Safety First

A Reality-Based Approach to Teens and Drugs

Marsha Rosenbaum, PhD

A Drug Policy Alliance release.

We are the Drug Policy Alliance and we envision a just society in which the use and regulation of drugs are grounded in science, compassion, health and human rights, in which people are no longer punished for what they put into their own bodies but only for crimes committed against others, and in which the fears, prejudices and punitive prohibitions of today are no more.

Please join us.

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Introduction

Like many parents, when my children entered high school, I wished "the drug thing" would magically disappear and my kids would simply abstain. Yet as a long-time researcher supported by the National Institute on Drug Abuse, and as a realistic parent, I knew this wish to be a fantasy.

Today's teenagers have been exposed, starting in elementary school, to anti-drug messages in school, on television, and in community-based programs.

Largely these anti-drug messages are designed to generate fear in young people and encourage them to abstain from alcohol and other drug use.

Parents, too, have been advised, indeed bombarded, with billboard, newspaper and electronic messages urging them to talk to their teens and establish clear limits and consequences for disobeying the rules.

Yet despite federal drug prevention expenditures totaling more than $1.3 billion per year[1] on a variety of programs, coupled with admonitions from their parents, many teenagers – including student body presidents, cheerleaders and sports team captains – have rejected the "Just Say No" mantra and used alcohol and/or other drugs while in high school.

Most youthful drug use is experimental or occasional and the vast majority of young people, fortunately, pass through adolescence unscathed. Still, I worry about those whose experimentation gets out of hand; who fall into reckless patterns with alcohol and/or other drugs; and who put themselves and others in harm's way.

Let me be clear from the outset. As a mother myself, and now a grandmother, I do not excuse, encourage or condone teenage drug use. I believe abstinence is the safest choice.

My deepest feelings are expressed in a letter written to my son when he entered high school, published by the *San Francisco Chronicle* on September 7, 1998.[2]

San Francisco Chronicle

Dear Johnny,

This fall you will be entering high school and, like most American teenagers, you'll have to navigate drugs. As most parents, I would prefer that you not use drugs. However, I realize, that despite my wishes, you might experiment.

I will not use scare tactics to deter you. Instead, having spent the past 25 years researching drug use, abuse and policy, **I will tell you a little about what I have learned, hoping this will lead you to make wise choices.** My only concern is your health and safety.

When people talk about "drugs," they are generally referring to illegal substances such as marijuana, cocaine, methamphetamine (speed), psychedelic drugs (LSD, Ecstasy, "Shrooms") and heroin. These are not the only drugs that make you high. Alcohol, cigarettes and many other substances (like glue) cause intoxication of some sort. The fact that one drug or another is illegal does not mean one is better or worse for you. All of them temporarily change the way you perceive things and the way you think.

Some people will tell you that drugs feel good, and that's why they use them. But drugs are not always fun. Cocaine and methamphetamine speed up your heart; LSD can make you feel disoriented; alcohol intoxication impairs driving; cigarette smoking leads to addiction and sometimes lung cancer; and people sometimes die suddenly from taking heroin. Marijuana does not often lead to physical dependence or overdose, but it does alter the way people think, behave and react.

I have tried to give you a short description of the drugs you might encounter. **I choose not to try to scare you by distorting information because I want you to have confidence in what I tell you.** Although I won't lie to you about their effects, there are many reasons for a person your age *not* to use drugs or alcohol. First, being high on marijuana or any other drug often interferes with normal life. It is difficult to retain information while high, so using it, especially daily, affects your ability to learn.

Second, if you think you might try marijuana, please wait until you are older. Adults with drug problems often started using at a very early age.

Finally, your father and I don't want you to get into trouble. Drug and alcohol use is illegal for you, and the consequences of being caught are huge. Here in the United States, the number of arrests for possession of marijuana has more than doubled in the past six years. Adults are serious about "zero tolerance." If caught, you could be arrested, expelled from school, barred from playing sports, lose your driver's license, denied a college loan and/or rejected from college.

Despite my advice to abstain, you may one day choose to experiment. I will say again that this is *not* a good idea, but if you do, I urge you to learn as much as you can, and use common sense. There are many excellent books and references, including the Internet, that give you credible information about drugs. **You can, of course, always talk to me. If I don't know the answers to your questions, I will try to help you find them.**

If you are offered drugs, be cautious. Watch how people behave, but understand that everyone responds differently even to the same substance. If you do decide to experiment, be sure you are surrounded by people you can count upon. Plan your transportation and under no circumstances drive or get into a car with anyone else who has been using alcohol or other drugs. Call us or any of our close friends any time, day or night, and we will pick you up, no questions asked and no consequences.

And please, Johnny, use moderation. It is impossible to know what is contained in illegal drugs because they are not regulated. The majority of fatal overdoses occur because young people do not know the strength of the drugs they consume, or how they combine with other drugs. Please do not participate in drinking contests, which have killed too many young people. Whereas marijuana by itself is not fatal, too much can cause you to become disoriented and sometimes paranoid. And of course, smoking can hurt your lungs, later in life and now.

Johnny, as your father and I have always told you about a range of activities (including sex), think about the consequences of your actions before you act. Drugs are no different. Be skeptical and, most of all, be safe.

Love, Mom

Immediately following the publication of "Dear Johnny," I received dozens of calls, emails and letters from parents, teachers and other concerned adults who wanted to know more about why so many teens weren't listening to our admonitions to abstain.

