

We all have a sense of being “time poor” today. It takes time to communicate and some of the best communication is “unplanned communication”. This means making yourself available to your children, even when it seems it does not matter. You never know when a teen will want to talk. Being there with a listening ear is one key to parenting teens today. Through communication we build the relationships with our teen that will get us through the “parenting years” no matter how much society changes.

So, the basic needs of kids and parents have not changed, but society has. These changes in our society will continually challenge our parenting practices to evolve. But, the basics will remain – listening, accepting, guiding and encouraging our children are timeless.

- Adapted in part from materials written by South Dakota Children's of Sioux Valley Hospital USD Medical Center

PARENTING FACTS OF LIFE*

A clinical psychologist, Dr. Ray Guarendi, identified five bottom-line parent “facts of life: It was his belief that if parents accept these basic facts, the task of childrearing will not only be more fulfilling and easier, but will also be a lot more fun.

1) There Are No Perfect Parents!

We all recognize this reality, but our actions indicate that we overlook it. At times we become obsessed with saying and doing all the right things. In other instances, we second-guess and third-guess our decisions, struggling to make sure we have found the absolutely correct one.

Striving for perfection leaves us feeling inadequate and guilty. Instead of sticking with decisions based upon our best judgment at the time, we will endlessly rethink and rehash, searching for that one best answer. Nearly always the end result is confusion.

2) Mistakes Are As Much a Part of Parenting As Kids

Not only are there no perfect parents, but no parents are even close to perfect. EFFECTIVE PARENTING IS NOT A RESULT OF MAKING FEW MISTAKES; IT IS A RESULT OF LEARNING FROM MISTAKES.

- a) All parents fail at one time or another. There will be times when you should trust your children and you do not, or you do not encourage them when you should. But parents are only human, and sometimes have to cut themselves some slack.

PARENTING IS A PROCESS, one in which we make decisions, assess the results, keep the useful ideas, and discard the useless ones. Parenthood is, in a sense, “trial-and-error-hood.”

- b) Problems and conflicts are inherent in the whole process of a child's moving from being totally dependent on parents to being a capable, independent adult. Some problems—especially of control and who has it—are necessary so that children can learn to be responsible adults.

Someone said, “I don't think you can ever fail as a parent unless you completely give up.”

3) **The Best Parenting Is Done Right Now**

Raising children is a moment-to-moment affair. Each day demands on-the-spot decisions and judgments with full benefit of all the facts. **Parent in the present. Do not look back, except to learn. Do not look ahead, except to plan.**

4) **Parents Are Not Always Popular**

Part of parenthood is being disliked at times by our children, often because we are acting in their best interests, which they will not realize for years to come.

There are times in a parent's life when the brief bouts of unpopularity seem to last forever: such as in early adolescence – ages 12, 13, and 14 or in the later stages of teen hood.

Healthy parents base decisions on the long-term welfare of their children.

5) **Parenting Is Too Important to Be Taken Too Seriously**

Parenthood is a serious call. It does, however, come complete with built-in safety mechanisms to keep it from getting too serious: CHILDREN.

While being a mother or father may be the most important of life's occupations, it also is the most humorous. Children will teach us to laugh while we are parenting.

*Taken, in part, from the book "**Back to the Family: How to Encourage Traditional Values in Complicated Times**" by Ray Guardedi, Ph.D. Copyright 1990.

ALCOHOL AND KIDS

Alcohol is a mind-altering drug just like cocaine, heroin and marijuana. Some adults view drinking alcohol as a "rite of passage" for adolescents or just "innocent" behavior. Youth are at a much greater risk than adults for emotional and physical harm because their growing bodies are so sensitive to the effects of alcohol. Your children can become addicted to alcohol in 6-18 months. Young people begin to take risks and experiment as they transition from childhood to adulthood. Without support and guidance, some young people may engage in behaviors that place them and others at risk. Alcohol can lead to harsher drugs.

1. **Under age drinking is illegal.** That means it is against the law! Anyone drinking under the age of 21 in South Dakota can be given a citation or a fine.
2. **High death rate among adolescents is linked to alcohol.** The only age group with an increasing death rate is the 15-24 year olds. Accidents, suicides and homicides, most of which are drug or alcohol related, are unnatural causes and all are preventable.
3. **Adolescents get addicted fast.** Adolescents can become addicted to alcohol in only six to eighteen months. For adults it can take five to fifteen years.
4. **Younger use means greater chance of becoming an alcoholic.** Teenagers are still developing. The brain, nervous system, reproductive system and liver are still maturing. The body and muscle mass are incomplete and much more sensitive to the chemicals in drugs.

5. **Problem drinkers cease growing up – mentally, emotionally or socially. A young person is forming a sense of personal identity and learning basic social skills. Alcohol disrupts this process by** producing a chemical high that affects the process of learning how to deal with others, carry out responsibilities and handle problems. Problem drinkers become adults who remain like children.
6. **Adolescents usually drink to get drunk.** Kids do not drink socially. They drink to get buzzed or wasted. There is no known “safe” dose of alcohol for young people. Any level of alcohol in the body of a young person puts him/her at risk.
7. **Sexual activity and drug use often occur around drinking.** The first drink of alcohol sedates the parts of the brain that determine judgment and decision-making. “I didn’t know what I was doing,” becomes both a reason and an excuse.
8. **Alcohol poisoning, or intoxication** from ethanol is related to blood level. Alcohol is a most toxic and unpredictable drug. Acute intoxication, in addition to giddiness, uninhibited behavior, slurred speech, muscular in coordination, and incoherence can cause coma and even death. There is no safe dosage!

