

Parent Night Out **Teens & Drugs** What Parents Need to Know

Facilitator Planning Guide

TABLE OF CONTENTS

ABOUT THE GUIDE	4
Facilitator Background Information - Understanding the Basics	4
Key Concepts	4
Trends	6
Low-Risk Drinking Guidelines	9
Canada's Lower-Risk Cannabis Use Guidelines	10
FACILITATORS	11
TARGET PARTICIPANTS	11
REGISTRATION	11
VENUE	11
SAMPLE BUDGET	11
SET-UP	12
MEAL (OPTIONAL)	13
EVENT CHECKLIST	14
SAMPLE SESSION OUTLINES	15
Single-Session – 3 Hour Event	15
2-Session Series – 2 Hours per Event	15
3-Session Series – 1.5 Hours per Event	16
ACTIVITIES	18
Standard Drink Kit Activity	18
Drug Match Activity Sheet	19
Teen Risk Factor Checklist	20
Medicine Cabinet Activity	21
Welcome/Introduction	22
Sample Agenda:	23
Agree or Disagree Activity	24
Panel Discussion / Participant Q&A	

Parent Night Out – Teens & Drugs Planning Guide

Not a Friend – Risks of Hosting Teen Parties at Your Home
Criminal Negligence
The Teen Brain Explained44
Parents – A Key to Prevention
Action Tips & Strategies54
Strategies
Talking Tips65
If Your Teen is Using67
Need Help? Services & Supports77
Additional Supports & Services:78
Additional Websites79
Optional Videos
CLOSING
The Whole Body Experience
ADDITIONAL/ALTERNATIVE ACTIVITY OPTIONS
When You Were Young – Four Corners83
Other Substance Use Prevention/Education Resources
APPENDICES

ABOUT THE GUIDE

Use this Guide to create your own **Parent Night Out** event or series of events. The goal of this program is to support parents in learning more about teen substance use and engage parents in a discussion about teens and drugs. The activities in this guide provide parents with key information, local services/supports, tools and strategies for supporting their teens in preventing substance use, delaying the onset of use or reducing harms associated with substance use. Timelines are provided for each activity, to allow for customization of your event or series and sample single- and multi-session outlines are provided on page 15.

Facilitator Background Information - Understanding the Basics

We don't expect you to be experts on the prevention of substance use but it is helpful to have a general understanding on the following topics:

- Stages of use or process of addiction
- Risk and protective factors
- Youth trends in substance use
- Where to go for more information or support

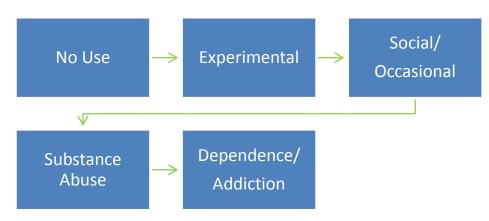
It is also important to recognize that there can be very different experiences among parents, as well as very different attitudes expressed by parent about their own and their teen's use of substances. It is important to acknowledge that a range of experiences and attitudes are normal.

During the event(s), some parents may identify a concern about their own use of tobacco, alcohol, and/or other drugs. It is important to have information on hand for them to consider regarding their own use and support services available.

Key Concepts

Drug is a substance that affects the way the body works.

Stages of Substance Use



No Use ~ Do not use for personal/moral, health or religious reasons.

Experimental ~ Person is usually motivated by curiosity. The person tries a drug once or a few times, just to see what it is going to do for them. Whether use continues, depends on the person's experience with that substance. Low tolerance; using only "soft" drugs; use is often unplanned; no long term consequences connected to use.

Social/Occasional ~ Uses appropriate times and places; uses self imposed rules or limits; Some responsible planning of "next high" occurs; Using when in social situations or with others; No long term consequences. (i.e., drink with a friend or occasional use of medication).

Substance Abuse ~ Increase in frequency & amount of use; Negative consequences; Life areas impacted; Substance becomes a coping mechanism: a way to deal with reality or to escape

Dependence/Addiction ~ The irresistible compulsion to use alcohol, other drugs or gamble despite adverse consequences. It is characterized by repeated failures to control use, increased tolerance & increased disruption in the workplace, family life &/or other life areas. There are two types of Dependency: 1) Physical Dependence and 2) Psychological Dependence.

Physical Dependence ~ The body becomes accustom to a drug that when taken away creates withdrawal symptoms and this increases the need for the drug. Tolerance refers to the individual needing more of the substance to accomplish the same feeling as when they began

using the substance. Withdrawal refers to the individual experiencing physical symptoms associated with no longer using a substance.

Psychological Dependence ~ Emotional or mental drive to continue taking a drug to maintain a sense of wellbeing. Psychological Cycle of Dependence: Guilt, Shame or Discomfort surrounds drug use and the quickest way to deal with these feelings is to use again and hence more negative feelings are generated.

Primary Prevention

- Addictions Prevention & Mental Health Promotion involves increasing protective & reducing risk factors
- Protection of people who have not yet begun to use substances/gamble/engage in misuse/abuse or before signs of a mental health problem.
- Addressing risk/protective factors before signs of a problem occur
- Preventing the onset of substance use and mental health problems
- Universal (entire population) or Selected (group at 'higher risk)
- Improving self-esteem or learning positive coping skills are examples of primary prevention for substance use and mental health problems.

Protective and Risk Factors

- Factors to **Protect** a person from developing a substance, gambling or mental health problem or put someone at **Risk** for developing a problem:
 - o Individual
 - o Family
 - o School
 - Life Events/Situational
 - Community/Culture
- Programs should target modifiable risk factors and strengthen protective factors.
- Early intervention with risk factors often has greater impact than later intervention
- Mental Health issues increase risk for substance use issues and vice versa.

Trends

Alcohol, marijuana and tobacco are the most widely used substances in Canada and Newfoundland.

NL 2012 Student Drug Use Survey was administered by School Guidance Counsellors late in the school year. Results are based on student responses from 2530 students in Grades 7, 9, Level I

and Level III; 126 randomly-selected classes from 72 randomly-selected schools. Here is a synopsis of the results.

The good news:

- Not all students are using alcohol and other drugs.
- Almost half the students surveyed did not use any substances in the year prior to the survey (46.6%).

Top 3 Substances:

- Alcohol (47%)
- Cannabis (30%)
- Tobacco (16.4%)

No Use of Substances	46.6 %
Alcohol Use	47.0 %
Cannabis Use	30.0 %
Tobacco Use	16.4 %
Ecstasy Use	5.7 %
Caffeinated Energy Drinks	61.6 %
LSD	2.9 %
Psilocybin or Mescaline	3.7 %
Inhalants	2.3 %
Cocaine	5.8 %
Gambling (at least one of nine activities)	48.5 %

Cannabis Use:

- 11.1% of students used cannabis either every week or almost every week and less than every week.
- 5.4% of students reported using cannabis on a daily basis.
- Level III students reported sig. higher daily cannabis use (8.9%)
- 12.5% of Level I students and 8.8% of Level III students used cannabis during schools hours

Age of First Use for the top 3 substances:

- Alcohol is 13.5 years (12.9 years in 2007)
- Tobacco is 13.4 years (12.6 years in 2007)
- Cannabis is 14.2 years (13.5 years in 2007)
- Binge Drinking is 14.5 (CSTADS, 2014-2015)

It appears that the age of first use is increasing. However, results by grade indicate that the mean age of initiation varies with grade 7 students reporting a mean age of 11.4 for first use of alcohol and tobacco and 12.1 for cannabis.

Other Drug Use:

- Significant increase in the use of MDMA (ecstasy) since 2003 (5.7% from 2%)
- Cocaine use in 2012 is at its highest since 1996 (5.8%)

Substance Use & Driving:

- Driving after alcohol use
 - 4.1% of students (with & without) a license drove a vehicle within an hour of using alcohol
 - Among licensed drivers in Level I and III, 7.7% drove within one hour of drinking alcohol.
 - 11.5% of students travelled with a driver who had been drinking (sig. decrease from 16.9% in 2007)
- Driving after cannabis use
 - 6.8% of students (with & without) a license drove a vehicle within an hour of using cannabis.
 - Among licensed drivers in Level I and III, 16.1% drove within one hour of using cannabis
 - 23.6% of students travelled with a driver who had been using cannabis.
 - Significantly more Level III students (40.4% travelled with a driver who had been using cannabis compared to Grade 9 (20.9%)
- Driving after pain medication use
 - 2.8% drove a vehicle within an hour of taking pain medication

Sexual Behaviour and Risk:

- 38% of students engaged in sexual activity (including vaginal, oral or anal sex) in the 12 months prior to the survey
- Of the 38% of students that reported being sexually active, 36.5% reported having unplanned sex after using alcohol or other drugs. Significantly more Level III students (46.7% had unplanned sex after using alcohol or drugs compared to Grade 9 (22.7% and Grade 7 (9.8%)

The Canadian Student Tobacco, Alcohol, and Drugs Survey (CSTADS) is a survey conducted in grades 7-12 (secondary I-secondary V in Quebec) every other year. Formerly the Youth Smoking Survey, CSTADS collects data on youth substance use, and other areas identified by schools as

priorities, such as bullying, mental health and how connected students feel to their school. For 2014-2015, CSTADS found:

Newfoundland Student Drug Use (Past 12 months Grade 7-12)

- Alcohol 44.6% (39.5 Canadian average)
- Binge Drinking 30.1% (23.7% Canadian average)
- Cannabis 22.3% (16.5% Canadian average)
- Pharmaceuticals 4.1% (3.7% Canadian average)

Low-Risk Drinking Guidelines

The *Low-Risk Alcohol Drinking Guidelines* provide evidence-based advice to Canadians regarding how to minimize risks from their own and others' drinking.

- The guidelines outline that one standard drink equates 12 ounces of beer, cider, or cooler with a 5% alcohol content; 5 ounces of wine with a 12% alcohol content; or 1.5 ounces of distilled alcohol with a 40% alcohol content.
- They recommend that adults plan non-drinking days every week, that women drink no more than 2 drinks per day most days and no more than 10 drinks per week, and that men drink no more than 3 drinks per day most days and no more than 15 drinks per week.
- Furthermore, they recommend that drinking take place in a safe environment and that zero alcohol be consumed under higher risk circumstances such as operating a vehicle, taking medicine or other drugs, being responsible for the safety of others, making important decisions, while living with a mental or physical health problem, or while pregnant or planning to become pregnant.
- The primary best practice for youth younger than 19 is 'don't drink' or delay drinking alcohol for as long as possible. However, the guidelines recommend that youth who do decide to drink while under the legal drinking age speak to their parents about drinking, never have more than one or two drinks per occasion, and never drink more than one or two times during the week. For youth from the legal age to 24 years-old, the recommendation is for females to never have more than two drinks a day and ten drinks a week and for males to never have more than three drinks a day and fifteen drinks a week (CCSA, 2014).

The <u>Low-Risk Drinking Guidelines Brochure</u> is available on here the CCSA website. CCSA has also produced targeted resources about the impact of alcohol on <u>women</u> and <u>youth</u>, and the relationship between <u>alcohol and cancer</u>, as well as other <u>chronic illnesses</u>. See the full set of resources <u>here</u>. For permission to print multiple copies of the Guidelines resources, or to add

your organization's logo and URL to the Guidelines brochure or poster, please complete the <u>Application for Copyright Permission form</u>.

Canada's Lower-Risk Cannabis Use Guidelines

The Lower-Risk Cannabis Use Guidelines (LRCUG) are an evidence-based intervention project by the Canadian Research Initiative in Substance Misuse (CRISM), funded by the Canadian Institutes of Health Research (CIHR). The guidelines were released in 2017 and have been endorsed by the Canadian Public Health Association.

