



# **Parent Guide for Developing Responsible Teenagers**

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# Introduction

This book has been put together to offer parents of *adolescents* some useful strategies and helpful information to guide them through the *secondary years* in a way that promotes positive adolescent health and well-being.

The information gathered is from current research and practice, and written with the generous support and knowledge gained in consultation with Dr Michael Carr-Gregg and Associate Professor John Toumborou PhD. Please read this booklet and use it as a catalyst for communication among yourselves and your children.

## Key Concepts

- In adolescence, the brain undergoes pronounced transformation and during this time it is particularly sensitive to alcohol and drug use. Research is becoming clearer that alcohol use at a young age is harmful and should be discouraged for at least the first three years of secondary school.
- Parents have a direct influence over their adolescent's attitude and behaviour towards alcohol use. When parents are openly permissive towards adolescent alcohol use adolescents tend to drink more. When parents show disapproval adolescents are less likely to drink. Parents should make their views known and set clear rules with their adolescent about alcohol and drug use. Delaying the age alcohol is first used can reduce potential problems later in life. When older adolescents use alcohol it is important for parents to discuss harm minimisation strategies with them.
- Parenting is about encouraging adolescent resilience through understanding, and by instilling values and building trusting relationships with them.

Listening openly to how young people feel is the key to building a good relationship and increases their willingness to talk and spend time with their parents.

- Putting aside time to listen to them is an important contribution to their development and builds a strong and respectful relationship.
- Despite parents' best efforts, there will be times when the problems of your adolescents seem overwhelming to them. They may be experiencing a more serious problem. If they express a lack of self-worth and are persistently sad for two weeks or longer, professional help should be sought.
- Holding and attending safe parties is paramount to keeping adolescents safe. This guide gives parents some tips for safe parties. It is also important to know where your adolescent is, particularly after school, as this is a time when adolescents can be at great risk.
- Be informed about drugs and alcohol, educate yourself about the substances commonly used/abused by adolescents, and be aware of their legal and health implications.
- **Learn to say "NO!" to your child.** There will be times when your adolescent won't like what you say and will act as though he or she doesn't like you.

# Chapter 1:

## Creating Resilient Adolescents:

Family bonding is the bedrock of the relationship between parents and their adolescent children. Bonding can be strengthened through parent-child communication, parent supportiveness of their adolescent and parental involvement.

### Communication with your adolescent

- **Make time for your son or daughter daily.** Find an activity you enjoy doing together. Put aside your chores, pay attention and listen to your children. Don't do all the talking.
- **Let your adolescent know you are willing to just listen** to their ideas without making judgments. Listening in a respectful way is often called active listening, and it is a way of responding that allows others to openly express their ideas and feelings without interruption. Such active listening builds relationships, as it lets your son or daughter know you care for them and respect them.
- **Try not to be defensive** when your adolescent makes generalisations or critical remarks. Don't take them personally. They are opportunities for discussion.
- **Give adolescents lots of positive feedback.** Encourage them for whom they are, not just for their accomplishments. When parents are quick to encourage rather than to criticise, young people feel good about themselves and develop the self-confidence to trust their own judgment.
- **Tolerate differences.** Encourage your teenager to talk freely about their lives, problems, school and work. Talk about topics where all people do not have the same opinions.
- **Encourage adolescents to take responsibility for their own problems.** Involve them in calm discussions about the consequences of their possible actions and behaviour before they are needed and be consistent in carrying out those consequences should the need arise.
- **Remove the stigma of failure from your home.** Young people need to understand that the only failure is in not trying. Mistakes are not failures but mistakes simply provide adolescents with new information that can help them succeed. They all need the freedom to be imperfect.
- **Friendships are important in adolescence.** Criticising friends can lead to arguments and encourage adolescents to defend any unacceptable behaviour of their friends. Sometimes parents worry about their children's peer group, but it is much more productive to debate the value systems of their friends than to criticise the friends themselves. Get to know their friends – often the best way is to feed them.

- **Doing everything for your adolescent is not useful.** This may prevent your child from learning to take responsibility for him or herself. Teach your child to organise his or her time and be aware of the needs of others.
- **Learn to say “NO!” to your child.** There will be times when your adolescent won't like what you say and will act as though he or she doesn't like you. Being your child's friend should not be your primary role during this time in their life.<sup>5</sup>
- **Be discreet when talking to other people about your teenager.** Teenagers don't like to think they are being talked about, especially in a negative context.

## Creating resilient family structures

A contemporary family may be a single parent or a blended family, or involve grandparents, aunts, uncles, siblings, friends and other children. All families have their unique strengths, and, no matter what type of family you are a part of, it is possible for parents to offer the essential things needed by adolescents.

Adolescents benefit from a positive relationship with at least one adult who has developed a healthy lifestyle and positive values.