(The following information is from the United States Department of Health and Human Services. Further information is available on the Internet at www.samhsa.gov)

There are many risk factors involved in alcohol use. Some of them include:

1. **Genetic Factors:** Children of alcoholics are significantly more likely to initiate drinking during adolescence and to develop alcohol use disorders. The influences of environment and genetics vary among young people.
2. **Childhood Behavior:** Research has shown that children who are very restless and impulsive at age 3 are twice as likely to be diagnosed with alcohol dependency at age 21. Aggressiveness in children as young as ages 5 to 10 has been found to predict alcohol and other drug use in adolescence.
3. **Psychiatric Disorders:** Among 12- to 16-year olds, regular alcohol use has been significantly associated with conduct disorder; in one study adolescents who reported higher levels of drinking were more likely to have conduct disorder.
4. **Suicidal Behavior:** Alcohol use among adolescents has been associated with considering, planning, attempting, and completing suicide. Research does not indicate whether drinking causes suicidal behavior; only that the two behaviors are correlated.
5. **Parental and Peer Influences:** Parents’ drinking behavior and favorable attitudes about drinking have been associated with adolescents’ initiating and continuing drinking. Lack of parental support, monitoring, and communication also have been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents. Peer drinking and acceptance also influences adolescent drinking behaviors.

Myths & Facts Related to ALCOHOL USE

There are many misconceptions concerning adolescents and alcohol use. These issues confuse not only young people, but also their parents and other responsible adults. Following are some common myths and realities about teenage drinking from the U.S. Department of Health and Human Services (SAMHSA):

WHAT IS A DRINK?

A standard drink is 12 grams of alcohol, which is equal to:

- One 12-ounce bottle of beer
- One 12-ounce wine cooler
- One 5-ounce glass of wine
- 1.5 ounces of 8-proof distilled spirits.

MYTHS & FACTS

Myth: All teenagers will drink at some point, no matter how hard we try to stop them.

FACT: Although underage drinking is a serious problem, 81 percent of adolescents, ages 12 to 17, have chosen NOT to drink in the past year.

Myth: My son or daughter knows everything about drinking, so we do not need to talk about it.

FACT: Many teenagers have dangerous misconceptions about alcohol—for example, they do not realize that wine coolers have the same alcohol content as a shot of distilled spirits, or they think they can sober up by drinking coffee or getting fresh air.

Myth: What parents say or do will not make any difference; teenagers only listen to their friends.

FACT: Parents can be very influential. A study of adolescents and their families conducted by the Research Institute on Addictions revealed that both adolescent girls and adolescent boys whose parents supervise their friendships and activities are less likely to engage in problem behaviors, including drinking, and that this was true regardless of race or income level.

Myth: He only drinks beer. It is a phase – he will get over it, just as I did.

FACT: Adolescents who begin drinking before age 15 or younger are four times more likely to develop problems with alcohol use and dependence than those who begin drinking at age 21 or older. Many engage in binge drinking, which is drinking five or more drinks on one occasion. Some people mistakenly believe that beer and wine are light in alcohol content; in fact, they have the same alcohol content.

According to the most recent Youth Risk Behavior Survey Trend Data released February 2003, by the SD Department of Education and Cultural Affairs in Pierre, SD, South Dakota students binge drink consistently above the national average. (Percentage of students in SD who indicated they had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days was 36.5%-the national average is 29.9%).

Myth: A person will not do anything when intoxicated that he/she would not do sober.

FACT: Alcohol is a depressant. Alcohol depresses inhibitions. This allows us to do things we would not do if sober. As the inhibitory processes are depressed by alcohol, the effect on the brain can cause a personality change and cloud judgment. As few as two drinks can impair coordination and thinking.

Myth: It is okay for young people to drink, just as long as they do not drive. The worst that can happen is they will wake up with a terrible hangover.

FACT: WRONG! The worse thing that can happen is that they will not wake up at all. A person can drink enough to kill him or her in a couple of hours by drinking a large amount of alcohol quickly. When the blood alcohol content reaches a certain concentration, heart rate and respiration can shut down. Drinking also increases the risk of injury from car crashes, falls, burns, drowning, and suicide, as well as the chance that a young person will commit a crime or become a victim of crime.

Myth: She's a big girl. She can handle her liquor.

FACT: Size alone does not determine how alcohol affects females; gender-based physiology plays an important role. Females become more intoxicated than males after drinking the same amount of alcohol, even when differences in body weight are taken into account. This is because female bodies have proportionately less water than male bodies. Because alcohol mixes with body water, a given amount of alcohol becomes more highly concentrated in a female body than in a male body.

Myth: One drink does not affect driving.

FACT: Youthful age has been cited as one of the most important variables related to crash risk. Young drivers are inexperienced not only in driving but in drinking and in combining the two activities.

Myth: Alcohol is not such a big deal, compared with illicit drugs.

FACT: Alcohol is a factor in the three leading causes of deaths among 14- and 15-year olds: unintentional injuries, homicides, and suicides.

Myth: All college students drink.

FACT: Most college students overestimate the amount of alcohol that is consumed by their peers. Most college students drink moderately, and many do not drink at all. One survey showed that 1 in 5 college students (19 percent) abstained from using alcohol.

BAC (Blood Alcohol Concentration) EFFECTS on FEELING and BEHAVIOR

.01-.03 There is a mild lift in feeling. You have some loss of judgment. (1 drink within 15 minutes – BAC .03%)

- .04-.06 Most people feel high and must decide whether to continue drinking. You may get louder and have some loss of small muscle control, like focusing your eyes. (2 drinks within 1/2 hour – BAC .06%)
- .08-.09 Your sight and hearing are worse. It's harder to detect danger. You have less sense of balance. (3 drinks within 1 hour – BAC .09%)
- .11-.12 Many people claim they are not affected anymore, as if they could drink themselves sober. You are definitely not thinking straight. (4 drinks within 2 hours – BAC .12%)
- .14-.15 You have far less muscle control than normal. People feel happy even though they are stumbling and acting foolishly. Risk of automobile accident increases to 25 times the normal rate. (5-7 drinks within 3 hours – BAC .15%)
- .20-.25 You are confused. You usually need help doing things, even standing up. Those who drive are 50 to 100 times more likely to crash. The average alcohol-related highway death occurs at this level. (8-12 drinks within 4 hours – BAC .20%)
- .30 Almost nothing gets through the senses. An extremely life-threatening BAC level.
- .40 Your condition ranges from unconscious to comatose. There is a chance of death from a "shut down" of breathing.

