



Get answers. Get help. Get better.

TEEN BRAINOLOGY – February 2020 – The following is designed to be used for weekly emails or other communications to parents or on your school website.

For more information: <https://www.drugeducation.org/resources>

WEEK 1

SITUATION: Your teenager walks in the door after a Friday night basketball game (on time) and has really red eyes, seems a bit goofy, giggly or maybe even uncoordinated. You ask if everything is okay and of course the response is “yes”. But... you just feel like something’s not quite right.

SOLUTION: *You are the expert when it comes to knowing when there is something of concern going on with your child. Trust your instincts and investigate further. If questioning your teen doesn’t provide answers, you can use a simple breathalyzer to determine if your child has been experimenting with alcohol. Ask for a urine sample to test for other drugs including marijuana and prescription drugs. The Drug Education Council offers free, anonymous drug testing for parents who would like to send the powerful and important message that drug use is unacceptable and that they are serious about prevention. Call the Drug Education Council at (251)478-7855 for more information.*

WEEK 2

SITUATION: At the dining room table, your high school child describes a situation at school in which a best friend is taking Vyvanse in order to stay up late to study. He has purchased this pill from a friend who has ADD. You immediately say how dangerous it is, but your child replies – “It won’t kill you, Mom. It’s not that strong.” Facts to use?

SOLUTION: *It’s illegal to take prescription drugs that do not belong to you. All drugs change the way your body works and anyone who misuses prescription meds is taking a risk. These ADD drugs are amphetamines, a powerful stimulant that can have lasting effects and can be addictive. Serious effects can include increased anxiety, high blood pressure, fast heartbeat, high body temperature, sleeping problems, and heart problems. In addition, research shows that information learned while abusing these types of meds does not always remain in long term memory.*

WEEK 3

SITUATION: You pick your child up from baseball practice and notice that many players have a wad of chewing tobacco. Then your son walks up and he spits something out. You ask him about it and he says “Everyone is dipping, Mom. You’re way behind the times.”

SOLUTION: *Facts about smokeless tobacco – The drug nicotine is highly addictive and in this case, it enters the bloodstream from the tissues inside the mouth. Within seconds it affects the heart, blood vessels, hormones, brain and nervous system. An average dose of dip or chew delivers 4.5 mg. nicotine, a cigarette 1.5 mg. 70% of smokeless tobacco users get leukoplakia, a pre-cancerous condition. Toxic ingredients increase the risk of cancer in the stomach, esophagus, pancreas and bladder. Talk to your child about the many serious consequences of using these products.*

WEEK 4

SITUATION: It’s Friday night and the teenagers are planning a bonfire after the basketball game. All of your child’s friends are going but you understand this is also where some kids will be drinking. You don’t want to keep your child from their friends but you don’t feel this is a safe activity. What to do?

SOLUTION: *You are right, it’s not safe! There is a direct correlation between the number of times you are asked to try alcohol or other drugs and when you first actually drink or use. One of the biggest risk factors for addiction is the age of first use. Teens who begin drinking at age 14 have a 47% chance of becoming addicted to alcohol. The good news is that the risk decreases with each year that you can **DELAY** that first use. Alcohol or other drug use can also interfere with the crucial processes taking place in their developing brains during the teen years, so our job as parents is to protect them from these risky choices as much as we possibly can!*