SAFETY FIRST

...a reality-based approach to teens and drugs

by Marsha Rosenbaum, Ph.D.

www.safety1st.org

Safety First is a project of the Drug Policy Alliance.
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Design and Publication Services: Studio Reflex, San Francisco, CA

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DRUG POLICY ALLIANCE
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The Drug Policy Alliance is the nation's leading organization working to end the war on drugs and promote new drug policies based on science, compassion, health and human rights.

*dedicated to
a great sociologist, mentor
and friend,*

Professor Lynn Etta Zimmer

(1947 - 2006)

Tsan Abrahamson

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Introduction

Like many parents, when my children entered high school, I wished "the drug thing" would magically disappear and that my kids would simply abstain. Yet as a long-time researcher supported by the National Institute on Drug Abuse, and as a realistic parent, I knew this wish to be a fantasy.

Today's teenagers have been exposed, since elementary school, to the most intensive and expensive anti-drug campaign in history. They've been told, again and again, to "just say no" by school-based programs such as Drug Abuse Resistance Education (D.A.R.E.) and televised anti-drug media campaigns (remember the "this is your brain on drugs" ads?). Parents, too, have been advised, indeed bombarded, with billboard, newspaper and electronic messages urging them to become the "anti-drug," to talk to their teens and establish clear limits and consequences for disobeying the rules.

Yet despite federal drug prevention expenditures totaling $2 billion per year,[1] school-based anti-drug programs reaching virtually all students and a multi-million dollar media campaign, most teenagers—including student body presidents, cheerleaders and sports team captains—have rejected the "Just Say No" mantra and have used alcohol and/or other drugs while in high school.

Most youthful drug use is experimental or occasional and the vast majority of young people, fortunately, pass through adolescence unscathed. Still, I worry about those whose experimentation gets out of hand; who fall into abusive patterns with alcohol and/or other drugs; and who put themselves and others in harm's way.

Let me be clear from the outset. As a mother myself, I do not excuse, encourage or condone teenage drug use. My deepest feelings are expressed in a letter written to my son when he entered high school that was published by the *San Francisco Chronicle* on September 7, 1998.[2]

A drug, broadly defined, is any substance—legal or illegal—that changes the way a person thinks, feels or perceives the world.

San Francisco Chronicle *September 7, 1998*

Dear Johnny,

This fall you will be entering high school and, like most American teenagers, you'll have to navigate drugs.

As most parents, I would prefer that you not use drugs. However, I realize, that despite my wishes, you might experiment.

I will not use scare tactics to deter you. Instead, having spent the past 25 years researching drug use, abuse and policy, ***I will tell you a little about what I have learned, hoping this will lead you to make wise choices.*** *My only concern is your health and safety.*

When people talk about "drugs," they are generally referring to illegal substances such as marijuana, cocaine, methamphetamine (speed), psychedelic drugs (LSD, Ecstasy, "Shrooms") and heroin. These are not the only drugs that make you high. Alcohol, cigarettes and many other substances (like glue) cause intoxication of some sort. The fact that one drug or another is illegal does not mean one is better or worse for you. All of them temporarily change the way you perceive things and the way you think.

Some people will tell you that drugs feel good, and that's why they use them. But drugs are not always fun. Cocaine and methamphetamine speed up your heart; LSD can make you feel disoriented; alcohol intoxication impairs driving; cigarette smoking leads to addiction and sometimes lung cancer; and people sometimes die suddenly from taking heroin. Marijuana does not often lead to physical dependence or overdose, but it does alter the way people think, behave and react.

I have tried to give you a short description of the drugs you might encounter. ***I choose not to try to scare you by distorting information because I want you to have confidence in what I tell you.*** *Although I won't lie to you about their effects, there are many reasons for a person your age not to use drugs or alcohol. First, being high on marijuana or any other drug often interferes with normal life. It is difficult to retain information while high, so using it, especially daily, affects your ability to learn.*

Second, if you think you might try marijuana, please wait until you are older. Adults with drug problems often started using at a very early age.

Finally, your father and I don't want you to get into trouble. Drug and alcohol use is illegal for you, and the consequences of being caught are huge. Here in the United States, the number of arrests for possession of marijuana has more than doubled in the past six years. Adults are serious about "zero tolerance." If caught, you could be arrested, expelled from school, barred from playing sports, lose your driver's license, denied a college loan and/or rejected from college.

Despite my advice to abstain, you may one day choose to experiment. I will say again that this is not a good idea, but if you do, I urge you to learn as much as you can, and use common sense. There are many excellent books and references, including the Internet, that give you credible information about drugs. ***You can, of course, always talk to me. If I don't know the answers to your questions, I will try to help you find them.***

If you are offered drugs, be cautious. Watch how people behave, but understand that everyone responds differently even to the same substance. If you do decide to experiment, be sure you are surrounded by people you can count upon. Plan your transportation and under no circumstances drive or get into a car with anyone else who has been using alcohol or other drugs. Call us or any of our close friends any time, day or night, and we will pick you up, no questions asked and no consequences.