## What you can do to build family strength and resilience

- **Create opportunities for family members to express love** and care for each other. Family members can show affection by giving each other hugs and kisses. Or, they may show their love, care and interest in other ways such as helping each other or asking questions regarding the wellbeing of a family member.
- **Practice good communication.** Talk to each other and be open with your own thoughts and feelings.
- **Respect others and be responsible.** As adolescents get older, they can take on additional responsibilities. It is important that adolescents help at home. When your child reaches the appropriate age, encourage him or her to take on a part-time job.
- **Do things together** so each person has a sense of belonging to the family. An important family activity is sitting down to dinner together at least once a week.
- **Connect to others.** To friends, and to people at school or in the neighbourhood and community. Encourage your adolescent to volunteer his or her time, skills or talents like coaching a junior sports team, reading to younger siblings or mowing the lawn for a neighbour.
- **Learn to cope and bounce back.** Strong families pull together in difficult times. They have a positive attitude. Encourage the quality of optimism as this is part of resilience. It is the knowledge of how to believe in yourself in spite of difficulties and that there will be a satisfactory solution in the end.

## Chapter 2:

### Keeping them safe: Understanding alcohol, drugs and adolescents

86% of adolescents at age 14 years old report that they use alcohol.

The National Health and Medical Research Council (NHMRC) draft guidelines for low risk drinking.

- Parents and carers are advised that not drinking is the safest option for children and adolescents less than 15 years of age.

Not drinking is the safest option for adolescents aged 15-17 years. If drinking does occur, it should be under parental supervision See Standard Drink Guide in WGC4parents.

The NHMRC guidelines state that parents should discourage adolescents from starting to use alcohol. However, many adolescents start using alcohol despite parental advice. In these cases it is recommended:

- Parents not overreact, but listen and maintain respectful communication
- Encourage your adolescent into activities that do not involve alcohol.
- Strongly suggest that until your adolescent is 18 they will drink on a less than weekly frequency i.e., do something every other week that does not involve alcohol.
- Drinking on a less than weekly frequency at age 17 reduces the likelihood of experiencing alcohol problems in adulthood.

One in 20 adolescents are drinking more than 50 standard drinks a month.

### Drinking facts

- Research has shown more teens die as a result of alcohol use than combined deaths from all other illegal drugs.
- Adolescents who begin drinking before the age of 15 have a 40% chance of becoming alcohol dependent.
- One in 20 teenagers are drinking more than 50 standard drinks a month.
- Parents are the greatest providers of alcohol for underage drinkers.
- Underage drinking kills one Australian teenager a week and results in more than 60 hospital admissions a week.
- Adolescents can consume larger quantities of alcohol faster than adults before feeling the effect, and adolescents are less sensitive to the sedation effects of alcohol. This allows them to continue drinking for longer which extends their exposure to higher and more dangerous levels of alcohol.
- Approximately 25% of adolescents binge drink at least once a month.

- Over 80% of alcohol consumed by 14-17 year olds is drunk at levels that cause acute harm.
- Drinking games in which large amounts of alcohol are rapidly consumed can be deadly, and few young people recognise that it is possible to drink enough alcohol in one session to cause death.
- Drinking alcohol with super caffeinated energy drinks is extremely dangerous. Studies show that students who mix energy drinks with alcohol got drunk twice as often as those who consumed alcohol by itself.

### ***Keeping them safe: Understanding alcohol, drugs and adolescents***

- The frequency of alcohol use in adolescence is the greatest risk factor for alcohol dependence.
- Even short term or moderate drinking impairs learning and memory far more in youths than in adults.
- 31% of adolescents who reported being drunk last year were believed to be non-drinkers by their parents.

### ***Binge Drinking***

Binge drinking is defined by research as drinking five or more drinks consecutively for men and four drinks for women. It is commonly understood by most people as consuming too much alcohol in too little time or drinking to get drunk.

### ***Addiction***

Addiction is the continuing, compulsive use of a substance despite negative consequences to the user. Research shows teenage drinking is predictive of problematic alcohol use in later life, and that children who are introduced to alcohol at 15 years of age or earlier are more likely to progress to more regular alcohol use, or develop problems with alcohol use by 18 year of age.

## **Alcohol issues**

### ***Alcopops***

Ready to drink (RTDs), pre-mixed spirits, or alcopops are the fastest-growing alcohol products in New Zealand. They are popular among young people because the taste of alcohol is masked with sweet mixers, fruit juice and milk. In packaging and taste alcopops resemble soft drinks, they make alcohol palatable to children and enable them to consume a larger amount than do traditional products.

73% of teenage males who drink at risky or high-risk levels prefer RTDs to other drinks while 77% of their female peers like RTDs and straight spirits equally.

RTDs can contain anywhere between 1 to 3 standard drinks. Super-strength RTDs seem designed for people who want to get drunk as quickly as possible and they pose a risk of intoxication to people who confuse them for products of lesser strength.

### ***Caffeinated energy drinks***

Health researchers have identified a surprising new predictor for risky behaviour among teenagers and young adults – the super-caffeinated energy drink. Reports suggest that high consumption of energy drinks is associated with “toxic jock” behaviour, a constellation of risky and aggressive behaviours including unprotected sex, substance abuse and violence. Regular consumption of energy drinks may be an indicator for parents that their children are more likely to take risks with their health and safety. Another risk is the popularity of mixing energy drinks with alcohol. The stimulant effect of energy drinks can allow a person to feel less intoxicated than they actually are. Motor coordination and visual reaction times are just as impaired as when they drink alcohol by itself. People who mix energy drinks and alcohol were more likely to be victims or perpetrators of aggressive sexual behaviour and are far more likely to be injured or require medical treatment while drinking. Super caffeinated drinks should never be consumed combined with alcohol or after strenuous exercise.