There is strong scientific evidence that cannabis use is associated with a variety of health risks. The risks depend on your constitution, which kinds of cannabis products you use and how or how often you use them. Some of the main health risks are:

- problems with thinking, memory or physical co-ordination
- impaired perceptions or hallucinations
- fatal and non-fatal injuries, including those from motor-vehicle accidents, due to impairment
- mental health problems and cannabis dependence
- chronic respiratory or lung problems
- reproductive problems

Cannabis use is a personal choice, but it comes with risks to your health and well-being. Follow these recommendations to reduce your risk:

- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don't use synthetic cannabinoids
- Avoid smoking burnt cannabis—choose safer ways of using
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
- Avoid combining these risks

The brochure for professionals can be found <u>here</u>. The brochure for public can be found <u>here</u>. The full-text research article can be found in the American Journal of Public Health is available <u>here</u>.

FACILITATORS

The event/series of events should be co-facilitated by two facilitators, one of which should have experience within mental health and addictions programming. A Leader/Organizer Feedback Form is included and should be completed after the delivery of your Parent Night Out event(s) (See Appendix F).

TARGET PARTICIPANTS

The primary target participants are parents of young teens (Junior High School Students). However, parents with younger or older children, extended family members, and supportive adults are also appropriate participants. The targeted number of participants is 24 to 36.

REGISTRATION

Registration is required to ensure adequate food and event supplies are available. Registration will provide an opportunity for facilitators to ask participants about food allergies and indicate if they are attending with other parents for seating purposes. A Sample Invitation is drafted and available electronically for editing event details and for electronic distribution.

See Appendix A for Sample Invitation and Appendix B for Registration Sheet.

VENUE

Select a venue that can accommodate up to 36 participants and 2 facilitators to be seated at tables. The venue also should have adequate space to set up a slideshow presentation and 5-6 seats at the front for a panel discussion, if incorporating. In addition, wall space and additional tables are needed for interactive activities and displays.

Community-based facilities such as Service Club Buildings and Town Halls are generally appropriate venue options for the event.

SAMPLE BUDGET

Category	Details	Cost
Facility Rentals	½ Day Facility Rental	\$100.00

Budget (Based on 36 participants)

Food & Beverage (OPTIONAL)	 6 Party pizzas 6 Large salads Salad dressing Water 	\$300.00
Miscellaneous Supplies (OPTIONAL)	 Napkins, glasses, plates, and cutlery, etc. 	\$20.00
Mocktails (OPTIONAL)	 Juice, pop, cranberries, limes, ice, etc. 	\$30.00
	TOTAL for Single-Session Parent Night Out Event	\$450.00

SET-UP

To make this a fun, interactive experience for parents, facilitators will need to set-up activities prior to the start of the night. This planning guide outlines each activity separately and provides information on the set-up. Please take some time to review each activity in this guide for specific activity set-up information.

Separate tables to seat 4 to 6 participants are recommended for the event(s). This set-up aims to replicate the comfortable, at-home atmosphere of sitting around the home dining room table, chatting informally, and enjoying a meal together (if included).

A PowerPoint Slide Presentation is developed to guide facilitators and participants through the events of the evening. Print materials and resources are required for the various activities. Please refer to the checklist below for a list of materials needed. Materials for each activity are also listed throughout the planning guide.

The Panel Presentation requires set-up of a semi-circle or line of chairs at the front of the room. Preferably, this would fit to one side at the front of the room, with the PowerPoint Projector/Screen on the other. If needed, these can be placed in front of the PowerPoint, as it will not be needed during the panel.

MEAL (OPTIONAL)

The meal for the event should promote an informal, 'any night at the dinner table' type of atmosphere. The goal is to promote friendly conversations and the feeling of comfort, sitting around the dining room table, sharing a meal, sharing tips, sharing a laugh. We want to create a fun **Parent Night Out!**

A Pizza Party or Finger Foods are the recommended meal options to create the desired atmosphere and are thought to be the most cost effective options for the event.

Alternatively, the event(s) can start after supper or run on a weekend afternoon, and provide only refreshments, such as tea/coffee/water and healthy snacks.

EVENT CHECKLIST

□ Laptop & Projector

Resource Bin Contents:

- Parent Night Out Planning Guide
- □ Flash Drive with Electronic Files

Materials to be Printed:

- Drug Match Activity Sheet
- Teen Risk Factor Checklist
- □ Whole Body Experience Labels (See Appendix I)

Print & Promotional Materials to be Requested:

- □ How to Talk to your Teen about Drugs Post Cards
- □ Crisis Line Business Cards or Magnets
- □ MHA Promotional Pens

Materials to Borrow:

- □ How to Talk to your Teen about Drugs Vinyl Banner
- □ Medicine Cabinet Activity & Facilitator's Guide
- □ Standard Drink Kit
- □ Whole Body Experience Poster

Supplies to Purchase:

Meal Supplies (OPTIONAL):

- Paper plates
- Cups
- □ Napkins
- Plastic Cutlery
- □ Food (Pre-order pizza or trays)
- Water

Mocktail Supplies (See page 26 for Mocktail Shopping List):

- Cranberry Juice
- Pineapple Juice
- □ Ginger Ale
- □ 7 oz. clear plastic cups
- Straws
- Limes
- □ Cranberries
- □ Ice

SAMPLE SESSION OUTLINES

Single-Session – 3 Hour Event

	Activity	Timeframe
1.	Drug Match Activity Sheet	N/A - Pre-Event Table Activity
2.	Intro	10 minutes
3.	Agree or Disagree Activity	20 minutes
4.	Panel Discussion	45-60 minutes
5.	Parents as a Key to Prevention – Tips & Strategies	20 minutes
6.	Not a Friend – Video & Discussion	30 minutes
7.	If Your Teen is Using – Tips, Risks & Strategies	20 minutes
8.	Where to Get Help	10 minutes
9.	Closing	10 minutes

*Time is not allotted for meal, as it is anticipated that parents will pick up meal as they enter and eat during the event. You may choose to remove one of the 20 minute activities to allow time for meal to be served or for meal pick-up prior to the panel discussion.

2-Session Series – 2 Hours per Event

	Activity	Timeframe
1.	Standard Drink Kit Activity	15 minutes (or pre-event and
	(May combine with Mocktails)	as people register/settle in)
2.	Intro	10 minutes
3.	Drug Match Activity Sheet	10 minutes
4.	Panel Discussion	45-60 minutes
5.	Agree or Disagree Activity	20 minutes
6.	Where to Get Help	10 minutes
7.	Closing	10 minutes

Parent Night Out – Teens & Drugs Planning Guide

Session 2:

	Activity	Timeframe
1.	Medicine Cabinet Activity	15 minutes (or pre-event and as people register/settle in)
2.	Intro	10 minutes
3.	Not a Friend – Video & Discussion	30-45 minutes
4.	Parents as a Key to Prevention – Tips & Strategies	20 minutes
5.	Teen Risk Factor Checklist	10 minutes
6.	If Your Teen is Using – Tips, Risks & Strategies	20 minutes
7.	Where to Get Help (recap for new participants)	5 minutes
8.	Closing	10 minutes

3-Session Series – 1.5 Hours per Event

Session 1:

	Activity	Timeframe
1.	Standard Drink Kit Activity	15 minutes (or pre-event and as people register/settle in)
2.	Intro	10 minutes
3.	Panel Discussion	45-60 minutes
4.	Where to Get Help	10 minutes
5.	Closing	10 minutes

Session 2:

	Activity	Timeframe
1.	Teen Risk Factor Checklist	N/A (pre-event and as people
		register/settle in)
2.	Intro	10 minutes
3.	The Teen Brain Explained	25 minutes
4.	Parents as a Key to Prevention – Tips & Strategies	20 minutes
5.	If Your Teen is Using – Tips, Risks & Strategies	20 minutes
6.	Where to Get Help (recap for new participants)	5 minutes
7.	Closing	10 minutes

Parent Night Out – Teens & Drugs Planning Guide

Session 3:

	Activity	Timeframe
1.	Medicine Cabinet Activity	15 minutes (or pre-event and as people register/settle in)
2.	Intro	10 minutes
3.	Agree or Disagree Activity	20 minutes
4.	Not a Friend – Video & Discussion	30-45 minutes
5.	Where to Get Help (recap for new participants)	5 minutes
6.	Closing	10 minutes

You may also choose to customize the outline for a single- or multi-session program. Please contact the Regional Addictions Prevention Consultant & Regional Mental Health Promotion Consultant to discuss alternative options: <u>mha@westernhealth.nl.ca</u> or 709-634-4171.

ACTIVITIES

Standard Drink Kit Activity

Purpose:

• To demonstrate the standard drink size for a glass of alcohol (beer, wine and liquor).

Timeline: 15 minutes

Materials:

- Standard Drink Kit
 - o 2 Highball Glasses (1 marked, 1 unmarked)
 - o 2 Wine Glasses (1 marked, 1 unmarked)
 - 2 Beer Glasses (1 marked, 1 unmarked)
 - o 1 Water Jug
 - o 1 Measuring Cup
 - 8 ½ x 11 Standard Drink Poster
- Low Risk Drinking Guidelines Handouts

Instructions:

- Set up this activity at the beginning of your event as parents are getting their drinks. Invite
 parents to help demonstrate the standard drink size for beer, wine and liquor.
- Using the unmarked glasses and a jug of water, invite participants to pour what they think is
 a standard drink of beer, wine and liquor. Compare the quantities in the marked and
 unmarked glasses and discuss.
- If there is not an opportunity to do the pouring demonstrations, simply use the marked glasses and pre-pour water to the fill line for participants to see the quantity of liquid in a standard drink of beer, wine and liquor.



Drug Match Activity Sheet

Purpose

• To help parents recognize the street terms used for various drugs. Parents can use the activity sheet to test their knowledge.

Timeline: 15 minutes

Materials:

Drug Match Activity Sheet (print copies for each participant)

Instructions:

Introduce the purpose of the activity and give each parent 5-10 minutes to fill-out on their own. Have the group correct the answers at their small tables or complete as a large group.

Alternatively, place Activity Sheets at each place setting for participants to fill-out as they are waiting for others to arrive and everyone to get settled. Late arrivals can take them home to review.

Facilitator Script for Activity Sheets as pre-event option:

There are also some activity sheets on the table, some of you may have already filled these out as you were waiting for us to get started. If not, please feel welcome to complete these on your own time. They are for your own knowledge and awareness. You will not be required to share your responses.

The Drug Match Activity Sheet is to help you test your own knowledge and may help you learn to recognize the street terms used for various drugs. The answer key is on the back of the sheet.

Teen Risk Factor Checklist

Purpose:

• To help parents assess their teen's risk for having problems related to substance use. Parents are not asked to share their responses.

Timeline: 15 minutes

Materials:

□ Teen Risk Factor Checklist (print copies for each participant)

Instructions:

Introduce the purpose of the activity and give each parent 5-10 minutes to fill-out on their own. Offer opportunity for parents to share their experience or insights from the activity, with no expectation to share their responses, or to share at all if they so choose.

Alternatively, place Activity Sheets at each place setting for participants to fill-out as they are waiting for others to arrive and everyone to get settled. Late arrivals can take them home to review.

Facilitator Script:

There are also some activity sheets on the table, some of you may have already filled these out as you were waiting for us to get started. If not, please feel welcome to complete these on your own time. They are for your own knowledge and awareness. You will not be required to share your responses.

The Teen Risk Factor Checklist will help you assess your teen's risk for having problems related to substance use. The presence of many risk factors doesn't mean a teen will have problems with tobacco, alcohol, or other drugs; or that they'll have other related problems. Further, the absence of risk factors doesn't guarantee that they will be free of problems. This risk check is intended only to alert participants to pay attention to these factors and to make the extra effort needed to change patterns and lower risk where necessary.

Medicine Cabinet Activity

Purpose:

• The *Medicine Cabinet Activity* is intended to provide Parents with information about prescription drug abuse among teens, parenting tips and suggestions to help keep teens safe. This campaign is also useful the general adult public to promote safe storage, safe use and safe return of unused prescription medications.