And please, Johnny, use moderation. It is impossible to know what is contained in illegal drugs because they are not regulated. The majority of fatal overdoses occur because young people do not know the strength of the drugs they consume, or how they combine with other drugs. Please do not participate in drinking contests, which have killed too many young people. Whereas marijuana by itself is not fatal, too much can cause you to become disoriented and sometimes paranoid. And of course, smoking can hurt your lungs, later in life and now.

Johnny, as your father and I have always told you about a range of activities (including sex), think about the consequences of your actions before you act. Drugs are no different. Be skeptical and, most of all, be safe.

Love, Mom

(Shortly before graduating from college in 2006, Johnny read a response letter to his mother at an event honoring Dr. Rosenbaum. Read "Dear Mom" at www.safety1st.org/dearMom.)

Immediately following the publication of "Dear Johnny," I received scores of calls, emails and letters from parents, teachers and other concerned adults who wanted to know more about why teens weren't listening to our admonitions to abstain.

What, if anything, could they do about it? **How might they educate themselves so they could counsel teenagers more effectively?** Was there anything that could be done to ensure the safety of teenagers, even if they persisted in experimenting with alcohol and/or other drugs?

To research these questions, I consulted experts, including other parents, teachers, researchers and young people themselves. I looked at school-based drug education, its history, curricula and existing evaluations. The result was the first edition (1999) of *Safety First: A Reality-Based Approach to Teens, Drugs, and Drug Education*, which was revised and updated in 2002 and 2004.

I must have hit a nerve.

Since 1999, more than 200,000 copies of *Safety First* have been requested by and distributed to individuals and educational, health and governmental institutions and agencies in all 50 states, Puerto Rico, the District of Columbia and in 35 countries around the world. The booklet has been translated into Spanish, Chinese, Russian, Ukrainian, Romanian, Hebrew and Portuguese, and "Dear Johnny" has been published in eleven languages.

I have made countless presentations, written opinion pieces for newspapers, spoken with hundreds of parents, teachers and students, and appeared on numerous radio and TV shows. I even survived Bill O'Reilly—twice.

The education I've received over the past eight years has shaped this new booklet, a resource for parents and other adults who care about the health and safety of teenagers, and who are willing to look beyond convention for pragmatic strategies.

Americans are constantly bombarded with messages encouraging us to imbibe and medicate with a variety of substances.

Understanding Teenage Drug Use

The 2005 Monitoring the Future survey states that **more than 50% of high school seniors have tried illegal drugs at some point in their lifetime**; 38% used a drug during the past year; and 23% profess to have used drugs in the past month. The numbers are even higher for alcohol: **75% have tried alcohol** (itself a potent drug in every regard); 69% have used it within the year; and 47% (twice the statistic for marijuana) of those surveyed imbibed "once a month or more."[3] The Centers for Disease Control and Prevention's (CDC) 2005 Youth Risk Behavior Survey found that 26% of high school students reported taking "more than a few sips" of alcohol before the age of 13.[4]

In order to understand teenage drug use, it is imperative to recognize the context in which today's teens have grown up. Alcohol, tobacco, caffeine, over-the-counter and prescription drugs are everywhere. Though we urge our young people to be "drug-free," Americans are constantly bombarded with messages encouraging us to imbibe and medicate with a variety of substances. We use alcohol to celebrate ("Let's drink to that!"), to recreate ("I can't wait to kick back and have a cold one!") and even to medicate ("I really need a drink!"). We use caffeine to boost our energy, prescription and over-the-counter drugs to modify our moods, lift us out of depression and help us work, study and sleep.

Drugs are an integral part of American life. In fact, **the Journal of the American Medical Association reported that 8 out of 10 adults in the U.S. use at least one medication every week, and half take a prescription drug.**[5] One in two adults in this country use alcohol regularly; and more than 97 million Americans over the age of 12 have tried marijuana at some time in their lives—a fact not lost on their children.[6]

Today's teenagers have witnessed first-hand the increasing, sometimes forced "Ritalinization" of their fellow (difficult-to-manage) students.[7] Stimulants such as Adderal, a legal amphetamine product, have become a drug of choice on many college campuses, where "pharm (as in pharmaceutical) parties" are accepted as commonplace. We see prime-time network commercials for drugs to manage such ailments as "Generalized Anxiety Disorder," and teenagers see increasing numbers of their parents using antidepressants to cope with life's problems.

While "peer pressure" is often blamed for teenage drug use, the 2005 *State of Our Nation's Youth* survey found that, **contrary to popular belief, most are not pressured to use drugs. Instead, teenage drug use seems to mirror modern American drug-taking tendencies.**[8] Some psychologists have argued that given the nature of our culture, teenage experimentation with legal and illegal mind-altering substances might even be considered normal behavior.[9]

Problems With Current Prevention Strategies

Americans have been trying to prevent teenage drug use for over a century—from the nineteenth-century Temperance campaigns against alcohol to Nancy Reagan's "Just Say No." A variety of methods, from scare tactics to resistance techniques to zero-tolerance policies and random drug testing (not to mention 770,000 arrests in 2005 for marijuana offenses alone), have been used to try to persuade, coax and force young people to abstain.