### ***Drinking games and home brews***

***“A teenager drank himself to death after consuming 4 times the amount of alcohol required to cause alcohol poisoning. He died on his neighbour’s front lawn after drinking 88 nips and a bottle of vodka as part of a drinking game.”***

***“A 15 year old boy passed out while drinking some home brew ouzo at a party, he was rushed to hospital where he later died.”***

Drinking games in which large amounts of alcohol are rapidly consumed can be deadly.

Unlike adults, adolescents brains haven’t yet developed the internal “cut-off” switch that makes them go to sleep or pass out from drinking too much alcohol. They can easily consume dangerous amounts of alcohol before they realise the harm. It is important to note that the lethal dose of alcohol is just a tiny bit more than the passing-out dose.

## **Brain Facts**

Alcohol consumption in adolescence can PERMANENTLY damage the wiring of the brain. The area of the brain forming “new” memories is particularly affected.

The brain goes through dynamic change during adolescence (ages 12 to 21) and alcohol can seriously damage long and short term growth processes.

- Adolescents who drink regularly show reduced brain response and score lower than non-drinkers on vocabulary, general knowledge, memory retrieval tests and social skills. Verbal and non-verbal information recall is most heavily affected with a 10% performance decrease in alcohol users.
- The negative effect of alcohol can last up to two weeks longer in an adolescent brain than in an adult brain.

- Teenagers who have been drinking more and for longer have a 10% smaller hippocampus, the part of the brain associated with memory and learning.
- Damage from alcohol to the teenage brain can be long-term and irreversible.

**Adolescents are more likely to get into trouble with alcohol and drugs when:**

- Parents don't make and enforce clear rules of no alcohol use.
- They are given too much freedom and parents do not know where their children are and with whom they are socialising.
- There are no appropriate consequences if they are caught drinking.
- Their family relationships are constantly conflicted and troubled.
- Their communication with parents is poor and they believe no one really listens to them. Hence they feel like an outsider and they are drawn to negative peer groups.
- Alcohol and drug use increases in frequency and becomes the major recreational activity.
- They feel depressed or unable to cope with anger, fear, loss or stress.
- When parents don't explain the harms of alcohol.

## **Strategies to prevent adolescent use of drugs and alcohol**

We need to rethink our whole approach to the prevention of adolescent alcohol abuse. The brain areas that encourage impulsivity and risk-taking develop early in adolescence, however, the areas that improve self-control don't develop until the early 20s. Adolescents can have limited ability to control themselves and so need parental help to stay alcohol free.

Efforts to prevent adolescent substance abuse should begin early in a child's life with good family communication, drug education and encouragement to take responsibility to manage their own health and well-being. Having good self-esteem, supportive family relationships and positive role models, learning communication and problem-solving skills all help adolescents to make good choices.

- Parents should make clear to their child in early adolescence the reasons why they do not want their child to use alcohol. They may need to explain how alcohol adversely affects the healthy development of the brain and can cause social and personal problems.

- Parents should encourage their child to delay the age he or she begins using alcohol. If the adolescent is already using alcohol, parents should set rules that encourage less frequent use and discuss with them ways to manage their alcohol intake at parties and social gatherings.
- Parents should be fair and consistent when setting rules about alcohol and drug use. Reasonable consequences need to be set for unacceptable behaviour, and carried out consistently. Involve your adolescent in setting these consequences. Families that encourage realistic demands promote good mental health.
- When parents are openly permissive towards adolescent alcohol use adolescents tend to drink more. When parents show disapproval, then adolescents are less likely to drink.
- Parents themselves should model appropriate alcohol use. However, it is not hypocritical for parents to argue that their adolescent should adopt different health behaviours from themselves as the adolescent brain is still developing.
- Harsh and/or inconsistent discipline and high conflict in families is also shared with high rates of alcohol use.
- Parents can build a positive relationship with their adolescent by listening to their child, and actively telling him or her that they love and respect them.
- Consulting other parents to see how they handle the issue of alcohol can be useful.
- Communication with your adolescent is vital. Talk with your child about goals, conflicts, friends and other issues he or she may have. It is important to keep communications open, as well as to ask open ended questions. This will give more opportunity for discussion and for your adolescent to think about issues. Let your child do most of the talking and show you are listening by making eye contact. (Refer Chapter 1)
- Adolescents need to keep busy and engaged emotionally with meaningful activities, such as sports, drama, music or other group involvement or community programs. Adolescents who feel good about themselves are less likely to use alcohol and drugs or get depressed.
- Parents should remember also to care for themselves, by sharing worries with a partner, trusted friend or family member.

***How to communicate with your adolescent when they have been involved with drugs and alcohol***

**At the time:**

- Do stay calm
- Do try to find out what your child has taken, how much and in what circumstances
- Do contact a doctor, go to a hospital or call an ambulance if your child is incoherent and/or seriously ill, or if you are at all concerned
- Do tell your child you will talk about it the next day
- Don't shout or use physical force
- Don't excuse their behaviour and activities

**The next day:**

- Do talk to your child as soon as possible. However if you are too upset, leave it until you and your child are calm
- Give yourself time to think about what to say

The **WINK** model for conflict resolution can be used here as a communication tool.