Timeline: 15 minutes

Materials:

- Medicine Cabinet & Activity Guide
- How to Talk to your Teen about Drugs Post Cards
- How to Talk to your Teen about Drugs Vinyl Display

Activity:

- This can be set-up during the event for parents to explore before or after the event starts.
- Invite parents to explore the information provided on the pill containers and use this resource as an opportunity for discussion about how parents can protect their kids by keeping medications secure.



Parent Night Out – Teens & Drugs Planning Guide

Welcome/Introduction



Facilitator Note:

Welcome parents and introduce yourselves as presenters, including your background and work role. It should take about 5-10 minutes to cover Welcome and Agenda.

Facilitator Script: Welcome to Parent Night Out.

We're all here today because we're concerned about teens in our area. We want them to grow up to be happy, healthy, and safe, which includes helping them make informed and safe choice about alcohol and other drugs.

Tonight's session allows us to share information with you from a number of perspectives –law enforcement, healthcare, prevention, and intervention – to provide you with an understanding of the drug and alcohol issues that teens face today and how you, as parents and caregivers, can help.

Unfortunately, there is no blueprint for perfect parenting. What we will provide you with is a rich collection of information based on the latest research and lived experience. Studies show that a parent may be able to reduce their child's risk of drug use by up to 50%, just by talking to them. One of the main reasons kids will avoid drugs is to not disappoint their parents. Overcoming the "Not my kid" syndrome is the biggest challenge (DFK).

You are an important role model for your teen. Help them make the right choices.

One important point to make up front: When we use the word "parent," we are talking about anyone and everyone who is a caring presence in a child's life – grandparents, aunts and uncles,

caring adult role-models, even big brothers and sisters. When we say the word "parent," we are talking about you.

Consider having participants introduce themselves, depending on size of group and familiarity of participants.

Sample Agenda:



Agree or Disagree Activity



Timeline: 20 Minutes

Purpose:

- To increase dialogue about the various perspectives on the topics.
- Provide a shared understanding of the current trends in youth substance use, the risks associated with use, and the Low Risk Drinking Guidelines (LRDG) & Low Risk Cannabis Use Guidelines (LRCUG).

Facilitator Notes:

Keep in mind that parents may offer valid alternative perspectives and, while you will want to clarify and myths/misconceptions, respect the wisdom and information that is being presented by the group. The last three statements are included to help parents bring themselves back to their own experiences as teenagers and remind themselves what it was like to be a teen.

You will read out statements, parents will then move to the side of the room that matches their response – agree or disagree with the statement. Ask parents for their reasons for choosing their answer, then identify if research and statistics show this statement to be true or false (in speaker's notes for each question). Discussion points for each of the statements are included in the speaker's notes of the PowerPoint Presentation and are also included below.

Stats are from NL 2012 Student Drug Use Survey

Other questions come from the Parent Action on Drugs Quiz "True or False..."

Set-Up:

- This is a true or false activity, using PowerPoint Slides Agree or Disagree Activity
- Determine which option for answering is the best fit for your location and group. There are various options for participants to engage in answering the questions, depending on the amount of room in your space and the level of movement/strength of the expression you wish to evoke (physically moving to stand under an answer is a bolder action and requires more time than giving a small hand gesture to indicate their answers). Choose one of the following:
 - Post *Agree* & *Disagree* posters at opposite sides of the room, have participants move to the sign that matches their answer to the statement (requires set-up prior to event)
 - Have participants stand if they agree or remain seated if they disagree with the statement
 - Have participants give a 'thumbs up' if they agree with the statement and 'thumbs down' if they disagree with the statement

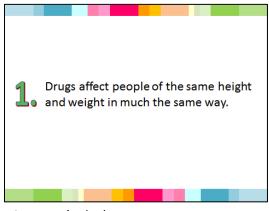
Instructions:

- Following the slides, read out each question.
- Allow time for parents to decide their answer.
- Ask a few participants why they chose to agree or disagree before giving the answer.
- Provide the correct answer.

Facilitator Script:

For this activity, we will read out a statement and you simply move to the sign indicating that you either 'agree' or 'disagree' with this statement. It can be tempting to stand in the middle but we ask that everyone choose the answer that best fits their position on the statement.

1. Drugs affect people of the same height and weight in much the same way.

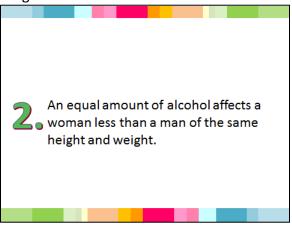


Disagree (False)

Height and body weight are just two of the factors which determine how a person is affected by any particular drug, at any particular time.

Some of the other factors that affect how you will react to that drug include:

- o how much you take and how strong the drug is
- o whether you have used the drug before and for how long
- o the environment you are in
- how you are feeling at the time
- what other drugs you may have taken
- 2. An equal amount of alcohol affects a woman less than a man of the same height and weight.



Disagree (False)

Women can actually be more susceptible to the effects of alcohol more than men because they have a higher percentage of body fat to body water. Alcohol is water-soluble, so less water in women's bodies means they have a higher blood alcohol concentration.

For this reason, the Low-Risk Alcohol Drinking Guidelines provide separate recommendations for men and women regarding how to minimize risks from their drinking. They recommend that women drink no more than 2 drinks per day most days and no more than 10 drinks per week, and that men drink no more than 3 drinks per day most days and no more than 15 drinks per week. It is also recommended that adults plan non-drinking days every week.

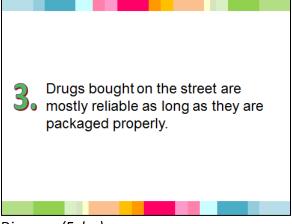
The primary recommendation for youth younger than 19 is 'don't drink' or delay drinking alcohol for as long as possible. However, the guidelines recommend that youth who do decide to drink while under the legal drinking age speak to their parents about drinking, never have more than one or two drinks per occasion, and never drink more than one or two

times during the week. For youth from the legal age to 24 years-old, the recommendation is for females to never have more than two drinks a day and ten drinks a week and for males to never have more than three drinks a day and fifteen drinks a week (CCSA, 2014).

If you are not hosting the Standard Drink Activity, also mention:

The guidelines outline that one standard drink is 12 ounces of beer, cider, or cooler with a 5% alcohol content; 5 ounces of wine with a 12% alcohol content; or 1.5 ounces of distilled alcohol with a 40% alcohol content.

3. Drugs bought on the street are mostly reliable as long as they are packaged properly.



Disagree (False)

Both in terms of purity and strength, drugs that are bought on the street are unpredictable. Some drugs may be sold in packaging but this should not be mistaken as a sign of quality.

4. Most adolescents drink alcohol or use drugs sometimes.

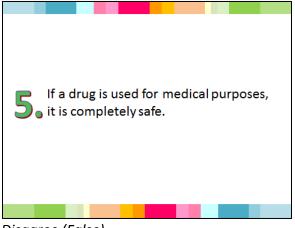


Disagree (False)

The 2012 NL Student Drug Use Survey found that almost half the students surveyed did not use any substances in the year prior to the survey (46.6%).

It's not all good news:

- The top 3 substances used in the year prior to the survey was:
 - o Alcohol (47%)
 - Cannabis (30%)
 - o Tobacco (16.4%)
- 8.9% of Level III students reported daily cannabis use
- 12.5% of Level I students and 8.8% of Level III students used cannabis during schools hours
- Cocaine use is at its highest since 1996 (at 5.8%)
- Significant increase in the use of MDMA (ecstasy) since 2003 (5.7% from 2%)
- Of those who drank alcohol:
 - 50.6% Level III students used alcohol more than once per month compared to those in 19.6% grade 9 and 4.1% in grade 7
 - o 28.1% of students used alcohol twice a month or more
 - High rates of binge drinking (31.4% met criteria of 5 drinks or more in a single sitting)
- 5. If a drug is used for medical purposes, it is completely safe.



Disagree (False)

A drug which is prescribed for specific purposes may have risks or dangerous effects when used in other circumstances. Even prescribed or over-the-counter medication such as headache or other pain medicine, can be toxic if too much is taken or used in combination with other drugs. 6. Most adolescents try cigarettes at least once.

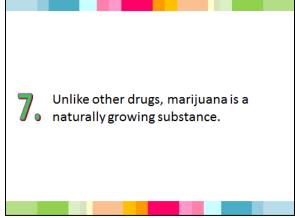


Disagree (False)

The 2014-15 Canadian Student Tobacco, Alcohol and Drugs Survey found that 77% of Newfoundland youth from grade 6 up to grade 12 had never tried a cigarette!

The 2012 NL Student Drug Use Survey found that 16.4% of youth had used tobacco in the past year. That means 83.6% had not used tobacco even once in the past year!

7. Unlike other drugs, marijuana is a naturally growing substance.



Disagree (False)

Marijuana, like many drugs, does originally come from a plant growing in nature. But, we know that plants can be dangerous, even poisonous and deadly. Many drugs are derived from plants and then changed in some way when they are processed, such as marijuana, tobacco, and cocaine, as well as opium and heroin.

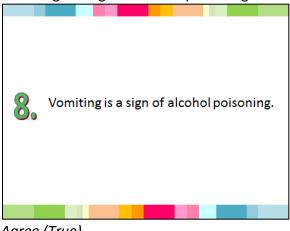
Marijuana typically found in Canada has a significantly increased in THC level since the 80s. In addition, more potent marijuana derivatives, such as shatter. Shatter is a concentration of THC, the ingredient in marijuana that produces a high. While marijuana has a typical THC level between 15 and 30 per cent and hashish has a concentration of up to 60 per cent, Shatter can have THC levels up to 90 per cent. Furthermore, synthetic cannabinoids are unregulated and illegal man-made chemicals that claim to mimic the effects of cannabis.

For those who choose to use cannabis products, the Lower-Risk Cannabis Use Guidelines provide 10 recommendations to lower your risk:

- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don't use synthetic cannabinoids
- Avoid smoking burnt cannabis choose safer ways of using
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
- Avoid combining these risks

(Reference: Health Canada, 2017 - <u>https://www.canada.ca/en/health-</u> <u>canada/services/substance-abuse/controlled-illegal-drugs/about-marijuana.html</u> and <u>http://healthycanadians.gc.ca/recall-alert-rappel-vis/hc-sc/2017/64304a-</u> eng.php? ga=2.104710211.21287210.1510685626-1160042590.1489509127)

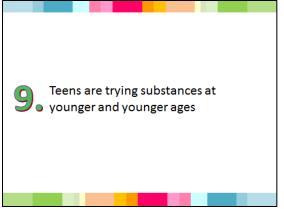
8. Vomiting is a sign of alcohol poisoning.



Agree (True)

Vomiting is one of the body's ways of dealing with poisoning by eliminating unabsorbed alcohol from the stomach before it gets into the blood supply. If someone is sleeping (passed out), there is a risk of choking on their own vomit.

9. Teens are trying substances at younger and younger ages



Disagree (False)

It appears that the age of first use is getting older. Alcohol is 13.5 years in 2012 (12.9 in 2007) Tobacco is 13.4 years in 2012 (12.6 in 2007) Cannabis is 14.2 years in 2012 (13.5 in 2007)

There is still a concern with substance use occurring among grade 7 students. This provides support for talking with kids and working on substance use prevention initiatives when they are in elementary school.

10. Caffeine poses a risk to children and adolescents.



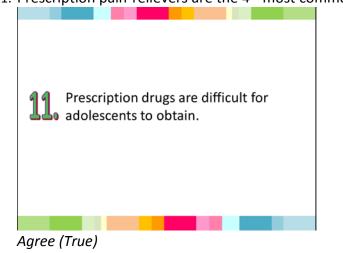
Agree (True)

Caffeine is a central nervous system stimulant that makes you more awake and delays sleep. Other effects of caffeine can include agitation, dehydration, nausea and vomiting, rapid heartbeat, and insomnia. 61 adverse drug effects have been reported from consuming energy drinks. Caffeine withdrawal can cause irritability, headache and depression, among other symptoms. Children and adolescents are at an increased risk of experiencing the effects of caffeine.

