

Drugs of Abuse May Be Closer to Home Than You Realize

You used to worry about teens getting involved with illegal drugs. But the new drug threat to teens today is likely to be in your house already ... and you might not think it's dangerous at all.

Teens are taking prescription pain relievers and over-the-counter (OTC) cough and cold medicines just to get high. And they're getting them easily from their own homes, or the homes of other relatives and friends. The following is a list of common places teens can get prescription and OTC drugs.

At Home

A teen will often scout his own home first if he's looking for a quick high from prescription or OTC drugs. Think carefully about the pills that are in your family's medicine cabinet. Do you have cough syrups? Vicodin for that bad back? Xanax for those panic attacks? These are just a few examples. And, tech-gadgets such as computers, cell phones, and personal digital assistants (PDAs) can help teens gain access to the Internet, where they can readily order prescription drugs WITHOUT a prescription from rogue pharmacy sites or message with "friends" about obtaining drugs.

Take inventory of every place in your home where you keep medicines, both prescription and OTC drugs. Ideally, you should keep these drugs in one location that you can monitor easily and where your teen cannot access them. If you choose to leave them out in the open, be sure to note the pill amounts in each bottle or pill packet, as well as the number of refills, just as you would monitor the level of alcohol in the house. If you notice pills are dwindling faster than they should, be on alert, and talk with your teen.

The Internet

Some teens turn to sources outside of the home to buy prescription drugs. They can surf the Internet for illegal pharmacies that are NOT legitimate and often send prescribed drugs without a medical doctor's prescription. Teens can easily access these websites using their computer, a cell phone with Internet capabilities, or a personal digital assistant (PDA). In



How Not to Become a Victim—Four Tips:

By Dr. Ken Druck and Anne Malia

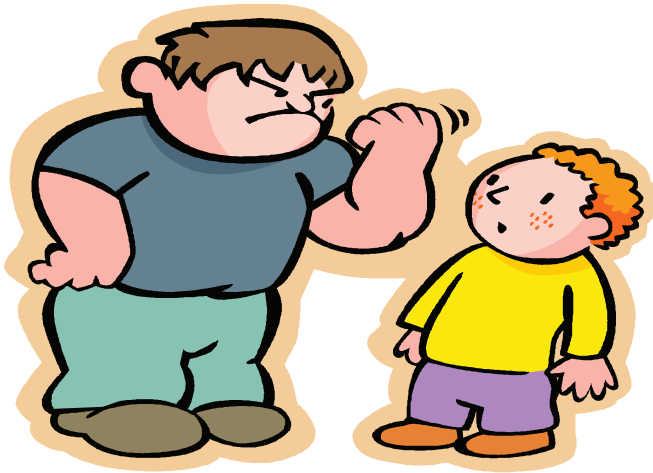
Parents and teachers need to be on the lookout for bullying, not only in its physical form, but also for social bullying, a disguised form of aggression. Social bullying encompasses spreading rumors, gossip, teasing, excluding others and forming cliques. Parents and teachers should know the risks of both physical violence and social bullying in schools, how to discourage bullying, and how to help children not to be bullied.

There are four steps parents and teachers can help children take to ensure they do not become targets of social or physical bullying:

1. Don't look like a victim. Appearing weak or vulnerable can invite taunting or even physical aggression. Does the child slump, avoid eye contact, or have a shuffling or tentative walk? This may give the impression that he would not resist if picked on, making him an easy target. Lovingly coach children to stand up straight, walk with determination and look people in the eye.

2. Don't set yourself up for trouble.

Hurting or provoking others invites a similar response. Don't meet anger with anger. Treat others with respect, and chances are they will respect you.



3. Don't play the fool. Children who play the “class clown” often take on the role for attention or laughs, and sometimes to avoid *physical aggression*: being beaten

up. But playing the fool often is an open invitation for *social aggression*: ridicule, taunting or humiliation. Teach children that getting laughs is one thing, but that no one deserves to be made fun of.

4. Prepare a “game plan.” If children feel they might be targets, help them work out a strategy that fits their situation, including how to avoid bullies and what to say or do if confronted by one.

(Source: <http://howtotalktoyourkids.com>)

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addition, teens can access numerous websites that give step-by-step instructions on how much of a medicine they can take in order to get a “high” feeling.

A Friend or Relative's Home

Talk with the parents of a household about monitoring medications in the home, especially if your child is a frequent guest. Discuss what you do in your own home, and encourage them to take similar safety precautions. If other parents hear you talk about the new risks of prescription drugs and how you monitor the use of these drugs in your home, they'll understand. Ask other parents to notify you immediately if they suspect anything unusual. Also, request that they not give your child any medications without your permission. The same set of guidelines applies to a relative or other caregiver's home, especially if they are elderly, such as grandparents. Many seniors are on medications for chronic, long-term conditions and sometimes don't monitor pill amounts closely.

Most importantly, don't allow your teen to go to anyone's home if there's not going to be adult supervision. “Pharming,” or pill-swapping, is becoming a popular, and very dangerous trend among teens, and it most often occurs when adults are absent or don't regularly check in during a social gathering.