WHAT TO DO IF...

Make a plan in case it happens.

If your child comes home drunk or high

- 1. HOLD A FAMILY MEETING** at which you talk about what will happen if he/she comes home intoxicated or high. If an event occurs, a parent's first concern will be for health and safety, attending to medical concerns and monitoring the child. This is of the highest importance.
- 2. DISCUSS EXPECTATIONS** of tasks to be completed by the child the morning following any episode of intoxication. For example: starting at 8:00 a.m. tasks will include outside work, garage work, and any others as assigned. While he/she works, they are to think about three things:
 - **The impact on oneself.** What will you do for yourself that will rebuild your self-esteem? For instance, you will commit to some worthwhile activity that says, "I'm a wise and capable person." (Do well on a difficult assignment, or practice extra to achieve a goal, read a book, or make something creative.)
 - **The impact on family and friends.** If you have damaged someone's house or belongings, you need to rectify it by actions and deeds. Take responsibility, confess the mistake, and replace or repair any physical damage. "In addition, what additional caring thing will you do to restore their trust?" (Write an apology, plant, mow, or shovel snow, etc.)
 - **The impact on the community.** What effect it makes on the community when you decide to take part in this activity? What is the message you have given peers and what is the long-range impact on the community? "What positive steps are you going to do for restoring this image?" (Volunteering, cleaning a roadway or park, etc.)

Each family must adjust the family talk and tasks to fit their own household. When a child knows their parent holds them accountable to previously agreed-upon consequences, there is a good chance that they will not repeat their abuse.

KIDS WILL BE KIDS

The definition of BULLYING, as adopted by the Meade School District 46-1; Sturgis, South Dakota is:

“Bullying is violence. Bullying is unfair and one-sided. It happens when someone repeatedly and purposely hurts, frightens, threatens, or leaves someone out.”

Helping Children Deal with a Bully

Bullying is often considered a “kids will be kids” problem. According to the National School Safety Center, however, bullying has become a pervasive and serious form of harassment in many schools. Elementary school-age children are the most frequent targets of bullying by older students. The best way to safeguard your children from becoming a victim of a bully is to teach them how to be assertive. Bullies are less likely to intimidate children who are confident and resourceful.

Tips for Helping Children Deal with Bullies

Teach your children to:

- Steer clear of youth with bullying behavior.
- Be assertive rather than aggressive or violent when confronted by a bully. Instruct them to walk away and get help from an adult in more dangerous situations. Practice various responses with your children through role-playing.
- Never defend themselves from bullies with a gun or other weapon.
- Keep communication lines open by encouraging your children to share information about school and school-related activities.
- Pay attention to the following symptoms that may indicate your child is being bullied: withdrawal, abrupt lack of interest in school, a drop in grades, or signs of physical abuse.
- If your child is a victim of bullying at school, inform school officials immediately. Keep your own written records of the names, dates, times, and circumstances of bullying incidents. Submit a copy of this report to the school principal.
- Respond to your children’s concerns and fears with patience, love and support.

Traits Common to Bullies

- They are concerned with their own pleasure rather than thinking about anyone else.
- They want power.
- They are willing to use other people to get what they want.
- They feel hurt inside.
- They find it difficult to see things from someone else’s perspective.

Warning Signs of a Student Being Bullied

- Seems afraid to go to school or complains of frequent head or stomach aches to avoid attending school;
- Has few, if any, friends with whom to associate;
- Seems depressed, anxious or moody;
- Comes home from school with torn or dirty clothing or damaged possessions;

- Has cuts, bruises or scratches

WHY DO THEY ACT LIKE THAT?

Developmental Characteristics

To Help Parents Understand the Teen Years

Growing up can be stressful to parents and adolescents. Changing from a child to an adult is a complex process that requires parental patience, understanding and guidance. Here are some basic developmental characteristics often observed during these years.

Late Elementary Years (9-11 year olds)

- Posture may get awkward and slouchy.
- Both boys and girls are careless about clothes and cleanliness.
- At about eleven, most girls begin to develop secondary sex characteristics.
- Not unusual to revert to behaviors such as nail biting or bed-wetting.
- Become less interested in fantasy and enjoys more realistic stories.
- Like group adventure and excitement.
- Admire achievement and winners.
- Can be easily offended.
- Are usually fair and want to be truthful.
- Gain independence and teamwork.

Middle School Years (12-14 year olds)

- Can go ballistic over self-image.
- Frequency in friendships change in search of own identity.
- Transitional age, which can create verbal temper tantrums due to stress.
- A need to belong to a peer group increases.
- Like to develop collections.
- Unsure of self-image due to physical body changes.
- Still need parental affection, but refuse to accept it in public.
- Easily embarrassed by parental actions.
- See fault in own home life when compared to others.
- Friend connections increase through use of the telephone and Internet.
- Day-to-day mood swings, sometimes minute-to-minute mood swings.
- Experience feelings of disorganization.
- A time of rapid, yet uneven, physical growth.

High School Years (15-18 year olds)

- A need for independence increases.
- Parents are still needed as a “sounding board” (but the timing of what and when is determined by the teen.) Timing is everything.
- Become more concerned about “world issues”.
- Desire to “parent” themselves even though guidance is still desired.
- Risk-taking behaviors tend to increase.
- Possess a sense of immortality.
- Tend to be argumentative with parent about “life issues” to gain a place at the “adult table”.
- Begin disengaging from family events and traditions.
- Approval from the opposite sex becomes more important.

- A new adult-adult relationship emerges with a child and parent.

WHY WON'T THEY TALK?

Clues for Effective Communication

1. Be an active listener. Give your full attention.
2. Use eye contact.
3. Be alert to voice and body language.
4. Talk in "I" messages. (I think; I'm disappointed; I'm concerned).
5. Do not interrupt.
6. Avoid criticizing.
7. Avoid "you" messages. (You shouldn't; You didn't).
8. Stay calm.
9. If you hear something you do not like, say, "I need to think about that before I answer." Take a breath, clear and focus your thoughts, then give your ideas/answer.