What, if anything, could they do about it? How might they educate themselves so they could counsel teenagers more effectively? Was there anything that could be done to ensure the safety of teenagers, even if they persisted in experimenting with alcohol and/or other drugs?

To research these questions, I consulted experts, including a diverse group of parents, teachers, researchers and young people themselves. I looked at school-based drug education, its history, curricula and existing evaluations. The result was the first edition (1999) of *Safety First: A Reality-Based Approach to Teens, Drugs, and Drug Education*, which was revised and updated in 2002, 2004, 2007, 2012, and 2014.

I must have hit a nerve.

Since 1999, hundreds of thousands of copies of *Safety First* have been requested by and distributed to individuals and educational, health and governmental institutions and agencies in all 50 states, Puerto Rico, the District of Columbia and in 35 countries around the world. The booklet has been translated into Spanish, Chinese, Russian, Ukrainian, Romanian, Czech, Hebrew, Portuguese, Greek, and Papiamento. "Dear Johnny" has been published in at least a dozen languages.

I have made countless presentations, written opinion pieces for newspapers, spoken with thousands of parents, teachers and students, and appeared on numerous radio and TV shows.

The education I've received over the past twenty-one years has shaped this new booklet, which is intended for parents and other adults who care about the health and safety of teenagers, and who are willing to look beyond convention for pragmatic strategies.

The abstinence-only mandate puts adults in the unenviable position of having nothing to say to the young people we need most to reach.

Understanding Teenage Drug Use

The 2018 Monitoring the Future survey states that almost half of high school seniors say they have tried illegal drugs (including prescription drugs not under doctor's orders) at some point in their lifetime; nearly 39 percent admit to having used an illegal drug during the past year; and nearly one-quarter profess to having used drugs in the past month.[3]

The numbers are even higher for alcohol: 58 percent say they have tried alcohol (itself a potent drug in every regard) at some point in their lives; 53 percent within the past year; and more than 30 percent of those surveyed within the past month.[4]

The Centers for Disease Control and Prevention's 2017 Youth Risk Behavior Survey found that 18 percent of high school students reported taking "more than a few sips" of alcohol before the age of 13.[5]

In order to understand teenage drug use, it is imperative to recognize the context in which today's teens have grown up. Alcohol, tobacco, caffeine, over-the-counter and prescription drugs are everywhere. Although we

urge our young people to be "drug-free," Americans are constantly bombarded with messages encouraging us to imbibe and medicate with a variety of substances. We use alcohol to celebrate ("Let's drink to that!"), to recreate ("I can't wait to kick back and have a cold one!") and even to medicate ("I really need a drink!"). We use caffeine to boost our energy, and prescription and over-the-counter drugs to modify our moods, lift us out of depression and help us work, study and sleep.

Drugs are an integral part of American life. In fact, nearly half of U.S. adults report using at least one medication in the past month,[6] and nearly a quarter of women aged 60 or older are using antidepressants.[7] Fifty-six percent of adults in this country have used alcohol in the last month[8] and more than 123 million Americans over the age of 12 have tried marijuana at some time in their lives – a fact not lost on their children and grandchildren.[9]

Today's teenagers have witnessed first-hand the increasing, sometimes forced "Ritalinization" of their fellow students.[10] Stimulants such as Adderall, an amphetamine product, have become a drug of choice on many college campuses. We see prime-time network commercials for drugs to manage such ailments as "Generalized Anxiety Disorder," and teenagers see increasing numbers of their parents using anti-depressants to cope with life's challenges. In 2017, 15 percent of 12th graders claimed to have used at least one prescription drug (amphetamines, tranquilizers, sedatives and/or narcotics) without a doctor's orders, in their lifetime; almost 10 percent in the past year; and 4.2 percent in the past month.[11]

"Peer pressure" is often blamed for adolescent drug use. However, teenage drug use seems instead to mirror modern American drug-taking tendencies.[12] Indeed, some psychologists suggest that given the nature of our culture, teenage experimentation with legal and illegal mind-altering substances should not be considered abnormal or deviant behavior.[13]

Problems With Current Prevention Strategies

Americans have been trying to prevent teenage drug use for more than a century – from the nineteenth-century Temperance campaigns against alcohol to Nancy Reagan's "Just Say No." A variety of methods, from scare tactics to resistance techniques to zero-tolerance policies and random drug testing, have been used to try to persuade, coax and force young people to abstain.

Although some newer, more nuanced programs are stressing good decision making,[14] most are compromised by:

- the unwillingness to distinguish between drug use and abuse, proclaiming "all use is abuse";
- the use of misinformation as a scare tactic; and
- the failure to provide comprehensive information to help young people reduce the harms that can result from drug use.[15]

Use Versus Abuse

In the effort to stop teenage experimentation, prevention messages often pretend there is no difference between use and abuse. Some use the terms interchangeably; others emphasize an exaggerated definition that categorizes any illegal use of drugs as abuse.[16]

Teens often dismiss this hypocritical message because they see adults routinely making distinctions between use and abuse. Most observe their parents and other adults using alcohol without abusing it. They know there is a big difference between having a glass of wine with dinner and having that same glass of wine with breakfast. Many also know or suspect their parents have used marijuana or some other drug at some point in their lives without abusing it or even continuing to use it.[17]

Few things are more frightening to a parent than a teenager whose use of alcohol, marijuana, and/or other drugs gets out of hand. Yet virtually all studies have found that the vast majority of students who try legal and/or illegal drugs do not experience problems with them.[18]

We need to talk about alcohol, marijuana, and other drugs in a sophisticated manner and distinguish between *use* and *abuse*. If not, we lose credibility.

