has access to the medications I keep in my home?" and "Where else are these medications available to my child?"

Abuse of medications has penetrated the teen culture in a way that makes the practice (called "pharming") seem commonplace and acceptable.

As a starting point at home, parents should warn against dependency on any chemical. Parents must also emphasize that abusing prescription and over-the-counter medications is *no safer* than using illegal drugs and can lead to serious detrimental health consequences. Stress also that taking two medications in combination or taking medications in combination with alcohol can have deadly consequences. In addition, parents should recognize that abuse of these medications can lead to further experimentation with illicit drugs. According to CASA, teens who abuse controlled prescription drugs are twice as likely to use alcohol, five times likelier to use marijuana, 12 times likelier to use heroin, 15 times likelier to use Ecstasy, and 21 times likelier to use cocaine.

Wake-up Drugs and Energy Drinks (NoDoz, Stay Awake, Alert, Vivarin and Red Bull, Rock Star, Monster energy drinks)

Popular "stay-awake" drugs are marketed in an appealing way and some of today's teenagers frequently use them before exams. Increasingly common among even the youngest teens and pre-teens are caffeinated beverages sold as energy or vitamin health drinks. Widely available in delis, supermarkets and health-food stores, these drinks often contain more caffeine than coffee, tea and colas. Children who routinely rely on these drinks to help them manage busy schedules may be ingesting unhealthy amounts of caffeine as well as setting the stage for seeking performance enhancement with more dangerous substances. These products are also used as a weight-loss aid and as a mood altering pick-me-up.

Prescription Stimulants (Ritalin, Concerta, Focalin, Adderall, Dexedrine)

Prescription stimulants are drugs that enhance brain activity, and include amphetamines as well as methylphenidate, a mild central nervous stimulant. Adderall and Dexedrine are amphetamines, while Ritalin, Focalin, Metadate and Concerta are methylphenidates. They are valuable medicines when prescribed for children with attention deficit hyperactivity disorder (ADHD), where they have a calming and "focusing" effect. Certain amphetamines may also be prescribed as appetite suppressants. Prescription stimulants are increasingly abused, however, by students seeking increased alertness, energy or attention in preparation for an exam or to finish schoolwork. They can also create a sense of euphoria. Amphetamines may also be abused by teens and college students seeking to lose weight. When abused by those for whom there is no medical need, amphetamines 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. Amphetamine use may also cause injury to the brain's blood vessels, resulting in permanent damage to brain cells similar to that caused by strokes or Alzheimer's disease.

- Because they are so frequently prescribed to children with ADHD, prescription stimulants are readily available and easily shared among classmates.
- Side effects of stimulant abuse include feelings of hostility or paranoia, dangerously high body temperatures, irregular heartbeat and potential for cardiovascular failure or fatal seizures.
- The Partnership for a Drug-Free America's 2004 Partnership Attitude Tracking Study (PATS) indicated that approximately 10% of all teenagers had used a prescription stimulant without a doctor's prescription, and the 2005 PATS reported that approximately 30% of teens grades 7 through 12 report having friends who abuse prescription stimulants.

Prescription Depressants (Barbiturates, Tranquilizers, Sedatives)

Barbiturates (Amytal, Nembutal, Mebaral, Seconal), tranquilizers (Valium, Librium, Xanax, Ativan) and nonbarbiturate sedatives (Quaaludes) are the "downers" that depress the central nervous system and make people calm or sleepy. Barbiturates and tranquilizers are available in capsule or tablet form and are prescribed by doctors. Parents should take care to keep them where they are not easily accessible.

- "Downers" have such street names as "blues," "reds," "rainbows," "yellow jackets," "ludes" and "purple hearts."
- Depressants should never be combined with any substance that causes sleepiness, including prescription pain medicines, certain over-the-counter cold and allergy medications or alcohol. Mixing even a few sleeping pills with alcohol can lead to accidental death. Anyone who has been drinking should not combine drugs or take any depressant.

Mixing even a few sleeping pills with alcohol can lead to accidental death.

- 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.

Prescription Pain Relievers (Codeine, OxyContin, Percocet, Vicodin)

Prescribed to manage severe pain, prescription pain relievers are abused for the feelings of euphoria and well-being they create in some individuals. Prescription pain relievers are easily accessed in home medicine cabinets, from friends or even purchased online. They are powerful opioids that can result in physical dependence and addiction. Large doses can cause respiratory failure and death.

- CASA reports that from 1992 to 2002 abuse of prescription opioids among 12- to 17-year-olds increased "an astounding 542%."
- Combining prescription pain relievers with alcohol, antihistamines or other depressants can cause fatal respiratory depression.
- In its 2004 PATS survey, the Partnership for a Drug-Free America reported that 18% of teenagers in the U.S. (or 4.3 million) have abused Vicodin and 10% have abused OxyContin. The 2005 PATS survey stated that almost 37% of teens in grades 7 through 12 report having friends that abuse prescription pain relievers.

Dextromethorphan (DXM, Dex, Robo, Skittles, Syrup, Triple C, Tussin)

DXM is a cough-suppressing ingredient contained in many over-the-counter cold and cough medications, including liquids, tablets and gelcaps. Some common brand-named products containing DXM include Alka-Seltzer Plus Cold & Cough Medicine, Comtrex Multi-Symptom Cold, Coricidin HBP Cough & Cold Tablets, Dimetapp DM, Robitussin cough products, Sudafed cough products, Triaminic cough syrups, Tylenol Cold products, Vicks 44 Cough and Vicks NyQuil LiquiCaps. DXM is an anesthetic that, when taken in excessive amounts, can create hallucinations, dissociative sensations and loss of motor control. "Skittles" is a slang term for DXM and has nothing to do with the candy by the same name.

- Common side effects of DXM abuse include confusion, dizziness, double or blurred vision, slurred speech, impaired physical coordination, pain, nausea and vomiting, increased heart rate, drowsiness, numbness in fingers and toes and disorientation.
- DXM is sometimes combined with other drugs or alcohol, increasing its dangerous side effects.