The high caffeine content of energy drinks, in particular, can be harmful because of the amount of caffeine they contain along with other ingredients that also act as stimulants.

In the 2012 NL Student Drug Use Survey, 61.6% of students reported using caffeinated energy drinks in the past year

Further, when mixed with alcohol, energy drinks give an impaired person a feeling of greater alertness and improved motor control. The caffeine effects make the person feel more sober than they are, leading to increased drinking and higher rates of injury, impaired driving, risky sexual behaviour, and alcohol poisoning.



11. Prescription pain-relievers are the 4th most common drug used by adolescents to get high.

Our teens disagree. 1 in 3 students (37%) felt it would be fairly easy or very easy to obtain prescription pain relievers and 50% of students felt it would be fairly easy or very easy to obtain stimulants. Canada, along with the U.S., are the biggest consumers of prescription drugs, painkillers in particular. Half of Canadian homes contain medications that can be abused. Very few, only 11%, of those homes keep medications in a safe place.

300,000 Canadian teens have misused prescription drugs. 1 in 10 Canadian teens has taken prescription drugs from friends or relatives without asking. Parents, grandparents and extended family may unknowingly be source of meds.

12. Kids today are more aware of risks and are making better decisions about driving under the influence of alcohol or other drugs.



Agree (True) **BUT**

There was a significant decrease in Newfoundland and Labrador youth who reported being a passenger with a driver who had been drinking (11.5% in 2012 compared to 16.9% in 2007). However, the number of students who reported being a passenger with a driver who had been using cannabis is quite high and increased slightly from 22.2% in 2007 to 23.6% in 2012.

Driving after alcohol use

Among licensed drivers in Level I and III, 7.7% drove within one hour of drinking alcohol. 11.5% of students travelled with a driver who had been drinking (a significant decrease from 16.9% in 2007)

Driving after cannabis use

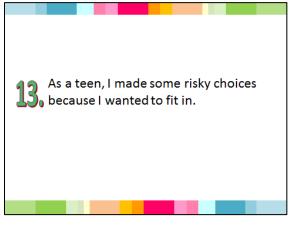
6.8% of students (with & without) a license drove a vehicle within an hour of using cannabis. Among licensed drivers in Level I and III, 16.1% drove within one hour of using cannabis 23.6% of students travelled with a driver who had been using cannabis. Significantly more Level III students (40.4% travelled with a driver who had been using cannabis compared to Grade 9 (20.9%)

Driving after pain medication use

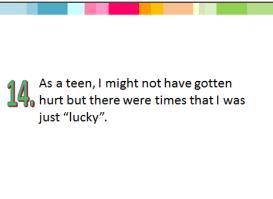
2.8% drove a vehicle within an hour of taking pain medication

38% of students engaged in sexual activity (including vaginal, oral or anal sex) in the 12 months prior to the survey Of the 38% of students that reported being sexually active, 36.5% reported having unplanned sex after using alcohol or other drugs. Significantly more Level III students (46.7% had unplanned sex after using alcohol or drugs compared to Grade 9 (22.7% and Grade 7 (9.8%)

13. As a teen, I made some risky choices because I wanted to fit in.

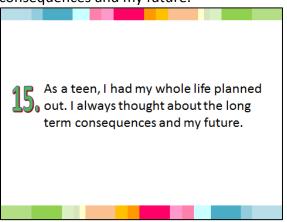


14. As a teen, I might not have gotten hurt but there were times that I was just "lucky".



Parent Night Out – Teens & Drugs Planning Guide

15. As a teen, I had my whole life planned out. I always thought about the long term consequences and my future.



Parent Night Out – Teens & Drugs Planning Guide

Panel Discussion / Participant Q&A



Timeline: 45 - 60 Minutes

Purpose:

• To facilitate a moderated discussion on the topic of teens and drugs to help identify the most relevant issues in the community and help identify how to address the issues.

Facilitator Note:

Presentation and video alternative suggestions to be provided only for extenuating circumstances where community partners are not available

Panelists:

Community members are invited to participate as part of a panel discussion about teens and drugs. They are asked to share their opinion on what they think are the biggest issues related to teens and drugs in their area and what they think is needed to address the issues. Questions should be provided to panelists in advance of the event. Panelists may include representatives from the following:

- RNC/RCMP
- Mental Health & Addictions Counsellor
- Guidance Counsellor, School Administrator, Ed. Psych, or Concerned Teacher
- Physician, Pharmacist, RN, or other health professionals
- Lived Experience: Parent, Community Group Representative (such as MADD), or Youth (SADD Representative; Youth Voices, Healthy Choices Youth Leader; etc.)

Moderator:

The moderator is responsible for ensuring the flow of the discussion and acts as the timekeeper to ensure each panelist is given the same amount of uninterrupted time to speak.

Activity:

Welcome & Introductions (5 mins)

- The moderator welcomes panelists and parents in the audience.
- The moderator broadly introduces the topic of teens and drugs and presents the questions that were posed to the panelists:

"What do you think is the biggest issue related to teens and drugs in <u>our community</u>? "How can we address this issue in <u>our community</u>?"

• The moderator introduces each of the panelists providing name and organization or area of expertise that they are representing (e.g., parent, youth).

Panel Presentations (20 mins)

- Each panelist is given 5 mins of uninterrupted time to share their unique perspective on the topic of teens and drugs.
- After each panelist has shared their opinion on the topic, the moderator provides a brief summary of the perspective shared in the panel discussion.

Question & Answer (10 mins)

- The moderator facilitates a question and answer period where the audience is invited to direct questions to one or all of the panelists.
- The moderator can direct questions to the panelists if the audience does not have any questions. to help prompt participation from the audience.
- The moderator may need to limit questions to ensure the discussion does not go over the allotted time.

Summary & Wrap Up (10 mins)

- Panelists are given 1-minute each to share any closing remarks.
- The moderator provides a brief summary of the key themes expressed in the panel discussion.
- The moderator thanks the panelists for sharing their perspective and the audience for their participation and concluded the panel discussion part of the *Parent Night Out* event.



Timeline: 30 - 45 Minutes

Purpose:

- To introduce parents to the risks associated with hosting teen parties, for both the teens and themselves.
- To allow time for parents to reflect on this complex situation and their own decisions, both in the past and going forward.

Facilitator Notes:

- The topics of impaired driving, sexual assault, and alcohol poisoning as have the potential to evoke strong emotional reactions from participants. Ensure that you provide a warning to participants of the sensitive and potentially triggering topics in the video and allow the option for individuals to step out of the room if needed. Determine which facilitator will be available to step out and check on any participants who leave the room.
- Parents often feel that their teens are safer when in their own home and a common justification for hosting teen parties is to provide a safe environment. This video shows the bigger picture that many parents may not be aware of during a teen party, which culminates in several high risk situations and illegal activity. Ensure that you take time to allow parents to debrief and discuss any concerns.
- Highlight that this choice to host a teen party is often made from a place of love and an intention to support teens and limit their exposure to risk. However, knowing the full picture helps parents consider if the risks are much higher than they realized and if this outweighs the potential benefits.

Activity:

 Play the video - Play the video: Not a Friend – Risks of Hosting Teen Parties at Your Home Saved on the jump drive or can be accessed directly: <u>https://www.youtube.com/watch?v=JRn5SG5ss9g&utm_source=youth.gov&utm_medium=federal-links&utm_campaign=reports-and-resources_8:31min</u>

• After Video:

Facilitator Script:

This video provides American legal implications. This is a really complicated area of law. In Canada, there are potential charges under the provincial Liquor Control Act and the Criminal Code of Canada. There is also the potential for civil lawsuits, as well as the social stigma and conflict that can arise, especially in small communities, when teens are harmed as a result of partying.

Under the NL Control Act, it is illegal to purchase alcohol for a minor or provide alcohol to minors at a party. A person who gives or sells a minor alcohol can be fined up to \$1000.00 and sentenced to jail for up to twelve months. Fines and a possible jail sentence are not the only things you risk if you supply a minor with alcohol. In addition to the NL Control Act, you could be found negligent and partly responsible for injuries or damages the youth cause, perhaps a result of impaired driving or other situations as outlined in the video. The possible criminal charges are criminal negligence, causing bodily harm by criminal negligence, and causing death by criminal negligence.

Never providing a minor with alcohol is an important part of protecting both yourself and the minor from potentially devastating consequences. However, the fact that you did not supply the alcohol does not mean you have no responsibility. Social host liability is an evolving area of the law and hosts may not be able to avoid responsibility just because they did not actually provide the alcohol. Courts look at all the circumstances in each individual case to decide the matter of a duty of care.

We are now going to take time at our small tables to discuss our reactions and thoughts about this video and its application to our community.

- Have the group debrief their thoughts and reactions about the video in their small groups at their tables
- Invite one member from each table to share key reflections with the large group
- Provide a session wrap-up.
 - Facilitator Script:

Many parents do feel that if alcohol is made to be a "forbidden fruit", it will create more of an attraction for teens. Many young people are introduced to drinking in their own homes. However, there is a significant difference between modeling responsible drinking behaviour, allowing a small alcoholic drink during a family celebration or holiday, and the kind of drinking that underage teenagers do with friends in a party situation.

Parents often feel that their teens are not at risk when in their own home and a common reason for hosting teen parties is to provide a safe environment. This video shows the bigger picture, one that many parents may not be aware of during a teen party. Parties often result high risk situations and may even involve illegal activity.

The choice to host a teen party is often made from a place of love and an intention to support teens and limit their exposure to risk. However, knowing the full picture helps parents consider if the risks are much higher than they realized and if this outweighs the potential benefits.

- Optional Discussion Questions & Points:
 - 1. How can parents show teens that they can be responsible hosts when giving a party of having a group of friends get together?
 - Do not allow party crashers, drugs, or alcohol
 - Limit the party to a specific area of your house
 - Don't allow guests to come and go
 - Make sure a parent or another adult is present in the house
 - 2. If you throw a party yourself, how can you be a responsible host and a positive role model for your teen?

- Have non-alcoholic drink options
- Do not pressure anyone to have 'just one more' or a larger glass
- Have cab money, arrange a DD/driver, or have a bed/couch ready for those who don't have their own plan

Facilitator Background Information:

This page gives a good summary of the current state of the law on social host liability in Canada: <u>http://www.lawconnection.ca/content/social-host-liability-backgrounder</u> and this is a Supreme Court decision in 2006 called *Childs v. Desmoreaux*, on social host liability: <u>https://www.canlii.org/en/ca/scc/doc/2006/2006scc18/2006scc18.html?searchUrl</u> <u>Hash=AAAAAQAUQ2hpbGRzIHYuIERIc29ybWVhdXgAAAAAAQ&resultIndex=2</u>

There may be other potential liabilities as well – the owner of a home could face what is called "Occupier's Liability" if a person is injured while at their home, so this could come into play if a person is injured during a party at the home.

Negligence and Duty of Care

Before a person can be found negligent they must have a "duty of care" towards the person injured. Another way of saying this is that individuals are expected to exercise a certain amount of care towards others who are likely to be affected by something they do. When a certain amount of care is not taken there may be a case for negligence.

Generally speaking the law allows people who witness a risky situation to choose not to become involved. However, sometimes not doing anything to prevent an injury may also amount to negligence. This is the case when the person has a special relationship with the person in danger, for example teacher/student or parent/child relationships. This is also the case if the person created or had control over the risky situation and failed to do anything to prevent an injury.

The issue of party hosts and negligence has been before the Supreme Court of Canada. Although every situation is different, the Court's ruling provides helpful information to keep in mind. Generally speaking...

• party hosts do not have the type of special relationship with their guests that would require them to supervise their adult guests

 hosting an adult party where alcohol is served is a common occurrence and not an unusually risky activity requiring special precautions

However, the situation could be very different where a host continues to serve alcohol to a visibly drunk guest knowing, for example, that the guest is going to drive. **The situation may** also be very different where minors are involved. In these situations hosts may owe a duty of care because they have created or contributed to a risky set of circumstances.