The effectiveness of these conventional approaches, however, has been compromised by

- the unwillingness to distinguish between drug use and abuse by proclaiming "all use is abuse;"
- the use of misinformation as a scare tactic; and
- the failure to provide comprehensive information that would help users to reduce the harms that can result from drug use.

Use versus Abuse

In an effort to stop teenage experimentation, prevention messages often pretend there is no difference between use and abuse. Some use the terms interchangeably; others emphasize an exaggerated definition that categorizes any use of illegal drugs as abuse.

This hypocritical message is often dismissed by teens who see that **adults routinely make distinctions between use and abuse.** Young people rapidly learn this difference, too, as most observe their parents and other adults using alcohol without abusing it. They know there is a big difference between having a glass of wine with dinner and having that very same glass of wine with breakfast. Many also know that their parents have tried an illegal drug (likely marijuana) at some point in their lives without abusing it or continuing to use it.

Few things are more frightening to a parent than a teenager whose use of alcohol and/or other drugs gets out of hand. Yet virtually all studies have found that the vast majority of students who try legal and/or illegal drugs do not become drug abusers.[10] There are major differences between use and abuse, and by acknowledging these distinctions, we can more effectively recognize problems if and when they occur.

Scare Tactics and Misinformation: Marijuana as a Case in Point

A common belief held by many educators, policy makers and parents is that if young people believe drug use is risky, they will abstain.[11] In this effort, marijuana (the most popular illegal drug among U.S. teens) is consistently mischaracterized by prevention programs, books, ads and websites, including those managed by the federal government. Exaggerated claims of marijuana's dangers are routinely published, and although the old Reefer Madness-style messages have been replaced with assertions of scientific evidence, the most serious of these allegations falter when critically evaluated.

In my travels I have conducted many workshops where parents question claims they've heard about marijuana. The most common are:

- Is it true that today's marijuana is significantly more potent than thirty or forty years ago [when they were teenagers]?
- Is today's marijuana really more addictive than ever before?
- Does marijuana really cause users to seek out "harder" drugs?
- Is it true that smoking marijuana causes lung cancer?

To separate myth from fact, (the late) Professor Lynn Zimmer of Queens College of the City University of New York and Dr. John P. Morgan of the City University of New York Medical School carefully examined the published, peer-reviewed scientific evidence relevant to the most popular claims about marijuana in their book, *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence.* Professor Mitch Earleywine of the State University of New York at Albany also took a critical look at the research in *Understanding Marijuana: a New Look at the Scientific Evidence.* Each found that claims of marijuana's risks had been exaggerated, even in some instances fabricated.[12] Their findings are not uncommon, as these same conclusions have been reached by numerous official commissions, including the La Guardia Commission in 1944, the National Commission on Marijuana and Drug Abuse in 1972, the National Academy of Sciences in 1982 and the federally chartered Institute of Medicine in 1999.

Potency

One often hears the claim that today's marijuana is much more potent than what was used in the 1970s, that it is "not the same drug as you remember."

While the estimated level of THC (the ingredient that produces intoxication) contained in marijuana 30 years ago was **2% to 4%, today it is between 4% and 6%.** So yes, the average batch of marijuana has increased in strength, though claims of "1,000% higher" are ludicrous.

There seems to be more high-quality (and expensive) marijuana available today, but variation has always been the norm, and anyone who has used marijuana in years past may recall some very potent, as well as mild, pot.

Essentially, marijuana is the same plant now as then, with increased potency akin to the difference between beer and wine. Even with higher potency, no studies demonstrate that a slight increase in THC content is associated with greater harm. Most teens cannot afford to buy the high-end product anyway, and the availability of stronger marijuana means that users inhale less to get the desired effect.

Addiction

Approximately 9% of marijuana users—three-fourths of whom also have other mental health problems—find it psychologically difficult to moderate or quit.[13]

Those who claim that marijuana is as addictive as harder drugs (such as heroin) often point to evidence of increasing enrollment in marijuana treatment programs. But the increase in treatment admissions stems more from individuals who are either mandated by criminal courts, or have failed a drug test and must complete a treatment regimen in order to keep a job or stay in school. Whether marijuana itself was, in fact, creating a problem for them, these individuals have been given a "choice": 1) go to jail/ lose your job/get expelled from school, or 2) enlist in a sanctioned marijuana treatment program. Hence, the increased treatment rolls.

The Gateway Theory

The "gateway" theory suggests that marijuana use inevitably leads to the use of harder drugs, such as cocaine and heroin.[14] Yet a large U.S. government survey, the *National Survey on Drug Use and Health*, shows that the vast majority of marijuana users do not progress to more dangerous drugs.[15] The gateway theory has also been refuted by the Institute of Medicine and in a study published in the prestigious *American Journal of Public Health*.[16]

Today's scientific research reveals that the vast majority of teens who try marijuana do not go on to use it on a regular basis.[17]

Many Baby Boomers who experimented, but did not use marijuana very much or very often (let alone harder drugs), also know that the gateway theory is fundamentally flawed.