Grocery Store or Drugstore

Stores and retail chains in several states are now required to place pseudoephedrine (i.e., Sudafed) behind the counter as a result of the Combat Methamphetamine Act. Other stores, although not required by state law, are proactively putting certain OTC drugs behind the counter.

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Teaching Children How to Be a Good Friend

Remember when you were young how it felt to have a best friend who would do anything for you? A friend who giggled at your silly jokes, cheered you up when you needed encouragement, and stood by you if another kid didn't like you? That's the type of close-knit friendship every child wants. But in today's world, where children are bombarded with images and advertisements enticing them to focus on appearances, material possessions, and "being cool," it's easy for young people to forget how to be themselves and forge strong friendships. Other students may feel it's easier to fend off rejection and hurt feelings by not really making any friends—robbing them of the delight of childhood friendships.

"Friendship is such an important element of childhood," says Nicole Rocheleau, author of the new book *Ryan, Me, and the Mysterious Book*. "But nowadays, many kids feel pressured to choose their friends based on things like who has the best clothes or the most video games, instead of on the core values of trust, concern and understanding."

Friendships are necessary for a child's emotional development, according to the NYU Child Study Center. The Center cites research that demonstrates how children with friends have better self-esteem and a better sense of well-being. The research also shows that children who have friends have fewer social problems as adults. Rocheleau is a firm believer in the overall benefits of close childhood friendships. Her goal is to steer kids away from negativity and encourage them to slow down, enjoy their friends and enjoy their childhood.

(Source: www.nicolerocheleau.com or www.familyfunbooks.net.)

Young Drinkers Turn to Alcohol to Relieve Stress

One of the reasons that people who start drinking at a young age tend to become problem drinkers when they get older is that they are more likely to use alcohol for stress relief, the *Washington Post* reported earlier this year.



A survey of 27,000 people (average age: 43) by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) found that those who reported the greatest number of stressful incidents in their lives drank the most.

Those who began drinking at age 14 or younger and reported six or more "stressors" in their lives drank five times more than those who started drinking at age 18 or older, consuming an average of six drinks per day. Among early drinkers, alcohol consumption rose 19% for each stressful event reported, but consumption among later drinkers rose only 3% for each stressor.

The study, led by Deborah A. Dawson, appears in the January 2007 issue of the journal *Alcoholism: Clinical and Experimental Research*.

Reference: Dawson, D.A., Grant, B.F., Li, T. (2007) Impact of age at first drink on stress-reactive drinking. *Alcoholism: Clinical and Experimental Research*, 31(1): 69–77.

Backpacks Aren't So Bad

Backpacks have gotten a bad rap. For years, specialists have urged schoolchildren to lighten their loads, wear their backpacks on both shoulders and avoid lugging around those heavy school bags whenever possible. But new research from a University of Michigan Health System physiatrist indicates backpacks don't cause the stress and strain on young backs that they've been linked to.

"There is no good scientific evidence to support the claim that schoolbag load is a contributing factor to the development of low back pain in growing children," says Andrew Haig, MD, medical director of the U-M Spine Program and associate professor of Physical Medicine and Rehabilitation and of Surgery at the U-M Medical School. Rather, he points to signs that children's activity level and weight may have more to do with back pain.

Despite a flurry of attention to this issue, Haig's study is the first to actually measure pain related to backpack use.

Since public attention turned to the potential for backpacks to cause pain in young children or teenagers, schools have fought back by restricting backpack use during school hours

and looking for ways to reduce backpack loads. Some companies even sell specially-designed backpacks meant to minimize strain on the back.

Because students in the study primarily carried their bags to and from school, the time spent with heavy books slung over the shoulder is minimal. It's even less for children who ride the bus to school, which the majority of the children in this study did. The middle school students involved in the study did not carry their backpacks between classes.

"The spine may be able to handle heavy loads for short intervals without detriment," Haig says. "The children only wore their backpacks from school to home, which may not be enough time for damage to the spine to occur. The length of time a backpack is worn likely has an impact on whether a person develops pain."



AMA Group Calls for "R" Ratings on Movies Showing Smoking



All movies depicting smoking should be rated "R," restricting access to customers under age 17, according to health advocates who released a new survey showing that most Americans believe movie smoking scenes influence young people to smoke.

WNDU-TV reported earlier in the year that the American Medical Association Alliance called on the Motion Picture Association of America (MPAA) to change its rating system to include smoking. The group released a survey showing that 70% of adults and parents said that movies that include smoking scenes should be rated "R," and it estimated that smoking in movies encourages 400,000 adolescents each year to start smoking.

The AMA Alliance also said that 68% of PG-13 movies released last year featured smoking.

The Hollywood Reporter noted that an MPAA spokesperson responded by saying, "Everyone agrees that smoking is a very serious health problem, and the MPAA is currently exploring ways to discourage teen smoking with the Harvard School of Public Health and others. Ratings are meant to provide parents with information so they can make informed decisions about their children's movie watching experience."

For more information, contact: