

Intervention:

If you suspect your child is using alcohol or other drugs

Excuses, lies and alibis... Kids may tell you:

*I only took one sip... just to see what it tasted like (or)
I've only tried marijuana once! I'm not stupid!*

Generally, kids drink or use drugs to “catch a buzz.” If they are going to risk getting caught, they are going to make it worth their while. The biggest lie kids tell parents is that they tried something only once or they ingested only a small amount. Kids will usually tell parents only what they think they can handle, and what will placate them to avoid trouble.

Marijuana is harmless. Lots of kids use it. You probably smoked it yourself when you were my age! Besides, it's natural.

Welcome to the 21st century! The marijuana that is around today is much more potent than pot that was available in the 1960s and 1970s. In many ways it is a different drug. Heavy use of marijuana dulls reflexes, limits short-term memory and retention, and decreases the user's motivation. An eighth-ounce of average-quality marijuana costs \$40 to \$45. Compare this to \$15 to \$20 per ounce in the 1970s. The cost increase reflects the higher potency of today's pot.

It isn't mine. It belongs to someone else. And I can't tell you who because I don't want to get them in trouble.

If you find pipes, rolling papers, lighters, seeds, Visine®, incense burners, drawings of mushrooms or other drug-related items, these are all signs of drug preoccupation. The oldest trick in the book is the diversion move, “It's not mine. It's somebody else's.” Some kids will actually give you the name of a peer who they know you disapprove of, figuring they can't “poison a well that is already poisoned.” When drug paraphernalia is discovered, it is usually a sign your child is already involved in patterned abuse, possibly early stages of dependency. Have a formal evaluation done to assess the scope of the problem.

I just use once in a while with my friends. I have it under control!

Research indicates that the longer teens delay use of mood-altering chemicals, the less likely addiction occurs. Arguably there is no such thing as “social use” when it comes to teen consumers. All such use constitutes abuse and should be met with zero tolerance. The notion that teen drug and alcohol use is inevitable (a “rite of passage”) and should be expected is one of the biggest stumbling blocks toward effective prevention. And to admit that one is out of control is often met with incredulous denial.

I’m just experimenting with it. This is the first time I’ve used it. I won’t do it again!

Teens generally subscribe to the adage “never tell adults more than they can handle.” Parents, you can’t depend on your son or daughter’s reported use pattern. Research indicates that parents minimize their children’s actual drug use by 70 percent.

If you don’t believe me, have me take a urine test. That will prove that I am telling the truth. You never trust me!

A urine analysis screen is one tool in the arsenal against substance abuse. Though they are helpful, they should not be considered foolproof. Some 80 percent of the time that there is a false reading; it is a false negative. This means that drugs were used but the screen failed to pick them up. Some mood-altering chemicals are undetectable. Also, there are numerous products on the market that mask substances in urine screens. If you are concerned enough to get a drug screen, then you should pursue a professional assessment.

You don’t trust me, and besides, you’ve invaded my privacy!

Parents have the right, arguably the obligation, if they are suspicious or concerned, to look into the circumstances that have caused the concerns. Snooping is not a pleasant undertaking, but when issues such as health and safety are involved, if there is reason for concern and a profound lack of credibility or trust, snooping is permissible.

Information taken from the following source:

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