

PARENTS RESOURCE GUIDE



DRUGS & ALCOHOL

making positive choices

10 Ways to Help your Child Cope with Peer Pressure

Standing up to peer pressure is one of the greatest challenges that children face. Many are unable to stand up to the challenge and are led into participating in risky or even illegal activities. Help your child deal with peer pressures by doing the following:

1) Strengthen the bond with your child. He will be more likely to respect your views and values and better able to resist peer pressure if he has a good relationship with you and feels you are a source of support. This bond needs to be nurtured long before your child's teenage years.

2) Promote your child's self-esteem. Children who are confident and have positive self-worth are more likely to pursue friendships with children who are good role models and better able to resist negative peer pressure. Find opportunities to boost your child's self-esteem and enjoy success by involving him in activities that capitalize on his strengths and interests. And, of course, praise him for things he does well at home.

3) Set a good example. Your child is a keen observer of what you do and may learn more from what he sees than what he hears. If he sees that you are constantly striving to keep up with other parents, he will likely do the same with his peers. If he sees you drinking and smoking, he is less likely to resist engaging in these behaviors. If you do drink or smoke, giving it up will make a vivid impression on him.

4) Talk with your child about peer pressure. Let your child know that you understand how hard it can be at his age to do things that make him stand out. Tell him that his peers may respect his decision not to join them in an activity even though they may not express it, and that some may even admire his courage in resisting what they could not. Help him understand that a friend who is pressuring him to do something that may be harmful is not much of a friend. Appeal to his desire for autonomy by encouraging him not to let others manipulate or make decisions for him.

5) Avoid overreacting when talking about peer issues. Your child may tell you things that may make your jaw drop. If you overreact, you will discourage him from talking with you about these issues again. At the same time use these teachable moments to introduce some cautions without moralizing or lecturing. Although it may seem as though he is dismissing what you are saying, he will hear you.

6) Choose your battles carefully. Don't make an issue out of your child's wanting to wear the same clothes as his friends or adopt a trendy hairstyle. Make your stand on high-risk peer behavior. Battling your child constantly over minor issues may drive your child toward peers who are similarly alienated from their parents. Not sweating the small stuff will enable you to be more effective when you challenge him on the larger issues.

7) Help your child develop good decision-making skills. If he can learn to trust his own instincts when making decisions, he will be less likely to let others make decisions for him. Encourage him to think through the possible consequences of the decision he is facing, including whether it may cause him harm. Let him know that giving in to the pressure now may make life harder for him later on.

8) Help your child develop responses to peers. Help him figure out what to say to peers who are pressuring him to participate in high-risk activities. Suggest responses that are short and simple and that he can say comfortably. If he is receptive, role-play with him or encourage him to practice in front of a mirror.

9) Get to know your child's friends. Make a point of encouraging your child to invite his friend's home. Spend some time with them and assess whether they are positive influences.

10) Don't hesitate to set limits for your child. Your willingness to say no to him sets a good example and may help give him the courage to say no to a peer when faced with a potentially harmful situation.

How to Help your Child Cope with Drugs

The adolescent years for a young person are always challenging. It is at this time where boundaries are often pushed, and their own sense of self-worth is tested. It is crucial, therefore, as a parent to regularly get involved in your children's lives and to keep the dialogue going within the home, especially about the issues of drug and alcohol.

Below are indicators of someone involved in substance abuse (note that some of these indicators may also relate to other issues).

Behavioural Characteristics:

- Unusual flare-ups or outbursts of temper
- Withdrawal from responsibility
- Continual wearing of long-sleeved tops particularly in hot weather
- Association with known substance users
- Abrupt changes in work or school attendance, quality of work, grades and discipline
- Stealing small items from employers, home or school
- Borrowing money from friends, family or co-workers
- Secretive behaviour regarding actions and possessions

Physical Signs:

- Poor physical co-ordination, staggered or slow walk
- Loss of appetite, increase in appetite, unexplained weight gain or loss
- Inability to sleep or awake at unusual times
- Excessive sweating, vomiting, nausea
- Red, watery eyes, pupils smaller or larger than usual
- Cold sweaty palms, shaking hands
- Extreme hyperactivity, excessive talkativeness
- Smell of substance on breath and clothes
- Needle marks on lower arm
- Tremors or shakes of hands, feet or head

How to Help your Child Cope with Alcohol

Studies show that parents and families are strong influences in what young people think about alcohol and how they use it.¹ Research also tells us that attitudes to alcohol are formed early in life and parents are their kids' most positive role models.