Roadblocks to Communication

| | | | |
|--------------------|--|-----------------------------|--------------|
| Ordering: | You must... | You have to... | You will... |
| Threatening: | If you don't, then... | You had better or else... | |
| Preaching: | It is your duty to... | You should... | You ought... |
| Lecturing: | Here is why you are wrong... | Do you realize... | |
| Providing Answers: | What I would do is... | It would be best for you... | |
| Judging: | You are bad... (lazy, etc.) | Your hair is too long... | |
| Excusing: | You'll feel better... | It's not so bad... | |
| Diagnosing: | You're just trying to get attention... | I know what you need... | |
| Prying: | Why? What? | How? When? | |

- Adapted from materials produced by the Center For Human Development, 1980

ARE THEY JUST SAD OR ARE THEY DEPRESSED?

Depression Is Real. Depression Is Treatable.

People experiencing depression may exhibit any or all of the following:

1. A general feeling of hopelessness and despair that pervades all one's life and lasts more than a few weeks.
2. A diminished ability to concentrate, making reading, writing and conversation difficult. Thought process and activity are slowed because the mind is busy with inner anguish.
3. A change in physical activity, such as eating, sleeping and sexual activity. Frequently there are physical complaints with no evidence of physical illness.
4. A loss of self-esteem, which brings on continual questioning of one's worth.
5. Withdrawal from others, not because of desire to do so, but from an immense fear of rejection by others, even though there may be no basis for fear. Withdrawal brings on loneliness and reinforces the feeling of lack of worth.
6. Threats or attempts to commit suicide, which are seen as a way out of a hostile environment and a belief that one's life is hopeless and worthless. (About 1 in 200 depressed persons actually commit suicide.) Any threat should be taken **very seriously**.
7. Hypersensitivity to words and actions of others and general irritability.
8. Misdirected anger and difficulty in handling most feelings. Anger at self because of perceived worthlessness may produce general anger directed towards others.

9. Guilty feelings can result as a depressed person assumes he is wrong or responsible for the unhappiness of others. Vulnerability to guilt in many situations.
10. Extreme dependency on others, which brings on feelings and then anger at the helplessness.

Depression!

If your teen needs help, or if you would like more information, contact your **healthcare provider** or **mental health specialist**.

GATEWAY DRUGS AND BEYOND

The Big Three:

Tobacco, alcohol, and Marijuana are the drugs that area young people use most often. Each of them is destructive in its own right. The use of alcohol, tobacco, or marijuana, seems to “open the door” to involvement with other drugs.

TOBACCO

- Smoking, chewing, and dipping all involve the use of nicotine.
- The nicotine in tobacco is one of the most addicting of drugs.
- Nearly 400,000 lives are lost each year to cigarette related disease.
- Long-term use of tobacco results in high blood pressure, heart attack, chronic bronchitis, pneumonia, emphysema, and cancer of the lungs and mouth.

ALCOHOL

- Like cocaine or marijuana, alcohol is a drug. It can alter moods. It is a nervous system depressant and reacts with prescription and illegal drugs.
- It is the most widely used drug among teenagers and Americans in general.
- Drinking is the third leading cause of death in the U.S. (after heart disease and cancer).
- Alcohol is responsible for over half of the fire deaths, drowning, injuries, traffic fatalities, and murders in the U.S.
- Long-term use of alcohol can result in loss of memory, high blood pressure, enlarged heart, liver ailments (severe swelling, hepatitis, and cirrhosis), impotency and ulcers and can be a major contributor to other serious illnesses.
- Addiction is more likely if onset of use is prior to 18 years of age.

MARIJUANA (POT)

- Today’s marijuana is 10-20 times more potent than that used in the sixties.
- It is rare for young people to use any other illegal drugs without having first used marijuana.
- The active ingredient in marijuana (THC) accumulates in the body.
- It takes 3-6 weeks for the body to get rid of the chemicals in just one marijuana joint. The more you smoke, the more the chemicals build up.
- Long-term use of marijuana adversely affects the lungs, heart, brain, reproductive systems, and the body’s immune response to infections and disease. The younger the user, the more damaging the effects.
- It is common for frequent users to have short-term memory loss and feel a lack of initiative and motivation.
- Increase in appetite (munchies) and craving for sweets.

WHAT IS CRANK?

- Crank is the most powerful drug of choice.
- It's a Methamphetamine, a drug that speeds up the nervous system.
- It is common for frequent users to have short-term memory loss and feel a lack of initiative and motivation.
- Available as a powder, pills, capsules, or chunks.
- Crank's active ingredients are poisonous.
- Crank can be made at home by using other chemicals.
- Crank can harm any user physically and mentally – This Drug Can Kill!
- Crank's effects include restlessness, over-excitedness, unusually talkative, moody, aggressive, panicky, sleep problems and weight loss.

METH, CRANK, METHAMPHETAMINE, ICE, SPEED, CRYSTAL, BATU, SHABU, OR GLASS). This stimulant is extremely addictive and the effects are similar to those of cocaine but longer lasting. The drug can cause erratic, violent behavior among its users. Users can develop a tolerance quickly, needing more and more to get high and going on longer binges.

Psychological symptoms of prolonged meth use can resemble those of schizophreniz and are characterized by paranoia, hallucinations, repetitive behavior patterns and delusions of parasites or insects on the skin. Users often obsessively scratch their skin to get rid of these imagined insects.

WHAT ARE CLUB DRUGS?

“Young adults believe club drugs can harmlessly enhance their experience at dance parties and ‘raves’. But there is no safe way to use any of these drugs. Research shows that some of the so-called club drugs have long-lasting effects on the brain. Combined with alcohol, these drugs are even more dangerous, sometimes deadly. There is no such thing as a harmless club drug. There is no such thing as recreational drug use.”