A Safer Medicine Cabinet

In addition to modeling proper use of medications and educating children about the dangers of abusing prescription and over-the-counter medications, parents can take simple steps to reduce access to these medications:

> **Inventory your medicine cabinet and monitor the quantity/use of prescription and over-the-counter medications as necessary.**

> **Keep all medications out of reach. Don't tempt abuse by leaving medications in easily accessible cabinets, drawers, or bags.**

> **Discard old medications and any left over from prior illnesses or conditions.**

STIMULANTS

The use of stimulants continues to be one of the fastest growing segments of the drug culture. The 2006 "Monitoring the Future" survey reports a troubling increase in the use of cocaine among high school seniors over the last three years.

Cocaine (Coke, Snow, Flake, Blow, Nose Candy)

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 powder's glamorized history as an illicit substance still makes it a drug culture status symbol.
- Cocaine's recent popularity among girls may be tied to the dangerous perception that, unlike alcohol, cocaine "has no calories."
- 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 that may result in toxic paranoid psychosis. Its use becomes a more powerful drive than the survival instincts of hunger, thirst or sex.
- Habitual use 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 two weeks after withdrawal from the drug.
- In the late 1990's, 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.

Cocaine's recent popularity among girls may be tied to the dangerous perception that, unlike alcohol, cocaine "has no calories."

Signs of Usage

Parents should look for loss of appetite, nervousness, high energy, irritability and cold-like symptoms. The presence of glass vials, glass pipes, 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. Crack is much more powerful, more addictive and more dangerous than cocaine powder.

- 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 fewer 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 needles associated with injecting drugs like heroin.)
- In addition to withdrawal symptoms of agitation, depression and drug cravings, dependency can cause lung problems, brain seizures, stroke 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.

Methamphetamine (Speed, Chalk, Meth, Crank, Croak, Crypto, Tweek, White Cross)

Methamphetamine is closely related to amphetamines but is far more potent. It is a central nervous system stimulant with enormous potential for abuse and addiction. The 2002 "National Survey on Drug Use and Health" reported that 12.4 million Americans aged 12 and older, or 5.3% of the population, had tried methamphetamine. The 2006 "Monitoring the Future" survey showed that 2.7% of 8th graders, 3.2% of 10th graders and 4.4% of 12th graders had tried the drug.

The Community Epidemiology Work Group (CEWG) reports that meth use in Hawaii, on the West Coast and in some southwestern states remains high, and that it is spreading "eastward to urban, suburban and rural areas at a pace unrivaled by any other drug in recent times." (See www.drugabuse.gov/infofacts/methamphetamine.html.) Methamphetamine can be easily produced from a variety of substances, including some over-the-counter medications containing pseudoephedrine, using recipes found on the Internet and elsewhere. Cooking methamphetamine creates toxic and highly combustible vapors and by-products; make-shift laboratories can have devastating effects on surrounding communities and the environment. One Web site devoted to countering the use of meth and crystal meth lists over 350 slang terms for meth, meth users and meth intoxication—evidence of the obsessive hold meth has over its users. (See www.kci.org.)

- Signs of usage include weight loss, decreased appetite, tooth decay and hyperactivity.
- Methamphetamine can be swallowed, smoked, snorted or injected.
- A tolerance to meth is developed quickly and users will need increasing amounts to get the same high. Users become obsessed with seeking a high and can engage in a meth "binge" while ignoring family and basic needs and hygiene.
- Methamphetamine may cause anxiety, nervousness, insomnia, hallucinations and violent paranoid behavior. Chronic use can also cause compulsive repetitive behaviors and delusions of parasites or insects crawling under the skin. High doses or long-term use of meth can cause irreversible damage to nerve cell endings. Further risks include increased blood pressure, heart attack, strokes, seizures and death.

High doses or long-term use of meth can cause irreversible damage to nerve cell endings.

- The CEWG reports that some Ecstasy and cocaine users are switching to meth, unaware of its severe toxicity.

Crystal Meth (Ice, Crystal, Glass, Fire, Tina)

Methamphetamine hydrochloride, known as Crystal Meth or Ice, is a pure, smokable form of methamphetamine that resembles chunks of ice. It can be manufactured in a laboratory using easily obtained chemicals.

- Crystal Meth is extremely addictive. In addition to smoking, Crystal Meth can be snorted or injected.
- Crystal Meth has become dangerously popular among gay and bisexual men in the club and party scene. Because it decreases inhibitions and increases libido, its use has been frequently cited as a significant contributory factor in increased sexual promiscuity and unprotected sex.
- Odorless and hard to detect, Crystal Meth produces intense highs and increases alertness and confidence, but its devastating lows produce hallucinations and paranoia. It can also cause erratic violent behavior. Side effects include fatal lung and kidney disorders as well as long-lasting psychological damage.

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, Microdots, Sugar Cubes)

- LSD appears as an odorless, colorless, tasteless white powder and is most commonly taken orally in tablet or liquid form. It is often sold in sheets of paper with dot stains or thin squares of gelatin that look like windowpanes; liquid LSD is often sold in breath mint bottles. Gelatin and liquid LSD can also be taken by putting the drug in one's eyes.
- 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 (Phenylcyclidine, Angel Dust, Ozone, Wack, Rocket Fuel)

- PCP may be swallowed, smoked, sniffed or injected. Cigarettes made of tobacco, parsley, mint, oregano or marijuana may be spiked with PCP. Marijuana cigarettes spiked with PCP are sometimes referred to as "killer joints," "crystal supergrass," "lovely," "love," or "loveboat." PCP can also be found combined with LSD or methamphetamine.
- The effect of PCP is extremely unpredictable. Bizarre or violent behavior can occur after first use. Chronic users may never be normal again.
- 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.

[PCP] usage may cause muscular rigidity, delirium, convulsions, inducement of catatonic or psychotic state and brain damage.

- The mention of PCP in emergency room admissions increased 42% from 2000 to 2002.

NARCOTICS/OPIATES

Narcotics, sometimes called opiates, are a group of drugs used medically to relieve pain. They also have a high potential for abuse. Narcotics relax the user, who feels an immediate "rush." Abused narcotics include heroin, morphine, sedatives, tranquilizers and painkillers. (Prescription painkillers are discussed under "Abuse of Prescription Drugs and Over-the-Counter Medications.")

These substances can be injected, inhaled 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 effect and amount of the drugs are so hard to gauge that many addicts die of an overdose.

Heroin (Smack, Junk, Black Tar, China White, Horse, Dope, Mud, Skag, Big H)

Narcotic drugs are derivatives from the opium poppy. Historically, heroin has been the most commonly abused narcotic. During the 1990's, the population of heroin 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. According to the 2006 "Monitoring the Future" survey, the use of heroin among teens peaked in the late 1990s/2000 and has declined in the last few years. Heroin is generally snorted 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

- Sedation—Heroin may produce drowsiness and mental confusion. Characteristic of heroin use is the state of half-heightened consciousness called "nodding."
- Tolerance—Regular use causes the body to resist narcotic effects, requiring higher and more frequent doses to achieve the same results.
- Dependency—Over time, regular users easily become addicted, craving the pleasure the drug brings and unable to interrupt use without suffering symptoms of withdrawal.

When users become dependent on heroin, finding and using the drug becomes the main focus of their lives, and often leads to crime.

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 heartbeat
- 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

DESIGNER AND CLUB DRUGS

As with Crystal Meth, underground chemists produce synthetic "designer" drugs from readily available chemicals. By changing the molecular structure, manufacturers can vary the potency, length of action, euphoric effects and toxicity of the drugs. Overdoses are common. Certain designer and other drugs are commonly referred to as "club drugs" since they are often used at nightclubs, bars and rave dances.

Ketamine (Special K, K, Cat Valium, Vitamin 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.
- Because Ketamine is odorless and tasteless, it can be added to drinks to facilitate "drug rape."
- It is a mild hallucinogen that can cause dreamlike states, hallucinations, flashbacks and depression. Use of Ketamine can also result in unconsciousness, amnesia and death from respiratory depression.
- In some cases, Ketamine creates a sensory detachment similar to a near-death experience. This kind of experience is referred to as the "K hole."

Because Ketamine is odorless and tasteless, it can be added to drinks to facilitate "drug rape."

Ecstasy (MDMA, Adam, E, Roll, X, XTC, Lover's Speed)

Ecstasy (methylenedioxymethamphetamine or MDMA) is a synthetic drug taken in pill form. It offers the euphoric rush of cocaine and some of the mind-expanding qualities of hallucinogens. Users sometimes take Ecstasy at "raves," clubs and parties to keep dancing. In some of these cases, severe dehydration, hyperthermia and cardiovascular failure have resulted—even from the first use of the drug. Side effects include acceleration of heart rate, increase in blood pressure, nausea, seizures and interference with the dopamine system of the brain. Current research suggests that Ecstasy use can interfere with cognitive function and memory, and can cause long-term damage to serotonin neurons.

"Natural High"

Various designer drugs consist of herbs that are unfortunately marketed to young users as "safe," organic, alternative forms of "speed." The drugs, with names like "Herbal Ecstasy," "Cloud 9," "Rave Energy" and "Ultimate Xphoria," generally contain ephedrine, the basic ingredient of methamphetamine (or "speed"). These pills can be purchased over the counter in drug stores and music stores. There are also many Web sites that aggressively promote and sell "natural highs."

Ephedrine stimulates the cardiovascular and central nervous systems. People with sensitivities to ephedrine can suffer from heart attacks, strokes and seizures. Although the FDA has banned the use of ephedrine in dietary supplements, the restriction does not apply to drugs containing chemically synthesized ephedrine or to traditional Chinese remedies or to herbal teas.

GHB (G, Georgia Home Boy, Grievous Bodily Harm, Liquid Ecstasy, Everclear, Easy Lay)

GHB is a central nervous depressant produced in various odorless and colorless forms. It is homemade with recipes and kits found or purchased online and has been used in cases of drug rape. Even small amounts have caused convulsions, respiratory arrest and seizures in some people. Overdoses can result in coma and death.

Rohypnol (Date rape drug, La roche, r2, Rib, Roach, Roofenol, Roofies, Rope, Rophies, Ruffies, the forget pill)

Rohypnol is the brand name for Flunitrazepam, a powerful sedative. It comes as a small white tablet that can be dissolved in a drink, leaving no odor or taste. It can be lethal when mixed with alcohol and/or other depressants. (See Health and Sexuality, Date Rape or Acquaintance Rape.)

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 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. Some Internet pharmacies smuggle counterfeit drugs into the United States for online sales.

INHALANTS

Gas, Aerosols, Solvents, Nitrites

Readily available and inexpensive, inhalants are frequently abused by young people between the ages of seven and 17. The 2004 "Monitoring the Future" survey indicated an alarming increase in the use of inhalants by the youngest teens surveyed, which was confirmed by the 2005 "Monitoring the Future" survey. In both years, approximately 17% of 8th graders indicated that they had tried inhalants. The 2006 "Monitoring the Future" survey showed only minimal improvement, with approximately 16% of 8th graders having tried inhalants.

Inhalants are breathable chemicals that are inhaled for their intoxicating effects. Inhalants can be sniffed, snorted, bagged (the fumes are inhaled from a plastic bag) or "huffed" (a rag, sock or roll of toilet paper is soaked in the inhalant and then placed in the user's mouth). Deep breathing of inhalants may result in loss of awareness of surroundings, loss of self-control, violent behavior or unconsciousness. They are inexpensive, legal and easy for children to obtain.