**W**ait, allow think time before reacting

**I** message – express how YOU are feeling

**N**egotiate, listen and discuss the situation

**K**eep calm

# Chapter 3:

## When adolescents need help: Depression

Depression has become so common that one in five young people will suffer some form of the illness during their adolescence, and approximately 3% of them experience severe depression.

As it can be difficult to distinguish adolescent turmoil from depressive illness, we felt the need to include this chapter on depression in our booklet.

We hope the following information will help you make that distinction.

Depression is not a fleeting sadness, but a pervasive and relentless sense of despair

### Definition

- It is important to realise that there is a difference between normal unhappiness and sadness in everyday life, and depression.
- When the down mood, along with other symptoms, lasts for two weeks or more, the condition may be depression.
- It is an illness, just like diabetes and asthma, not a character flaw.
- It is common and treatable.
- Depression is a serious health problem that affects the total person. In addition to feelings, it can change behaviour, physical health and appearance, academic performance and the ability to handle everyday decisions and pressures.
- It is the leading cause of suicide. If suicide appears imminent, do not waste time feeling angry, guilty or upset.

ACT – CALL Emergency 111, Depression Helpline 0800111757

### Causes

- There is not usually one single cause of depression. It is usually a combination of things. It can be due to chemical imbalance, and/or environmental factors.
- It can be due to stress at home or school.
- It can just come out of the blue with no known cause.
- Sometimes family history can be major factor.
- A lot of depressed adolescents also have problems with alcohol or other drugs. Sometimes the depression comes first, other times the depression is caused by the effects of alcohol or drugs.
- Depression can be a sign of a medical illness such as low thyroid, diabetes etc. or can be caused by the side effects of medications. A doctor will want to check out whether there are any medical problems or pills that could be causing the depression.

Many factors that cause stress in a young person's life can lead to depression, such as:

- Coping with school demands and homework
- Changing schools
- Moving from primary school to secondary school
- Being bullied
- Negative self-image
- Changes in their bodies
- Problems with friends
- Problems with girlfriend/boyfriend
- Issues with the family
- Separation or divorce of parents
- Death of a loved one
- They themselves have a serious illness
- Moving house
- Issues surrounding sexuality

## **How to recognise depression in your adolescent:**

According to Professor Ian Hicks the clinical advisor to Beyondblue "the signs and symptoms of depression are a combination of what people can see, plus what the person is feeling internally."

Not every student who is depressed has all of these symptoms.

Adolescents who are more severely depressed will have more symptoms than those who are mildly depressed.

If you are worried and find yourself going through this list, some good resources for extra support can be found on a number of good NZ based websites. These include:

- [www.thelowdown.co.nz](http://www.thelowdown.co.nz)
- [www.depression.org.nz](http://www.depression.org.nz)
- [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)
- [www.skylight.co.nz](http://www.skylight.co.nz)

### **Below is a list of the signs and symptoms of depression in adolescence:**

If someone experiences five or more of these symptoms for two weeks or more or if the symptoms are severe enough to interfere with their daily routine, seek professional help as outlined in this booklet.

- They have a lowering of mood with increased sadness most of the time, or they cry for no apparent reason, or they become angry, anxious or irritable and little things annoy them.
- They withdraw from family and friends
- They don't participate in their usual activities or they don't enjoy them anymore

- They lose their appetite resulting in weight loss, or eat too much resulting in weight gain
- They lose confidence in themselves and have poor self-esteem
- They fail exams or miss/skip classes
- They use drugs and alcohol for the first time or recklessly
- They experience sleep disturbances – they have trouble falling asleep, staying asleep or getting up
- They exhibit marked tiredness and lack of energy after even minimum effort
- They manifest physical problems, e.g. headaches, chest pains or stomach aches that don't seem to have a cause
- They exhibit poor memory and difficulty in concentration or in decision making
- They experience feelings of worthlessness or guilt when they are not at fault
- They have a sense of hopelessness and no future
- They think about death or harming themselves

## How you can help someone with depression

- **Look** – for and recognise the signs and symptoms of depression.
- **Listen** – to your adolescent. Encourage them to talk about their problems, feelings and thoughts, no matter how scary they are.
- **ACT** – THE MOST IMPORTANT THING IS TO DO SOMETHING

### Seek professional help from:

- A school-based counsellor/psychologist
- Your family doctor
- A psychologist/psychiatrist
- A minister of religion

### Getting help for your adolescent:

- Assisting your adolescent to get to care and accompanying him or her afterwards is critical.
- Go along with them and make sure they get good advice.
- Help them put into action whatever recommendations are made.
- If you are not happy with your health professional, please find one both you and/or your adolescent feel comfortable with.
- It is also useful to involve the School to assist you with managing a depressive situation. Often families keep depressive illness from the School. This can be counterproductive.

Sometimes your adolescent may not want to seek help. In this case, it's best to explain you are concerned and perhaps provide your child with as much information as you can on depression, starting with some of the resources listed on the next page.

Depression saps energy, motivation and self-esteem and therefore can get in the way of a person's ability or wish to help themselves.

## Tips to help promote emotional wellbeing in Students:

- Communication is the foundation of the relationship between students and parents. Please read Chapter 1 in this booklet.
- Be fair and consistent. Families that encourage realistic demands promote good mental health.
- The WINK model of conflict resolution (refer to page 12) should be taught to all students to lessen stress associated with conflict. Adolescents learn that conflict can have a positive outcome.
- Encourage young people to feel confident about taking responsibility to manage their health and wellbeing. This includes help to establish good habits for sleep, diet, exercise, stress management, social contribution and avoiding substance misuse.
- Keep their life balanced with adequate daily rest. Aim for seven to eight hours. Adolescents who are sleep deprived are more prone to feelings of sadness and hopelessness. In short, they feel awful.
- Encourage them to take time for some simple, natural pleasures, daily. Fun social activities, sports and taking a little time for themselves can keep a busy life balanced and are healing to the mind.
- Encourage them to be active in the sunlight daily. Both sunlight and exercise release endorphins, which are the body's natural "feel good" chemicals.
- Persuade your child to stay away from alcohol and drugs. They can cause real havoc in a student's life.
- Encourage outside interests. Adolescents who learn to have fun and cope with stress in a healthy way through sports, drama or other group involvement or community programs, will be less likely to turn to alcohol and drugs or get depressed. Contributing to family and society brings fulfilment and purpose and increases wellbeing.
- Get help for depression – hear how John Kirwan and others have got through their depression. [www.depression.org.nz](http://www.depression.org.nz) (see Interactive – website)
- Book – 'All Blacks Don't Cry' – John Kirwan

# Chapter 4:

## Parties and after-school time

### *After school time*

After school hours are an important time for adolescents. It is also a time when it can be difficult for parents to find care for their adolescent, especially when both parents are working.

The time between 3.30pm and 6.00pm is the peak time when unsupervised adolescents are at greater risk of participating in antisocial behaviour such as alcohol and drug use and juvenile crime. It is also a time when they can misuse chat rooms and the internet.

It is important to know where your child is after school and have negotiated both appropriate internet usage and after school activities.

### *Some common sense ideas to monitor the whereabouts of your child after school*

- Know what activities your child is involved in after school
- Check your child has arrived home safely by using the home phone to establish that he or she is in fact at home.
- Make an agreement in advance as to what the expectations are for after school arrangements
- Encourage chores such as cleaning up, preparing dinner, taking clothes off the line etc and do not forget to acknowledge this assistance as it provides meaningful contributions to family life.
- Encourage your adolescent to find part time work.
- Discourage unsupervised gatherings at your house after school.

### *The internet*

After school is also a favourite time to access the internet. While being in cyberspace can provide legitimate fun, entertainment and knowledge, it can sometimes be risky. There are a number of resources available to support parents in protecting their children. Netsafe is one such organisation, supported by the NZ Government. Netsafe is an independent, non-profit organisation that promotes confident, safe and responsible use of the internet. Contact: [www.netsafe.org.nz](http://www.netsafe.org.nz) or 0508 NETSAFE (0508 638 723)

### *Parties and social activities*

While some children are very social at an earlier age, others may only engage in social gatherings or the party scene much later in their schooling. Managing and being comfortable about a teenager's peer interaction is important to both parents and their children.

For some families, adolescent parties cause concern and controversy. There are considerable differences between families regarding what is thought to be appropriate at different stages of the student's development. These differences, together with the different expectations of adolescents and parents, can create problems when managing parties.

## **Party Guidelines: Giving a party**

### ***Hosting a party***

Careful planning is essential for a successful party. Some of these suggestions may seem extreme, but we have attempted to cover most eventualities in order to help you avoid some of the problems other parents may have experienced. Be aware that the larger the party, the greater the risk of problems.

No one wants to stop their adolescent from having a good time, but a little planning may prevent the memories of the celebration becoming a nightmare. Awareness of potential problems can help ensure an enjoyable and successful party.

Most importantly, parents should discuss all these ideas with their adolescent and listen carefully in turn to his or her ideas and opinions.

These are guidelines only. Parents need to sort out what works for their family and to modify ideas as their adolescent matures.

### ***Invitations***

- Do not issue verbal or group invitations to parties
- Individualise and number the invitations. Avoid ones that can be photocopied, faxed, emailed or put on the internet.
- Give specific start and finish times appropriate to the relevant age group.
- Note if alcohol will be available or not, and if it is, whether it is to be BYO or supplied.
- RSVPs are essential for compiling a list of those expected to attend.
- Entry to the party should be strictly by presentation of the numbered invitation and the individual's name being on the RSVP list. Providing wrist bands with the invitation is a good way to monitor the invitation list.

### ***Security***

- If the party is to be large, enlist the help of other parents with security, the bar and food preparation.
- Consider employing professional security guards, especially for larger parties.
- Compile a checklist of names of students expected to attend and insist each name is checked against the guest list before an individual is allowed to enter the party. It may be useful to check the name against some form of ID such as a driver licence.
- Parents/security guards should be at the entrance to check invitations before allowing entry.