With alcohol playing a prominent role in Australian culture it can be difficult for parents to set boundaries and establish rules around alcohol use for their children, especially teenagers.

Here are some tips that may help

- Talk with your child about the family rules you have around alcohol use and explain why they are in place.
- If you drink alcohol, your child will be watching so be a positive role model
- If you don't drink alcohol, talk about why you have made this choice with your child. Share stories where you have had to deal with others trying to influence you to drink alcohol.
- Try to limit your children's access to alcohol. The longer teenagers delay drinking alcohol, the best chance they give their brains to develop fully and reach their full potential in life.
- Don't be afraid to answer your child's questions about alcohol.
- Hold non-alcohol family and social occasions.
- Don't glorify alcohol and intoxication.
- Talk to your child about the laws of alcohol. For example, did you know that it is illegal:
 - To purchase alcohol for young people under 18 years?
 - For young people under 18 years to possess alcohol (open or unopened) in a public place?
 - To obtain alcohol for an intoxicated person to drink?
 - To help an intoxicated person to obtain or consume alcohol?
 - To drink in public, such as on the street, in a park or at the beach?

Resilience and alcohol use

Young people who are resilient or able to bounce back from stressful experiences are less likely to become involved in long-term substance abuse. You can help your child develop resilience by encouraging them to:

- manage their anger
- make their own decisions
- set and achieve goals
- have an optimistic outlook
- make positive relationships
- manage their own difficulties with friendships



¹ Shanahan, P. and Hewitt, N. Developmental research for a National Alcohol Campaign: Summary report, Department of Health and Aged Care

² Fuller, A., McGraw, K. and Goodyear, M. The mind of youth: Resilience – A connect project, Turning the Tide Project, Victoria

Addiction

We owe to American psychologist, Dr Bruce Alexander, the understanding that addiction is about far more than any drug. That a person, or animal in his studies, is an active ingredient in their interaction with a drug. To stand a chance beating the opioid and other drug epidemics we have, we will be far better equipped if we follow his lead.

Alexander's experiments, in the 1970s, have come to be called the "Rat Park."¹ Researchers had already proved that when rats were placed in a cage, all alone, with no other community of rats, and offered two water bottles—one filled with water and the other with heroin or cocaine—the rats would repetitively drink from the drug-laced bottles until they all overdosed and died. Like pigeons pressing a pleasure lever, they were relentless, until their bodies and brains were overcome, and they died.

But Alexander wondered: is this about the drug or might it be related to the setting they were in? To test his hypothesis, he put rats in "rat parks," where they were among others and free to roam and play, to socialize and to have sex. *And* they were given the same access to the same two types of drug laced bottles. When inhabiting a "rat park," they remarkably preferred the plain water. Even when they did imbibe from the drug-filled bottle, they did so intermittently, not obsessively, and *never* overdosed. A social community beat the power of drugs.

I believe that *the biggest problem with the powerful, ubiquitous psychoactive drugs* (meaning those that work on our brains and minds), is that *they are so effective*. In immediate and powerful ways, they change how we feel, think, relate, and behave. Or transport us away from loneliness and isolation. That is why we use them! It is also why campaigns of "just saying no" are naive and ineffective, and why the dilemma of drug-taking, legal and illicit, has become one of the most dominant societal dilemmas we face in the 21st century.

The rates of overdose deaths, especially but not only from opioids, in this country continue to climb. In my earlier article, I described how prescribing clinicians can help people stay alive—until they enter an effective, individually shaped, recovery program.² This article means to convey that there is a totally low-tech way of enabling people with addiction to (figuratively) prefer to ingest water rather than addicting drugs.

What we can do, a needed and effective approach, derives from what has Alexander taught us. Humans, not just rats, need to be part of a community, encouraged to relate and experience the support of others. This is about as basic a psychological truth as exists, yet does it find application in clinicians' offices?

How many of us, during clinical encounters with patients, focus on their families, their social communities, their sources of human contact and support? Do we ask questions like: Who do you care about in your life? Who cares about you? When was the last time you spent time with people who are good for you—instead of those who hurt you and foster your drug taking?

