

Preventing substance use starts with a conversation.

A young girl with long, dark hair and a grey knit scarf is looking directly at the camera with a serious expression. She is holding a large, red, speech-bubble-shaped sign in front of her chest. The sign has the words "DON'T WAIT" written on it in a white, hand-painted, distressed font.

DON'T
WAIT

a film by Addiction is Real

DISCUSSION GUIDE



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ABOUT ADDICTION IS REAL

Addiction is Real is a 501(c)3 nonprofit organization based in St. Louis, Missouri. Founded in 2015 by a group of concerned parents, Addiction is Real is determined to reach as many parents and caregivers as possible to provide the prevention tools and early intervention knowledge needed to help steer children away from substance use and addiction.

Our Vision: A community where parents are empowered with the knowledge and resources to properly educate their children about the dangers of drugs and alcohol use, preparing them to make safer and healthier choices.

Our Mission: To educate parents and other caregivers about drug prevention and early intervention, encouraging a more proactive approach to prevention through regular conversation with their children about the dangers of substance use.

FEATURED EXPERTS



Jenny Armbruster, Deputy Executive Director, PreventEd

Jenny is the Deputy Executive Director for PreventEd (previously NCADA) in St. Louis. She holds a Master's Degree in Counseling and has been employed with PreventEd since 2007, with over 15 years working in social services. As the Deputy Executive Director, Ms. Armbruster oversees PreventEd's Counseling Program, Community Prevention and Public Awareness efforts. In addition to these areas, Jenny also provides supervision for PreventEd's opioid education and naloxone program. She is a certified reciprocal prevention specialist, licensed professional counselor and youth mental health first aid facilitator.



William J. Callahan, Special Agent in Charge, DEA

Mr. Callahan was appointed to the position of Special Agent in Charge (SAC) of the St. Louis Division in May 2018. SAC Callahan oversees the DEA's enforcement, intelligence, administrative and regulatory activities throughout Missouri, Kansas, Iowa, Nebraska, South Dakota and Southern Illinois. The St. Louis Division is comprised of 18 offices and more than 500 Special Agents, Division Investigators, Intelligence Analysts, Task Force Officers, professional staff and contractors.



Pam Greenberg, President, Addiction is Real

Pam has been Board President of Addiction is Real since 2018, and lives in St. Louis, MO with her husband, Marty. Since the death of her son, Justin, on February 27, 2015, due to an accidental overdose of heroin, she has been searching for a way to educate parents, teachers and the community on this terrible epidemic. Addiction is Real has given her this chance. She wants everyone to know that the three most dangerous words a parent can think or say are "Not my child!"



Kelly Prunty, Executive Director, Addiction is Real

Kelly co-founded Addiction is Real with Jude Hassan in 2015. She has served as the Executive Director since 2017. Kelly holds a Bachelor of Arts degree in Communication from Saint Louis University, and Master of Science in Integrated Marketing Communications from Northwestern University. She and her husband, Kevin, live in St. Louis and have four children. Having faced generations of addiction in her own family, Kelly is passionately committed to helping parents understand the dangers of substance use and how they can prepare and protect their own children from the harrowing trials of addiction.



Dr. Fred Rottnek, MD, MAHCM

Dr. Rottnek is a Professor and the Director of Community Medicine at Saint Louis University School of Medicine and Medical Director of the Physician Assistant Program. He is a graduate of the Saint Louis University School of Medicine and the Master of Arts in Health Care Mission Program at Aquinas Institute of Theology. His clinical practices currently include addiction medicine and correctional healthcare. He teaches in the School of Medicine, the Physician Assistant Program, the Center for Interprofessional Education and Research, and the School of Law. Board-Certified in Family Medicine and Addiction Medicine, he is the Medical Director for the Assisted Recovery Centers of American (ARCA). He serves on the boards of the Saint Louis Regional Health Commission, the ARCHway Institute, and Alive and Well Communities. Dr. Rottnek is the Program Director of the Saint Louis University Addiction Medicine Fellowship.