Reference: Public Legal Education Association

http://www.plea.org/legal_resources/?a=644&searchTxt=party+host&cat=8&pcat=4

Liquor Control Act, NL http://www.assembly.nl.ca/Legislation/sr/statutes/l18.htm

Supplying liquor to minors

76. (1) A person shall not sell or give liquor to a person who has not reached the age of 19 years.

Criminal Code of Canada http://laws-lois.justice.gc.ca/eng/acts/C-46/page-51.html#h-75

Criminal Negligence

- 219 (1) Everyone is criminally negligent who
 - (a) in doing anything, or
 - (b) in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons.
- Definition of *duty*(2) For the purposes of this section, *duty* means a duty imposed by law.
- R.S., c. C-34, s. 202.

Causing death by criminal negligence

220 Every person who by criminal negligence causes death to another person is guilty of an indictable offence and liable

- (a) where a firearm is used in the commission of the offence, to imprisonment for life and to a minimum punishment of imprisonment for a term of four years; and
- (b) in any other case, to imprisonment for life.
- R.S., 1985, c. C-46, s. 220;
- 1995, c. 39, s. 141.

Causing bodily harm by criminal negligence

221 Every one who by criminal negligence causes bodily harm to another person is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years.

• R.S., c. C-34, s. 204.

Reference: PAD, CAMH, Health Canada, Public Legal Information Association of NL, Public Legal Education Association, NL Liquor Control Act, Criminal Code of Canada

The Teen Brain Explained

Timeline: 25 Minutes

Purpose:

- To help parents develop an understanding the process of brain development and the key differences in adolescent brains to those of adults, and even children.
- To help parents better understand teens' thought processes and behaviour

Activity:

- This session is a presentation by the lead facilitator, utilizing the PowerPoint: Understanding Teen Brain Development, which includes a video by Dr. Ken Winters: *Teen Brain*.
- Ensure that you provide time for the participants to discuss the video and slides.
 - 1.

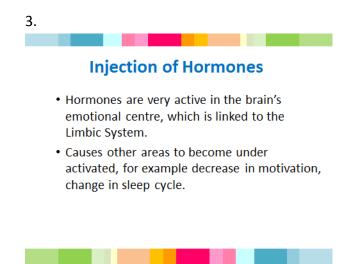
The Teen Brain Explained

Have you ever looked at your teenager child and wondered: "Why do you do that?" Scientists have learned that it takes a brain about 25 years to fully develop. To some degree, you can consider the teen brain still on "training wheels" – it's not yet able to perform at optimal adult levels. A huge burst of development happens during adolescence, and that burst can explain a lot of unpredictable – and sometimes risky – teen behavior.



From mood swings to risk taking, "normal teenage behavior" can appear to be anything but normal to parents and other adults. However, research reveals that patterns of brain development during these formative years play a significant role in shaping your teen's personality and actions. In other words, there's a biological reason teens act the way they do.

So, what does this all mean for parents? Your teen's behaviour makes sense...and you will need to work a little harder to reinforce positive behaviours and choices, while trying to allow some room for teens to develop their independence and coping skills.



~ 45 ~

Learning capacity is at a high point and the emotion centre and risk-taking centres are also highly developed, while reasoning and impulse control centres are still under development. So, a teenager clearly understands the dangers associated with risky behaviours, yet teens seem to have trouble putting this knowledge to use and tends toward high-risk, high excitement behaviours.



Introduce the video

Understanding our teens can be confusing and frustrating for parents who are often out of the loop on current trends, social norms and teen culture. Understanding the key differences in adolescent brains can help us make sense of our teens' thought processes and behaviour. In this video Dr. Ken C. Winters, Director of the Center for Adolescent Substance Abuse Research at the University of Minnesota, explains the vulnerability of the adolescent and teen developing brain as well as the effects of drugs and alcohol.

• Play the video - 4:35min

Saved on the share folder / jump drive or can be accessed directly by clicking on the image in the slide to go to the YouTube link: <u>https://youtu.be/Aiy2bPVfHg8</u>

• After Video Debrief:

Facilitator Script:

We are now going to take time at our small tables to discuss our reactions and thoughts about this video and its application to our families and communities.

• Have the group debrief their thoughts and reactions about the video in their small groups at their tables.

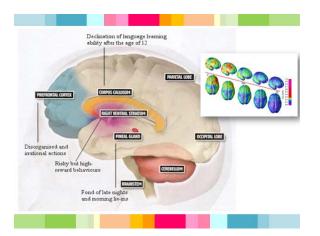
Potential questions for discussion:

- 1. What surprised you most about teen brain development?
- 2. Will this information change the way you will interact with teenagers in your family or community? How?
- Invite one member from each table to share key reflections with the large group
- Provide a video discussion wrap-up.

Facilitator Script:

We often have the same expectations of our teens as we do of adult family members or colleagues. It is easy to become frustrated with teens for their impulsive and seemingly selfabsorbed personalities. We hope that this glimpse has started to help normalize your teen's behaviours and help you to use your pre-frontal cortex to respond to those frustrating behaviours with a calm and rational approach. Given the complexity of this topic, we'll take a few minutes to do a quick re-cap teen brain development and how drugs impact this process.

5.



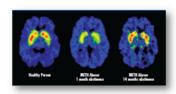
This is what the teenage brain looks like when developing. The teenage brain is actually more efficient and powerful than an adult brain, with more activity and neuroplasticity allowing for greater and easier learning and retention of new information. However, all the

parts of the brain are not developing at an event rate. As Dr. Winter's explained, the brain isn't fully developed until around 20-25 years of age (in fact, recent research is suggesting this may even extend until the late 20's). The parts of the adolescent brain that develop first are those that control physical coordination, emotion and motivation. The pre-frontal cortex, the part that controls reasoning and impulses, does not fully mature until later. Because of this, teens may have a preference for high excitement and low effort activities, exhibit poor planning and judgment (rarely thinking of negative consequences). They may also be more likely to engage in high risk behavior.

Without the benefit of the pre frontal cortex to act as referee, (weighing out the consequences of decisions, helping them to organize and plan) it makes sense that adolescents are more likely to try risky but highly adrenaline rewarding behaviours with little thought about the consequence and/or the danger involved.

6.

Two Ways Drugs Work in the Brain



- Imitating the brain's natural chemical messengers
- Overstimulating the "reward circuit" of the brain

Addiction is a chronic brain disease that causes a person to compulsively seek out drugs, despite the harm they cause. The first time a person uses drugs, it's usually a free choice they've made. However, repeated drug use causes the brain to change which drives a person to seek out and use drugs over and over, despite negative effects such as stealing, losing friends, family problems, or other physical or mental problems brought on by drug use—this is addiction Drugs are chemicals. When someone puts these chemicals into their body, either by smoking, injecting, inhaling, or eating them, they tap into the brain's communication system and tamper with the way nerve cells normally send, receive, and process information. Different drugs—because of their chemical structures—work differently. We know there are at least two ways drugs work in the brain:

- Imitating the brain's natural chemical messengers
- Overstimulating the "reward circuit" of the brain

1. Imitating the brain's natural chemical messengers:

Some drugs, like marijuana and heroin, have chemical structures that mimic that of a neurotransmitter that naturally occurs in our bodies. In fact, these drugs can "fool" our receptors, lock onto them, and activate the nerve cells. However, they don't work the same way as a natural neurotransmitter, and the neurons wind up sending abnormal messages through the brain, which can cause problems both for our brains as well as our bodies.

Other drugs, such as cocaine and methamphetamine, cause nerve cells to release too much dopamine, which is a natural neurotransmitter, or prevent the normal recycling of dopamine. This leads to exaggerated messages in the brain, causing problems with communication channels. It's like the difference between someone whispering in your ear versus someone shouting in a microphone.

2. Overstimulating the 'reward circuit':

This is what causes the "high" from drugs or the pleasure effect. Most drugs of abuse nicotine, cocaine, marijuana and others — affect the brain's "reward" circuit, which is part of the limbic system. Normally, the reward circuit responds to feelings of pleasure by releasing the neurotransmitter dopamine. Dopamine creates feelings of pleasure. Drugs take control of this system, causing large amounts of dopamine to flood the system. This flood of dopamine is what causes the "high" or intense excitement and happiness (sometimes called euphoria) linked with drug use.

Chronic exposure to drugs of abuse disrupts the way critical brain structures interact to control and inhibit behaviors related to drug use. Just as continued abuse may lead to tolerance or the need for higher drug dosages to produce an effect, it may also lead to addiction, which can drive a user to seek out and take drugs compulsively. Drug addiction erodes a person's self-control and ability to make sound decisions, while producing intense impulses to take drugs.

The image shows that there is potential for brain recovery with prolonged abstinence. These images illustrate the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs—in this case, methamphetamine.

Image 1 – healthy brain Image 2 – meth user with 1 month of abstinence Image 3 – meth user with 14 months of abstinence



Drugs & the Teen Brain

- Disrupted brain function
- Structural changes
- Higher risk of addiction



Drugs not only interfere with the normal processing functions of the brain, they actually change both the structure and function of the brain. Using alcohol and drugs during the teenage years can disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control. Structural changes have been identified in MRIs of youth who use substances regularly. The image in the right-hand corner shows a functional MRI of two teens, as they work on a memory test. The image shows that they heavy drinker is not using the areas of the brain that would normally be activated to complete the task.

MRI's of regular cannabis users also show structural changes, including lower brain volumes, different folding patterns and thinning of the cortex, less neural connectivity

and lower white matter integrity. And as THC levels increase, so does the risk of structural impact.

The maturation process of the brain may cause teens and young adults to become addicted faster than older adults and have more long-term consequences. Research shows that the earlier you start using, the more likely you are to develop addiction. If a person starts using drugs and alcohol **before** age of 18 they have a **25%** chance of becoming addicted. If they start **after** the age of 21 they have a **4%** chance of becoming addicted.

Understanding how the teen brain develops, how drug use impacts brain development, and the increased risk for addiction, helps emphasize the importance of working to delay the onset of drug and alcohol use by youth.

Section Reference List: Western Health (2014). *Choices & Consequences,* MH&Ads PowerPoint Presentation

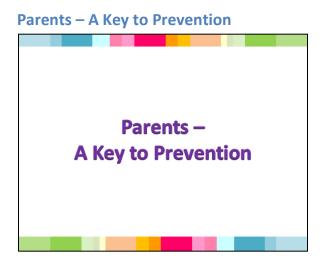
Eastern Health (AAW, November 2017). *Marijuana & Your Child* and *Weed 101 – Clearing the Smoke on Cannabis*

Paturel, A. (2011). Buzz Kill: How Does Alcohol Affect the Teenage Brain? *Neurology Now.* 7(6): 23-24, 26-28).

National Institute on Drug Abuse (2014). *Drugs, Brains, and Behavior: The Science of Addiction* (Printed 2007 & Revised 2014)

National Institute on Drug Abuse for Teens(2014). *Brain and Addiction. Accessed online:* <u>https://teens.drugabuse.gov/drug-facts/brain-and-addiction</u>

Partnership for Drug Free Kids (No Date). *Brain Development, Teen Behavior and Preventing Drug Use* (accessed online, 2018: <u>https://drugfree.org/article/brain-development-teen-behavior/</u>)



Timeline: 30 Minutes

Purpose:

- To ensure parents are aware of the importance of their influence on their children and teens choices about substance use and risky behaviours.
- To provide parents with action strategies and tools to support their role in the prevenition of substance use, misuse, and abuse.

Activity:

- This session is a presentation by the lead facilitator, utilizing the PowerPoint: Parents A Key to Prevention.
- Ensure that you provide time for the participants to have input in the strategies and how they can be applied in their own situations.
- If time permits, consider having participants practice by role-playing opening a conversation about substance use with their teen(s).