Of course, any substance use involves risk. But it is important to talk about alcohol, marijuana and other drugs in a sophisticated manner and distinguish between *use* and *abuse*. If not, we lose credibility, and teens stop listening. Furthermore, by acknowledging these distinctions we can more effectively recognize problems if and when they occur.[19]

Scare Tactics and Misinformation: Marijuana as a Case in Point

While the use of alcohol presents the greatest risks to young people, marijuana – the second most popular drug among teens – has consistently been mischaracterized in an effort to frighten them into abstaining.

Today, in light of the growing movement to legalize marijuana for adult use, opponents' claims of marijuana's dangers are especially exaggerated, and widely publicized. Although the old *Reefer Madness* style messages have been replaced with assertions of scientific evidence, many of the most serious allegations, though scary to parents (if not their children), falter when critically evaluated. Close scientific scrutiny has revealed that claims of marijuana's risks have often been overstated, and in some instances, even fabricated.[20]

In the following sections I address the questions regularly asked by parents:

- Is it true that marijuana is significantly more potent and dangerous today than in the past?
- Is today's marijuana really more addictive than ever before?
- Does marijuana really cause users to seek out "harder" drugs?
- Is it true that smoking marijuana causes lung cancer?
- What about the impact of marijuana on the adolescent brain?
- How will legalization of marijuana affect teens?

Potency

Many people believe that the marijuana available today is significantly more potent than in decades past. The government says so; growers marketing their product say so; and adolescents trying to distinguish themselves from their parents' generation say so. And those who used marijuana 30 years ago, stopped, and then try it again, certainly say so.[21]

As marijuana-growing techniques have become more advanced and refined, there has been a

corresponding increase in its average psychoactive potency, known as its THC (delta-9 tetrahydrocannabinol) content level.[22] As a result, *average* THC levels have increased since 1983 from approximately 2.4 percent to almost 12 percent.[23] In short, it appears that marijuana is now, on average, stronger than in the past, though variation has always been the norm.[24] Does this mean that the marijuana available today is a qualitatively different drug than that smoked in the past? Not really. Essentially, marijuana is the same plant now as it was then, with any increased strength akin to the difference between beer (at 6 percent alcohol), and wine (at 10-14 percent alcohol), or between a cup of tea and an espresso.

Furthermore, even with higher potency, no studies demonstrate that increased THC content is associated with greater harm to the user or any risk of fatal overdose.[25] In fact, among those who report experiencing the effects of unusually strong marijuana, many complain of dysphoria and subsequently avoid it altogether. Others adjust their use accordingly, consuming very small amounts to achieve the desired effect.[26]

Modes of ingestion can make all the difference. THC-infused products, also known as "edibles" such as baked goods, candy, and soda, can produce adverse effects when consumers exceed the recommended dose. According to Zimmer and Morgan, "{While} it is difficult to consume large doses of THC by smoking, it is easy to do so by eating. When swallowing large doses of THC, people experience not only the effects of THC, but also the effects of 11-hydroxy-THC, a distinct psychoactive compound produced by the liver as it metabolizes THC… The higher incidence of adverse reaction {after} eating cannabis products is probably due to the combined effects of THC and 11-hydroxy-THC."[27]

It can take significantly longer for the body to metabolize edibles, since they pass through the gastrointestinal system. When people don't understand this, or grow impatient, some ignore warnings or package instructions and consume more than advised. By the time the THC is metabolized, the individual can feel overly intoxicated, sometimes anxious, even panicky. Within a few hours, the effects of overconsumption typically wear off.

Marijuana Use Disorder

Marijuana does not cause the physical dependence commonly associated with drugs such as alcohol, nicotine and heroin. Nonetheless, a small minority of users find it temporarily difficult to moderate their use, or quit. According to a national survey, only nine percent of people who have ever used marijuana go on to develop a marijuana use disorder, and some addiction professionals argue that the actual rate may be even lower.[28]

The small minority of those who do experience difficulty with marijuana, according to a study published in the top-ranking journal, *Addiction*, also have pre-existing mental health problems that were exacerbated by marijuana.[29]

It is important to note that as with other forms of substance use disorder (with a variety of substances and/or activities), the psychosocial aspects of a teenager's life, including poverty, a dysfunctional family, violence at home and/or in the community, lack of support systems, and even teenage rebellion may be contributing to, and manifesting as, "addictive" behavior.

Rates of marijuana use and marijuana use disorder have remained stable among teens across the United States. The number of marijuana-related treatment admissions among youth actually fell by half between 2005 and 2015. While some of these teens are in rehab because they (or their families) believed their marijuana use was adversely impacting their lives, the greatest number of referrals to treatment (39%) were made due to contact with the criminal justice system, often for simply possessing small amounts of marijuana.[30]

The Gateway Theory

The "gateway" theory suggests that marijuana use leads to the use of other drugs, such as cocaine and heroin, and that's why it's dangerous.[31] Population data compiled by the National Survey on Drug Use and Health and others, however, demonstrate that the vast majority of people who use marijuana do not progress to more dangerous drugs.[32] The gateway theory has also been refuted by the Institute of Medicine[33] and numerous academic studies.[34]

The overwhelming majority of marijuana users never try any other illicit substance.[35]

Of the nearly 123 million Americans who have tried marijuana, less than 2 percent report having tried heroin.[36] Research also reveals that the majority of teens who try marijuana do not develop marijuana use disorder or even use marijuana itself on a regular basis.[37]

Furthermore, those who report using marijuana in early adulthood typically report voluntarily ceasing their marijuana use by the time they reach age 30.[38] Consequently, for most who use it, marijuana is a "terminus" rather than a "gateway."