ADULT DISCUSSION QUESTIONS

After viewing the film, these questions can be used to facilitate discussions between adults and/or for the purpose of a panel discussion.

1. What did you find to be the most surprising part of this film? What new information did you find most valuable?
2. The film stresses the importance of talking with your kids early and often about the dangers of drugs and alcohol. How have you approached these conversations in the past? Has the information provided in the film caused you to consider any changes to your approach moving forward?
3. The film discusses the higher risk of addiction that results from introducing alcohol and drugs into a developing teenage brain. Does understanding this science change any of your opinions around teenage drinking? Does it change your opinion on allowing underage drinking in your home? Why or why not?
4. One statistic in the film states that by 3rd or 4th grade, kids begin setting expectations of whether they will consume alcohol or refrain from doing so as they mature (Source: Center for Parenting Ed). Think about the various influences in your child's everyday life. What do you think are some of the environmental factors that influence your child's expectations in regard to using alcohol and/or drugs?
5. If you have a history of addiction in your family, have you discussed it with your children? Why or why not?
6. If you have used drugs in the past, should you tell your kids? It is a difficult decision as to whether or not a parent shares that information with their child. What do you think could be some of the benefits of telling your child about your personal experience with drugs? What could be the downside?
7. Share your thoughts around whether a parent should search a child's bedroom versus respecting their privacy.
8. You catch your child using marijuana. When confronted, your child explains that marijuana is legal in many states, so it must be safe. After watching "Don't Wait," what information would you use in your argument to convince your child otherwise?
9. The fastest-growing drug problem in the United States isn't cocaine, heroin, or methamphetamines. It is prescription drugs, and it is profoundly affecting the lives of teenagers. What measures do you take at home to prevent prescription drug abuse? Have you discussed the dangers of misusing prescription drugs with your teen? Why or why not?
10. Did you know that teenagers are more likely to die from a drug overdose than they are from texting while driving? How does that statistic make you feel? Does it create a sense of urgency in your mind in regards to having these important conversations with your children? Why or why not?

PARENT/CHILD DISCUSSION QUESTIONS & PREVENTION ACTIVITIES

This can be used for discussions between a parent and child. We cover some of the more difficult questions that kids often ask, and provide research-based answers for parents as a reference.

1. Why do some people become addicted, while others don't?

Great question, and a hard one. We don't fully understand yet why this is so. One fact won't determine if a person will become addicted to drugs. A combination of factors influence risk for addiction. The more risk factors a person has, the greater the chance that taking drugs can lead to addiction.

Biology: The genes people are born with account for about 50% of a person's risk for addiction. Some diseases, like sickle cell anemia or cystic fibrosis, are caused by an error in a single gene. However, most diseases, including addiction, are considered genetically complex and involve variations in a number of different genes. Gender, ethnicity, and the presence of mental disorders may also influence risk for drug use and addiction.

Environment: A person's environment includes many different influences, from family and friends to economic status and general quality of life. Factors such as peer pressure, physical and sexual abuse, early exposure to drugs, stress, and parental guidance can greatly affect a person's likelihood of drug use and addiction. Genetics and environmental factors are thought to play equal roles in the onset of addiction.

Development: Although taking drugs at any age can lead to addiction, abusing drugs or alcohol before the brain is fully developed (any time before a person's mid-20s) may increase the risk of addiction later in life due to the changes these substances make to a growing brain.

2. Why can't people who have an addiction "just stop" using drugs?

Sometimes it's hard for friends and family members to understand why their loved one can't just quit using the substance that is hurting them.

The reason it's so difficult for people struggling with drug or alcohol addiction is that it isn't just a habit—it's a disease. When a person takes drugs or drinks alcohol over a period of time, it can change their brain circuits. In fact, addiction changes the way that crucial parts of the brain function so much that the person has a very hard time stopping their use of drugs or alcohol—even when they want to.

Researchers call this the "brain disease model of addiction." They view drug and alcohol addiction not as a problem caused by a lack of willpower, but instead as an illness that needs treatment.