Facilitator Script:

You may not necessarily 'prevent' your teen from ever drinking or trying drugs. Teens make these decisions when you aren't around. However, you can give a clear message to your teen that you do not want them to try drinking and drug use at this stage of their life and discuss ways that they can increase their safety and make responsible decisions for themselves. In a recent survey, 83% of 10-18 year-olds said their parents were their leading influence in their decisions about drinking (PAD). One of the main reasons kids identified as their reason to avoid drugs is to not disappoint their parents. As mentioned during the welcoming, studies show that a parent may be able to reduce their child's risk of drug use by up to 50%, just by talking to them. Overcoming the "Not my kid" syndrome is the biggest challenge (DFK).

You are an important role model. Help them make the right choices. Your words and action help shape their ideas about alcohol and other drugs. Your children will see your example – positive or negative – as a pattern for the way life is to be lived. Your children notice and respond to the way you deal with problems, express feelings and celebrate special occasions. Think about your own actions as a powerful prevention tool!

Reference: Alberta Health Services and RCMP, CAMH, PAD, Health Canada

Action Tips & Strategies



Strategies

The following slides outline the key action strategies for parents to help prevent substance use, misuse, and abuse.

1. Start Early



Facilitator Script:

Start early – preferably before your kids are teens – then keep talking and listening. Choose the right time and try to be available when they want to talk to you. Talking openly about alcohol & other drugs will help strengthen your relationship with your teen. Talk often & take advantage of 'teachable moments' in the car, shopping, watching TV, or at the dinner table. Use movies, news stories and advertisements to start the conversation. Eat dinner together & do things as a family to strengthen communication.

Reference: PAD

2. Show You Care



Facilitator Script:

Show your love

- Let them know you care.
- Your children need to know how much you love them regardless of what they do or how they act.
- Let them know this is unconditional love and respect is there even when you are angry or disappointed in how they are behaving.
- Children who feel loved and accepted have a much better chance of avoiding problems with alcohol & other drugs when they are older.

Children need to feel they are an important part of the family.

Spend time with your children and be involved in their schooling & recreational activities. Teens who feel connected to their families are more less likely to be engaged in dangerous drug use.

Listen! Let them know that you want to hear about their thoughts and feelings. Reference: CAMH, PAD, CCSA

3. Help Children Feel Good



Facilitator Script:

Children need healthy self-esteem & a sense of responsibility to stay away from alcohol & other drugs.

Give them a chance to practice skills to make them feel capable. Children can help with tasks such as making beds, dishes & pet care to help build confidence & responsibility.

Let them know you don't expect perfection.

Let your children play & have fun – by themselves, with other kids, or with your family to develop a sense of pride when they learn new skills or take on challenges.

Be positive & support their accomplishments & contributions – both big & small.

Encourage them to be self-reliant.

Promote positive values - such as a sense of responsibility & restraint.

Help develop social skills - such as planning, decision-making & refusal skills.

References: CAMH, PAD, Alberta Health Services, and RCMP

4. Set Limits



Facilitator Script:

Children need to be given clear, consistent messages about what is expected of them, their rules & consequences.

• Offer praise when rules are followed & consequences when they are not.

Set the rules but let your children make some choices.

• They need a chance to learn how to make decisions: For example, set a definite bed time but let young children choose their PJs. Let older children choose what to do after school, as long as you provide the choices. For example, "Would you like to play outside or read a book?" and "Are you happy you made that choice? Would you do something different next time?"

Understand that children need to express themselves & their growing independence:

• They are concerned about appearance and image. Work out with them the amount of freedom that they can have in choosing clothes, hairstyles, music & activities.

Make sure your children know what your standards are regarding use of alcohol & other drugs:

- for example, no drinking under the legal age, no drinking outside of family celebrations.
- Share your concerns about the risks associated with the use of alcohol, marijuana, and other drugs.

Reference: CAMH, PAD

5. Learn From Mistakes



Facilitator Script:

Don't overreact when your children make mistakes. Recognize that experimentation & mistakes happen.

Allow them to learn from mistakes and to accept the consequences for their decisions. Help your child reflect on a mistake and use it as a learning opportunity but wait until you're both calm and ready to discuss. Ask what they would do differently next time and what they learned from the situation.

Young people make mistakes and parents make mistakes but what's important is the way you handle the situation. Do you get angry and upset or are you calm. Do you apologize for behaving inappropriately when you get angry? Honestly admitting when you are wrong and making amends can be a powerful way to model behaviour for your kids.

Reference: PAD

6. Be Open



Facilitator Script:

Be open to negotiating with your child/teen about limits, family rules & consequences. For example, "You can colour your hair green, but I don't want you to pierce your lip or get a tattoo!"

Listen to what they have to say. Invite your teen's opinions, even if they are different from your own, and work to understand their perspective.

Some rules can be made together, but others are non-negotiable. Remember to be reasonable and revise as your child gets older.

Set guidelines for your child's behaviour and activities and negotiate with them as they mature.

Reference: PAD

7. Set A Good Example

SET A GOOD EXAMPLE

- Remember that actions speak louder than words.
- If you choose to drink, limit your own risks.
- Be an active learner yourself and share your challenges, mistakes and feelings in an open and honest way.
- Show teens how to be a responsible host when having a group of friends get together.

Facilitator Script:

Remember that actions speak louder than words.

- Be a good role model for your children to follow.
- Demonstrate responsible, healthy decisions with your own use of medications and alcohol, if you use them.
- Set an example by being responsible about your own use of alcohol & other drugs.

If you choose to drink, limit your own risks.

- *Refer to Canada's Low Risk Alcohol Drinking Guidelines to manage your own drinking.*
- Lower Risk Cannabis Use Guidelines also offer ways to limit your own risk if you choose to use marijuana

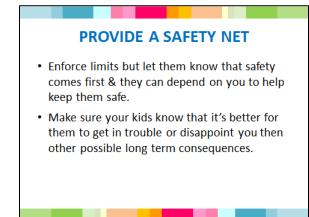
Be an active learner yourself and share your challenges, mistakes and feelings in an open and honest way.

Show teens how to be a responsible host when having a group of friends get together:

- Do no allow party crashers, drugs or alcohol
- Limit the party to a specific area of the house
- Don't allow guests to come and go
- Make sure a parent or another adult is present in the house

Reference: PAD, Health Canada

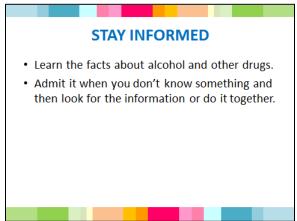
8. Provide A Safety Net



Facilitator Script:

Enforce limits but let them know that safety comes first & they can depend on you to help keep them safe. Let them know that you will be there to help them if they are concerned about their own or a friend's safety.

Make sure your kids know that it's better for them to get in trouble or disappoint you (short term consequence) then other possible long term consequences; for example, getting in trouble with parents vs. serious injury after of driving while impaired. Reference: PAD 9. Stay Informed

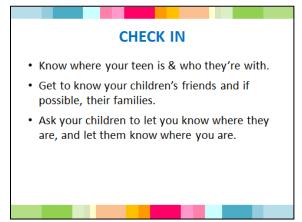


Facilitator Script:

Learn the facts about alcohol and other drugs. You don't have to be an expert, but be in the know about alcohol & other drugs to help them make better choices. Admit it when you don't know something and then look for the information or do it together. 83% of teens think that they parents are credible sources of information about illegal drugs. The internet is a great resources but also a source of lots of 'fake news' and misleading information. You have the opportunity to show your children credible sources of information and teach them critical thinking skills to help them identify phony or misleading resources.

Reference: PAD, Health Canada (stats), Alberta Health Services and RCMP

10. Check In



Facilitator Script:

Know where your teen is & who they're with.

• Support positive friendships & help them stay connected with school, after school activities, socializing, & being involved in their community.

Get to know your children's friends and if possible, their families.

- Realize that friendships are very important to children and teens.
- Encourage your children to bring friends home and make an effort to emphasize the good points of all their friends.

Ask your children to let you know where they are, and let them know where you are.

Reference: PAD

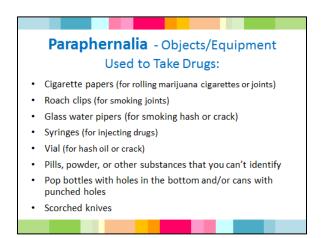
11. Watch For Signs



- Change in sleeping & or eating patterns
- Change in appearance red or watery eyes, slurred speech, less grooming, weight loss, cover up odors, etc.)
- Possession of paraphernalia
- Difficulty concentrating or showing confusion.
- Avoiding contact with you.
- Presence of new or different friends.
- Loss of interest in activities sports, hobbies
- Change in school performance lower grades, attendance issues or behaviour problems

• Change in emotions or behaviour - moodiness, secretive, outbursts, hostility, depression, lying, etc.

Reference: PAD

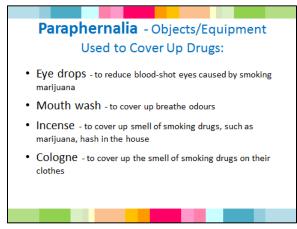


Facilitator Script:

Paraphernalia - Objects/Equipment Used to Take Drugs:

- Cigarette papers (for rolling marijuana cigarettes or joints)
- Roach clips (for smoking joints)
- Glass water pipers (for smoking hash or crack)
- Syringes (for injecting drugs)
- Vial (for hash oil or crack)
- Pills, powder, or other substances that you can't identify
- Pop bottles with holes in the bottom and/or cans with punched holes
- Scorched knives

Reference: PAD, ACNL Kit, What is a Drug Kit



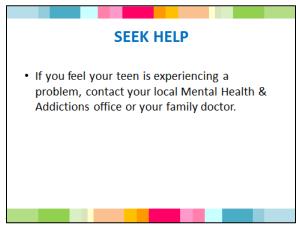
Facilitator Script:

Paraphernalia - Objects/Equipment Used to Cover Up Drugs:

- Eye drops to reduce blood-shot eyes caused by smoking marijuana
- Mouth wash to cover up breathe odours
- Incense to cover up smell of smoking drugs, such as marijuana, hash in the house
- Cologne to cover up the smell of smoking drugs on their clothes

Reference: PAD, ACNL Kit, What is a Drug Kit

12. Seek Help



Facilitator Script:

Consider the big picture. Changes in mood, behaviour and attitude could be an indication of a problem with alcohol or other drugs, a mental health problem, or both. Many youth today experience anxiety, stress and depression.

If you feel your teen is experiencing a problem, contact your local Mental Health & Addictions office or your family doctor.

Reference: PAD

Talking Tips

This is followed by Talking Tips for parents:



Facilitator Script: Avoid lecturing

Provide the facts - talk about pros and cons

Keep a relaxed attitude and speak calmly

Encourage your child to ask questions and tell you what they think

Look at them and really listen to what they are saying (spoken and unspoken) and Don't interrupt

Don't try to guess what your child feels. ASK!



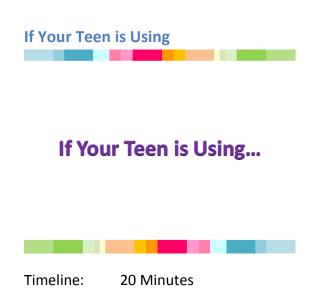
Facilitator Script:

Use open-ended questions not closed questions that give a simple yes/no answer, such as "what do you think about..."

Use I-messages instead of you-messages that blame. For example, "I feel worried because..." instead of "You are being selfish"

Don't feel you have to 'fix' everything. Children learn independence when they are involved in solving their own problems.

Emphasize that using or not using alcohol and other drugs is a choice that we all make and this is an opportunity to practice making good decisions.



Purpose:

• To provide parents with strategies to help address substance use with their teens, as well as to support their teens to reduce risks of harm.

Activity:

- This session is a presentation by the lead facilitator, utilizing PowerPoint: If your Teen is Using.
- Ensure that you provide time for the participants to have input about the strategies and how they can be applied in their own situations.

Facilitator Script:

If you are concerned that you child has been using alcohol or another drugs, take some time to step back and take an honest and open look at your reaction and feelings. It is perfectly normal to feel overwhelmed by confusion, guilt, anger, or fear. Try not to let your feelings get in the way. Before talking to you teen, take time to cool down, think about the situation, determine your approach, and ensure that you are prepared for your discussion.