Lung Cancer

There are many health problems associated with smoking. Although inhaling burnt materials can irritate the pulmonary system, Dr. Earleywine's research on the subject suggests that individuals who smoke marijuana—but not tobacco—rarely experience lung problems.

After years of searching for a causal relationship between marijuana smoking and lung cancer, National Institute on Drug Abuse researcher Dr. Donald

Tashkin compared 1,200 individuals with lung, head or neck cancer to 1,040 without cancer and reported, "We hypothesized that there would be a positive association between marijuana use and lung cancer... what we found instead was no association at all, and even a suggestion of some protective effect."[18]

No drug, including marijuana, is completely safe. Yet the consistent mischaracterization of marijuana may be the Achilles' heel of current drug prevention approaches because exaggerations and misinformation are inconsistent with young people's own observations and experience. As a result, teens become cynical and lose confidence in what we, as parents and teachers, tell them. In turn, teenagers are less likely to consider us credible sources of information because although they know we have their best interests at heart, they also know that we'll say just about anything to get them to abstain.

Just Say No or *Say Nothing at All*

Most drug education programs are aimed solely at preventing drug use. After instructions to abstain, the lesson ends. There is no information on how to avoid problems or prevent abuse for those who do experiment. Abstinence is treated as the sole measure of success, and the only acceptable teaching option.

While the abstinence-only mandate is well-intended, this approach is clearly not enough. It is unrealistic to believe that at a time in their lives when they are most prone to risk-taking, teenagers who find it exciting to push the envelope will completely refrain from trying alcohol and/or other drugs.[19] The abstinence-only mandate puts adults in the unenviable position of having nothing to say to the young people we need most to reach—those who insist on saying "maybe," or "sometimes," or even "yes" to drugs.[20]

Teenagers will make their own choices about alcohol and other drugs, just as we did. Like us, their mistakes are sometimes foolish. To help prevent drug abuse and drug problems among teenagers who do experiment, we need a fallback strategy that includes comprehensive education, and one that puts safety first.

The abstinence-only mandate puts adults in the unenviable position of having nothing to say to the young people we need most to reach.

Teens clamor for honest, comprehensive drug education.

Safety First: A Reality-Based Approach

Surveys tell us that despite our admonitions and advice to abstain, a majority of teenagers will occasionally experiment with intoxicating substances, and some will use alcohol and/or other drugs more regularly. This does not mean they are bad kids or we are neglectful parents. The reality is that drug use is a part of teenage culture in America today. In all likelihood, our young people will come out of this phase unharmed.

Keeping teenagers safe should be our highest priority. To protect them, a reality-based approach enables teenagers to make responsible decisions by:

- providing honest, science-based information;
- encouraging moderation if youthful experimentation persists;
- promoting an understanding of the legal and social consequences of drug use; and
- prioritizing safety through personal responsibility and knowledge.

Honest, Science-Based Education

Young people are capable of rational thinking. Although their decision-making skills will improve as they mature, teenagers are learning responsibility, and do not want to destroy their lives or their health.[21] In fact, in our workshops with students, they consistently request the "real" facts about drugs so they can make responsible decisions—and the vast majority actually do. According to the 2005 *National Survey on Drug Use and Health*, although experimentation is widespread, 90% of 12- to17-year-olds choose to refrain from regular use.[22]

Effective drug education should be based on sound science and acknowledge teenagers' ability to understand, analyze and evaluate. The subject of drugs can be integrated into a variety of high school courses and curricula, including physiology and biology (how drugs affect the body), psychology (how drugs affect the mind), chemistry (what's contained in drugs), social studies (who uses which drugs, and why) and history and civics (how drugs have been handled by various governments).

Fortunately, today's educators have a new resource and should consider the innovative approach devised by Rodney Skager, Professor Emeritus, Graduate School of Education & Information Studies at the University of California at Los Angeles and Chair of the California Statewide Task Force for Effective Drug Education. His 2005 booklet, *Beyond Zero Tolerance: A Reality-Based Approach to Drug Education and Student Assistance* (available at www.beyondzerotolerance.org), takes educators step-by-step through a pragmatic and cost-effective drug education and school discipline program for secondary schools.