Lung Cancer

Although inhaling marijuana can irritate the pulmonary system, research has yet to demonstrate that smoking marijuana, even long term, causes diseases of the lung, upper aerodigestive tract, or mouth.[39]

The largest study of its kind to date compared more than 2,000 lung cancer cases with nearly 3,000 control subjects without cancer. Researchers found no association between even long term, regular marijuana smoking and lung cancer. The authors of the study, published in the *International Journal of Cancer*, concluded that their results "provide little evidence for an increased risk of lung cancer among habitual or long term cannabis smokers."[40]

Moreover, marijuana smoking is not associated with any other permanent lung harms, such as chronic obstructive pulmonary disorder (COPD), emphysema or reduced lung function – even after years of frequent use.[41]

Still, it is simply a matter of good health to refrain from inhaling combustible particle matter. Since many worry about the adverse effects of inhaling smoked marijuana, vaporizing has become popular, with one young man telling me in confidence, "Joints are so passé, nobody smokes anymore!"

The Adolescent Brain

There has been much discussion lately about the possible impact of marijuana use on the development of the adolescent brain.

Some studies have shown that heavy marijuana use starting in the early teens has an impact on the brain, suggesting that the structure of the developing brain, especially that which controls emotional development, is particularly sensitive to marijuana.[42]

Questions have been raised, specifically, about the possible effect of heavy marijuana use on IQ. A recent study of 2600 young people, however, found that when taking into account socioeconomic factors such as environment, poverty, poor nutrition, parenting style, mental health, and alcohol use, most deleterious effects disappear.[43]

Other researchers, at the University of Pennsylvania and Children's Hospital of Philadelphia, recently compared 147 cannabis users with 634 non-users, ages 14-22, using neuroimaging measures. They reported, in *Neuropsychopharmacology*, "Our data converge with prior large-scale studies suggesting small or limited associations between cannabis use and structural brain measures in youth."[44]

Of course, parents are particularly concerned about anything that may increase the likelihood of long term impairment.

Any intoxicating substance (including alcohol) ingested by young (as well as older) users can temporarily alter normal brain functioning. Since much of the research suggests that it is heavy/daily marijuana use among very young teenagers that is most problematic, there is unanimous agreement that, as with alcohol, DELAYING use until adulthood is imperative.

On either side of the marijuana legalization debate, there is consensus that protecting youth is a top priority. That's why each of these laws clearly specifies that legalization applies to adults only, and contain built-in safeguards that restrict sales to minors.

Legalization

With 62 percent of Americans now in favor of marijuana legalization, the end of marijuana prohibition seems very likely to proceed.[45]

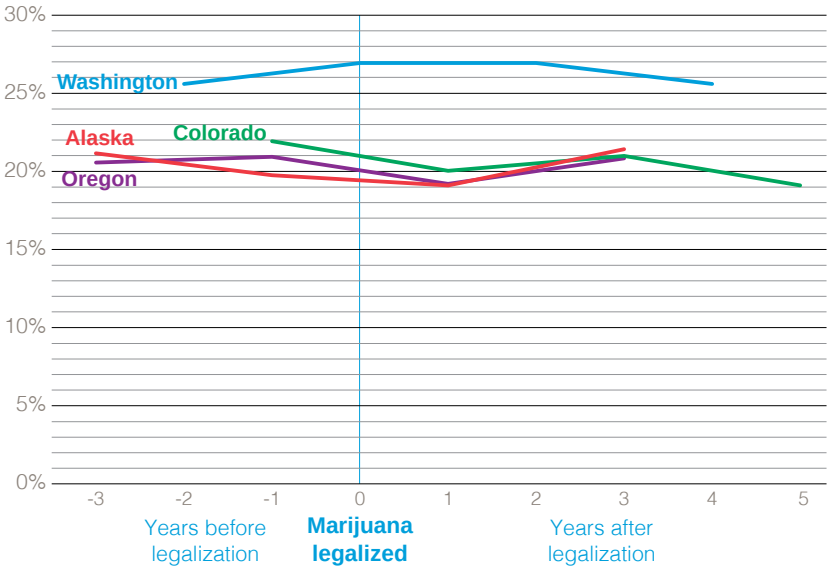
Colorado and Washington were the first states to pass legalization initiatives in 2012. Since then, several additional jurisdictions have legalized marijuana for adult use through ballot initiatives or through the legislature. They include Alaska, California, Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont and Washington D.C.

In addition, over half of the states in the U.S. have decriminalized possession of small amounts and/or legalized marijuana for medical purposes. These laws apply to people over the age of 21, with very limited exceptions for young people with a clear medical need.[46]

On either side of the debate, there is consensus that protecting youth is a top priority. That's why each of these laws clearly specifies that legalization applies to *adults only* and contains built-in safeguards that restrict sales to minors.

No change in teen use after marijuana legalization

Share of high school students using marijuana in the past 30 days in the first four states which have legalized marijuana for adult use.



