When You Think Your Child is Abusing Substances: Suggestions for Parents

Warning Signs

- Strong interest in alcohol or other drugs
- Very early use of tobacco
- Friendships with peers strongly suspected of involvement with (or known to use) alcohol or other drugs
- Finding empty beer cans or liquor/wine bottles in the house or trash
- Discovering drug paraphernalia and/or drugs in the house
- School suspension or expulsion for drug use or sale
- Interest in materials, music, or posters that promote drug use
- Legal charges due to alcohol or drug use

Do Not

- . . .expect your son or daughter to avoid all temptation. He or she will be tempted and likely will have the opportunity to experiment or use. (TV and "friends" will see to that.)
- . . .think that one-time experimentation will automatically lead to addiction. However, all addiction does begin with a "first time."
- . . .be naive! If your daughter's or son's friends are known users, it is likely your daughter or son uses alcohol and other drugs also.

Think This

- The example you set will have an impact! If you use or abuse alcohol and other drugs, it is likely your son or daughter will as well.
- Open discussion of this topic at home, with evidence of a willingness to help, will pay positive dividends.
- Working together with other concerned parents can help prevent problems before they start.

Do This

- Let your daughter or son know your expectations. Keep your expectations at least as high as the expectation of society where alcohol use is illegal until age 21 and all illicit drug use is illegal.
- Regularly talk to your daughter or son when he or she comes in at night, especially on the weekend. If you do not drink or use drugs, it is much easier to determine if you son or daughter is using. (From an early age, one of the editors kissed his son goodnight, and continued this through college. Much information can be obtained when you are this close on a regular basis.)
- Stress help over consequences! If your son or daughter should be tempted or actually try something, the phone should always be a help-line.

- If you find your son or daughter has been drinking or using drugs, there should be consequences! But, the consequences must be redemptive! Your goal is an addiction-free son or daughter.
- If you suspect drug use, many drugs can be tested through urine and blood samples. This can be done initially without making a "big deal" of it, and without warning, by making it part of a physical exam. (Alcohol and most drugs remain in the body for a brief time. Therefore, testing needs to be done shortly after consumption. Marijuana and PCP are exceptions that may be detected in one's system a longer time.)
- Where there is any use or abuse, family counseling is strongly urged.
- Where there is regular abuse or addiction, an outpatient or residential program may be indicated. The earlier the program, the better the chance for success.

Parent-Youth Contract

Parents have an obligation to help their children grow up safely and securely. One very important goal is to assist their children with understanding that the choice a person makes today can, and often does, influence the future.

Alcohol and other drugs endanger the emotional, mental, and physical well-being of all people, but this is especially true of the young person who is still developing into young adulthood. This stage of life makes introducing chemicals very dangerous and can be extremely hurtful in achieving the full potential of a young person's mind, body, and spirit.

Below is a simple agreement intended to show our commitment as parents and your commitment as our child to achieving true freedom. What is true freedom?

FREEDOM: NOT LIMITING YOUR OPTIONS IN LIFE

CONTRACT

Date:____________________________

By signing this *SIGNALS Challenge Contract And Abstinence Promise*

I, _____________________________________ agree to remain alcohol and drug free. I also agree:

- to leave any party or event where underage drinking or illegal drug use is happening.
- to not involve myself with any effort to help others obtain or purchase alcohol or other drugs.

If I break this contract/promise, I agree to accept the consequences attached to this agreement.

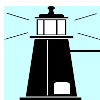
____

(Place consequences here. Examples: *loss of driving privileges, completing a drug and alcohol education program.*)

____

____
Signature of the young person

____
Signature of the parent or guardian



Commonly Used Technologies For Detecting Drug Abuse In Urine

Below are some of the technologies used in urinalysis. Having a fundamental understanding of this information will assist you in evaluating what the drug test indicates about your youth's drug use.

Immunoassay Tests: Immunoassay tests are sensitive tests that depend on an immunologic chemical reaction involving antibodies and antigens. Antibodies are developed in animals to react to a specific drug. A label or tag is then chemically attached to a sample of the drug sought. The tagged drug, the untagged drug in the urine specimen, and the antibody are then mixed together during the immunoassay test. Each of the immunoassays detects a drug using one of the processes listed below.