Abused inhalants may include gases such as ether; amyl and butyl nitrites; aerosol propellants; and solvents such as airplane glue, kerosene, gasoline, nail polish remover, lighter fluid, paint thinners, felt-tip markers, moth balls and typewriter correcting fluids. Some of the easiest to get, like glue and gasoline, are also the most dangerous. Nitrites (called "poppers") are sometimes sold in small brown bottles labeled as "leather cleaner," "video head cleaner," "room odorizer" or "liquid aroma."

- 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).
- Sudden sniffing death can occur from a single instance of inhalant use by an otherwise healthy child.
- Inhaling from a paper or plastic bag or in an enclosed area increases the chance of suffocation.
- Inhaling the gas from cans of compressed air used to clean computers (such as Dust Off) is called "dusting" and can be fatal from a single use.

WHIPPETS

Whippets are sold in supermarkets as small, metallic, bullet-shaped containers of propellant gases to make seltzer or whipped cream. When used to inflate a balloon and then inhaled, whippets produce a brief high. Whippets may cause respiratory depression and SSD (sudden sniffing death).

Whippets 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

Steroid use has shown an overall decline in use by younger teenagers, and the 2006 "Monitoring the Future" survey showed only a slight increase in use among 12th graders. Historically, most users are boys who take steroids to build muscles and enhance athletic performance. Recent news reports, however, have highlighted a worrisome trend of increasing use by girls. While some girls are turning to steroids to enhance athletic performance, most are seeking to achieve perfectly toned model-like figures.

- Injectable steroids are the most popular variety, although pills and creams are also widely used. Adverse effects include stunted growth, mood changes, and long-term dependency.
- Because of their appeal, it is essential to warn young athletes about the very real health hazards of steroids.
- For boys, steroid use can result in shrinking of the testicles, infertility, baldness, development of breasts and increased risk of prostate cancer. For girls, side effects can include severe acne, smaller breasts, deeper voice, irregular periods and excess facial and body hair.
- Possible psychological effects include increased irritability, violent behavior, depression, mania, psychosis and suicide.
- 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 body building gyms.
- Steroids are more likely to be used in an environment where athletic prowess (emphasizing strength over skill) is given a stronger priority than academic achievement.

GETTING HIGH BY PASSING OUT

Rather than using drugs or other substances, some children attempt to get high by inducing a fainting spell. Known by many names such as the "fainting game," "the pass-out game" or the "tingling game," some children tie things around their necks or, when playing with friends, choke each other to achieve a high caused by lack of oxygen to the brain. Tragically, children have accidentally hanged themselves while playing the game. Passing out in connection with sexual stimulation is more common among boys than girls and has, in some cases, resulted in death (autoerotic asphyxiation).

BEHAVIORAL SIGNS OF DRUG USERS

Children and teens involved with drugs can become very resourceful. While not all children may show the following signs of drug use, parents should be watchful for unsettling changes. Children, particularly older children, and teens may:

- change friends or lifestyle, isolate themselves and become secretive.
- visit Web sites that sell prescription and over-the-counter medications, or that promote drug use and offer advice on "how to get high."
- 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.

SEEKING PROFESSIONAL HELP

Substance abuse can be a symptom of underlying personal or family problems. Contact the agencies and institutions trained to assist you. Selected resources are listed under **Resource Organizations** and on the NYC-PIA Web site: www.parentsinaction.org. Trained counselors can facilitate parent-child communication by providing a neutral ground and can defuse the climate of tension that sometimes develops within families over issues such as drug use.

TWELVE KEY GUIDING PRINCIPLES FOR PARENTS

1. **Start early to instill values.** 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. Take an active role in your child's computer and Internet use—know where they go.
7. **Know the attitudes towards drug and alcohol of those who come into contact with your child.** Your child may be learning information about substance use from babysitters, daycare providers, camp counselors, online friends, family friends and relatives. Make sure they agree with your own.
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, 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

Several years ago, a representative from the Centers for Disease Control and Prevention, in a lecture on bioterrorism, stated that the greatest threats to our nation are obesity and sedentary lifestyle!

OBESITY

Americans face a very serious health crisis, namely, obesity, which can cause high blood pressure (hypertension), type II diabetes, high cholesterol and many cancers. These complications cause over 112,000 deaths each year.

To combat obesity, we must depend on controlling the amount of food calories we consume and the amount of calories we burn up by physical activity. Parents should become concerned that their child is significantly overweight if the child develops abdominal obesity and requires oversized clothes compared to children of the same age.

The number of overweight and obese children and adolescents in the United States has almost tripled since 1980. More than 10% of children 2 through 5 years old, about 15% of children between 6 and 11 and 15% of teenagers are overweight, and almost 13% of children are obese. If this increased trend toward obesity continues, life expectancy may indeed begin to decrease in this country.

If this increased trend toward obesity continues, life expectancy may indeed begin to decrease in this country.

The book *Food Politics* by Marion Nestle (Univ. California Press 2003) depicts how the food industry has succeeded in manipulating Americans to consume more food and beverages. Much of the marketing has focused on foods high in fat and sugar and on soft drinks; the consumption of these drinks has more than doubled since 1970. The food industry spends about $33 billion yearly marketing food, some of which is highly caloric and low in nutrition ("junk food"), to promote greater sales and consumption. Sadly, success of this relentless food promotion is closely correlated with increased obesity in the United States.

Food companies, through "kids' meals" and similar promotions, often market their products directly to children. The result has been a progressive increase in caloric consumption and progressive fattening of children. Excessive weight and obesity, coupled with a sedentary lifestyle, are seriously impairing our health and very significantly adding to the skyrocketing cost of health care. The sensible dictum "Eat Less and Move More" has been relatively ineffective, and practiced by only a small percentage of the public. It is reported that children spend more time watching TV than in any other activity, and that they are exposed to 20,000 commercials yearly. Unfortunately, most advertisements do not encourage a healthy nutrition plan and practically never promote consumption of fruits and vegetables.