National Institute on Drug Abuse Director, Dr. Alan. I. Leshner

ECSTASY (MDMA), stimulant, hallucinogen

- is number one killer among club drugs
- high dose can cause stroke, kidney failure, seizures and heart stoppage; ‘helps’ kids dance all night
- teens usually take in pill form

This is a synthetic amphetamine derivative and is considered a party drug that can be found at “rave parties.” Under the name MDMA, short for 3,4 – methylenedioxymethamphetamine, the drug made a brief appearance during the late 1960’s, then moved quietly underground only to emerge again in the 1980’s as ecstasy (also known as: xtc, X, E, and Adam). The long-term impact on the brain is still being studied but it is known to affect memory function and causes permanent brain damage.

ROOFIES (ROHYPNOL) (RAPE DRUG), sedative

- many sexual assaults are associated with this drug
- odorless and tasteless
- mixed in both nonalcoholic and alcoholic drinks
- creates amnesia – cannot remember what happened while under the influence usually slipped to unsuspecting person

GHB (GRIEVOUS BODILY HARM OR GEORGIA HOME BOY), sedative

- colorless, tasteless, odorless
- usually slipped to unsuspecting person

KETAMINE (SPECIAL K), veterinary anesthetic

- used as a liquid applied to marijuana or tobacco, or as a white powder that is snorted like cocaine
- with high doses, produces delirium, amnesia, impaired motor function, and sometimes fatal respiratory effects

LSD, (hallucinogen) Mescaline, Peyote, Mushrooms, and Others are usually taken orally. They create a wide variety of effects on the user, depending on the amount taken, where it is used, the expectations and the personality of the user. One drug can affect a person differently each time it is used. Some of the effects are:

- Mood, time, and perception distortion
- Paranoia, panic, and anxiety
- Nausea and vomiting

There have been reports of “raves” in and around Sioux Falls and throughout the state. These parties are often advertised as an all night dance party. They can be associated with “lock-ins” so party goers don’t leave.

Parents think because it’s a lock-in that it’s safe. The fact is these parties usually have a high incidence of drug sales and drug use. They are usually “chaperoned” by the drug dealers or people interested in making money. For more information: www.clubdrugs.com.



COULD MY CHILD BE IN TROUBLE?

How Can I Tell If My Child Is Using Drugs?

Any drugs or paraphernalia you find on your child, in your home or car, are indications of drug use even if he/she insists they “belong to a friend”. *It’s not mine... I was just holding it for a friend.*

Seek professional help immediately if your child: steals; runs away from home; shows violent behavior; threatens or attempts suicide.

1. BEHAVIORAL CHANGES

- Difficulty falling asleep, insomnia
- Excessive sleeping
- Poor appetite
- A sudden appetite (especially for sweets)
- Abrupt changes in mood
- Hostility, defiance of rules
- Depression, “I don’t care” attitude
- Lack of responsibility, not doing chores or homework, forgetting family occasions
- Blaming, lying, making excuses
- Loss of memory, shortened attention span, disordered thought pattern
- Withdrawal from family, isolation, secretiveness

2. PHYSICAL EVIDENCE

- Liquor missing or watered down
- Mouthwash, breath sprays
- Visine or other eye drops
- Roach clips, rolling papers, pacifier
- Bongs, pipes and small screens
- Baggies containing dried leaves, seeds
- “Stash cans” often disguised as cola or beer cans unscrewed at top or bottom
- Burning incense, room deodorizers
- Prescription medication disappearing
- Small spoons, straws, razor blades, mirrors, blotter paper, sugar cubes
- Drug-related books, magazines, comics
- Fake ID
- Large sums of money

3. PHYSICAL CHANGES

- Lack of personal cleanliness, messy appearance
- Red eyes and frequent use of eye drops
- Runny nose, congestion, coughing
- Wearing dark glasses when not necessary
- Pale face, circles under eyes
- Significant weight loss or gain

4. SCHOOL CHANGES

- Lowered grades, neglected homework
- Frequent tardiness and absenteeism

- Falling asleep during class
- Discipline problems
- Quitting or getting fired from job
- Skipping / cutting class

5. CHANGES IN FRIENDS OR INTERESTS

- New or different friends, especially ones who use drugs
- Friends rarely introduced and seldom come into the house
- More time spent in room or away from home
- Secrecy about actions and possessions
- Hobbies, sports or extra-curricular activities are given up, everything is “boring”

6. ATTITUDE CHANGES

- Pro-drug messages on posters or clothing
- Strong defense of the occasional use of drugs by peers, thinks adults “hassle” kids
- Easily angered when confronted about chemical use
- Concern expressed by others over his/her use of other drugs

PARENTS NEED TO BE DRUG-SMART: Remember: What you do not know CAN hurt you and your children. This is especially true when you do not know about DRUGS and ALCOHOL. Listen to the way your child(ren) talks about alcohol and drugs with their friends. If they know how it feels to be “buzzed,” it will come out in their conversation.

Parents must understand that experimentation with drugs/alcohol may progress from casual use, to heavier use, and finally dependency.

WHEN IS THIN TOO THIN?

Eating Disorders Destroy Body and Mind

Eating disorders are distorted patterns of thought and behavior about food. But eating disorders also involve self-image, control and self-esteem. Eating disorders affect both males and females. Left untreated, they can cause severe medical problems and even death.

Eating disorders are progressive and easiest to treat early. If you suspect your son or daughter has a problem with food, seek professional help immediately. There are millions of Americans battling eating disorders. This preoccupation with eating – or avoiding – food occurs in all segments of society, including children as young as 8 and adults in their 60’s.

ANOREXIA NERVOSA is a physically dangerous eating disorder. Deliberate self-starvation is one of the symptoms. A person suffering from anorexia may be obsessed with the idea of eating food, but because of emotional, environmental, and physical factors, ignores the hunger and does not eat.