As Dr. Skager suggests, through family experience, peer exposure and the media, teenagers often know more about alcohol and other drugs than we assume. Therefore, students should be included in the development of drug education programs, and classes should utilize interaction and student participation rather than rote lecturing. If drug education is to be credible, formal curricula should incorporate the observations and experiences of young people themselves.[23]

Teens clamor for honest, comprehensive drug education, and it is especially apparent when they leave home and go to college. According to Professor Craig Reinarman at the University of California at Santa Cruz,

> *Students seem to hunger for information about licit and illicit drugs that doesn't strike them as moralistic propaganda. I've taught a large lecture course called "Drugs and Society" for over twenty years and each year I have to turn away dozens of students because the class fills up so quickly.*
>
> *I always start by asking them, "How many of you had drug education in high school?" and nearly all of them raise their hands. Then I ask, "How many of you felt it was truthful and valuable?" Out of 120 students, perhaps three hands go up.*[24]

The Importance of Moderation

Miranda

The vast majority of teenage drug use (with the exception of nicotine) does not lead to dependence or abusive habits.[25]

Teens who do use alcohol, marijuana and/or other drugs must understand there is a huge difference between use and abuse, and between occasional and daily use.

They should know how to recognize irresponsible behavior when it comes to place, time, dose levels and frequency of use. If young people continue, despite our admonitions, to use alcohol and/or other drugs, they must control their use by practicing moderation and limiting use. It is impossible to do well academically or meet one's responsibilities at work while intoxicated. It is never appropriate to use alcohol and/or other drugs at school, at work, while participating in sports, while driving or engaging in any serious activity.

Understanding Consequences

Young people must understand the consequences of violating school rules and local and state laws against the use, possession and sale of alcohol and other drugs—whether or not they agree with such policies.

With increasing methods of detection such as school-based drug testing and zero-tolerance policies, illegality is a risk in and of itself which extends well beyond the physical effects of drug use. There are real, lasting consequences of using drugs and being caught, including expulsion from school, a criminal record and social stigma. The Higher Education Act—now being challenged by many organizations, including Students for Sensible Drug Policy (www.ssdp.org)—has resulted in the denial of college loans for 200,000 U.S. students convicted of any drug offense. This law was scaled back in 2006, but the penalty still applies to students who are convicted while they are enrolled in school.[26]

Fortunately, zero-tolerance policies—which have contributed to a high school drop-out rate of 30% in this country—have come under serious attack. The American Psychological Association concluded in 2006 that such policies are "backfiring," making students feel less safe and undermining academic performance.[27] Support is now growing for "restorative practices" that attempt to bring students closer to their communities and schools rather than suspending and expelling those who are troublesome or truant.[28]

Young people need to know that if they are caught in possession of drugs, they will find themselves at the mercy of the current juvenile and criminal justice systems.

More than half a million Americans, almost a quarter of our total incarcerated population, are behind bars today for drug violations. As soon as teenagers turn eighteen they are prosecuted as adults and run the risk of serving long mandatory sentences, even for something they believe to be a minor offense. In Illinois, for example, an individual caught in possession of 15 Ecstasy pills (yes, fifteen—this is not a typo) will serve a minimum of four years in state prison.

zero-tolerance policies—which have contributed to a high school drop-out rate of 30% in this country—have come under serious attack.

Professor Mitch Earleywine does a tongue-in-cheek riff on the legal implications of marijuana use.

"Why shouldn't teens smoke marijuana?

It's against the law.

The most dramatic negative consequences of marijuana are legal.

Did your teen get caught with a harmless joint after some innocent experimentation?

Federal penalties for possession of any amount of marijuana include a year in jail and a $1,000 fine.

Did your teen have two different kinds of marijuana in two different baggies?

They may claim they were keeping their good stuff separate from their 'schwag.' But law enforcement may see two bags as an 'intention to distribute.' Penalties increase dramatically.

So much for a fun senior year.

Did your teen pick up a bag for a friend who 'paid them back' for it?

That's 'sale of a controlled substance.' The penalty could be five years incarceration and a $250,000 fine.

So much for that college fund.

Did the arrest happen in your house?

Seizure laws may permit law enforcement to take your house from you. Not your teen. YOU.

So much for settling down in retirement." [29]

Put Safety First

Alcohol as a Case in Point

Motor vehicle accidents continue to be the number one cause of untimely death among young people, according to the National Highway Safety Administration. Each year, nearly 2,400 American teenagers die in car accidents involving alcohol and far more are seriously injured.[30]

In suburban communities, where so many young people drive, the teenage practice of having a "designated driver" has become commonplace. In these same communities, there are some parents who have strongly encouraged

their teens to abstain, assessed reality and reluctantly provided their homes as safe, non-driving spaces to gather.

Others see these practices as "enabling." They hope to stop alcohol use completely by passing laws that make it a crime to be a teenaged designated driver, as well as "social host" ordinances that impose civil or criminal penalties on parents whose homes are used for parties—with or without their knowledge and/or consent.

What worries me is how young people respond to the proliferation of such ordinances. When asked in particular about social host laws, none says, "Okay then, I'm going to stop drinking." Instead, they say they will just move the party to the street, the local park, the beach or some other public place. And they'll drive there.

These are hot-button issues to be sure, with reasonable and well-meaning people coming down on all sides of the debate.

Sober gatherings should, of course, be promoted in every way possible, and parents should devise strategies for minimizing the harm that can result from the use of alcohol. To involve the criminal justice system in parental decisions, however, is not the answer, and will certainly reduce, not improve, teen safety.