Although over half (56 percent) of teens say they would not try marijuana, even if it were legal for adults, some analysts have speculated that use would increase post legalization.[47]

Recently, numerous researchers have looked at teen marijuana use in states that have legalized marijuana for adult use. Their findings clearly indicate that marijuana legalization has not led to any increase in teen marijuana use, and in some cases, use has actually decreased.[48]

For example, data from the 2017 Healthy Kids Colorado Survey, released by the Colorado Department of Public Health and Environment (CDPHE), found that high school marijuana use in the past month decreased between 2011 and 2017.[49]

Similarly, marijuana use among 11th graders in Oregon (which legalized marijuana in 2014) fell from 2012 to 2017.[50] And the Washington State Healthy Survey results from 2000 to 2016 show that marijuana use in the past month by 10th and 12th graders remained largely unchanged for several years, with legalization having little or no impact on rates of youth marijuana use.[51]

Just Say No or Say Nothing at All?

Most drug education programs are aimed solely at preventing drug use. After instructions to abstain, the lesson ends. No information is provided about how to avoid problems or prevent abuse for those who do experiment. Abstinence is treated as the sole measure of success, and the only acceptable teaching option.[52]

The abstinence-only mandate is well-intended, but this approach is clearly not enough. It is unrealistic to believe that at a time in their lives when they are most prone to risk-taking, teenagers – who almost by definition find it exciting to push the envelope – will completely refrain from trying alcohol, marijuana, and/or other drugs.[53]

The abstinence-only mandate puts adults in the unenviable position of having nothing to say to the young people we most need to reach – those who insist on saying "maybe," or "sometimes" or even "yes" to drugs – and prevents us from having conversations about how to reduce risks and keep them safe.[54]

Teenagers will make their own choices about alcohol, marijuana, and other drugs, just as we did. Their mistakes, like ours, are sometimes foolish. If we really want to minimize drug abuse and drug problems among teenagers who do experiment, we need a fallback strategy that includes comprehensive education, and one that puts safety first.[55]

No drug, including marijuana, is completely safe, especially for teenagers. Yet the mischaracterization of drugs such as marijuana, as discussed above, may be the Achilles' heel of current drug prevention approaches because such messages too often contain exaggerations and misinformation that contradict young people's own observations and experience. As a result, many teens have become cynical and lose confidence in what we, as teachers, parents and/or other caregivers, tell them.

Safety First: A Reality-Based Approach

Surveys tell us that despite our admonitions and advice to abstain, large numbers of teenagers will occasionally experiment with intoxicating substances, and some will use more regularly. This does not mean they are bad kids or we are neglectful parents. The reality is that drug use is a part of teenage culture in America today. Most young people will come out of this phase unharmed.

Keeping teenagers safe must be our highest priority. To protect them, a reality-based approach enables teenagers to make responsible decisions by:

- providing honest, science-based information;
- encouraging moderation if youthful experimentation persists;
- promoting an understanding of the legal and social consequences of drug use; and
- prioritizing safety through personal responsibility and knowledge.

Honest, Science-Based Education

Young people are capable of rational thinking. Although their decision-making skills will improve as they mature, teenagers are learning responsibility and do not want to destroy their lives or their health.[56] In fact, students consistently request the "real" facts about drugs so they can make responsible decisions – and the vast majority actually do.

According to the 2017 National Survey on Drug Use and Health, although experimentation is widespread, more than 92 percent of 12- to 17-year-olds choose to refrain from regular use.[57]

Effective drug education should be based on sound science and acknowledge even the seemingly most reckless and impulsive teenager's ability to understand, analyze, evaluate, and take responsibility for their actions.[58] Drug education programs also need to be culturally sensitive.

Rodney Skager, Professor Emeritus at the University of California at Los Angeles, and author of *Youth and Drugs: What We Need to Know*, suggests that through family experience, peer exposure and the media, teenagers often know more about alcohol, marijuana, and other drugs than we assume. Therefore, students should be included in the development of drug education programs, and classes should utilize interaction and student participation rather than relying on rote lecturing. If drug education is to be credible, formal curricula should incorporate the observations and experiences of young people themselves.[59]

Teens clamor for honest, comprehensive drug education, and it is especially apparent when they leave home and go to college. According to Professor Craig Reinarman at the University of California at Santa Cruz:

Students seem to hunger for information about licit and illicit drugs that doesn't strike them as moralistic propaganda. I've taught a large lecture course called "Drugs and Society" for over twenty years and each year I have to turn away dozens of students because the class fills up so quickly.

I always start by asking them, "How many of you had drug education in high school?" and nearly all of them raise their hands. Then I ask, "How many of you felt it was truthful and valuable?" Out of 120 students, perhaps three hands go up.[60]

The Importance of Moderation

The vast majority of teenage drug use (with the exception of cigarette smoking) does not lead to dependence or abusive habits.[61]

Teens who do use alcohol, marijuana and/or other drugs must understand there is a huge difference between use and abuse, and between occasional and daily use.[62]

They should know how to recognize irresponsible behavior when it comes to place, time, dose levels and frequency of use. If young people continue, despite our admonitions, to use alcohol and/or marijuana, they must control their use by practicing moderation and limiting use.[63]

Drug use can negatively affect academic and work performance, making it much more difficult to do well in school or meet one's other responsibilities.

It is never appropriate, and can be very dangerous, to be intoxicated at school, work, while participating in sports, while driving, or while engaging in any serious activity.

Understanding Consequences

Teens must understand the consequences of violating school rules and local, state and federal laws against the use, possession and sale of alcohol, marijuana, and other drugs – whether or not they agree with such policies.