Fortunately, concern about marketing these foods and drinks to children has increased, and vending machines have been removed from the premises of some schools.

The excess consumption of fat and products containing sugar, as well as physical inactivity, play the major role in weight gain and obesity. It has been said that "genes may load the gun, but environment pulls the trigger." Since we can't alter our genes, we must change our lifestyle to a program of healthy nutrition and physical activity. Of paramount importance is that we recognize the seriousness of obesity and the many diseases and problems with which it is associated. The chance of developing hypertension if you are obese may be eight times greater than that of normal-weight individuals. Hypertension occurs in approximately 50% of obese individuals. About 3% of children have hypertension, which is the result of obesity; another 10% are considered at risk for developing hypertension.

It is extremely important to appreciate that some dietary supplements, herbal or plant based, may be very harmful or fatal. Unfortunately, these substances are not regulated and are easily obtainable in food stores and over the Internet. A supplement should not be used if its safety and effectiveness are unknown. It is wise always to ask a physician when considering the use of a supplement.

Early establishment of healthy lifestyles affords the greatest opportunity for good health throughout life.

Early establishment of healthy lifestyles affords the greatest opportunity for good health throughout life. Motivation is the key to success in achieving and maintaining a healthy lifestyle. *For the health of our children and future generations, the efforts of teachers, parents and the community should focus on* ***prevention*** *of obesity by introducing healthy lifestyles to children and then reinforcing and expanding healthy lifestyles in all grades through high school.*

EXERCISE

Exercise is essential for health and physical fitness. Our children and teenagers have become obsessed with television and computers. It is reported that about 25% of children in America spend 4 or more hours per day watching television, and that many spend as much as 7 hours a day in front of a TV or computer screen! Surprisingly, children three years old or less watch TV between two and three hours daily. During these years, the brain of a child is rapidly undergoing nerve growth and developing connections; although not proven, recent evidence suggests that excess exposure to TV at this young age may influence brain development and result in difficulty concentrating (ADD) during school years and later. It is highly recommended that children two years old or less do not watch TV.

Our children and teenagers have become obsessed with television and computers.

A study of 10-year-old American girls revealed a direct correlation between hours spent watching TV and excess body fat. A survey in one city revealed that 60% of children had a TV in their room, and they were three times more likely to be overweight than those without TVs. The American Academy of Pediatrics recommends limiting TV and video viewing to no more than two hours daily. Eating high-caloric foods and drinking sodas and other beverages full of sugar while watching TV, and consuming lots of buttered popcorn, nachos, candy and other high-caloric foods and sodas at the movies or sporting events, can contribute significantly to weight gain and obesity.

The increasing time spent in front of computers will further erode participation in physical activity and reduce physical fitness. Only 27% of high-school students engage in moderate physical activity for at least 30 minutes daily for 5 or more days each week.

Of great concern is that 3 out of 4 children who are overweight or obese at ages 9 to 13 years will remain so when adults. It appears that inadequate physical activity, especially common among individuals with lower levels of education and income, is a major contributor to obesity. Physical inactivity exerts a particularly strong influence in the development of obesity in children.

Physical exercise is important not only for physical health, but also for mental health since it can reduce emotional tension and provide a sense of well-being.

Sedentary persons ("couch potatoes") are more likely to be overweight or obese and eventually to develop hypertension, heart attacks, strokes, diabetes and high cholesterol than those who are physically active. To keep physically fit, it is preferable that various exercises be used periodically so that all the major muscles will be strengthened.

The benefits of regularly performing moderate aerobic exercise are many:

- **Proper weight is maintained more easily.**
- **Muscle mass, strength, and agility are increased and preserved.**
- **The risk of diabetes is diminished.**
- **Elevated blood pressure may be reduced.**
- **Damage to the coronary arteries of the heart may be prevented, heart function improved, and the chance of a heart attack is decreased.**
- **Levels of the "good" blood cholesterol, HDL, which protects against hardening of the arteries, may be increased, whereas levels of the "bad" cholesterol, LDL, usually decrease.**
- **Emotional tension, anxiety, anger, and depression may be significantly alleviated; the chance of heart attack and sudden death caused by excessive emotional or physical stress may be reduced.**
- **The occurrence of colon and breast cancer may be decreased.**

Researchers have shown that exercise benefits the heart by improving the ability of the heart arteries to dilate in response to a substance (nitric oxide) released from the lining of these arteries. This dilation occurs even in the presence of atherosclerosis (hardening of the arteries). Also, most recently, it has been noted that regular moderate exercise increases muscle utilization of energy and enhances formation of new nerve cells in areas of the brain that support memory.

For children, 60 minutes of moderate physical activity most (preferably all) days of the week is recommended. It is especially important to choose enjoyable activities and exercises—if they are boring, they will not be continued for very long. Walking and jogging are particularly popular types of exercise that can be performed alone, with a few friends or in large groups. Bicycling, basketball, soccer, volleyball and roller-blading are excellent ways of getting the exercise needed to improve cardio-vascular fitness and muscle strength.

Moderately intense exercise for 30 minutes will burn up approximately 150 calories. If it is more desirable to perform two 15-minute or three 10-minute periods of exercise, the benefit and the total calories burned will be similar. Men burn up 10% to 20% more calories than women during exercise, probably due to men's larger muscle mass. The number of calories burned up also depends on a person's weight, the type and intensity of exercise and the time spent exercising.

Regularly performed, moderately intense, non-painful exercise can be both enjoyable and beneficial to health.