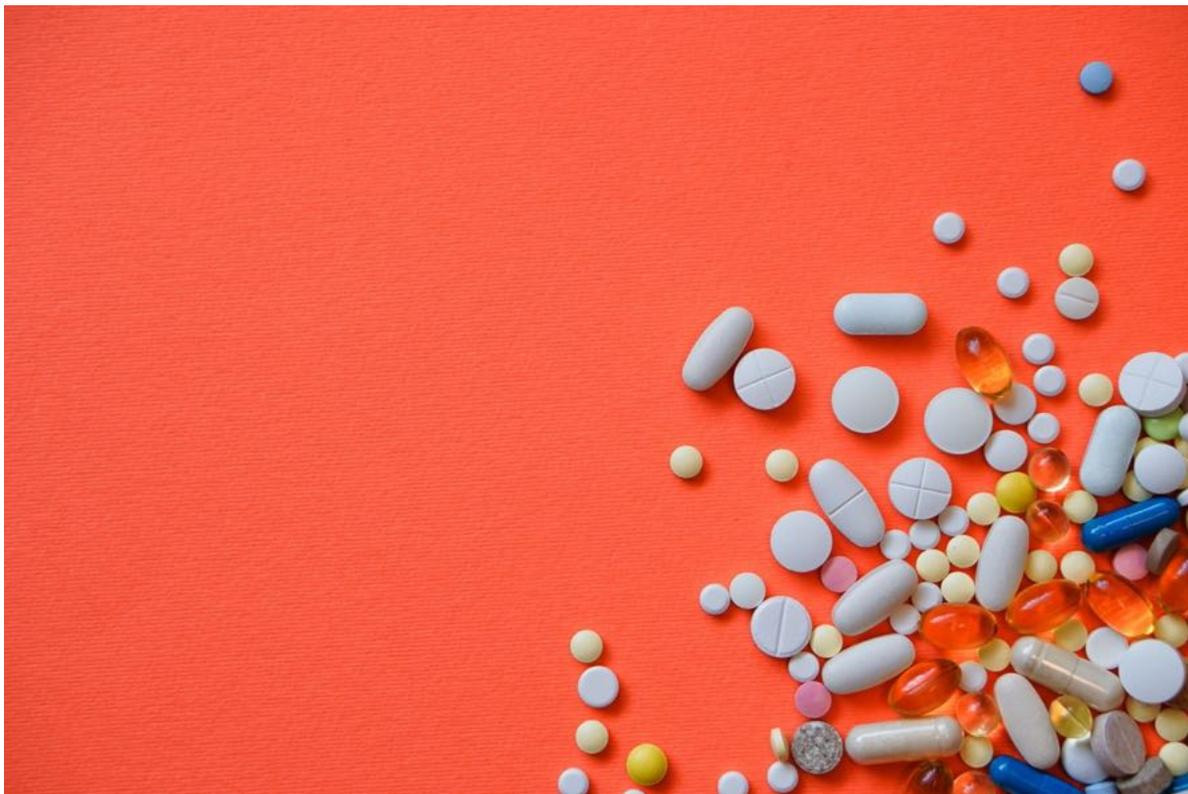
These questions may lead to others, such as: Who can you call or spend time with in the next couple of days? What gives you pause in calling or making the kind of human contact needed to enable recovery? What do you imagine these people would think and feel if you did make contact? How might that encounter go—where it was not about asking for help, or money, but instead simply, and most importantly, about re-igniting their friendship, their attachment to you, and their wish for your life to go well? Their interest is one way to achieve the dignity, purpose, meaning, and life of contribution so critical to the hard work of recovery.

And so on, as the conversation may continue.

The science of medicine, with the exceptional value it attributes to symptoms, diagnoses, and evidence-based therapies, has had the unintended effect of eclipsing what we know and can do about the benefits of human interaction and attachment.

Please understand, I have been in practice for a long time. I am not naïve about the complexities of human relationships and the fears and challenges they present. Perhaps that is one reason we eschew the questions I offer above. They open essential doors, but that means we clinicians, not just our patients, have to pass through those doors as well.