BULIMIA is closely related to anorexia, but has quite different symptoms. Bulimics consume enormous amounts of food in very short periods of time (binge), then fast, vomit, or use laxatives or diuretics to eliminate the food they just ate (purge). The sufferer may feel trapped within the destructive binge/purge cycle and have no idea how to stop. Bulimia may lead to the inability to have children.

Warning Signs of an Eating Disorder

According to a recent poll, about one teen in every four claims to personally know someone with the symptoms of an eating disorder. Anorexia nervosa and bulimia are self-destructive eating behaviors. Both may signal severe underlying depression and can be life threatening.

CHARACTERISTICS OF AN EATING DISORDER

A number of warning signs have been identified for eating disorders. These characteristics are not specific for eating disorders, but may indicate an underlying problem. Some of the more common warning signs include:

- 1) Preoccupation with food, calories, nutrition, and/or cooking;
- 2) Denial of hunger, complaints of bloating, nausea, or “feeling fat” after eating normal amounts of food;
- 3) Excessive exercising and activity: dieting when not overweight;
- 4) Strange food-related behavior such as cutting food into small pieces or moving food around plate;
- 5) Frequent weighing;
- 6) Use of vomiting, laxatives, and other pills to control weight;
- 7) Intermittent episodes of binge eating;
- 8) Frequent overeating, especially when distressed, strict dieting followed by binge eating; Example: consuming a whole box of donuts or a whole container of ice cream.
- 9) Excessive concern about weight—guilt or shame about eating;
- 10) Secretive behavior about eating and vomiting;
- 11) Disappearing after meals (within a half hour) to purge;
- 12) Depressive moods; feeling out of control;
- 13) Loss of menstrual period for females.

If you know someone with an eating disorder, speak up!!! Here are some guidelines for helping someone who might have an eating disorder:

- 1) Do heed the warning signs.
- 2) Do approach the person gently, but persistently. Tell them you are worried about them; listen; give it time.
- 3) Do not discuss their eating habits. The starving or eating disorder is not the important issue; it is the smokescreen over the larger problem.
- 4) Do focus on unhappiness as the reason. The person could benefit from help.
- 5) Do NOT deal with it alone. Confide in a medical professional/counselor.

Eating disorders are progressive and easiest to treat early. If you suspect your son or daughter has a problem with food, seek professional help immediately. Early intervention is important! If the disease becomes acute and the person needs expensive medical monitoring and treatment, the cost of in-patient treatment can be \$30,000 or more per month. Many people will need repeated hospitalizations.

For more information:

American Anorexia Bulimia Association
212-574-6200 – www.aabainc.org

National Association of Anorexia Nervosa and Associated Disorders
847-831-3438 – www.anad.org

National Eating Disorders Organization
918-481-4044 – www.laureate.com

Academy of Eating Disorders – www.acadeatdis.org

National Eating Disorders Awareness Week is February 14-18. You can get a free, anonymous screening test, speak with a health-care professional and get referrals for further treatment if necessary. Call 1-800-405-9100 for a site nearest you.

BUT IT'S NOT THEIR FAULT...

Enabling

“Enabling is a process whereby well-meaning parents unwittingly allow and even encourage irresponsible and self-destructive behavior in their children by shielding them from the consequences of their actions.”

David Wilmes, Parenting for Prevention

Enabling Can Look Like This:

Overlooking a child's bad behavior thinking “they will grow out of it” or “I'm too busy to worry about it.”

Making excuses to school principals, teachers or counselors to keep my child out of trouble – like saying she was sick when she really refused to go or skipped.

Doing chores that are assigned to the child and are clearly their responsibility.

Giving the child the benefit of the doubt even when your instincts tell you something is not right.

Giving in to keep the peace and keeping secrets about the child's unacceptable behavior.

Discounting an instinct or feeling, thinking I may be making something out of nothing.

Avoiding confrontation because you do not want to hurt child's self esteem or make them unhappy.

Denying a strong suspicion that your child may be cheating, stealing, lying, engaging in activity against your family values, or using alcohol or drugs to avoid conflict.

Making it a policy not to talk about the possibility of any alcohol or other drug problems in your family.

Believing:

- a child does certain things because there is too much pressure on kids today
- every kid is doing this
- because I love my kids I must always trust them
- I am just one parent, they will not listen
- there is nothing I can do
- this is just normal kid stuff, everyone does when they are growing up
- other parents are allowing this so it is okay
- talking to and organizing other parents will not help.

Enabling can cripple a child by preventing him/her from learning from their experiences.

MINORS AND THE LAW

THE LAWS IN THE STATE OF SOUTH DAKOTA

1. No purchase, possession, or consumption of alcohol under the age of 21. Citation and fine.
2. No purchase or possession of tobacco products under the age of 18.
3. A false identification card is against the law. Charge of false impersonation.
4. Alcoholic liquor shall not be sold or furnished to a person under 21 years of age.
5. A property owner may not allow minors to possess or consume alcohol on his/her property.
6. A property owner can be held responsible for injuries that happen due to alcohol or drug consumption that take place on his/her property.
7. A person may not allow the consumption by minors of illegal drugs/alcohol in his/her home.
8. A person may not possess or use any controlled substance (i.e. illegal drugs). This includes drugs prescribed by a doctor. Anyone arrested possessing illegal drugs will be lodged at Juvenile Detention Center or jail if over 18.
9. A person may not have an open container of alcohol in his/her automobile or in a public place (such as a street or sidewalk).
10. The curfew for minors under 18 years is between 10:00 p.m. and 4:00 a.m. Young people who are apprehended after curfew are taken to the Law Enforcement Center (in Sturgis, South Dakota), and the parents are called.
11. Responsibility of parents: Any adult person having care and custody of a minor under age 18 and who knowingly allows a minor to violate curfew is subject to a maximum fine of \$200 and/or jail.
12. Drivers under age 16 with a "restricted permit" may operate a vehicle between 6:00 a.m. and 10:00 p.m. (Refer to the next question for more detailed response.)

Q: If my child is on a restricted driver's permit can he/she drive home from a school activity after 8 p.m.?