"OBESITY" and "EXERCISE" are excerpted from Our Greatest Threats—Live Longer, Live Better *by William M. Manger, M.D., Ph.D. (Jones and Bartlett Publishers, Inc. 2006)*

EATING DISORDERS

Many adolescents, both female and male, are at times unhappy with their body size and shape, but only some teens carry this dissatisfaction to an extreme and develop eating disorders. *Anorexia nervosa* and *bulimia nervosa* are eating disorders triggered by body dissatisfaction, an over-concern with body size and shape and an attempt to feel better about oneself by controlling food and weight. Teens who develop anorexia refuse to maintain healthy body weight and relentlessly pursue thinness, have an intense fear of gaining weight even when emaciated, and are preoccupied by thoughts and behaviors pertaining to food and weight. They experience hormonal changes resulting in cessation of pubertal development or cessation of menstruation. Teens who develop bulimia have recurrent episodes of binging and purging (such as vomiting, laxative abuse and over-exercising) during which they feel "out of control." They may maintain, lose or gain weight. Bulimics unduly evaluate their appearance and worthiness based on their body weight and shape.

Although many factors have contributed to the marked increase in incidence of eating disorders in the past 40 years—including a culture that values thinness and fitness, places enormous stress on teens to succeed in a wide range of endeavors, and de-emphasizes family meals—it is the very normal developmental tasks of early and later adolescence that actually trigger an eating disorder for a particular teen. The early adolescent's body is suddenly changing very rapidly, and increasing in weight even more than height. Increased expectations to become independent, sexual and successful in school may be daunting. By focusing on controlling or losing weight, the overwhelmed young person begins to feel more in control and better about herself or himself. Later adolescence, especially around the time of leaving home (senior year in high school or first year of college), can be another period of intense stress that triggers an eating disorder in a vulnerable young person.

...it is the very normal developmental tasks of early and later adolescence that actually trigger an eating disorder for a particular teen.

Parents should be alert to the early signs of an eating disorder, although such signs may be subtle at first. Some teens may clearly state they feel fat, and want to lose weight. They may start by giving up junk food, but eventually drop more and more foods, exercise excessively, and ultimately never stop restricting their food intake even after a reasonable amount of weight has been lost. These teens with anorexia may increasingly spend less time with peers, refuse to eat with others, become sad and irritable, and lack energy. Girls will stop menstruating. Teens with bulimia may appear to be eating normally, or at times excessively, but may be secretly spending more time in the bathroom. If parents are concerned that their child has a struggle with food and weight, or has developed an eating disorder, they should first talk with their child about their concern and then immediately seek professional help from their pediatrician or adolescent medicine specialist.

Eating disorders are serious medical problems, which generally require the care of a team of professionals, including a medical doctor experienced in caring for these disorders and a psychotherapist, who may be a psychiatrist, psychologist or social worker. A nutritionist who specializes in eating disorders may also be part of the team. Most teens can be treated as outpatients while continuing to attend school, but various day programs and inpatient settings also exist in the event that more intensive, more highly supervised care is needed.

"Eating Disorders" provided by Andrea Marks, M.D., specialist in adolescent medicine.

SEXUAL RESPONSIBILITY

Many parents did not grow up with the freedom and openness about sex that are part of today's teens' lives. In addition, today's media is teeming with material containing sexual references and images. The Internet has transformed access to information about sex by bringing an ever-widening selection of both informative and disturbing material right into our home, school, library and office computers, as well as to wireless and handheld devices. Although many of today's teens appear sophisticated because they know the "facts," they may secretly be confused about how to interpret them but be too embarrassed to ask. They may also worry that if they choose to be abstinent, they will be criticized by their peers.

Many parents did not grow up with the freedom and openness about sex that are part of today's teens' lives.

Information about sex and relationships 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. Each discussion may be viewed as an opportunity not only to impart information but also to instill lifelong values that are important in the development of the child's character and self-esteem.

Children in their preteens and early teens may be filled with anxieties concerning their sexual development—both from a physical and emotional point of view. Questions regarding sexual orientation may also be voiced at this time. 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 the emotional dangers of engaging in early sexual activity, sexually transmitted diseases ("STDs") and birth control. Some parents may have qualms about giving information on birth control for fear youngsters will become prematurely active, but studies consistently report that children who talk with their parents about sex and relationships 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. Take the opportunity to ask your teen what sex means to him—you may find that your teen's views about sex and the definition of what constitutes sex differ significantly from your own. Strong family values, as well as attitudes reflecting a healthy acceptance of sexuality and respect for the opposite sex, set a positive example.

"There is no condom for the heart."
– Dr. Thomas Lickona

Talk about the emotions of healthy relationships. 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 will likely be damaging and disappointing, as well as detrimental to later love relationships. Dr. Thomas Lickona, a developmental psychologist and professor at the State University of New York at Cortland, states, "Sex is not a trivial matter. It's not a recreational sport. Sex has strong consequences, even if you rarely see them depicted on TV or in the movies. It can create a new life. It can wreck a life. It can express beautiful love. It can be the furthest thing from love."

In his work involving both teens and adults who have suffered the consequences of engaging in early uncommitted sex, Dr. Lickona has pinpointed ten dangers:

1. Worry about pregnancy and AIDS.
2. Regret and self-recrimination, especially among girls after they realize that sexual involvement did not make a relationship a more loving, committed one.
3. Guilt over promiscuity.
4. Loss of self-respect and self-esteem, especially if the teen has contracted an STD.
5. The corruption of the teen's character and the debasement of his sexuality caused by a breakdown of sexual self-control.
6. Shaken trust and fear of commitment after the break-up of a sexual relationship.
7. Rage over betrayal, which can lead to violence.
8. Depression and suicide.
9. Ruined relationships as sexual activities dominate other dimensions of the relationship.
10. Stunted personal development and individuality as sexual relationships draw focus away from other areas of growth.

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 for preventing sexual harassment are:

- Look at the offending individual squarely and say "No" firmly. Do not explain or apologize.

- Let the person know you will not accept such behavior.
- If you are uncomfortable confronting someone alone, take a friend along or write a letter.
- Keep a written record of harassment. As accurately as possible, try to include direct quotes and witnesses. Save and print out e-mails and other online communications.
- 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 that parents must discuss with their teenagers, especially teens over 16 and those going off to college. Be clear that forced intercourse—whether with a date, boyfriend or friend—is rape.