- Regardless of invitation, be firm when preventing access to the party to students who are already inebriated or who are behaving badly.
- It is recommended all bags and coats are held in a secure room (under adult supervision) to avoid theft.
- It is advisable not to allow students who have left your party to return.
- Restrict access to areas of the venue, particularly in a private home.
- Consider the removal of all valuable items from the area where the party is to be held, to avoid problems of breakage and theft.
- Out of courtesy, notify your neighbours.

### ***Venue***

- Consider the suitability of the venue for the number attending, e.g. toilet facilities.
- Have only one entry/exit point.
- Is it possible to secure the area? Can you stop people jumping over the fences?
- Is there a secure room where bags/coats can be kept?
- Set aside an appropriate area for smoking.

### ***Behaviour***

- Consider the standards of behaviour you expect and stand firm about these expectations. More parents and young people are keen to support you than you might expect.
- Consider how to deal with a situation where a student is behaving badly.
- If an uncontrollable situation develops don't hesitate to call police.
- If a student is unwell, drunk, vomiting etc contact parents. If parents are unavailable, have a contingency plan in place, e.g. ring for an ambulance or medical assistance.

### ***Alcohol***

- Consider the age of the guests, the size of the group and knowledge of your adolescent's friends when deciding whether or not to allow alcohol at the party.
- If BYO, place a strict limit on quantity and type brought by each student, and be aware this is extremely difficult to control.
- Supply plenty of soft drinks, food and water.

### ***Legal considerations***

- Parents have a clear duty of care to adolescents (both their own children and those of other parents) under their supervision.
- It is wise to check the public liability component of your home insurance policy before agreeing to hold a party.
- Adults should be aware of the ramifications of allowing inebriated adolescents to leave their premises without the supervision of a responsible adult.

## Party guidelines: Parents of a partygoer

- Discuss with your adolescent how they can manage party pressures and potential problems.
- Always insist on as much detail as possible about the party, for example:
  - Where is the party going to be held?
  - Will there be adults in attendance and how many?
  - What time will it end?
  - What security measures are in place?
  - Discuss alcohol drinking and your expectations with your teenager, calmly and well before the day of the party.
  - Agree on pick up only from the party venue.
  - Tell your adolescent it is completely alright if he or she wants to be collected earlier than expected. Pick a code phrase, such as “I feel really sick” or “I have a toothache”, which your adolescent can use as a cue for you to come and pick them up any time, no questions asked.
  - Know where your son or daughter is. Let them know where you can be reached at all times and that they may telephone you for a ride home whenever they need to and for any reason.
- Be at home while your adolescents are getting ready to go out and be awake when they get home. It will be easier for you to determine whether they have been smoking, drinking or using other drugs.
- If your adolescent appears to be under the influence of drugs or alcohol when they arrive home, use the “How to communicate with your adolescent when they have been involved with drugs and alcohol” (guide on page 10 in Chapter 2).

## Parental/adolescent alcohol agreements – points to consider

Encourage a “harm minimisation” approach to managing your adolescent’s alcohol intake at parties and gatherings. Some guidelines for young people to follow:

- Eat first. Consider eating at home before going out and drinking OR eat whilst drinking. If you have a full stomach, alcohol will be absorbed more slowly.
- Start with a soft drink or water. You will drink much faster if you are thirsty, so have a non-alcoholic drink to quench your thirst before you start to drink alcohol. Use Standard Drink Guide. Monitor how much alcohol you drink. By converting what you drink into standard drinks it is easier to keep track.
- Drink alcohol slowly. Take sips not gulps.
- Avoid salty snacks. Salty food like chips or nuts make you thirsty so you will drink more.
- Drink at your own pace, not someone else’s. One drink at a time. Don’t let people top up your drink. This can also lead to your drink being “spiked”.
- Pace yourself. Alternate your drinking with a non-alcohol drink.
- Stay busy. If you have something to do you tend to drink less. Play pool or dance; don’t just sit and drink.
- Try low alcohol alternative such as light beer or a cocktail.

- Be assertive. Don't be pressured into drinking more than you want or intend to. Tell your friends "Thanks but no thanks".

## Chapter 5:

# Drugs, Alcohol, Tobacco and their use

## Responsible use of Legal drugs

Drugs pervade society on a daily basis. Not all drugs are illegal, in fact many adults and children are prescribed drugs by qualified practitioners to combat illness or disease. Most harm occurs in society due to the abuse of legal substances such as alcohol, cigarettes, painkillers, sleeping tablets and other prescription drugs.

### ***Legal – non-prescribed drugs:***

Although non-prescribed drugs are sold over the counter, these drugs are still not without risk. While these are widely available, adolescents seeking a rush may consume painkillers, which may have addictive qualities and be harmful with increased use. Also many over-the-counter medications are used in the manufacture of illicit drugs.

### ***Legal – prescribed drugs:***

Caution should always be exercised when taking any medication.

- Medication should only be used by the person for whom it was prescribed.
- Medication should only be taken for the purpose for which it was intended.
- The dosage should be strictly adhered to; over medicating could have serious if not fatal implications – more is not better.