Research of the brain has shown that addiction harms the brain in at least three ways:

- **It makes the brain's reward circuits less sensitive.** Addictive drugs cause the brain to release dopamine, a chemical that makes a person feel pleasure. If the person continues to take the drug over time, however, the circuit can become imbalanced. To get the same reward they got when they first used the drug, they need to take larger amounts of it. And natural rewards no longer give the person pleasure, causing them to lose interest in things they used to enjoy, like spending time with friends.
- **It increases the brain's reaction to stress.** Some brain circuits control our responses to stressful situations. In the brain of a person with addiction, that system of circuits becomes overactive, making people feel very stressed when they aren't using drugs.
- **It weakens regions of the brain that help a person make good decisions.** Drug addiction also affects the prefrontal cortex, the part of the brain that helps a person make decisions and control their impulses. It's like their car has worn-out brakes: even if they try to stop using the drug, they may not be able to control their impulse and take the drug anyway.

While many factors influence whether or not a person will become addicted to drugs or alcohol, teens are especially at risk. A person's brain doesn't stop developing until they're in their early 20s; until then, their brain's circuits are especially sensitive to the effects of drugs.

3. What properties in drugs make them addicting?

Different drugs act on the brain in different ways, but they all cause a release of the neurotransmitter dopamine in the brain's reward area, which is what causes the pleasurable sensation (the high). Once a person uses a drug repeatedly, their brain starts to adjust to these surges of dopamine; the brain cells (neurons) make fewer dopamine receptors, or they simply produce less dopamine.

The result is a lower amount of "dopamine signaling" in the reward area—it's like "turning down the volume" on the reward signal. Then the person may start to find natural "rewards"—like food, relationships, or sex—less pleasurable; that's one of the signs of addiction.

Also, reduced dopamine signaling in the brain's prefrontal cortex, which governs our ability to inhibit (slow down or stop) our impulses, makes it harder to resist the urge to take drugs even if a person would like to quit.

4. Does marijuana use lead to the use of other drugs?

The "gateway drug" concept—where using one drug leads a person to use other drugs—generates a lot of controversy. Researchers haven't found a definite answer yet, but as of today the research does suggest that, while most people who smoke marijuana do not go on to use other drugs, most teens who do use other illegal drugs try marijuana first.

For example, the risk of using cocaine is much greater for those who have tried marijuana than for those who have never tried it. However, this risk is also greater for people who have used alcohol and tobacco.

Animal studies suggest that because the teen brain is still developing, using marijuana, alcohol, or tobacco in your teen years (or earlier) may alter your brain's reward system, and that may put teens at higher risk of using other drugs. In addition, using marijuana puts children and teens in contact with people who use and sell other drugs, increasing the risk of additional drug use.

5. How can I help someone if they are on drugs?

One of the best things you can do for a friend with a serious drug problem is let them know you are there to support them. Tell them you're concerned about their drug use and encourage them to seek help from a trusted adult; maybe a teacher, coach, parent, or counselor can help.

You can also help by being a strong positive influence; help them get involved in non-drug-using activities like joining a club, playing music, or playing a sport. However, if your friend is becoming a negative influence in your life, you might have to step away from the friendship for a while.

If you feel your friend is a danger to himself or herself, or to others, it is important to tell a trusted adult right away. It could save your friend's life.

6. If your child is 12 or older, sit down together and come up with an exit plan. An exit plan is a plan that your child can use in an uncomfortable situation when they want to leave, but don't want to make the exit too obvious.

One example of an exit plan is the X Plan:

1. The parent and child agree that if the child is ever in an uncomfortable situation (for instance at a party where there are drugs and alcohol) and wants to get picked up, the child can simply text the letter X to his parents.
2. The parents agree to respond quickly by calling the child and telling him/her that there is a family emergency and they are coming to get him/her right away.
3. At this point, the child can blame having to leave on the family emergency or on his/her parents, rather than on the drugs and alcohol. This relieves some pressure and creates an easy exit.
4. In order to encourage kids to use this sort of exit plan, parents may want to discuss with their child ahead of time whether they will ask any questions about what caused the child to want to be picked up. Kids are more likely to use an exit plan if parents can give them some space to discuss the situation at a time of their choosing. Many kids will not use an exit plan if they know they will have to answer a ton of questions at pickup.