GC/MS (gas chromatography/mass spectrometry): Most frequently used as a confirmation test, this method heats the urine sample until it vaporizes and the drug metabolites are separated. These components are passed through a capillary column. One of many ways to detect drugs, gas chromatography/mass spectrometry is known as GC/MS and is the gold standard against which all other detection methods are compared.

[Taken from *Screening and Assessment of Alcohol- and Other Drug-Abusing Adolescents* Treatment Improvement Protocol (TIP). Washington, DC: Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration.]

Below are a few examples of the variables different substances present when tested. Knowing the duration of the detection period of individual drugs helps determine how quickly a youth should be tested after consuming substances and the appropriate frequency of random drug tests**.**

Approximate Limits Of Detection Of Drug Use By Urinalysis

Drug	Duration of Detectability
Alcohol	12 hours or less
Amphetamines/Methamphetamine	48 hours
Barbiturates	1 to 7 days
Cannabinoids (Marijuana/Hashish)	3 to 27 days
Cocaine (Coke / Crack)	2 to 3 days
Lysergic Acid Diethylamide (LSD)	1 to 3 days
Opiates (Heroin, Morphine, Codeine)	48 hours
Phencyclidine (PCP)	8 days
Synthetic Narcotics (China White/Fentanyl)	1 to 5 days

[This chart adapted from the *Journal of the American Medical Association, 237* (22) 3112.]

DRUG USE AND HIV/AIDS INFORMATION

HIV is the Human Immunodeficiency Virus. It is the virus that causes **AIDS**, the Acquired Immunodeficiency Syndrome. This deadly and incurable disease weakens the body's natural immunity system's ability to fight infections that normally might not cause a serious threat to life. According to the National Institute on Drug Abuse InfoFacts and the Center for Disease Control 1996 report, half of all new infections now occur among Injecting Drug Users (IDUs). IDUs account for spreading large numbers of other infections, including sexually transmitted diseases and hepatitis B and C viruses.

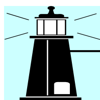
How do IDUs spread HIV?

- Sharing or using dirty or contaminated needles
- Using infected cotton swabs
- Using unsterile rinse water and cookers
- Sexual contacts and other risky behaviors

What other ways can drug use (including alcohol) spread HIV?

- By altering judgment about sex, making it more likely that users have unplanned and unprotected sexual contact. HIV can be spread through sexual intercourse.
- Men and women who have sex with IDUs, even when they themselves are not injecting drugs, are at equal risk for contracting HIV
- It is estimated that half of all new HIV infections in the United States are among people under the age of 25, and the majority of young people are infected sexually.

[This information was compiled from two Internet sites of the National Institute on Drug Abuse. For further information select *www.drugabuse.gov*.]



Adolescent Suicide and Substance Abuse

Being a teenager involves dealing with constant changes: physical, emotional, mental, and spiritual. It can be a confusing and stressful time of life. Youth often feel overwhelmed when coping with the anxiety about their futures, about the changes in their bodies, and new responsibilities and obligations. Fitting in with peers and finding companionship and acceptance becomes an obsession for most. Sometimes in a search to alleviate that stress, young people turn to substance use.

Below are some statistics that most people are not aware of regarding teen suicide. We have included some warning signs that should be considered possible red flags if you see them in your child.

Statistics

- A young person between the ages of 15 and 24 will commit suicide every 100 minutes in the United States.
- Suicide is the third leading cause of death for that age group.
- More than 50 percent of all adolescent suicides are substance abusers.
- There are approximately 28,000 suicides each year in the United States and more than 5,000 are teenagers.
- Adolescent boys are more likely to be successful than girls when attempting suicide.
- For every two homicides in America, there are three suicides.

Warning Signs

- Depression
- Substance abuse
- Acting out behavior
- Obsession with death in movies, music, or talk
- Sudden mood swings
- An attitude of hopelessness
- Loss of interest in enjoyable activities
- Disassociation with family and friends
- Struggles with sexual identity or orientation
- Prior suicide attempts (nearly 1/3 of successful adolescent suicides made previous attempts. Teens who make unsuccessful suicide attempts may be vulnerable for several years but are at especially high risk for the first three months after the last suicide attempt.)

Tips for Prevention

If your child is showing some of the warning signs listed above and you are concerned, pay attention to your instincts.