### ***Tobacco:***

It is illegal for any school-age child up to 18 years old to buy tobacco. Smoking tobacco can lead to cancer and premature death. Nicotine is a highly addictive drug contained in all tobacco products. Nicotine affects the chemistry of the brain regulating thinking and feelings. Early use of tobacco may predispose adolescents to depression, which could lead to other drug use.

### ***Alcohol:***

Alcohol is a drug that slows down the brain and nervous system. It is the most widely used drug in New Zealand. Drinking a small amount is not harmful for most people, but regular drinking of a lot of alcohol can cause health, personal and social problems.

The use of a 'standard drinks guide' helps to monitor the amount of alcohol consumed. The label on a can or bottle shows the number of standard drinks it contains. One drink is not always one standard drink. Any drink containing 10g of alcohol is a standard

drink. See [www.alac.org.nz](http://www.alac.org.nz). While these are guidelines, it is important to note the effect of alcohol varies greatly from person to person. Some adolescents can manage much less than others.

***Alcohol, drugs and sex:***

Alcohol and other illicit drug taking greatly affect the ability to behave or think rationally. One in four adolescents report they were either drunk or high during their most recent sexual encounter.

Most adolescents do not practise safe sex.

***Illegal drugs:***

Unlike legally commercially available drugs, there is no quality control of illegal drugs. These products are not made by pharmaceutical companies who have the best interests of their clients as their focus. Illicit drugs are made by unknown people, in backyard chemical factories who are solely motivated by personal greed and quick profit. Their ingredients are illegally obtained and the contents of the potions are unknown. They pose an unacceptable risk.

Your adolescent's sources of drug information may not always be accurate, or have their best interests at heart. But you do. That is why it is important for you to know about the drugs your child may be exposed to and for you to communicate the consequences associated with them.

## Common Illegal Drugs and their Attributes

Type of Drug	Drug	Street Name	What it looks like	How it is used	Sold and/or identified by
<b>Psycho-stimulant or Stimulant</b>  Amphetamines  Stimulant  The central nervous system speeds up the messages going to and from the brain to the body	Amphetamines Crystal Methamphetamine (Speed)	Crystal Meth, Ice, Glass, Shabu, Fast Louee, Goey Whiz, Speed Up, Uppers, Pep pills, Tina	Crystal sheets or powder in various colours from white to brown and sometimes brighter colours Capsules of reddish/brown liquid Small tablets in various colours, many have commercial or trade name shells	Swallowed Injected Smoked Snorted (crushed) Inserted anally (shafted/shelving)	Sold in aluminium foil (foils), plastic or balloons Many have commercial or trade mark shells They have a strong small Bitter taste
	MDMA (methylenedioxymethamphetamine) Ecstasy	E, XTC, Eccc, Love drug, Party drug	Small white or yellow to brown tablets varying in shape, size and designs	Swallowed Inserted anally (shafted/shelving) Injected Snorted (crushed)	Foul taste
	Cocaine	Coke, Nose candy, Snow, Dust, C, White, White Lady, Toot, Crack, Rock, Freebase Flake, Blow	White odourless powder Small crystals/rocks (Freebase/Crack)	Inhaled Snorted Injected Crack is smoked (freebased)	Bitter Numbing taste Crack can be found mixed with tobacco
	Khat	Cat, qat, chat, qaadka, miraa, tohal, tschat, African tea, African salad	Leaves	Chewed Brewed as a tea Smoked	Fresh Khat is usually wrapped in banana leaves or plastic
<b>Inhalants</b>		Glue, gas, sniff, hug, chroming, poppers	Aerosol cans General household chemicals – solvents	Inhaled Sniffed	Cleaning fluids Correction Fluids Other various chemicals
<b>Hallucinogens Psychedelic drugs</b>  Affect perception and can distort	LSD (Lysergic acid diethylamide)	Acid Trips Tabs Dots Tiles	White powder Liquid Tablets/capsules Gelatine squares Blotting paper	Swallowed Injected Smoked Sniffed	Odourless in pure form Sold as small squares of patterned paper or micro dots (tablets)

things heard or seen.	Golden Top Mushrooms	Magic mushies, Golden Tops	Vegetable/natural form	Eaten raw or cooked Brewed as tea	Resemble toad stools
One's thinking, sense of time and emotions are also altered	Mescaline	Bongs, Blunts, Joints	Cactus plant	Smoked Brewed as a tea	Cigars, cigarettes Water pipes
	PCP (phencyclidine)	Angel dust, Ozone, wack, Rocket fuel, Killer Joints (when mixed with cannabis)	White crystalline powder mixed with coloured dyes Tablets Capsules	Snorted Smoked Ingested	Bitter chemical taste Can also be diluted in drinks
<b>Depressant</b>					
Affects the central nervous system	Cannabis (marijuana)	Weed, grass, joint, reefer, herb, leaf, Mary Jane, hooch, bong, pipe	Dried greyish/green to greenish/brown leaves Fine or coarsely chopped		
Alters mood, thinking and behaviour	Hashish Oil		Oil – golden brown to black	Smoked	Spread on cigarettes paper or tips
Slows messages going to and from the brain to the body	Alcohol	Booze, Juice, Drink/s	Liquid	Swallowed	Cans, bottles, mixes, spirits
	Heroin (opiate) Morphine Codeine Methadone Pethidine	Smak, Skag, Dope, H, Junk, Stuff, Hammer, Slow, Horse, Gear, Harry, Brown Sugar	White to off white granules or pieces of rock Fine, white powder-like talcum or baking powder	Injected Smoked (chasing the dragon) Inhaled (snorted)	Bitter taste Odourless Packaged in aluminium foil – oils or small balloons
	GHB (Gamma hydroxybutrate) Date-rape drug	Fantasy Grievous bodily harm Liquid E Liquid Ecstasy	Colourless, Odourless Bitter or Salty liquid Crystal powder	Swallowed Injected	Can be easily coloured Sold in vials or small bottles Used to spike drinks