Safe Sex as a Model

A useful model for envisioning safety-oriented drug abuse prevention is the modern, comprehensive sex education approach.

In the mid-1980s, when scientists discovered that the use of condoms could prevent the spread of HIV and other sexually transmitted diseases, as well as teen pregnancies, parents, teachers and policy makers took action. They introduced reality-based sex education curricula throughout the country. This approach strongly encouraged abstinence, and provided the facts along with accurate "safe sex" information.

According to the Centers for Disease Control and Prevention (CDC), this approach has resulted not just in the increased use of condoms among sexually active teenagers, but has also served to decrease overall rates of sexual activity.[31]

This effective, comprehensive prevention strategy presents a strong case and provides a model for restructuring our drug education and abuse prevention efforts.

"Trust your instincts, which are to love your kids enough to give them the space to explore and grow, to forgive their mistakes and to accept them for who they are."

What's A Parent To Do?

Today's parents get more advice, too often in excruciating detail, about how to raise their children, than any generation in history. Yet they're open and listening because they're concerned about their teens' safety and well-being, and worried that the world has become a much more dangerous place. They want to know what to do, and are looking for solutions.

There are no easy answers, but for parents who have requested specifics, here are the steps I suggest:

STEP 1: LISTEN

The first step is to "get real" about drug use by listening to what teens have to tell us about their lives and their feelings. This will guide us toward intelligent, thoughtful action.

A useful venue is the dinner table. As much as possible, families should eat together once a day so they can "catch up," talk and otherwise connect.[32]

There are many other natural openings for conversation, such as drug use in movies, television and music. If we can remain as non-judgmental as possible, teenagers will seek our opinions and guidance. Let them know they can talk freely. Our greatest challenge is to listen and try to help without excessive admonishment. If we become indignant and punitive, teenagers will stop talking to us. It's that simple.

Remember that advice is most likely to be heard when it is requested. Realize that teens bring their own experiences to the table, some of which you may not want to hear. But breathe deeply and be grateful when they share these experiences because this means you have established trust.

STEP 2: LEARN

Parents and teachers need to take responsibility for learning about the physiological, psychological and sociological effects of alcohol and other drugs. This involves reading and asking questions.

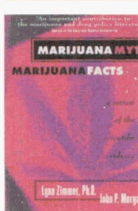
Familiarize yourself with teenage culture through print and electronic media, especially the Internet. Watch MTV. Learn about the array of drugs available to young people, but be sure your sources are scientifically grounded and balanced. Any source that fails to describe both risks and benefits should be considered suspect.

The Safety First Project website, www.safety1st.org, contains balanced information with continuously updated "Drug Facts" about the effects of today's

Trust, once lost, can be hard to regain.

most prevalent drugs: alcohol, anti-anxiety drugs (such as Xanax), antidepressants (such as Prozac), cocaine, Ecstasy, ephedrine, GHB, heroin, inhalants, ketamine, LSD, marijuana, methamphetamine, mushrooms, opioids, Ritalin and other ADHD drugs, Salvia, steroids and tobacco. These easy-to-read fact sheets are in PDF format and available for download anytime. For a free hard copy, please email your request to info@safety1st.org.

For an all-around resource that covers nearly every popular drug, you and your teen should read *From Chocolate to Morphine: Everything You Need to Know about Mind-Altering Drugs*, by renowned health expert, Andrew Weil, M.D., and former high school teacher, Winifred Rosen (Boston: Houghton-Mifflin, 2004).



For information about marijuana in particular, read *Understanding Marijuana: A New Look at the Scientific Evidence* by Mitch Earleywine, Ph.D. (New York: Oxford University Press, 2002) and/or *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence* by Lynn Zimmer, Ph.D. and John P. Morgan, M.D. (New York: The Lindesmith Center, 1997).

STEP 3: ACT

> *Drug abuse prevention is not a curriculum package or a "magic bullet," so make some plans.*

It is important to keep teens engaged and busy, not just during the school day, but from 3 to 6 p.m., when the use of drugs by bored, unsupervised teens is highest. Extracurricular programs such as sports, arts, drama and other creative activities should be available to all secondary school students, at low or no cost to parents. Become an advocate for such programs in your community and teens' school.

Prevention is fundamentally about caring, connected relationships and an open exchange of information. There are no easy answers, just thoughtful conversations.

When it comes to opening the ongoing "drug talk," some parents don't know where to begin. Many have started with my "Dear Johnny" letter or other resources listed above. Teens often respond better to these **"just say know"** approaches than to the one-sided messages they've been hearing all their lives.

Many parents today are Baby Boomers who themselves experimented with drugs in the 1970s and 1980s. The question, "What should I tell my child about my own past drug use?" comes up in each and every workshop I facilitate—from California to Utah to Connecticut. Many parents are uneasy

about revealing their own experience, fearing such admissions might open the door to their own teen's experimentation.