7. Practice refusal skills with your kids.

Teens need ready-made comebacks to have in their back pocket for when friends and peers start putting on the pressure. Discuss various ways to say "no" with your child and choose a couple options that are most comfortable. Examples of various ways to refuse include:

- Compliment the person: *"Thanks for offering, but I'm good."*
- State the consequence or problem: *"The trouble is my parents drug test me"*
or *"Sorry, I value my spot on the basketball team."*
- Leave in a way that doesn't offend: *"I have to get to my brother's basketball game. See you another time."*

Rehearse/role play regularly and tell your child to be assertive and make eye contact when refusing. Expect offers to use alcohol and drugs to come from friends and acquaintances.

TALKING ABOUT DRUGS WITH KIDS

PRESCHOOLERS

It may seem premature to talk about drugs with preschoolers, but the attitudes they form now are the foundation for the decisions they'll make when they're older. Talk often with your preschoolers, and listen often to what they have to say.

Playing grown-up

At this early age, children often like to play grown-up by pretending to be adults, mimicking what adults do and say. **Your words and actions make a lasting impression**, so let your child know how you feel about substance use. If you drive up to the supermarket, for example, and see someone standing outside smoking, tell your child that smoking is harmful and that it causes people to get very sick and sometimes die.

Teaching on their level

Children this age are capable of understanding your explanation about poison and harmful things in your home, such as cleaning products, paint, gasoline and more. Caution your children to eat or drink only what you, a grandparent, or another caregiver gives them. If your child becomes sick and you administer medicine, use this opportunity to explain that medicine helps the person it is meant for but can harm someone else who takes it. **Warn children to never take a drug unless it is meant for them.**

Short but honest answers

Preschool children are curious and eager to learn, but they also have relatively short attention spans. When they ask questions, **answer honestly but don't overwhelm them.** For example, you or another adult family member might occasionally drink wine with dinner or enjoy a beer on the weekend. Four-year-old Jimmy wants to know if he can taste it. You might say:

No, Jimmy, this is only for adults who are at least 21 years old. It can make children very sick if they drink it. Why don't you help me fix you a glass of apple juice instead?"

Decisions, decisions...

It's important to teach your children how to make good decisions early in life. One way to do that is to **let your children make their own decisions—but only if they don't endanger their well-being.**

For example: Explain early and often about how healthy foods help children grow up to be fit and strong.

- If they are especially enamored by a fictional character or famous athlete, encourage them to eat healthy foods so they will grow up to be healthy and strong like their idols. This gives your child the background knowledge to make smart food choices.

When feasible, let your preschooler choose what clothing to wear—even if they make a few mistakes.

- Letting them choose builds confidence in their own decision-making ability.

TALKING ABOUT DRUGS WITH KIDS

ELEMENTARY SCHOOL (AGES 5-10)

At the lower end of this age range, children are very perceptive and anxious to learn. This is a good time to introduce more detail into your conversations about drugs, especially what they are and the consequences of using them. Explain the concept of addiction—that some people may not understand how harmful drugs are or that some people try drugs and then have a hard time quitting.

Safe drugs & unsafe drugs

Kids in this age group may ask why some drugs are good for you and others aren't. This is a good time to explain to them that **prescription medication should be taken only when a doctor tells you** and only when administered by an adult. Tell your child that taking drugs even one time can make you sick or even kill you.

Honesty & praise

Explain in more detail how dangerous it is for children to drink alcohol and how harmful it is to their developing brain and body. **Tell them the truth: even relatively small amounts of alcohol can make a child sick.** If your children aspire to be like someone famous, such as a sports figure, remind them that it's important to take care of their body and to not use tobacco, alcohol, or drugs if they want to excel. Children this age crave praise, so give it out freely when deserved. For example, let them know you think they are super smart for disliking the smell of cigarette smoke. This type of interaction also assures children they are capable of making healthy choices—in this case, they dislike cigarettes and don't want to be around them.