We are going to take some time to look at why teens use alcohol & drugs and what to do if you suspect alcohol or drug use. We will also look at what do if your teen is using alcohol or drugs, including how to approach them in the moment, some of the more common risks associated with alcohol and drug use, and strategies to help limit risks and increase safety for your teen.

Parents who do not want their teens to use alcohol or drugs can advise their children against drinking and drug use and still discuss the risks and ways to increase their personal safety if they do choose to use alcohol or drugs. Having open discussions and providing accurate information will help your teen to make informed decisions and increase the likelihood that teens will take important safety precautions if they do drink or use drugs.

It is important to acknowledge that there is no easy answer or single solution if you find out that you teen has been drinking or using drugs. Each family and each teen is unique and you will have to determine the most appropriate response to address your concerns and provide safety and support for your teen.

Reference: PAD, Health Canada

Why Do Young People Use Drugs



Facilitator Script:

Think about the reasons why your teen may be using drugs, it will help you to keep perspective and address the use as the issue, as well as help you to focus on the bigger picture and think about any specific help or support your teen may need.

- Peer Pressure
- Pleasure or fun
- Experimentation
- Boredom
- Rebellions
- Social Culture
- Media
- Curiosity

- Brain Development makes them prone to reacting emotionally, impulsively and taking risks. They get a greater rush and are less sensitive to the negative physical effects, like hangovers
- Attention Seeking
- Self-esteem
- Coping with Problems
- Self-Medication

References: PAD, Alberta Health Services and RCMP

If You Suspect Alcohol or Drug Use



Facilitator Notes:

This slide outlines the key strategies for parents to respond to teens when they suspect drug use and if their teen is under the influence.

If You Suspect Drug Use ...

- Choose the right time to talk
- Focus on behaviours
- Set standards and follow through
- For the time being, don't ask "why"
- Ask for help

Facilitator Script:

If you suspect alcohol or drug use, there are several things that you can do to increase the chances of having a positive and productive conversation with your teen about your concerns.

Choose the right time to talk. Make sure your teen is sober and that you are both calm, not jumping into a conversation out of anger or frustration. Also make sure that you have plenty of time. You don't want to feel rushed or have to cut off the discussion half-way through. Try to talk privately with your teen during a quiet part of the day when you won't be interrupted. You may also want to try for a spontaneous-feeling situation rather than announcing that you want to talk later this evening; giving a type of 'warning' and making it feel like a meeting can create anxiety and resistance.

Focus on behaviours. It helps to focus on the issues you are concerned about and ensure that your approach doesn't turn into a blame game. Begin by telling your child that something is on your mind which concerns you. Identify your specific concerns, such as changes in behaviour or objects you have found. Avoid any name-calling, scolding, or threatening.

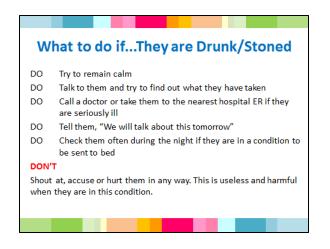
Set standards and follow through – be clear about your expectations. Take a firm stance regarding the use of alcohol and other drugs. Set rules concerning behaviour in your home and identify consequences that are reasonable and enforceable. Ensure that you follow-through with any expectations and consequences.

For the time being, don't ask "why" – if your teen discloses using alcohol or drugs, it will not help to ask why, especially in this initial conversation. It is very possible that your teen does not know why or that there are many reasons. By opening up the topic, you are letting your teen know that you are concerned and that you are willing to talk. If you continue to notice signs which bother you, you may have to continue to confront your teen and be persistent in addressing your concerns. However, trying to push a confession or hammer out reasons in your first conversation will be counterproductive to establishing dialogue.

Ask for help – don't be afraid to get outside help, whether from friends and family, school personnel, or healthcare professionals. There are many supports and confidential resources available to parents. Let your teen know that you are doing this because you care and want the best for them.

Reference: PAD

What to do if...They are Drunk/Stoned



Facilitator Script:

What to do if...They are Drunk/Stoned

DO - Try to remain calm

DO - Talk to them and try to find out what they have taken

DO - Call a doctor or take them to the nearest hospital ER if they are seriously ill

DO - Tell them, "We will talk about this tomorrow"

DO - Check them often during the night if they are in a condition to be sent to bed DON'T – Shout at, accuse or hurt them in any way. This is useless and harmful when they are in this condition.

Reference: PAD

What to do if...They are Drunk/Stoned



Facilitator Script:

The Next Day:

- DO Talk to them immediately.
- DO Have them assume responsibility for their actions, including clean up.
- DO Let them know you will not accept their behaviour and will be watching closely.
- DO Set up guidelines for behaviour with your child as well as curfews for going out with friends. Let them know you expect them to follow these guidelines.
- **DON'T** Have your discussion with them if you are too angry to talk about it without losing your temper.

Reference: PAD

Risks & Strategies

Slides outline the common risks among teens who choose to engage in substance use and strategies to reduce the risks of harm.

Risks & Strategies:

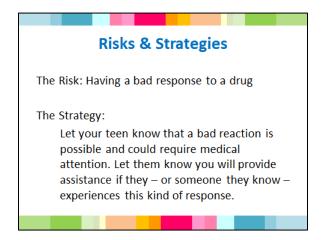
- 1. Alcohol Poisoning
- 2. Having a bad response to a drug
- 3. Impaired Driving
- 4. Mixing Substances
- 5. Using more, using more frequently, and using with problematic results



Facilitator Script: The Risk: Alcohol Poisoning The Facts - Alcohol poisoning is a real concern. The body responds to too much alcohol by tyring to get rid of it (vomiting) or shutting down. Choking on vomit if a person is passed out can be fatal. Signs of alcohol poisoning: shallow breathing, vomiting, passing out

The Strategy - Both you and your teen should know the signs of alcohol poisoning and that it can occur several hours after a person has stopped drinking. Be prepared to call for emergency medical help if it occurs.

Reference: Strengthening Families for Parents & Youth



Facilitator Script:

The Risk: Having a bad response to a drug

The Facts: Any individual can have a response to a substance that is different, and worse, than others, whether the drug is marijuana, magic mushrooms, or prescription drugs. A user can experience increased heart rate, disorientation, anxiety, and paranoia which are not only scary to experience but can also lead to dangerous actions.

The Strategy - Let your teen know that a bad reaction is possible and could require medical attention. Let them know you will provide assistance if they, or someone they know, experiences this kind of response.

Reference: Strengthening Families for Parents & Youth

Parent Night Out – Teens & Drugs Planning Guide



Facilitator Script:

The Risk – driving impaired by alcohol, marijuana, or another drug OR riding in as a passenger with someone who is impaired by alcohol or drugs

The Facts - Alcohol affects concentration and judgement. Marijuana affects perceptions of distance and decision making. Driving while being impaired by either of those two substances – or other drugs – is against the law. Being a passenger is just as risky as being a driver.

The Strategy - Let your teen know you are available to help them get home safely if they or their driver have used alcohol or another drug that impairs their ability to drive.

Reference: Strengthening Families for Parents & Youth



Facilitator Script: The Risk: Mixing Substances

The Facts - Mixing substances is a common, but dangerous, form of experimentation. Many youth use alcohol and marijuana together in social situations. The combined effect is more dangerous than using each separately. Alcohol and caffeinated energy drinks and alcohol and prescription or over-the-counter drugs are combinations that should be particularly avoided because they are so dangerous.

The Strategy - Make sure your teen has the facts to avoid mixing substance. Let them know that if they, or someone they know, mixes alcohol with over-the-counter drugs, like pain medication and cough syrups, medical help may be necessary.

Risks & Strategies The Risk: Using more, using more frequently, and using with problematic results The Strategy: Some youth can cut down on their substance use on their own – others require professional help from a counsellor. Seek help from professionals in your community.

Reference: Strengthening Families for Parents & Youth

Facilitator Script

The Risk: Using more, using more frequently, and using with problematic results

The Facts: Most youth who use marijuana, use infrequently, and share a joint with others. However, in the 2012 NL Student Drug Use Survey, 8.9% of Level III students reported daily cannabis use and 12.5% of Level I students and 8.8% of Level III students used cannabis during schools hours. The Strategy - Some youth can cut down on their substance use on their own. Others require professional help from a counsellor. for support, contact your local Mental Health & Addiction Services office or talk with other professionals in your community.

Reference: Strengthening Families for Parents & Youth

Parent Night Out – Teens & Drugs Planning Guide

Need Help? Services & Supports



Facilitator Script:

In the following slides, we will provide suggestions of options to access help for teens, but these resources also provide support for parents if they are dealing with a teen who is misusing or abusing alcohol or other drugs. Consider accessing help for yourself first to help you provide the best possible support for your teen.

Handout: Provide Help Line Business Card and/or magnet as handouts for all participants.

Support & Information

Support & Information				
Manufallia Mb 0 Addition Comisso Destruction	861-9125			
Mental Health & Addiction Services, Port Saunders www.westernhealth.nl.ca/mha	801-9125			
HEALTHLINE www.yourhealthline.ca	811			
Kids Help Phone www.kidshelpphone.ca	1-800-668-6868			
Mental Health Crisis Line	1-888-737-4668			
Family Doctor				
Guidance Counsellor				
Clergy				

Facilitator Note:

Update this slide to reflect the local MHA office number.

Facilitator Script:

These local, provincial, and national supports are available. You may also have options to access services through your employers' Employee Assistance Program or your insurance provider. For example, Western Health employees can access counsellors for themselves through the Employee Wellness Department and the provincial government provides Employee and Family Assistance services through contracted local private practitioners.

Additional Supports & Services:

Help Lines	
Gambling Helpline	1-888-889-4357 (HELP)
CHANNAL Peer Support Warm Line	1-855-753-2560 <u>www.channal.ca</u>
Mental Health & Addiction Services Offices	
Corner Brook	634-4506/4171
Stephenville	643-8740
Port aux Basques	695-6250
Burgeo	886-2185
Deer Lake	635-7830
Norris Point	458-2381
Port Saunders	861-9125
Youth Outreach Workers:	
Corner Brook & Area	639-9676
Stephenville & Area	643-2247
Port aux Basques & Area	695-6901
Norris Point & Area	458-2381 Ext. 271

Prevention & Promotion Services

634-4171 or mha@westernhealth.nl.ca

For immediate help, go to your local Emergency Department or call 911.

Parent Night Out – Teens & Drugs Planning Guide

Online Information					
Online Information					
Canadian Centre on Substance At	www.ccsa.ca				
Centre for Addiction and Mental	Health <u>www.camh.ca</u>				
Parent Action on Drugs	www.parentactionondrugs.org				
Drug Free Kids Canada	www.drugfreekidscanada.org				
Government of Canada	www.nationalantidrugstrategy.gc.ca				
	www.drugprevention.gc.ca				
Government of Newfoundland	www.understandnow.ca				
	www.bridgethegapp.ca www.yourhealthline.ca				

Facilitator Script:

These reputable websites provide evidence-based resources, up to date statistics, and valuable information for parents and teens.

Additional Websites Western Health	www.westernhealth.nl.ca			
MHA Screening Tools	www.checkitoutnl.ca			
Government of Newfoundland & Labrador				
HEALTHLINE	www.yourhealthline.ca			
Bridge the gApp & The Breathing Room	www.bridgeTHEgAPP.ca			
Understanding Changes Everything	www.understandnow.ca			
Canadian Centre on Substance Abuse	www.ccsa.ca			
Centre for Addiction and Mental Health	www.camh.ca			
Drug Free Kids Canada	www.drugfreekidscanada.org			
Foundation for a Drug-Free World	www.drugfreeworld.org			
Kids Help Phone	www.kidshelpphone.ca			

MADD Canada	www.madd.ca
National Anti-Drug Strategy, Government of Canada	www.drugprevention.gc.ca
National Institute on Drug Abuse – Family Check-up <u>checkup</u>	<u>https://www.drugabuse.gov/family-</u>
Parent Action on Drugs	www.parentactionondrugs.org
Virtual Party	www.virtual-party.org
What's With Weed	www.whatswithweed.ca
Xperiment	www.xperiment.ca

Optional Videos

- GovNL Understanding Changes Everything (You Tube Videos)
- GovNL Mental Health Crisis Line (YouTube <u>30Sec Video</u> or Long Version Video)
- Drug Free Kids Canada <u>Cannabis Talk Kit</u>, <u>Teen Takers Campaign</u> & <u>The Call That Comes After</u>
- RCMP Canadian Champions Celebrity Video Part 1 and Part 2

Parent Night Out – Teens & Drugs Planning Guide

CLOSING

The Whole Body Experience



Purpose: This final activity provides a way to get feedback about the session.