To reduce the risk of date rape or acquaintance rape:

- **Know whom you are with. For a first date or a "blind" date, insist on going to a public place or arrange to meet at a group gathering with friends you know.**
- **Be especially alert to new and unfamiliar places. If a person or place makes you nervous, leave.**
- **If you are not entirely comfortable with someone, stay with a group you know. Don't leave a party or event along with someone you've just met.**
- **Be aware of the potential for miscommunication. Speak up quickly and decisively if you feel someone has gone too far with you.**
- **Remember that alcohol and other drugs can cause personality changes.**
- **Stay sober—alcohol is present in more than one out of every three rapes.**
- **Be aware of the risk of the use of drink sabotage in furtherance of "drug rape." Teens should open or purchase their own beverages and should never leave their glass unattended; it is safer to purchase a new beverage rather than return to one that has been left out. (See the discussion under "Designer and Club Drugs.")**

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 (STDs)

There are approximately 15 million new cases of STDs in the United States annually, with 25% of them involving teenagers. All teenagers and their parents should be well informed of the symptoms of sexually transmitted diseases, but must also be aware that in most cases symptoms are silent. They should also know the methods for reducing exposure to STDs as well as the danger of not reporting symptoms in time to prevent complications.

Teens should understand that STDs may be caused by either bacteria or viruses. While bacterial infections can be cured with antibiotics, viral STDs can never be cured. The symptoms of viral STDs can be treated, but the virus remains in the person's body for life and can cause later flare-ups.

Sexually transmitted diseases are spread only by sexual or intimate contact, including vaginal and oral sex. Short of abstinence, the use of latex condoms is presently the most effective method for preventing certain STDs. Condoms, of course, will not prevent the transmission of STDs from contact with infected areas not covered by a latex condom.

Parents should communicate to their teenagers:

- **It is impossible to determine if someone has an STD by appearance alone. All intimate physical contact, including oral sex, puts teens at risk for STDs.**
- **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.**

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 that normally appears between two and ten 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. In the last decade, strains of gonorrhea have developed that are resistant to the normal penicillin treatment and must be treated with new antibiotics or combinations of drugs.

Chlamydia

The chlamydia (short for chlamydia trachomatis) bacteria now causes more than 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, which 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 (HSV) 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. While HSV type 1 is commonly associated with sores on the lips (cold sores), it can also cause genital infections. Conversely, HSV type 2 most often causes genital infections but can also infect the mouth.

HPV Infection and Genital Warts

The human papillomavirus defines a group of some 30 sexually transmitted viruses that can infect the genital areas of both males and females. For most people, HPV infection will not result in any symptoms. Some HPV infections are deemed low risk because they cause minor abnormalities in Pap Smear tests or cause genital warts. Genital warts are treatable if detected early. The CDC National Center for HIV, STD and TB Prevention reports that approximately 20 million Americans are infected with HPV, and that half of sexually active men and women will acquire genital HPV infection at some time. Other types of HPV are considered "high-risk" and have been shown to cause cervical and other genital cancers in men and women.

It is impossible to determine if someone has an STD by appearance alone.

The FDA recently approved a vaccine for girls that protects against four types of HPV virus, including two that account for approximately 70% of all cervical cancers. In June 2006, the CDC's Advisory Committee on Immunization Practices recommended that girls ages 11 and 12 receive the vaccine as part of their routine health care. The recommendation also allows for girls as young as nine, and girls and women from ages 13 to 26, to be vaccinated on an individual basis. Consult with your physician to learn about this vaccine and whether it is appropriate for your child.

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.

AIDS AND HIV

Some 25 years after the recognition of AIDS, it is still critical that parents discuss AIDS and the virus (human immunodeficiency virus or HIV) that causes it with their teenagers. Parents should stress the seriousness of this disease, and offer information on how it is transmitted and how it can be avoided. Drugs and treatment have made living many years with HIV a reality, but there is still no guarantee as to the length or quality of life for a particular individual. There is still no cure or vaccine for AIDS, and experts believe that extensive public education continues to be an important measure in halting the spread of HIV. 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. For those engaging in sexual activity, the proper use of a latex condom with every sex act remains the single most effective means of preventing the transmission of HIV.

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. Because all blood donations are currently tested, the transmission of AIDS from blood transfusions is now a remote possibility.

Casual contact with AIDS patients or persons with HIV does not place others at risk for contracting the virus. 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 the virus from toilets, doorknobs, telephones, office machinery or household furniture.

Among the major risk groups in the U.S. for contracting AIDS are homosexuals, bisexuals, intravenous-drug users, children born to infected women and men or women with multiple sexual partners. It is estimated that currently 900,000 Americans carry HIV in their bodies and could infect others through sexual contact. Symptoms can be dormant for as long as ten years.

While AIDS no longer makes daily headlines, the disease continues to spread, and half of all new HIV infections in the United States involve individuals under the age of 25. The number of AIDS cases among U.S. teenagers includes equal numbers of males and females and has been attributed to promiscuity and failure to use condoms. Consult your physician for any questions regarding the prevention of AIDS and testing for the HIV virus.

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 person's anger and frustration are turned against himself.

Some factors that may cause adolescent anxiety are:

- physical development—varied growth rates, body changes or acne
- family problems—poor communication, death, divorce, illness or 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, with excessive crying
- withdrawal, an appearance of being "out of it," low energy or fatigue
- decline in school performance or slowed thinking
- expressions of inadequacy and low self-esteem
- restlessness, irritability or hyperactivity
- use of alcohol or other drugs

Some signs of severe depression are:

- feelings of guilt, worthlessness, helplessness or pessimism that do not go away
- dramatic changes in academic performance
- weight loss, anorexia (chronic lack of appetite and refusal to eat), bulimia (binge eating and purging), insomnia
- self-injury, such as cutting or burning
- 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.
- Seek help from 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% 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

Suicide is among the leading causes of death of teenagers. Young people between the ages of 15 and 24 are particularly vulnerable, and more than 70% of adolescent suicides are white males. While most suicides take place at home, some teens may try to reach out to others by phone or online in the hours or days preceding suicide. Threats of suicide should be taken seriously and children should be encouraged to talk with a trusted adult about a friend or peer who threatens suicide. In situations where a suicide seems imminent, family members and friends should know that it's appropriate to call 911.