Repeat yourself

While in elementary school, children need to be warned about not using inhalants. Tell them—repeatedly—that even one instance of inhaling can lead to severe brain damage or even death.

When they ask...

When children in this age group ask questions, it's often because of something they have seen or heard, and **it's important to know where they are getting their information.** For example, your eight-year-old may ask, "What is pot?" First, clarify that your child is referring to marijuana by asking where your child learned about it and what exactly was heard, read, or seen. Based on that, you might answer:

"It's a very dangerous drug that people smoke, usually like a cigarette but sometimes in a pipe. Marijuana has chemicals in it that can cause cancer and maybe even kill you. People who smoke marijuana can get addicted and can't stop using it, or they might try other very dangerous drugs, too. It's nothing to mess around with, and I hope you don't ever try it. You are a smart girl, and I wouldn't want you to mess up your life."

Involve others

Children this age still respect adults, particularly law enforcement. As your child enters elementary school, offer to help establish or administer a drug education program that includes outside resources.

Encourage healthy choices & smart decision-making

Talk to your kids often about making good choices and about healthy living and smart goal setting. **Let them make age-appropriate decisions, and reward them when they do well.** Doing so empowers them and gives them confidence in their decision-making skills.

Before leaving elementary school, your children should know:

- The immediate effects of alcohol, tobacco, and drug use on different parts of the body, including risks of coma or fatal overdose
- The long-term consequences—how and why drugs can be addictive and make users lose control of their lives
- The reasons why drugs are especially dangerous for growing bodies
- The problems that alcohol and other illegal drugs cause not only to the user, but the user's family and world

TALKING ABOUT DRUGS WITH KIDS **MIDDLE SCHOOL (AGES 11-14)**

Your child's transition to middle school (or junior high) calls for special vigilance. If you began having regular conversations with your child at a young age, the child should know with certainty where you stand on the subject of drugs and alcohol. If you didn't have those conversations earlier, it's not too late to start! In fact, this is the time when you should spend even more time talking and listening, as your child is likely seeing more substance use on television, in movies, online and at school or in social situations. Children this age are capable of engaging in more in-depth conversations about why people use drugs, the potential dangers, and the consequences for the user and their family.

Take the lead

Your child may not initiate as many conversations about drugs and alcohol with you as before. **It's important for you to take the lead and engage your child in discussions** by using real-life events in the news or in your own lives. For example, your child tells you that a friend named Kevin rode in a vehicle driven by an older brother who was smoking marijuana while driving. Explain to your child the importance of not riding in a car with someone who is using alcohol or drugs, and explain what to do in that situation. You might say, "What Kevin's brother did was illegal, and he could go to jail if caught. But more important, he could have had a serious accident. I hope you know you can call me if that ever happens to you, and I will come and get you. You'll be driving in a few years, and I'm glad you are smart enough to know better than to drink or do drugs and drive."

Encourage healthy growth

Conversations with your child should also include talking about their interests. Activities such as youth groups, arts, music, sports, community service, and academic clubs keep children occupied, develop team-building skills, provide a sense of discipline, and sometimes help kids discover talents they didn't realize they had. **Encourage your children to share their dreams and ask what types of activities they enjoy**, and then find a way to nurture those interests in positive ways.

Self-image

Preteens begin going through physical changes, and **they start to care more about their self-image**. Girls, especially, tend to pay more attention to hair and fashion. As you notice this happening, initiate conversations with your child about how he or she looks. Point out the obvious downsides to smoking, such as bad breath and stinky hair. Expand the conversation into talking about the long-term risks, such as lung cancer and emphysema. For children who are interested in sports, encourage them to stay healthy and avoid anabolic steroids as a "quick fix" for enhancing their performance.