There is no one simple resolution to this difficult dilemma. While you do not need to rehash every detail, it can be very helpful to share your own experiences with your teen because it makes you a more credible confidant.

Honesty is usually the best policy in the long run. Just as parents often know or eventually find out when their child is lying, teenagers have a knack for seeing through adults' evasions, half-truths and hypocrisy. Besides, if you don't tell, you can rest assured that eventually one of your siblings or close friends will delight in recounting your "youthful indiscretions" to your eager child.

Trusting relationships are key in preventing and countering drug use. While it is tempting to cut through difficult conversations and utilize detection technologies such as urine testing, think hard before you demand that your child submit to a drug test. Random, suspicionless school-based drug testing—which has been opposed by the California State Parent Teacher Association (PTA)—has been shown to be ineffective and often counterproductive (see www.drugtestingfails.org).

Regarding in-home test kits, researchers at Children's Hospital in Boston, who studied home drug-testing products, warn that most people are not appropriately educated about the limitations and technical challenges of drug tests (including collection procedures, the potential for misinterpretation and false positive/negative results). They also note unanticipated consequences and the negative effect on parent-child relationships of collecting a urine sample to ascertain drug use.[33]

The reality is that a trusting, open relationship with a parent or other respected adult can be the most powerful element in deterring abusive patterns. And trust, once lost, can be hard to regain.

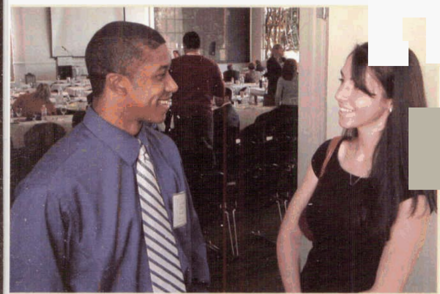
Perhaps most important, **teenagers need to know that the important adults in their lives are concerned primarily with their safety**; that they have someone to turn to when they need help. If they find themselves in a compromising or uncomfortable situation, they need to know we will come to their aid immediately.

... keep teens engaged and busy, not just during the school day, but from 3 to 6 p.m., when the use of drugs by bored, unsupervised teens is highest.

STEP 4: LEAD

PTA leaders and other parent groups often request "Safety First" speakers for their meetings.

In 2005 I addressed the National PTA convention, showing parent leaders how they could facilitate a drug education workshop at their own school. I told the attendees that outside "experts" are not necessary. Parent workshops, after all, are fundamentally about opening a discussion to share science-based information and to connect with others in the community. Training resources and information about such workshops are available at www.safety1st.org.


John de Miranda

I understand that it is difficult to get parents to come out for evening meetings, but one parent at a middle school in Torrance, California, had a brilliant idea. She was so committed to the importance of parent drug education that she convinced several teachers to offer extra credit to students whose parents attended the workshop. A record 272 parents packed the auditorium that night!

In general, it is important for parents to get to know each other and work together to promote safety-oriented strategies. The emphasis on safety does not mean we are giving teens permission to use drugs. It simply affirms that their welfare is our top priority.

STEP 5: HELP

It is important to know what to do if you believe a teenager (or anyone else) is having a negative reaction to alcohol and/or other drugs.

For instance, do not allow a person who has consumed too much alcohol and is passed-out to lay on their back. Many people in this situation have choked on their own vomit and asphyxiated.

In an acute situation, if you fear something is seriously wrong—such as when a person is unconscious or having trouble breathing—do not hesitate to phone 911 immediately. The lives of many young people could have been saved if paramedics had been called—or called sooner.

Many parents want to know how to identify problem use, what to do about it, and when to seek professional help.

Don't take a chance. If you share nothing else you have read here, please convey this information to your own teen, who may one day need to assist a friend.

Even when it's not an emergency, there is little more disturbing to a parent than a teenager who is obviously intoxicated, stoned or high. Many parents want to know how to identify problem use, what to do about it and when to seek professional help.

Advice about problem use is outside the scope of this booklet, so a concerned parent should start by visiting the *Get Help* section at www.safety1st.org for a discussion of counseling, treatment and a list of references and resources.

I highly recommend the work of psychologist Stanton Peele, Ph.D., who lays out criteria for deciding whether your child needs treatment, the treatment options and your role as a parent in his new book, *Addiction Proof Your Child.*[34] Keep in mind that there is no "one size fits all" method for dealing with troubled teens that have alcohol and/or other drug problems.

Many of today's well-meaning programs are still unevaluated and inflexible. Be especially leery of boot camp-style programs that can do more harm than good, such as those studied by journalist Maia Szalavitz in her book, *Help At Any Cost: How the Troubled-Teen Industry Cons Parents and Hurts Kids.*[35]

In the end, the healthiest kids, whether or not they experiment with drugs, have parents who are present, loving and involved. Carla Niño, immediate past president of the California State PTA (the largest state PTA in America, with one million members), gives the following advice:

> *"Trust your instincts, which are to love your kids enough to give them the space to explore and grow, to forgive their mistakes and to accept them for who they are. Kids go through tough times, sometimes seemingly prolonged. Those who make it do so because they're embraced and loved by their families."*

About the Author

Larry Rosenberg

Marsha Rosenbaum, Ph.D. earned her doctorate in medical sociology at the University of California at San Francisco (UCSF) in 1979. Her research on drug issues was funded for eighteen years by the National Institute on Drug Abuse as she completed studies of heroin addiction, crack cocaine, Ecstasy and drug treatment programs in the United States. She is currently Director of the San Francisco office of the Drug Policy Alliance, which is based in New York.