Mother Theresa, not someone often quoted in medical journals, said, “If you want to change the world, go home and love your family.” I think the Beatles said the same thing. And when we see people and families who are keeping their emotional heads above the often roiling waters of everyday life, who are not compulsively imbibing on drug-laced concoctions, or pathologically gambling or playing video games and the like, we will see that they lead their lives in the light of relationships, in human parks, not alone.



Resilience

“When things go wrong, being resilient is like a person who has a bungee rope around them to bounce back when things get tough and to maintain their idea of who they are.”

Professor Andrew Fuller

Resilience is important to us:

- ✓ to be happy
- ✓ to survive
- ✓ to be successful
- ✓ to deal with the hard times of life
- ✓ to positively influence others

Resilience is managing complex issues of difficulty, duress, trauma or disappointment with:

- ✓ Well-developed problem-solving skills
- ✓ Persistence of will
- ✓ Founded on hope

What Does that Bungee Rope Look Like?

Family

- Feeling loved by your family – Child is affirmed, encouraged and disciplined
- Feeling your family respects your decisions – e.g. allowing for age appropriate autonomy
- Family structure is sound and extended
- Family heritage and values system are positive
- Family foundation of hope is articulated and understood

Education

- School and teachers are a great resource. The school is focused on ensuring a positive & enriching experience – not just academics
- Students feel respected by teachers. Having adults who listen & believe in them
- Getting right feedback as well as input

Community

Positive peer connectedness generates a sense of belonging and being part of something bigger. The crucial element is why they are accepted. Successful community is reliant on acceptance of the person not their performance or skill e.g. communities of faith

Core foundations

Sense of meaning, purpose, values & direction – needs to be reliable, strong, tried and tested. Enables a sense of having something bigger than you – bigger than circumstances, emotions, setbacks and disappointment

Characteristics of Resilient Kids

Intrinsic

- ✓ Temperament factors – easy going disposition, not easily upset; good self-regulation.
- ✓ Problem-solving skills – abstract thinking, reflectivity, flexibility, and the ability to try alternatives indicate adaptability to stress.
- ✓ Social competence – emotional responsiveness, flexibility, empathy and caring, communication skills and a sense of humour (including being able to laugh at themselves).
- ✓ Autonomy – self-awareness, sense of identity and an ability to act independently. They have increased sense of self-worth and mastery.
- ✓ A sense of purpose and a future orientation – healthy expectations, goal directedness, educational aspirations and persistence.
- ✓ Hold religious beliefs that are supported by significant others and that convey a sense of meaning in life (spirituality).
- ✓ A sense of optimism, maintain a hopeful outlook and employ active problem focused coping strategies (They avoid seeing crises as insurmountable problems).
- ✓ Academic and social successes - less risk of developing behavioural disorders. They have talents that are valued by self and society.

Extrinsic

Within the Family:

- ✓ A close sustained relationship with at least one caring pro-social and supportive adult who is a positive role model.
- ✓ Authoritative parents who place high value on warmth and support, but whom also provide structure (set firm limits and state clear rules), monitor their child's behaviour and peer contacts, and convey high expectations.
- ✓ Positive family climate with low family discord between parents and between parents and children.
- ✓ Organized home environment (role of rituals, ceremonies, shared dinner times and mutual responsibilities, cohesive and supportive).
- ✓ A secure emotional base whereby the child feels a sense of belonging and security; access to consistent, warm care giving.
- ✓ Parents are involved in their child's education. Both parents and teachers should convey high, but realistic expectations to their children.
- ✓ Bond to pro-social adults outside family. (See www.teachsafeschools.org for information on how to establish an adult mentoring program.)
- ✓ Connections to pro-social and rule-abiding peers who have authoritative parents
- ✓ Support from "kith and kin", access to wider supports such as extended family members and friends.

Within the Schools and the Community:

- ✓ "School connectedness" is the belief by students that adults in the school care about them as students and their learning. A protective factor is the attendance in effective schools and being "bonded" to school; for instance, ask students the following question to assess school-bondedness: "If you were absent from school, besides your friends, who else would notice that you were missing and would miss you?"
- ✓ Ties to pro-social organizations, including schools, scouting/sports clubs; participation in extracurricular activities – particularly communities of faith, e.g. church youth group.
- ✓ Opportunities to learn and develop talents.
- ✓ High levels of public safety.
- ✓ Good public health and health care availability
- ✓ Support derived from cultural and religious traditions

* taken from UNDERSTANDING RESILIENCE IN CHILDREN

1) The Need to Belong

This is fundamental to all of us, but particularly teens as they wrestle with who they are. Teens are naturally drawn to their peers and seek their acceptance. Rejection from their peers can have significant immediate and long term consequences (e.g. mental health)

The drive to belong and the fear of rejection makes young people very vulnerable to peer pressure. A level headed 13 year old girl might never consider drinking, but when faced with being excluded socially by her classmates, may easily give in to the pressure.