Yes. In South Dakota, a holder of an **instruction permit** or a **restricted permit** may operate a motor vehicle from 6:00 a.m. to 10:00 p.m.

BUT, the following conditions apply:

- **A holder of a restricted minor's permit may operate a motor vehicle from 6:00 a.m. to 10:00 p.m. IF the motor vehicle is being operated with the permission of the holder's parent or guardian (SB 83).**
- The individual with the **instruction permit** may operate a motor vehicle from 6:00 a.m. to 10:00 p.m. if accompanied in the passenger seat by a person holding a valid operator's license, who is at least 18 years old and has had at least one year of driving experience.
- The individual with the **instruction permit** may drive from 10:00 p.m. to 6:00 a.m. IF the applicant's parent or guardian is occupying a seat beside the applicant. (HB 1117).
- For more information, South Dakotans can visit: <http://www.state.sd.us/dps/dl/sddriver> or <http://legis.state.sd.us/>. (The above laws went into effect July 1, 2004.)

PARENT AND LEGAL OBLIGATIONS

AS A PARENT, AM I LIABLE IF MY CHILD DAMAGES SOMEONE'S PROPERTY?

According to South Dakota Law (25-5-15) a parent is liable for damages to "real, personal, or mixed property, or personal injury, through the malicious and willful act or acts of a minor child or children under the age of eighteen years while residing with their parents."

In EACH case, the amount of recovery against one or both of the parents shall be limited to actual damages of fifteen hundred dollars (\$1500.00) and the taxable court costs, and does not apply to damages caused through the operation of a motor vehicle by the minor child or children.

Foster parents are not subject to liability under this section

IS IT LEGAL IN SOUTH DAKOTA TO SERVE NON-ALCOHOLIC BEER TO MINORS?*

It is not illegal, and businesses which serve non-alcoholic beer to minors will not be prosecuted.

However, the Department of Revenue strongly discourages the practice. Since the product is generally available only through distributors and retailers who deal with alcoholic beverages, the image and message that is projected by selling non-alcoholic beer to a minor is negative.

*Information taken from South Dakota Retailers Association – January, 2001, page 9

MEDIA – WHAT INFLUENCE DOES IT HAVE?*

HOW DO THE ELECTRONIC MEDIA AND MOVIES HARM CHILDREN?

The exposure of explicit sexuality and vulgarities shown is unprecedented. Internet pornography is just a few clicks away. Teens and young adults experiment with pre-marital sexual relations as a meager rite of passage without understanding how this interferes with their ability to bond and make lifelong commitments to one partner. Divorce in their marriages someday becomes more likely. Their children will suffer.

WILL THE VIOLENCE MY CHILD SEES ON TELEVISION AND IN MOVIES HARM HIM/HER IN ANY WAY OR CAUSE HIM/HER TO EXHIBIT VIOLENT BEHAVIOR?

The exposure to more and more violence translates into changes in attitudes, values, and behavior of heavy viewers and vulnerable individuals. Children are desensitized to pain and suffering, become more fearful of the world around them and are more willing to behave in aggressive and harmful ways toward others.

DO WATCHING TELEVISION AND MOVIES AFFECT MY CHILD'S BEHAVIOR TOWARD OTHERS?

The cynicism of television and movie humor promotes a knowing arrogance and insensitivity to others.

The amount of TV viewing steals time from healthy family activities and educational progress. Television viewing, largely, is an escapist activity. The educational value of television is underutilized.

WHAT INFLUENCE DOES TELEVISION / MOVIES HAVE ON MY CHILD'S VIEW OF ALCOHOL?

Alcohol is advertised and promoted as a delightful social experience among young adults and indirectly to teenagers. Alcohol abuse among this group is a major cause of misery and tragedy.

WHAT INFLUENCE DOES TELEVISION / MOVIES HAVE ON THE VALUES I AM TEACHING MY CHILD?

Basic values are undermined. Youth are trained as sophisticated entertainment consumers and spectators. Music videos, movies, music lyrics and TV programs increasingly push the limits of good taste and conventional morality. Our mass media sells junk images and experiences, appealing to the lowest common denominator in society.

Through visual media, images are brought into common consciousness that generally would not be there. What we used to call unusual, abnormal, or immoral, we now call lifestyle and options. Instead of morality, we have moral relativity. Permissible decadence around the edges affects the center.

WHAT IS MY RESPONSIBILITY AS A PARENT CONCERNING MY CHILD AND THE MEDIA?

A growing number of parents are concerned about the influence of media on family life in the United States. Parents are finding it harder and harder to raise children in face of a powerful peer and media culture, which promote values that run counter to family life. The mounting toll of depressed,

delinquent, discouraged and unmotivated teens and young adults has been linked to media influences.

Good families, good children do not happen by accident. It takes work and commitment. Even if families are strong from within, the media environment still is corrosive. As parents, we cannot afford to be passive about morality in the media. We need to fill our minds with what is good and talk about it with our kids. That is our best defense. Our own example of media consumption will be the greatest influence on children's attitudes.

Parents who are concerned about the media environment with its sex scenes, promiscuity, violence and vulgarity can boycott those movies, turn off those shows and communicate with advertisers.

*Information taken, in part, from Val Farmer, *Rapid City Journal*; April 14, 2002, page C2.

WHAT ABOUT PARTIES?