- Remove guns from your home – 64% of teen suicides are committed with a gun the youth had easy access to. Impulsiveness should be considered a factor.
- Talk to your child about suicide. Do not shy away from the subject.
- Decrease family arguments or domestic violence. This teaches the youth a harmful way to cope with stress.
- Be very sensitive to recent loss of friends or loved ones, including pets.
- Encourage your child to express him- or herself, and listen without other distractions.

Get professional help if you have even the slightest suspicion that your child is suicidal!

Important Points for Parents to Consider When Selecting a Treatment Program

When parents come to the realization that their child has a drug or alcohol problem that has not been diminished through prevention and education methods alone, investigating treatment options should begin. Who do I ask? What should I do? These are the first questions most parents ask when coming to grips with the important task of finding help for their child.

Whom Do I Ask?

There are several sources from which to get appropriate and reliable information to guide you through this critical stage of assisting your child. Most communities have resources that can at least point the way towards a positive answer for your child's needs. Local Al-Anon or Alateen chapters can often make helpful suggestions; so might your county or city hospitals or health department. Alcoholics Anonymous (AA) has chapters in every state that might be helpful. Religious organizations may also be supportive in assisting you in contacting specific programs for youth.

The Internet can be a great resource in finding treatment centers throughout the United States. If you do not own a computer, most public libraries have computer access to the Internet that you can use for free. You can find considerable information by simply entering "Substance Abuse Treatment Centers For Youth in (your state)" and then selecting search. You undoubtedly will have several sites come up on the screen. Take time to investigate centers that are near your community.

What Should I Do?

The first thing to do after completing an initial investigation of available treatment programs that may be appropriate for your child is to formulate a list of questions to ask that agency. Below are some pertinent questions to ask and the answers you should listen for in the their responses to those questions. If the answers you hear are not even close to the model responses listed below, you may want to reconsider placing your child at that agency.

Treatment Questions And Answers

1. Q: What are the costs involved for treatment, and do you have financial assistance available to people who cannot pay? Will insurance cover the cost?

   A: *There are nonprofit facilities that get state funding that can assist with treatment costs. There are some facilities that can accept Medicaid or*

other insurance. Do not perceive the "high-cost" or "low-cost" of a program as a measure of its true value or effectiveness. Working through a network of professionals who have a long history of referrals can be an advantage.

2. Q: How long is the typical treatment period?

   A: *The length of stay and treatment is individualized for the client's needs in most programs. There are in-house programs that can last from 30 to 60 days or long-term residential programs (between six months and a year) depending on the needs of the youth. These programs require the youth to leave home for treatment in a controlled environment closely supervised by trained staff. Outpatient care may be appropriate for some youth who have not sincerely committed themselves to the recovery concept and therefore are not ready for long-term treatment or placement.*

3. Q: What assessments are done? Who administers and interprets those assessments? What are their qualifications to do the assessments? Will they consult with you about the results of their assessments?

   A: *Upon entering a program, usually there will be an initial screening tool given to the adolescent. Screening Tools are often very short and intended to give a quick initial impression to therapists and counselors. You can think of screening tools as a triage process. This will assist the professionals in determining the level of services your child requires. Any admission staff can complete the screens if they are specifically trained to administer and score those tools, and in some cases they can clinically interpret the results. Assessments are different. Assessments are in-depth processes that help the clinician diagnose the issues involved with the youth and his or her drug problem. Usually the qualifications for the staff doing an assessment are a master's degree or doctorate. As the assessments or screening tools are completed and interpreted, you should have access to the results at least on a summary basis. Remember, some confidentiality is necessary for a therapeutic relationship to develop between the counselor and your child.*

4. Q: What are the treatment modalities of the program (methods and attributes)?

   A: *Typically you would expect the program to have individual and group therapy sessions with other adolescents for your child. There should also be psycho-educational sessions and family education sessions. Recreational therapy should also be a feature included in the program. There are several models of programming; one of the most frequently*

used in the United States is the twelve-step model made world famous by Alcoholics Anonymous (AA). There are adolescent-friendly versions of AA and Narcotics Anonymous (NA) throughout America. Most twelve-step programs have a spiritual base that is nondenominational but does refer to the person's "higher-power." Literally millions have found AA/NA a liberating path to recovery.

There are alternatives such as Rational Recovery that does not require a spiritual acknowledgement or a pre-existing religious connection. This program is designed for adults but can be structured for youth. AVRT or Addictive Voice Recognition Technique, which is the basis of the program, can be found in many cities throughout the United States.