One way we resist peer pressure is to not look to be popular but to find someone (just one person is enough) that we can trust and enjoy.

2) The Need to Try New Things

This is called 'individuation' and is a normal part of adolescent development, as you move from childhood toward independence in adulthood. This involves risk taking and pushing boundaries.

Teens will start to make independent decisions apart from their parents. Teens will test themselves – physically (especially guys) and mentally. Teens will test their parental values against other values to affirm their own.

This is an area where boundaries are extremely valuable if they are clear, consistent and applicable. They need to be modelled and discussed. High expectations and appropriate encouragement are also vital factors.

3) The Need to be Grown Up

Although they often act like toddlers, teenagers long to be accepted as grown up. The desire to be 'grown up' makes teens vulnerable to culturally driven rites of passage. In many cultures there are celebrated 'rites of passage' – ceremonial recognition that they have moved into adulthood. Our culture often has poor markers for initiating and is driven by media and marketing forces linked with sports and celebrities.

Cultural rites that communicate responsibility, well-developed autonomous decisions and the opportunity to meaningfully participate are crucial elements.

Parent Tool Kit

- ✓ Sit down and ask yourself: “What are we doing well?” and “What do we need to add /improve/focus upon?”
- ✓ Encourage analysis of influences e.g. the media – generate filters to separate the good and the bad
- ✓ Spend time together – have a specific family time e.g. Sunday afternoon
- ✓ Search for a foundation in life – begin by asking first order questions – consistently communicate it
- ✓ Ask older people of their experiences – include patriarchs
- ✓ Draw from the positives of a conventional small community where we teach young people to (1) respect elders – spend time with them, seek counsel, etc. and (2) give responsibility to them towards younger children – be a role model, give counsel, etc.
- ✓ Draw from the existing wider community – what groups can you get involved in?
- ✓ Give positive messages about who (not what) they are – their soul opposed to their image
- ✓ Teach empathy – ask “how would you feel if...?”
- ✓ What’s life about? Fulfillment or happiness? What’s the difference? Discuss
- ✓ Finally, share experiences of how you bounced back?

Philosophy of Parenting

- ✓ My children are a precious gift, not an inconvenience. I have the privilege of shaping them into mature positive contributing adults
- ✓ This requires time, not money. Children spell love T.I.M.E. – I will give them both lity and quantity time
- ✓ My marriage and our home is predominantly about family and its needs – not about ‘me’ and my needs
- ✓ Our family will have strong reference points and values
- ✓ Our family will have a clear and well thought through worldview on which to base our values and hope