They need to know that if they are caught in possession of alcohol, marijuana, or other drugs, they will find themselves at the mercy of the juvenile and criminal justice systems, which can be very harsh on young offenders.

When teenagers turn eighteen, they are prosecuted as adults and run the risk of being incarcerated for months, even years, for nothing more than being caught in possession of a controlled substance.

With increasing methods of detection such as school-based drug testing, drug-sniffing dogs, and zero-tolerance policies, penalties for violating the rules present risks that often extend well beyond the health risks of drug use itself: expulsion from school, a criminal record, and social stigma – all of which make it harder to find employment in the future.

Zero-tolerance policies have come under serious criticism. The American Psychological Association concluded in 2008 that such policies "run counter to our best knowledge of child development" and have created "unintended consequences for students, families, and communities."[64]

Such policies have contributed strongly to the "school to prison pipeline," whereby young people, often minority youth, are expelled from school, are unable to find employment, and land in prison as adults.[65]

In an effort to curb this downward spiral, support is now growing for "restorative practices" that attempt to bring students closer to their communities and schools rather than suspending and expelling those who are troublesome or truant.[66]

Put Safety First

Safe Sex as a Model
A useful model for envisioning safety-oriented drug abuse prevention is the modern, comprehensive sex education approach.

In the mid-1980s, it became clear that the use of condoms could prevent the spread of HIV and other sexually transmitted diseases, as well as teen pregnancies. At this time, safety-oriented parents, teachers and policy makers took action by introducing reality-based sex education curricula throughout the country. This approach combined encouraging abstinence with providing the facts and accurate "safe sex" information.

According to the Centers for Disease Control and Prevention, this approach has resulted not only in the greater use of condoms by sexually active teenagers, but has served to decrease overall rates of sexual activity and teen pregnancy.[67]

This effective, comprehensive, reality-based prevention strategy can provide a model for restructuring our drug education and prevention efforts that will result in healthier teens.

A useful model for envisioning safety-oriented drug abuse prevention is the modern, comprehensive sex education approach.

Alcohol as a "Safety" Case in Point

Alcohol is a useful example of the need for safety messages because alcohol-related motor vehicle accidents continue to be the number one cause of untimely death among young people.[68]

In suburban communities, where so many young people drive, the teenage practice of having a "designated driver" has become commonplace. In such communities, many parents, while encouraging their teens to abstain, have assessed reality and reluctantly provided their homes as safe, non-driving spaces to gather for parties.

Some see these practices, as well as designated driver practices, as "enabling." They hope to stop alcohol use completely by passing laws that make it a crime to be a teenaged designated driver, as well as "social host" ordinances. These impose civil or criminal penalties that include arrest and subsequent trial of parents whose homes are used for parties – with or without their knowledge and/or consent.

What worries me is the impact of these ordinances on young people. Will teens stop drinking as a response to crackdowns? Probably not. Too many say they will just move the party to the street, the local park, the beach or some other place where adults are not present. And they'll drive to get there.

These are hot-button issues to be sure, with reasonable and well-meaning people coming down on all sides of the debate.

Drug-free gatherings should, of course, be promoted in every way possible. Parents should devise strategies for minimizing the harm that can result from the use of alcohol. But to involve the criminal justice system in parental decisions is not the answer, and will certainly reduce, not improve, teen safety.

A Model for Drug Education

Safety First: Real Drug Education for Teens **was created by the Drug Policy Alliance (drugpolicy.org) to provide high school students with honest, scientifically accurate information, empowering them, if they choose to experiment with alcohol or other drugs, to reduce potential harms.**

This harm reduction-oriented curriculum is the first of its kind. It was developed with education professionals and aligns with National Health Education Standards (NHES). What makes *Safety First* unique is that it can be taught by high school teachers and incorporated into health education classes.

Safety First: Real Drug Education for Teens **helps students use critical thinking skills to access and evaluate information about alcohol and other drugs; learn decision-making and goal-setting skills that can help them make healthy choices about substance use, including abstinence; and develop personal and social strategies to manage the risks, benefits, and potential harms of alcohol and other drug use.**

The curriculum covers:

- **An initial examination of students' beliefs about alcohol and other drugs;**
- **A lesson about how drugs affect the brain and body, especially the teenage brain, and factors that contribute to physical dependence;**
- **Harm reduction concepts and strategies that can empower students to make healthy choices, using accurate, scientifically-based information;**
- **Substantive lessons about the major categories of drugs available to teens: stimulants, marijuana, e-cigarettes/vaping, alcohol and other depressants, psychedelics, prescription and other opioids;**
- **How to recognize problem use, signs of an overdose, and how to respond in an emergency;**
- **The ways in which drug use can be a mechanism for dealing with mental health issues, especially stress, and how to locate resources that can help students cope;**
- **How zero tolerance and other penalties for drug use can impact students' lives, families, and communities.**

For more information about *Safety First: Real Drug Education for Teens*, see drugpolicy.org/safetyfirst.

What's a Parent to Do?

Today's parents get more detailed advice about how to raise their children than any generation in history. Yet they're open and listening because they're concerned about their teens' safety and well-being, and worried that the world has become a much more dangerous place. They want to know what to do and are looking for solutions.

There are no easy answers, but for parents who have requested specifics, here are the steps I suggest:

Step 1: Listen

The first step is to "get real" about drug use by listening to what teens have to tell us about their lives and their feelings. This will guide us toward intelligent, thoughtful action.