5. Q: What are the admission criteria for the program, and can you help my child if he or she fails to meet that standard? Can you tell me the percentage of youth accepted into your program and the percentage referred to other treatment options?

   A: *The standards for admission or referral to outpatient services should be very clear-cut and distinct. An agency should be able to tell you how many youth they refer to outpatient therapy; if they cannot, you may want to consider some other placement with them. Red flags should go up for you as a parent if all who apply are accepted into that program.*

6. Q: What about school while my child is in treatment? Will he or she be able to stay current with his or her education?

   A: *Discuss the school schedule versus treatment schedule. If treatment allows only a small percentage of school hours, then be prepared for your child to fall behind. This is not the case for all treatment centers. Some residential programs have alternative school opportunities to assist your child in staying current with academics. Most programs will assist the family with integrating the child back into the community and school system once the in-patient therapy has concluded*

7. Q: Who are the staff who will implement my child's treatment? Can you describe their qualifications to me? What is the client to staff ratio?

   A: *One counselor for every six clients is a reasonable ratio for services. If a program assigns a therapist a caseload of 10 or more, you should find this troublesome. Staff should have a mixture of backgrounds. Older, more seasoned staff are valuable for their insight on treatment and clinical issues; youthful staff are valuable for their energy and ability to bond with the juveniles in treatment. You would hope to see a cross section of both involved with the program. You should find that the primary therapist has at least a master's degree and other*

appropriate credentials (Licensed Chemical Dependence Counselor, or other state recognized credential). Direct care staff may have various educational attributes. Front line counselors should have several years' experience working in the field and should have a positive attitude towards youth and their ability to respond to treatment.

Q: What medical personnel do you have on-grounds and what qualifications do they have? What is the procedure in case of a medical emergency involving my child?

A: *All residential programs should have specific emergency medical procedures in which their staff is competent (all employees trained and certified in first aid and CPR). There should be a medical professional on grounds, a registered nurse or licensed practical nurse who oversees medicines and medical appointments. There should be a contracted Medical Doctor who serves the residential program. There should be a licensed psychologist or psychiatrist in the organization to oversee all testing of the youth.*

8. Q: What happens if my child physically acts out? How would staff manage my child if he or she needed to be restrained? How often does that happen in your program? How are physical managements documented?

   A: *You should ask, "Are staff trained for Safe Crisis Interventions?" Not all facilities will accept acting out youth. If your child has a history of physical confrontations, this is a critical point to explore. Staff who manage youth who are physically out of control need specific and specialized training. The least restrictive physical management positions are the rule of thumb. All attempts should be made to de-escalate any situation before it requires hands-on response. There are two reasons for safe crisis intervention:*
   1. *The child is hurting him/herself. (This includes attempts to run away where potential self-harm could occur.)*
   2. *The child is hurting others.* (This may include destruction of property that could be used to harm others)

   Every facility should have policy and procedure forms to fill out and file documenting any situation where a child is physically managed. All facilities should be able to tell you how many times managements occurred in the past year.

9. Q: Does the program include the family in the child's treatment? Are there counseling and education sessions for the family as the child proceeds and advances in the program and prepares to re-enter the home? Do

you help parents and family members make a successful transition to aftercare?

A: *There should be support groups, family counseling sessions and family education sessions built into the program. The policy of family contacts should be reviewed. At least once a month face-to-face meetings between the therapist and family members should occur. Phone contact for long-term placement situations should be available as the parent has a need or concern.*

A formal review of the child's case and progress should occur every three months if the child is in a long-term residential program. This review would include the child, the parents, the social worker of the child if he or she has one, and the child's treatment team. A relapse prevention plan should be formulated during treatment to give the family and child a map to continue nonuse after residential treatment. The child and parents should participate in the development of the relapse plan and approve it before it is finalized.

After all your questions, and before making a decision, one last suggestion is appropriate. Take a walk through the entire facility where your child may come for treatment. You should be able to see where he or she will sleep, where food is prepared, and where your child will have recreation. You should be aware of the educational program and religious services your child will attend while in treatment. You should note carefully the cleanliness of the facility. Make note of any concerns you have about security.

One final tip: If you know someone at a treatment center or someone who is in the field of residential treatment, ask him or her to assist you in making the final decision. Get to know the people at the facility to the best of your ability. Personal contacts will assist you in getting the important information you need.