Dr. Rosenbaum has written many publications, including *Women on Heroin, Pursuit of Ecstasy: The MDMA Experience* (with Jerome Beck), *Pregnant Women on Drugs: Combating Stereotypes and Stigma* (with Sheigla Murphy), *Safety First: A Reality-Based Approach to Teens, Drugs, and Drug Education, Making Sense of Student Drug Testing: Why Educators are Saying No*, and numerous scholarly articles about drug use, drug abuse, drug treatment and drug policy.

Her opinion pieces have appeared in the *San Francisco Chronicle, Oakland Tribune, Chicago Tribune, San Jose Mercury News, Detroit News, Newsday, San Diego Union-Tribune, USA Today, Los Angeles Times, Los Angeles Daily News, Orange County Register, La Opinión, Atlanta Journal-Constitution, Seattle Post-Intelligencer, AlterNet, Daytona Beach News-Journal, The Times* (Trenton, New Jersey) and *Pittsburgh-Post Gazette.*

Dr. Rosenbaum is the mother of a 23-year-old son, a 29-year-old daughter and two adult stepdaughters.

Acknowledgements

I have had extraordinary help with the writing and production of *Safety First.*

The Drug Policy Alliance (DPA), under the direction of visionary Ethan Nadelmann, provided support and assistance. Camilla Norman Field worked closely with me through each and every stage of this production, as did Sue Eldredge. I thank both of these dedicated women profusely.

My colleagues, John Irwin, Lynn Zimmer, Loren Siegel, Harry Levine, Ira Glasser, Peter Cohen, Sheigla Murphy, John P. Morgan, Mitch Earleywine and particularly Rodney Skager, have shaped my thinking about teens and drugs. I thank them all for listening and providing constructive suggestions. I am especially indebted to Craig Reinarman, who generously provided feedback from his university students' parents and served, once again, as my most ruthless and helpful critic.

I thank DPA San Francisco staff members Jennifer Kern, Leah Rorvig and Rhett Hurlston, who made helpful comments on early drafts, as did Brenna Meese. DPA New York staff, including Derek Hodel and Isaac Skelton, also provided support and direction.

It was a pleasure to work with Vicki Olds at Studio Reflex, who provided exceptional editorial comments and created a beautiful publication design.

Much appreciation goes to the California State PTA. Carla Niño has given me sage advice and provided useful comments on this booklet. She and Pat Klotz, Brenda Davis and Kathy Moffat courageously deemed the Safety First Project an "allied agency" and welcomed us into their exemplary organization.

My wonderful children, Anne and Johnny Irwin, have once again allowed me to expose our endless conversations about alcohol and other drugs. I am so proud and grateful to them for allowing me to use their stories, insights and analyses at will.

Finally, I thank the many parents who have provided a sounding board and who, in an effort to keep them safe, share my commitment to delivering honest information to our teens. I am confident that by continuing to work together we can steadily help to improve the health of our young people.

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"Parents have viewed Dr. Rosenbaum's booklet as a very realistic approach when dealing with the sensitive issues of teen alcohol and other drug use. California State PTA began distributing the Safety First booklet to its members in 2002 and parents continue to find it a valuable educational tool for developing open and honest dialogue with their teens." — Brenda Davis, President, California State PTA

"Safety First drug education, like comprehensive sexuality education, provides parents and teenagers with the tools they need to make responsible decisions. Whether it's about sex or drugs, as parents our common goal is the health and safety of our teenagers. I highly recommend this reality-based resource." — Janie Friend, Supporter, Planned Parenthood

"What a terrific little book! Marsha Rosenbaum's calm, well-informed and honest discussion of teen drug use, the distinction between youthful experimentation and dangerous patterns of use, and the focus on keeping kids safe will ring true for teens as well as their parents and teachers. We need an antidote to "Just Say No" and oversold claims regarding drug danger—they just don't work. Dr. Rosenbaum provides parents with an alternative that allows parents to talk openly to their teens, to take a clear position against drug use, but also to help their kids negotiate a world where experimentation is ubiquitous."
— Molly Cooke, M.D., The Haile T. Debas Academy of Medical Educators, School of Medicine, University of California at San Francisco (UCSF)

"Safety First is a rare example of a plan for real, honest drug education. It gives the facts about drugs with the aim of reducing the potential harm associated with them. I recommend it to teenagers, parents and teachers."
— Andrew Weil, M.D., Health Expert and Author

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