A useful venue is the dinner table. As much as possible, families should eat together once a day so they can "catch up," talk and otherwise connect.[69]

There are many other natural openings for conversation, such as drug use in movies, television and music. If we can remain as non-judgmental as possible, teenagers will seek our opinions and guidance. Let them know they can talk freely.

Our greatest challenge is to listen and try to help without excessive admonishment. If we become indignant and punitive, teenagers will stop talking to us. It's that simple.

Remember that advice is most likely to be heard when it is requested. Realize that teens bring their own experiences to the table, some of which you may not want to hear.
But breathe deeply and be grateful when they share these experiences because this means you have established trust.

Step 2: Learn

Parents and teachers need to take responsibility for learning about the physiological, psychological and sociological effects of alcohol and other drugs. This involves reading and asking questions.

Familiarize yourself with teenage culture through print and electronic media, especially the Internet. Learn what your teens like to watch and watch it yourself. Learn about the array of drugs available to young people, but be sure your sources are scientifically grounded and balanced. Any source that fails to describe both risks and benefits should be considered suspect.

The Drug Policy Alliance website contains balanced, evidence-based information, with facts about the effects of today's most popular drugs, at: drugpolicy.org/drug-facts.

For an all-around resource that covers nearly every popular drug, you and your teen should read the classic, *From Chocolate to Morphine: Everything You Need to Know about Mind-Altering Drugs*, by renowned health expert, Andrew Weil, MD, and former high school teacher, Winifred Rosen (Boston: Houghton-Mifflin, 2004).

Several other websites provide useful information. Erowid (erowid.org) is one of the oldest and most comprehensive drug information databases on the web. The Multidisciplinary Association for Psychedelic Studies (MAPS) provides substantial research and general information about psychedelic substances on their website (maps.org). Dancesafe (dancesafe.org) is an organization dedicated to harm reduction in the party setting. Finally, Students for Sensible Drug Policy (SSDP) provides useful resources for peer drug education (ssdp.org/justsayknow).

Step 3: Act
Drug education is more than a curriculum or "magic bullet," so make some plans.

It is important to keep teens engaged and busy, not just during the school day, but from 3 to 6 p.m., when the use of drugs by unsupervised teens is highest. Teens whose time is occupied are not only less likely to use marijuana and/or other drugs, but also less likely to get into trouble with drugs. Extracurricular programs such as sports, arts, drama and other creative activities should be available to all secondary school students, at low or no cost to parents. Parents should advocate for such programs in their community and teens' school.

Prevention is fundamentally about caring, connected relationships and an open exchange of information. There are no simple, ready-made answers, just thoughtful conversations.

When it comes to opening the ongoing "drug talk," some parents don't know where to begin. Many have started with my "Dear Johnny" letter, still useful today, or other resources listed above. Teens often respond better to these "just say know" approaches than to the one-sided messages they've been hearing all their lives.

Many parents today have direct experience with marijuana and other drugs, especially since marijuana is now legal in so many states. The question, "What should I tell my child about my own past (or present) drug use?" comes up in each and every workshop I facilitate – from California to Connecticut. Many parents are uneasy about revealing their own experience, fearing such admissions might open the door to their own teen's experimentation.

There is no one simple resolution to this difficult dilemma. While you do not need to rehash every detail, it can be very helpful to share your own experiences with your teen because it makes you a more credible confidant.

Honesty is usually the best policy in the long run. Just as parents often know or eventually find out when their child is lying, teenagers have a knack for seeing through adults' evasions, half-truths and hypocrisy. Besides, if you don't tell, you can rest assured that eventually one of your siblings or close friends will delight in recounting your "youthful indiscretions" to your eager child.

Trusting relationships are key in preventing and countering drug use. While it is tempting to cut through difficult conversations and utilize detection technologies such as urine testing, think hard before you demand that your child submit to a drug test. Random, suspicionless school-based drug testing – which is opposed by the California State Parent Teacher Association (PTA), has been shown to be ineffective and often counterproductive.

Regarding in-home test kits, researchers at Children's Hospital in Boston, who studied home drug testing products, warn that most people are not appropriately educated about the limitations and technical challenges of drug tests (including collection procedures, the potential for misinterpretation and false positive/negative results). They also note unanticipated consequences and the negative effect on parent-child relationships of collecting a urine sample to ascertain drug use.[70]

The reality is that a trusting, open relationship with a parent or other respected adult can be the most powerful element in deterring abusive patterns. And trust, once lost, can be hard to regain.

Perhaps most important, teenagers need to know that the important adults in their lives are concerned primarily with their safety, and that they have someone to turn to when they need help. If they find themselves in a compromising or uncomfortable situation, they need to know we will come to their aid immediately.

It is important for parents to get to know other parents and work together to promote safety-oriented strategies. The emphasis on safety does not mean we are giving teens permission to use drugs. It simply affirms that their welfare is our top priority.

Finally, trust aside, for those parents who use alcohol, marijuana, pharmaceuticals or any other psychoactive drug, I strongly recommend storing your drugs away from your teenager, even if it means under lock and key.

Step 4: Help

It is important to know what to do if you or your child believe a teenager (or anyone else) is having a negative reaction to alcohol or other drugs. Although most parents would rather not think about these worst case scenarios, understanding overdose prevention and response is essential.

For instance, a person who has consumed too much alcohol, and is passed out, should not lay on their back because of the risk they may choke on their own vomit and asphyxiate.