Friends & their parents

Kids want to fit in or feel normal around older teens who may expose them to alcohol, tobacco, or drugs. **Get to know your child's friends**. If you're giving a group of kids a ride to the mall, for example, make small talk with the friends by asking about their interests, their family, or what music or television shows they like. **And get to know the parents of your child's friends** and share with them your desire to raise a drug-free child. If your child regularly hangs out with the same five friends, you could have as many as ten extra caregivers keeping their eyes and ears on your child's activities!

Practice makes perfect

Your ongoing conversations with your children should **include how to respond if someone offers them drugs or alcohol**. Let your child practice his answers. “No, thanks. I’m not into that.” or “Nah, I play on the basketball team and don’t want to risk it.” Assure your children you will come get them any time - without scolding - if they need to leave a place where alcohol or drugs are being used. If you can’t be available, find a responsible adult who will go in your place.

Asking & listening

Your role as a parent (or caregiver) isn’t just to talk to your kids, but to also listen. **It’s up to YOU to ask open-ended questions that require more than a simple “yes” or “no” answer.** Conversation starters can come from the media or from real life. For example, you might say, “What do you think about the lyrics in this song - when the guy sings, ‘I took a pill in Ibiza, to show Avicii I was cool?’ What does that make you think about? How do you feel about that?”

Inhalants - A particular concern

Just as with elementary school students, the use of inhalants is of particular concern at this age. **In a 2011 survey, 7% of eighth graders reported using inhalants in the year prior**, and 39% didn’t consider the regular use of inhalants to be harmful. However, inhalants can cause unconsciousness, severe damage to the brain and nervous system, and even death the very first time they are used! Yet 64% of the eighth graders surveyed didn’t think trying inhalants once or twice was risky. Young teens may not understand the risks of inhalant use, so it’s up to you to educate them about the dangers.

What do they think?

Continue to teach your children to be critical of how drugs and alcohol are portrayed in videos, movies, and television shows. Do they think engaging in promiscuous behavior after drinking too much is attractive or disgusting? Does a video that shows drugs make them curious enough to want to try them? Continue to talk to your kids often about making good choices and about healthy living and goal setting.

TALKING ABOUT DRUGS WITH KIDS HIGH SCHOOL (AGES 15-18)

By the time teens enter high school, they have likely had many opportunities to try drugs, alcohol, or tobacco. Even if they have resisted the temptation, they've probably seen peers do it - sometimes to excess and perhaps even with serious consequences. In fact, they may know fellow classmates with addiction issues. You can't choose your children's friends, but you can encourage them to talk to their friends about the dangers of drugs and alcohol, and develop friendships with kids who do not smoke, drink, or do drugs.

What they're thinking

Teens this age typically understand how substance use can affect unborn children, how combining drugs can be deadly, and how easy it is to go from casual use to abuse to addiction. Enforce these concepts when talking with your teenager. During the last few years of high school teens are thinking about what their future holds, so this is a great time to keep reminding them that substance use can ruin their chances of getting into college, being accepted by the military, or being hired for certain jobs.

Debating what's legal

An important issue to discuss with your teenager is the debate over medical marijuana. Make sure your child knows that "smoked marijuana" has not withstood the rigors of science - it is not medicine and it is not safe. **Recreational marijuana is harmful, and although it is sold in some states, it is still illegal in ALL states under federal law.**

Granting independence - with love

Children this age want independence, but you need to set limits. Set curfews and other expectations for your child's behavior, establish appropriate consequences for breaking rules, and consistently follow through with enforcement. Finally, **tell children often that you care about them and that they are important to you.** Show them you mean it by regularly spending one-on-one time with them. Developing this strong bond will make your child more likely to come to you with questions or concerns about drugs, alcohol, or other sensitive issues. Remember, even as children are pushing for independence, they need someone they love and respect to be involved. They need YOU!

Know what's trendy

Talk with your teen about what you know about the dangers of abusing prescription drugs. **Non-medical use of prescription medications to get high is rising dramatically.** Routinely ask your teen which prescription drugs are issues at school, in friends' homes, and at parties. Know what they look like and how to identify them.