In situations where a suicide seems imminent, family members and friends should know that it's appropriate to call 911.

Teenage boys seem to prefer firearms as the method of choice. For this reason, parents choosing to keep firearms in their homes must ensure that they cannot be accessed by teens. An otherwise passing thought of suicide can result in tragedy if guns are not secured or if teens know how to unlock gun cabinets. Similarly, parents should secure the medications in their homes. Teenage girls are most likely to choose overdoses of tranquilizers or other drugs.

seeking help

When faced with stressful situations, most of us turn to others—whether friends, family members or professionals—for help in handling them. You may wish to turn first to the 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. In addition to the resource organizations listed below, NYC–Parents in Action maintains a list of "Resources" on its Web site at www.parentsinaction.org.

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

Alcohol and Drugs

Alcoholics Anonymous
www.alcoholics-anonymous.org
Alcoholics Anonymous of New York
307 Seventh Ave. (West 28th St.), Room 201
New York, NY 10001
212-647-1680
www.nyintergroup.org

Alcoholism Council of New York
2 Washington Street, 7th Floor
New York, NY 10004
1-800-56-SOBER
www.alcoholism.org

Caron
Galen Hall Road, P.O. Box 150
Wernersville, PA 19565
1-800-678-2332
www.caron.org

Caron NY
244 East 58th Street
New York, NY 10022
212-371-3220

Daytop Village
Administrative Headquarters at 54 West 40th Street
New York, NY 10018
(see Web site for Outreach Centers in other NYC boroughs)
212-354-6000
www.daytop.org
24-hour hotline: 1-800-2-DAYTOP

Freedom Institute, Inc.
515 Madison Avenue
New York, NY 10022
212-838-0044
www.freedominstitute.org

FCD, Freedom From Chemical Dependency
398 Walnut Street
Newton, MA 02460
617-964-9300
www.fcd.org

NIAAA–National Institute on Alcohol Abuse and Alcoholism
5635 Fishers Lane, MSC 9304
Bethesda, MD 20892
www.niaaa.nih.gov *(contains related Web sites)*

NIDA–National Institute on Drug Abuse
60001 Executive Boulevard, Room 5213
Bethesda, MD 20892
www.nida.nih.gov *(contains related Web sites, including on specific drugs and substances)*

National Drug and Alcohol Treatment Referral Routing Service
1-800-662-HELP

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfree.org *(many helpful tools for parents to begin a conversation about substance abuse)*

Phoenix House
164 West 74th St.
New York, NY 10023
646-505-2000 ext. 7780
www.phoenixhouse.org *(also for information on Phoenix House's IMPACT program)*

Phoenix House Prevention Affiliates:

American Council for Drug Education
1-800-488-DRUG
www.acde.org

Children of Alcoholics Foundation
646-505-2060
www.coaf.org

Eating Disorders

National Eating Disorders Association
603 Stewart Street, Suite 803
Seattle, WA 98101
800-931-2237
www.nationaleatingdisorders.org

The Eating Disorders Clinic, New York State Psychiatric Institute & Columbia University Medical Center
Unit 98, 1051 Riverside Drive
New York, New York 10032
212-543-5739
www.eatingdisordersclinic.org

Many other area hospitals also have Eating Disorder, Anxiety Disorder and Mental Health Clinics. Your family physician can be a starting place for an appropriate referral.

Internet Use and Safety

Center for Safe and Responsible Internet Use
www.csriu.org; www.cyberbully.org

Children Online
www.children-online.org

National Center for Missing and Exploited Children
www.missingkids.com

The Cyber Tipline
(National Center for Missing and Exploited Children's site to report a possible crime or problematic event)
www.cybertipline.com or 1-800-843-5678 (1-800-THE LOST)

A Parent's Guide to Internet Safety
(available at www.fbi.gov)

Other Industry and Public Service Web sites:
www.getnetwise.org
www.ikeepsafe.org
www.isafe.org
www.safekids.com; www.safeteens.com; www.blogsafety.com
www.wiredsafey.org; www.wiredkids.org; www.teenangels.org

Media

Coalition for Independent Ratings Services
www.independentratings.org

Common Sense Media
www.commonsensemedia.org

National Institute on Media and the Family
www.mediafamily.org

Parents Television Council
www.parentstv.org

Pause Parent Play
www.PauseParentPlay.org

Other

Volunteer Referral Center
161 Madison Avenue
New York, NY 10016
212-889-4805
www.volunteer-referral.com

advisory board

NYC–PARENTS IN ACTION ADVISORY BOARD

George Davison, M.A.
Head of Grace Church School, NYC

Ernesto Ferran, Jr., M.D.
Psychiatrist and Director of the New York University Health Center

Jeanette Friedman, C.S.W.
Therapist in private practice and consultant on addictive behaviors

Charlene Giannetti
Author and Parenting Educator

Harold Koplewicz, M.D.
Psychiatrist, Author, and Director of the NYU Child Study Center

George Lazarus, M.D.
Doctor of Internal Medicine

Thomas Lickona, Ph.D.
Developmental Psychologist and Professor of Education at SUNY Cortland, NY

Ralph López, M.D.
Doctor of Pediatric and Adolescent Medicine and Author

Jean Mandelbaum, Ph.D.
Doctor of Sociology, Psychology and Early Childhood Education and Head, All Souls School, NYC

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