The overconsumption of marijuana, usually in the form of edibles, though not fatal, can be frightening. As many Emergency Room physicians have learned, the best treatment is "chilling out" in a quiet room, drinking water, and waiting until the effects wear off.

Although opioid use is rare among teens, parents should know what to do in case of accidental overdose, including the administration of the opioid-reversing drug, naloxone.

For more information, see drugpolicy.org/help-save-a-life.

In any acute situation, if you or your teen fear something is seriously wrong – such as when a person is unconscious, having trouble breathing, or is generally non-responsive, *do not hesitate to phone 911 immediately.* The lives of many young people could have been saved if paramedics had been called – or called sooner.

Don't take a chance. If you share nothing else you have read here, please convey this information to your own teen, who may one day need to assist a friend. And please reassure them they won't be punished by their parents for asking for help!

Many parents want to know how to identify problem use, what to do about it and when to seek professional help.

I highly recommend the work of psychologist Stanton Peele, PhD, who lays out criteria for deciding whether your child needs treatment, treatment options, and your role as a parent, in his book, *Addiction Proof Your Child.* For parents concerned that their teen may have a marijuana problem, I also recommend Dr. Timmen Cermak's book, *Marijuana: What's a Parent to Believe?*[71]

Keep in mind there is no "one size fits all" method for dealing with troubled teens who have alcohol and/or other drug problems. Many of today's well-meaning programs are still unevaluated, inflexible, and based on a "disease model" that equates all drug use, even the most occasional, with addiction.

Be especially leery of boot camp-style programs that can do more harm than good, such as those studied by journalist Maia Szalavitz in her book, *Help At Any Cost: How the Troubled-Teen Industry Cons Parents and Hurts Kids.*[72]

Ultimately, the healthiest kids, whether or not they experiment with drugs, have parents who are present, loving and involved. Carla Niño, past president of the California State PTA (the largest state PTA in the U.S., with 700,000 members), gives the following advice:

"Trust your instincts, which are to love your kids enough to give them the space to explore and grow, to forgive their mistakes and to accept them for who they are. Kids go through tough times, sometimes seemingly prolonged. Those who make it do so because they're embraced and loved by their families."

Epilogue

Shortly before graduating from college in 2006, Dr. Rosenbaum's son, Johnny, read the following letter at an event honoring his mother.

November 15, 2006

Dear Mom,

It has been eight years since I entered high school on the heels of your advice about drugs: "Johnny – be skeptical and, most of all, be safe." Although I'd like to tell you that I never needed your advice because I never encountered drugs, I'd prefer to be as honest with you as you have been with me.

Just as you predicted, I spent high school and college navigating a highly experimental teenage drug culture. While some of the substances that I encountered were illegal, like marijuana, cocaine, and Ecstasy, many were not, like alcohol, cigarettes, and Ritalin. Because you explained that a drug's legality does not mean that it is better or worse for me, I approached every substance with skepticism and common sense.

Our household mantra of "safety first" guided me through a maze of difficult decisions, particularly in college where alcohol use and abuse is widespread. Because you didn't lie or exaggerate the risks of drug use, I took your warnings seriously. I always made plans for sober transportation; I refused to leave friends alone if they were highly intoxicated; and I was never afraid to call home if I found myself in a dangerous situation.

Of course you advised me not to use drugs, but as an expert in the field, you knew that I was likely to experiment. Most parents panic in response to this likelihood, but you and Dad remained levelheaded: You didn't impose rigid rules that were bound to be broken, and you didn't bombard me with transparent scare tactics. Instead you encouraged me to think critically and carefully about drug use. When I inquired, you armed me

with truthful, scientifically based information from which I could make my own decisions. This was excellent practice for adulthood, and we built a loving relationship based on trust and truth.

Mom, your work does so much more than teach parents how to talk to their kids about drugs; your work keeps parents and kids communicating at a time when most kids shut their parents out. Our relationship is a perfect example. For never ceasing to communicate with me, even when I tried to shut the door on you, and for tirelessly keeping me, my sisters, and so many other kids safe, thank you.

Love, Johnny

This letter is available online at: http://www.alternet.org/story/46618/
Published on January 13, 2007

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Praise for *Safety First: A Reality-Based Approach to Teens and Drugs*

"Parents have viewed Dr. Rosenbaum's booklet as a very realistic approach when dealing with the sensitive issues of teen alcohol and other drug use. California State PTA began distributing the Safety First booklet to its members in 2002 and parents continue to find it a valuable educational tool for developing open and honest dialogue with their teens."
– *Brenda Davis, Past President, California State PTA*

"Safety First drug education, like comprehensive sexuality education, provides parents and teenagers with the tools they need to make responsible decisions. Whether it's about sex or drugs, as parents our common goal is the health and safety of our teenagers. I highly recommend this reality-based resource."
– *Janie Friend, Supporter, Planned Parenthood*

"What a terrific little book! Marsha Rosenbaum's calm, well-informed and honest discussion of teen drug use, the distinction between youthful experimentation and dangerous patterns of use, and the focus on keeping kids safe will ring true for teens as well as their parents and teachers. We need an antidote to "Just Say No" and over-sold claims regarding drug danger – they just don't work. Dr. Rosenbaum provides parents with an alternative that allows parents to talk openly to their teens, to take a clear position against drug use, but also to help their kids negotiate a world where experimentation is ubiquitous."
– *Molly Cooke, MD, The Haile T. Debas Academy of Medical Educators, School of Medicine, University of California at San Francisco (UCSF)*

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