Timeline: 15 Minutes

Materials:

- Post-it notes (3 per participant 1 of each with labels for thoughts, feelings and takeaways)
- Whole Body Experience Poster
- Whole Body Experience Labels (See Appendix F)

Instructions:

- Facilitators, display Whole Body Experience Poster on the wall. Prepare the post-it notes 3 per participant with 1 of each heading: thoughts, feelings and takeaways using labels. *See Appendix I for Whole Body Experience Labels.*
- Ask participants, to use 3 separate post-it notes to answer the questions:
 - What are your **thoughts** about the session?
 - What are your **feelings** about the session?
 - What will you **take away** from the session?
- Instruct participants to put the post-it notes on the wall with *thoughts next to the head, feelings next to the heart & take away next to the feet.*

Ensure that you collect the responses and provide a summary to the Regional Addictions Prevention Consultant – consider taking photographs of the responses to ensure accurate collection of data.



Finish the *Parent Night Out* event by thanking participants for attending.

REMEMBER! Complete the Leader/Organizer Feedback Form after your event (See Appendix G).

ADDITIONAL/ALTERNATIVE ACTIVITY OPTIONS

When You Were Young – Four Corners

Timeline: 20 minutes

Purpose:

- Reminds participants of their own experiences with substance use when they were teenagers
- Shows that virtually everyone has used some type of drug and introduces types of drugs
- Shows the variety in experience, opinions, and perspectives about teen substance use

Materials:

- □ Four Corners 4 Laminated Sheets
- □ Four Corners Question Set

Set-Up:

• Post the Four Corners posters in four clearly visible, separated locations around the room - Absolutely, Yes...But, No Way, or No...But

Instructions:

- Read out the questions
- Participants move to four corners of the room to show their answer to various questions as either Absolutely, Yes...But, No Way, or No...But

Facilitator Notes:

- There can be very different experiences among parents, as well as very different attitudes expressed by parent about their own and their teen's use of substances. It is important to acknowledge that a range of experiences and attitudes are normal.
- Some parents may identify a concern about their own use of tobacco, alcohol, and/or other drugs. It is important to have information on hand for them to consider regarding their own use and support services available.

References:

Parent Action on Drugs - Challenges, Beliefs, & Challenges Program, Four Corners Activity

Strengthening Families for Parents & Youth, Parent Session 7, Stand Up If...

Other Substance Use Prevention/Education Resources

Visit the Western Health Prevention and Promotion website at <u>www.westernhealth.nl.ca/mha</u> for educational resources and promotional materials. Email: <u>mha@westernhealth.nl.ca</u> to request print materials or borrow resources.

Some examples are:

- Drug Display
- □ Alcohol 3-Panel Display
- □ Impaired Driving Toolkit

For more information or to book resources, please contact:

Regional Mental Health Promotion Consultant Regional Addictions Prevention Consultant Telephone: 634-4171 <u>www.westernhealth.nl.ca/mha</u> <u>mha@westernhealth.nl.ca</u>



APPENDICES

- Appendix A: Sample Invitation
- Appendix B: Registration Sheet
- Appendix C: Agree...Disagree & Four Corners Posters
- Appendix D: Teen Risk-Factor Checklist
- Appendix E: Drug Match Activity Sheet
- Appendix F: Whole Body Experience Labels
- Appendix G: Leader/Organizer Feedback Form

Appendix A:

Sample Invitation

Parents, Grandparents, & Other Supportive Adults Join us for...



Share a meal • Share tips • Learn new skills Learn more about teens & substance use! Learn how you can support your teens! Learn about services & supports!

Supper
 Mocktails
 Panel Presentation
 Socializing & Learning Activities



Port aux Choix Community Hall Thursday, November 9, 2017 6:00 PM - 9:00 PM

Space is limited. Call to Register now! Registration is required. No cost to Register. Debbie House: 861-9125



Appendix B:

Registration Sheet



REGISTRATION LIST

	Name	Contact Information	Special Dietary Restrictions/Food Allergies	Names of Guests Attending Together (for seating purposes)
1.			,	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				

Appendix C:

Agree...Disagree & Four Corners Posters









Absolutely



Yes, but...



No, but...



No Way

Appendix D:

Teen Risk-Factor Checklist

Teen Risk Factor Checklist

What is the risk that your teen will have problems with drugs? Every teen is different and many teens who show these traits will not encounter problems with substance use, or other social and emotional problems. This checklist is simply meant to alert you to possible risks.

Teen Characteristics that increase risk: Does your teen show the following?

- [] Low self-esteem
- [] Inclined toward risk-taking behaviours
- [] Feelings of alienation, rebelliousness
- [] Anxious, on-edge temperament
- [] Poor school performance or extreme dislike of school
- [] Delinquent behavior, suspension from school
- [] Do most of your teen's friends use tobacco, alcohol, or other drugs?
- [] Does your teen think it's okay for teens to use tobacco, alcohol or other drugs?
- [] Did your teen start to use tobacco, alcohol, marijuana, or other drugs before they were 15?
- [] Was your teen aggressive and difficult to manage as a child?

Family Patterns that increase risk:

- [] Is there a family history or alcoholism?
- [] Do members of your household use drugs around the teens, or is there heavy drinking in the home?

Parenting patterns that increase risk:

[] You rarely let your teen know in advance what kind of behavior you expect

[] You don't usually keep track of where your teen is, the kinds of things your teen is doing, and who your teen's friends are

- [] You rarely praise your teen for doing well
- [] When your teen breaks family rules, you're not fair and reasonable in your consequences
- [] You never negotiate limits and consequences with your teen.

The presence of many risk factors doesn't mean your teen will have problems with tobacco, alcohol, or other drugs; or that they'll have other related problems. Further, the absence of risk factors doesn't guarantee that they will be free of problems. This risk check is intended only to alert you to pay attention to these factors and to make the extra effort needed to change patterns and lower risk where necessary.

Appendix E:

Drug Match Activity Sheet

Match Game

Match the drug/description with the 'slang' name.

1.	Shatter		
2.	Uppers	 Α.	Mushrooms
3.	Gear or Blow	 В.	Oxycontin
4.	Ice	 C.	Ecstasy
5.	х	 D.	Ritalin
6.	Molly	 E.	A toffee-like, highly potent marijuana derivative
7.	Poppers	 F.	Synthetic marijuana
8.	Yhattie (Yhats)	 G.	LSD
9.	Acid	 H.	Adderall
10.	Kush	 I.	Xanax
11.	Shrooms	 J.	"Pure" MDMA
12.	Blue	 K.	"Good quality" marijuana, a
13.	Rits	 	strain of marijuana
14.	Spice	 L.	Cocaine
15.	Xannies	 М.	Marijuana mixed with a pinch of tobacco
		N.	Inhalants
		О.	Crystal Meth

;l− s∋innsX .∂t ;∃– ∋⊃iq2 .41 13. Rits – D; 12. Blue – B; ;A-emoondS.ft 10. Kush – K; 9. Acid – G; ;M-(stadY)sittadY.8 7. Poppers – N; ;L — VIIoM .ð 5. X – C; 4. Ice – O; 3. Gear or Blow - L; 2. Uppers – H; 1. Shatter - E; :үэй тэ wanA

Appendix F:

Whole Body Experience Labels

Thoughts \dot{V}^{-}

What are your thoughts about the session?

Thoughts `̈́ڀ

What are your thoughts about the session?

Thoughts \dot{V}^{-}

What are your thoughts about the session?

Thoughts `jj́-

What are your thoughts about the session?

Thoughts `̈́ڀ́́́

What are your thoughts about the session?

Thoughts `̈́Ų́́́

What are your thoughts about the session?

Thoughts ``̈́dֲ´

What are your thoughts about the session?

Thoughts `̈́ڀ

What are your thoughts about the session?

Thoughts `̈́ڀ

What are your thoughts about the session?

Thoughts \

What are your thoughts about the session?

Feelings 🖤

What are your feelings about the session?

Feelings **q**

What are your feelings about the session?

Feelings 🗨

What are your feelings about the session?

Feelings 🔍

What are your feelings about the session?

Feelings 🗨

What are your feelings about the session?

Feelings 🗨

What are your feelings about the session?

Feelings 🎔

What are your feelings about the session?

Feelings 🗨

What are your feelings about the session?

Feelings 🗨

What are your feelings about the session?

Feelings 🎔

What are your feelings about the session?

Take Away 👔 🌶

What will you take away from the session?

Take Away 🍟

What will you take away from the session?

Take Away 🍟

What will you take away from the session?

Take Away 🍟

What will you take away from the session?

Take Away 🏹

What will you take away from the session?

Take Away 🏹

What will you take away from the session?

Take Away 🏹

What will you take away from the session?

Take Away 🏹

What will you take away from the session?

Take Away 🏹

What will you take away from the session?

Take Away 🏹

What will you take away from the session?

Appendix G:

Leader/Organizer Feedback Form

Parent Night Out: Teens & Drugs LEADER/ORGANIZER FEEDBACK FORM

Lo	Location/Community:	Date:
# c	# of Registered Participants:	
Ра	Partners/Volunteers:	
	1. Summary of Participant Feedback (write comments	
2.	2. What did you like best? What worked well (Success	ses)?
_		
3.	3. What did you like least? What did <u>not</u> work well (C	hallenges)?
4.	4. If we were to do this again, what would you of Opportunities for Improvement)?	do differently (Recommendations and
Ot	Other Comments:	
_		
		Page 1 of 2

Western Health

For each statement, indicate how much you Agree or Disagree with the statement:

1.	I feel overall the event w Strongly Agree	vas successfu Agree	l. Undecided	Disagree	Strongly Disagree	
2.	I would recommend that Strongly Agree	this event b Agree	e offered again. Undecided	Disagree	Strongly Disagree	
3.	I feel that I had adequate Strongly Agree	e informatio Agree	n and support ava Undecided	ilable to impler Disagree	nent this event. Strongly Disagree	
4.	The program materials u Strongly Agree	sed for the e Agree	event were easy to Undecided	o use. Disagree	Strongly Disagree	
5.	The program materials u Strongly Agree	sed for the e Agree	event were good o Undecided	quality. Disagree	Strongly Disagree	
6.	The location of the event Strongly Agree	t was approp Agree	oriate. Undecided	Disagree	Strongly Disagree	
7.	The program materials w Strongly Agree	vere appropr Agree	iate for the partic Undecided	cipants. Disagree	Strongly Disagree	
8.	There was positive feedb Strongly Agree	back from pa Agree	rticipants about t Undecided	he event. Disagree	Strongly Disagree	
9.	I felt comfortable facilita Strongly Agree	ting this eve Agree	nt. Undecided	Disagree	Strongly Disagree	
10. The topic of substance use is relevant to the target audience. Strongly Agree Agree Undecided Disagree Strongly Disagree						
 I feel participants are now more aware of available services and supports. Strongly Agree Agree Undecided Disagree Strongly Disagree 						
12. I feel participants are now more aware of the issues related to teen substance use. Strongly Agree Agree Undecided Disagree Strongly Disagree						
13. I feel participants are now more aware of tips and strategies for supporting their teens.						

Thank-You for your feedback!

Disagree

Undecided

Strongly Agree

Agree



Strongly Disagree