## Chapter 6:

### Legal Facts

#### **Tobacco smoking:**

In New Zealand, alcohol and tobacco smoking is legal but regulated; you have to be 18 year of age or over to purchase either tobacco or alcohol, and there are rules about where and when you can drink alcohol or smoke.

It is illegal to smoke inside any clubs, bars, restaurants, theatres, or on public transport. Smoking is permitted in some places outdoors. Smoking is becoming increasingly unpopular with New Zealanders and many people find it offensive. If you smoke in public areas, try and smoke in areas where your cigarette smoke will not bother other people.

#### **Alcohol:**

It is illegal to drink alcohol and drive. In some cities it is illegal to drink alcohol in public places such as in the streets or parks, and many cities and towns enforce alcohol bans over the New Year Period when a lot of people go out to celebrate.

Alcohol is sold in liquor stores and licensed beer and wine stores. Most supermarkets and some convenience stores also sell beer and wine.

It is illegal to buy alcohol if you are under 18 years of age and it is also illegal to supply alcohol to anyone who is under 18.

Although alcohol is widely consumed at social events in New Zealand, it is just as acceptable and quite normal not to drink alcohol at all.

For more information about alcohol use in New Zealand, go to the Alcohol Advisory Council website at [www.alcohol.org.nz](http://www.alcohol.org.nz)

#### **18 Plus Card:**

The minimum legal drinking age in New Zealand is 18 years. If young people wish to purchase alcohol or access licensed premises they need to provide photographic proof of age.

The acceptable forms of ID are a New Zealand or overseas passport, a photographic New Zealand driver licence or a HANZ 18+ card.

You can get an application form for an 18+ card from [www.hanz.org.nz](http://www.hanz.org.nz) or pick one up at a New Zealand Post Shop.

You will need to fill out a statutory declaration and provide certain documents to prove you are over 18 years of age and that you are who you say you are.

Drugs:

Illegal drugs include such things as marijuana, "magic mushrooms", LSD ecstasy, methamphetamines, cocaine and heroin. Possession of any of these drugs is against the law and carries a penalty that may include imprisonment.

Ecstasy or "e" comes as a capsule with brownish powder inside or as a pill, usually imprinted with a symbol like a heart or happy face. You should refuse these drugs if they are offered to you. There are considerable risks in consuming them and they are illegal.

For more information about drugs, go to the New Zealand Drug Foundation website at [www.nzdf.org.nz](http://www.nzdf.org.nz)

Alcohol and drug help lines:

There are a number of places to go to for assistance if you or someone you know needs help or advice with regard to issues relating to alcohol or drugs. Contact Alcohol Drug Helpline 0800 787 797 (10am to 10pm, 7 days a week) or to their website at [www.alcoholdrughelp.org.nz](http://www.alcoholdrughelp.org.nz)

WellTrust – specialising in drug and alcohol counselling for teenagers: 568 0370; [www.welltrust.co.nz](http://www.welltrust.co.nz)

Community Alcohol and Drug Services: 494 9170

### **Further reading:**

Australian Drug Foundation (ADF) – Position Papers – *ADF Position on Teenagers and Alcohol*, 2003

Michael Carr – Gregg and Erin Shale (2002)  
*Adolescence: a guide for parents*, Finch Publishing Pty Ltd, NSW, 2002.

Georgetown Preparatory School, *A Parents' Guide for the Prevention of Alcohol, Tobacco and Other Drug Use*, Washington DC, USA, 1999.

John Kirwan, *All Blacks Don't Cry*

Louise Hayes, Diana Smart, John Winston Toumbourou and Ann Sanson, "*Parenting Influences on Adolescent Alcohol Use*", Australian Institute of Family Studies, Research Report No 10, November 2004.

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Constance Jenkin and John Winston Toumbourou *Preparing adolescents for success in school and life*. Published C Jenkin and J Toumbourou, La Trobe University, 2005.

Jan Rodwell, *Repartnered Families*

Evelyn Petersen, "14 Tips on Teens", Parent Talk Newsletter, 1995. Simone Silberberg, "Searching for Family Resilience", in Family Matters Journal, No 58, Autumn, 2001.

John Winston Toumbourou and Elizabeth Green, "Working with families to promote healthy adolescent development", in Family Matters Journal No59, Winter, 2001.

The key to establishing the ideal environment for raising an adolescent is connectedness. This is a feeling of 'belonging', of feeling needed, of being an important and loved member of the family.

*Michael Carr-Gregg, 'Adolescence: a guide for parents'*