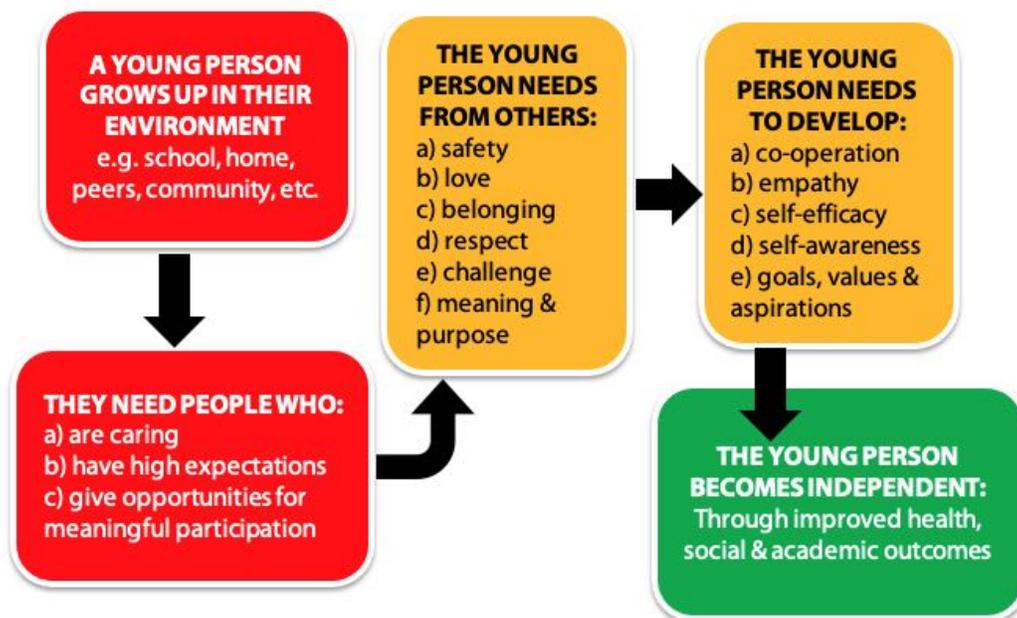
KEY STEPS TO PREVENTION

- ✓ Be sensitive to the stress in your children's lives, help them cope and for them to find solutions
- ✓ Understand when and why your children are bored and help relieve their boredom
- ✓ Have boundaries – e.g. limit the amount of money your children have to spend and monitor how that money is spent
- ✓ Know who your children's friends are
- ✓ Be engaged in your children's lives: help them with their homework, attend their sports events, participate in activities together, and talk to them about issues like drugs and alcohol

THE RESILIENCE CYCLE

Things that can build on protective factors and minimise risk factors (Burton) are:

- ✓ **Caring Relationships** (compassion, understanding, respect and interest)
- ✓ **High Expectation messages** (firm guidance, structure and challenge, focus on strengths and assets rather than negatives)
- ✓ **Opportunities for meaningful participation** (opportunities for valued responsibilities, making decisions, giving voice and being heard, contributing one's talents to the community)



Therefore, the language of resiliency is:

- *I have ... caring relationships*
- *I am ... high expectation messages*
- *I can ... meaningful participation*

PARENT CHECKLIST

- I listen to my children and take an interest in their thoughts and opinions. I have gathered specific information about each of my children. I know their favourite things.
- I am aware of what they are scared of, what makes them laugh and what is special about their personality
- I don't sweat the small stuff but choose my battles carefully
- I know what to expect from my child's age group. I am aware of what is normal developmentally
- I feel the atmosphere in our home is warm, relaxed and positive
- We regularly do fun things together
- I take time to enrich my own life
- I give physical affection to my children
- As parents we spend time on our relationship
- We are developing a family culture of regular traditions
- We support each other in our parenting
- I have communicated our family rules
- There is some structure and routine in our home
- I speak encouraging words to my children
- I am careful to follow through on my words
- I allow my children to learn from consequences rather than my anger
- I give my children opportunities to solve their own problems
- I set time aside to talk to my children about their day – what they have liked and what they have found hard
- We eat meals together regularly each week with the television off

1) Start Early

When they are young you can read the instructions out loud to children before giving them medicine. This sends a simple message that it is important to follow instructions when taking medications.

Point out that medications and drugs can be dangerous when used inappropriately.

2) Build ongoing dialogue

Build an ongoing dialogue and keep the lines of communication open - if you wait until you find out your child is taking drugs to talk to them then it is likely to lead to frustration, anger and a breakdown in communication. Watch out for everyday opportunities where you can naturally raise the topic of drugs, keeping the conversation age appropriate.



3) Don't push it

Don't push it. If a child makes it clear they do not want to talk about drugs and there is not an urgency to do so then respects the child's wishes and wait for a time when they are more receptive. Just reassure the child you are always available to talk whenever they want to.

4) Give an 'out'

Social pressures are more likely to influence young people when it comes to experimenting with drugs than anything else. Give your teenagers an 'out' by discussing ways in which they can say no to drugs while out socially and still look cool. They include things like, "I'm training for a big game and need to be as fit as possible" or "maybe later, I've already had a few."

5) Get perspective

Peer pressure also plays its part. Many teenagers think that everyone gets drunk and takes drugs. However it is important to point out to young people that although statistics say 10% of young people are binge drinking, 90% are not. Peers only become more influential than parents if there is a breakdown in communication so maintain a positive, caring and open relationship.