A Guide to Hosting Teenage Parties

- 1. An adult should be present at home throughout the party.**
 - Be visible.
 - As a parent, you can bring in snacks, non-alcoholic beverages, etc. Not only will your visibility help in keeping the party running smoothly, but it will also give you an opportunity to meet your teen's friends.
 - Centralize the party.
 - When possible, do not have a party in a separate part of the house. When it is in the main flow of the home your presence will seem more natural and non-obtrusive.
 - Bring your own friend for your support.
 - You may want to designate another responsible adult to help chaperone the party.
- 2. Alcohol and other drugs should not be served or allowed. (It's the law!)**
 - Be alert to the signs of alcohol or drug use.
 - Explain to your teen that you are legally responsible for anything that happens to a minor who has been served drugs or alcohol in your home.
 - Uninvited guests or those bringing in alcohol or another drug should be asked to leave. Be ready to notify the parents to ensure their safe transportation home.
- 3. Anyone who leaves the party should not be allowed to return.**
 - This will discourage people from leaving with the intent to drink and/or use drugs and return to the party.
- 4. Encourage organized parties.**
 - Go over party plans with your teen prior to the event.
 - Avoid open house parties. This type of party limits the control of both parents and teen over the party.
 - Keep a guest list.
 - Encourage your teen to plan organized group activities or games.
 - Set time limits which will enable teens to be home before the curfews.
- 5. Set ground rules with your teen beforehand.**
 - This will give you both a good opportunity to express feelings and concerns.

6. **Avoid “party crashers”.**
7. **Plan to have plenty of food and non-alcoholic drinks.**
8. **Homes where parents are absent are frequently party sites.**
 - It is imperative that if you have to be out of town, have a friend, relative or neighbor live in with your children while you are away.
 - When the entire family is away, have someone check on your home.
9. **Other ideas.**
 - Get to know your teen’s friends and their parents.
 - Many parties occur spontaneously. When they do, it is recommended that the above guidelines be applied.
10. **Graduation parties.**
 - These types of parties require special planning because of the unusual mix of ages and relationships. Many parents have decided to serve no alcohol at parties given for teenagers, even if adults attend them.

A Parent’s Guide to Teenage Parties

Pre-Determined Hours

Reasonable hours are necessary for the safety of teens. They give both parents and teens a sense of security. We suggest that teens not “go out” on school nights unless they are attending a school or community function. For special events, (i.e. school proms, football games, etc.) teens should be expected home within a reasonable time after the conclusion of the event.

Negotiate a Reasonable Curfew

It is important for all teens to have reasonable time limits set by their parents, just as it is important that parents of grade school, middle and high school students know where their children are at all times. Parents should provide transportation when necessary and set hours.

Attending a Party

1. **Call the parent of the host/hostess to:**
 - verify the occasion
 - be sure that an adult will be present
 - be certain that there will be no alcohol or other drugs permitted (12% of middle school and 34% of high school students using alcohol and other drugs report use at house parties – MAKE THE CALL!)
2. **Know where your teen will be**
 - have the address and phone number of the party
3. **Know how your teen will get to and from the party**
 - assure your teen that you or a specified neighbor or friend can be called if he/she needs a ride home
 - discuss with your teen the possible situations which might necessitate such a phone call

- if you are not going to be home, let your teen know where you can be reached
4. **Be sure your teen understands when he/she is to be home**
 - agree on a time to be home
 - no adult may knowingly allow a minor under age 18 to violate the curfew hours of 11 p.m. to 4 a.m.
 5. **Be awake when he/she arrives home**
 - this can be a good way to check the time as well as a way to talk about the party
 6. **If your teen is staying overnight with a friend following the party, check with the parents beforehand to verify that:**
 - this is acceptable to them and they will be home
 - you both agree on curfew hours
 7. **You or your teen may want to phone the party-giver to express your thanks**

WHERE CAN I TURN?
HOT LINE NUMBERS
PLACES TO CALL IN A HURRY

| | |
|---|---------------------|
| A 24-hour data Help!Line Center | 211 |
| (This number offers help in many of the following crisis areas) | |
| Action for the Betterment of the Community (ABC) | 605-347-2991 |
| AIDS Hotline | 800-584-8183 |
| | 800-243-7692 |
| Al-Anon/Al-Ateen (St. Thomas Episcopal Church) | 605-347-5683 |
| Alcohol & Drug Help Line | 605-347-3003 |
| Alcoholics Anonymous | 605-347-8431 |
| Alcohol & Drug Services | 605-347-3003 |
| Ambulance | 911 or 605-347-2574 |
| American Red Cross | 605-342-4010 |
| Attorney General Consumer Protection | 800-300-1986 |
| Black Hills Counseling | 605-722-8090 |
| Catholic Social Services | 605-348-6086 |
| Community Prevention Committee/Services | 605-347-2991 |
| Consumer Credit Counseling Service | 605-348-4550 |
| Court Services (Probation Office) | 605-347-4412 |
| Crisis Intervention Shelter | 605-347-0050 |
| Cult Hotline & Clinic | 212-632-4640 |
| Department of Social Services | 605-347-2588 |
| Domestic Violence | 605-347-0050 |
| Drug-Free Schools Office | 605-347-4454 |
| Eating Disorders | 605-343-7262 |
| | or 605-642-2777 |
| Food Pantry | 605-642-0940 |
| Gambling Addiction | 605-343-7262 |
| | or 605-642-2777 |

| | |
|----------------------------------|--------------------------|
| Legal Services | 605-342-7171 |
| Lutheran Social Services | 605-357-0100 |
| Meade County Public Health | 605-347-5650 |
| Public Safety DUI Program | 605-347-3003 |
| Suicide Hotline | 800-SUICIDE (784-2433) |
| Teen Parenting Program | 605-347-4467 |
| Tobacco Cessation..... | 1-800-SDQUITS (737-8487) |

If someone is in imminent danger of hurting himself/herself or others, dial 911

*Not all providers could be listed. Additional resources can be found in the Yellow Pages under “Psychiatrists,” “Psychologists,” and “Counselors.”

CHILDREN LEARN WHAT THEY LIVE

If children live with criticism,
They learn to condemn.
If children live with hostility,
They learn to fight.
If children live with ridicule,
They learn to be shy.
If children live with shame,
They learn to feel guilty.
If children live with tolerance,
They learn to be patient.
If children live with encouragement,
They learn confidence.
If children live with praise,
They learn to appreciate.
If children live with fairness,
They learn justice.
If children live with approval,
They learn to like themselves.
If children live with acceptance and friendship,
They learn to find love in the world.

- Dorothy Law Nolte