Driving responsibly

As teens begin to drive and become even more independent, establish clear rules about drinking or using drugs while driving. Ask for their input; then **develop a written agreement that spells out expectations** for behavior and specific consequences for breaking the rules. For example, you may want to limit the hours your teen can drive and grant (or deny) permission to transport younger siblings. Whether or not your city or state restricts the number of passengers

in your teen's car, you can do so as part of your written agreement. You and your young driver should sign the agreement to give it more credibility, then keep it in a public area of the home to serve as a constant reminder of what is expected.

Example of a young driver written agreement:

- I will not drink alcohol and drive.
- I will drive only from ____ a.m. until ____ p.m.
- I will not stay at a party where alcohol is served or drugs are present.
- I will not ride in a car with a driver who has been drinking or using drugs.

Signed, _____

The “at home” party

Some parents mistakenly believe “My teens and their friends are safer drinking at home because they aren't out driving while intoxicated.” **Even if state law permits teens to drink at home at certain ages under a parent's supervision, it doesn't mean you should let them.** Doing so may be setting a dangerous example, signaling you approve of what may be illegal consumption of alcohol in other settings. And if you give your teen permission to host a party in your home, never supply alcohol to your child's friends. Not only is it illegal, but you may be held liable for anything that happens to the minors and any damage they cause - including what happens when they leave the premises.

Life after high school

Knowing you are proud of them and the good choices they make can motivate teens to maintain a drug-free lifestyle and to serve as a positive role model for younger siblings. Parenting doesn't stop when a child goes to college. Find out if there is a program during freshman orientation that educates students about campus policies and health and wellness or prevention programs related to alcohol and other drug use. If so, attend with your child, or at least be familiar with the name of the person who is responsible for campus counseling or prevention programs.

Learn about the college's standards of conduct. Federal regulations require any institution of higher education receiving federal funding to have a drug prevention program that prohibits, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students on campus property or while participating in its activities. Colleges must enforce these standards or risk serious consequences, including loss of federal student financial assistance. Ask about and understand the college's parental notification policy for standards of conduct violations. Make sure your child understands the penalties for underage drinking, public drunkenness, illicit drug use, using a fake ID, driving under the influence of drugs or alcohol, assault, and other alcohol-related offenses.

Make certain your child understands how alcohol and other illicit drug use and abuse can be associated with date rape, violence, and academic failure, as well as have consequences after graduation.

This is also the time to stress the importance of the responsible consumption of alcohol when your college-age children are of legal drinking age, and if they choose to drink.

ADDITIONAL PREVENTION TOOLS PROVIDED BY ADDICTION IS REAL

Along with the film, “Don’t Wait,” Addiction is Real provides additional critical prevention tools to help educate parents and caregivers in drug prevention and early intervention.

PARENT HANDBOOK

Our parent handbook is full of important prevention information and a guide for having age-appropriate conversations about drugs and alcohol.

It can be downloaded in PDF form here at <https://bit.ly/3hJthuU>

HIDDEN IN PLAIN VIEW VIRTUAL BEDROOM

Seemingly innocent items could actually indicate substance use. Explore this online bedroom to learn to recognize the signs of risky behavior. Discover what to look for and why these items could indicate that your child is using alcohol or drugs. There are over 70 suspicious items hidden in plain view. How many will you recognize?

Visit <https://hipv.addictionisreal.org>

HIDDEN IN PLAIN VIEW HANDBOOK

Our Hidden in Plain View handbook provides pictures and descriptions of more than 50 everyday household items that are easily overlooked and are often telltale signs of risky behavior and substance use.

It can be downloaded in PDF form at <https://bit.ly/2H8XHdh>

RESOURCES

Do you suspect that your child might be using drugs or alcohol? Addiction is Real has compiled a number of resources, including treatment centers, help hotlines, support groups, and more.

For help on your journey, go to <https://www.addictionisreal.org/resources-2>

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