

SUBSTANCE ABUSE: RECOMMENDATIONS FOR TEACHERS AND PARENTS

1. Recognize the physical signs of substance abuse:

- Changes in eating habits (increase or loss of appetite)
- Problems with excessive tiredness
- A change in the size of pupils (larger or smaller), red or watery eyes, blank stare
- Sweaty, clammy, or cold palms
- Tremors in the hands, feet, or head
- Hyperactivity or excessive chattiness
- Runny/red nose or a hacking cough
- Unexplained needle marks on the body (typically the lower arm, leg, or bottom of feet)
- Smell of substance on breath, clothes, or body

2. Recognize the behavioral signs of substance abuse:

- Unexplainable change in attitude or personality
- Changes in friends; does not discuss new friends or are known drug users
- Change or termination of activities or hobbies
- Decline in grades at school; skips or is tardy for class
- Forgetful or has a hard time concentrating
- A decline in motivation or energy
- Temper tantrums or resentful behavior
- A loss of interest in the family or family activities
- Moodiness, irritability, or nervousness
- Inappropriate laughter or giddiness
- Paranoid, an extreme need for privacy, hard to find, secretive, or dishonest
- Inexplicable need for money; stealing money or items
- Change in personal hygiene
- Possession of paraphernalia

3. Recognize the psychological signs of substance abuse:

- Unexplained guilt
- Depression
- Decline of self-esteem
- Self-hatred, which may lead to self-mutilation

4. Recognize what drugs look like, how they are consumed, and how they are stored.

For example, marijuana is generally smoked. This is done by rolling marijuana in paper. It can also be cooked in foods. Crack cocaine is smoked in glass pipes or snorted, typically using a straw, rolled dollar bill, or a small spoon. Heroin is injected typically into the arms or legs. Drugs such as marijuana are stored in small plastic bags, foil packets, or film canisters.

5. Be familiar with the typical hiding places for drugs (especially at home). These include but are not limited to: stuffed animals, stereo speakers, the base of lamps, books/magazines, CD's, vents, closets, pillows, parents' room, car trunks, bushes, soda cans, and Chapstick tubes.

6. Create an environment where students/children feel comfortable approaching you, expressing their feelings, and asking questions. Children need to feel they have a safe place where they will be able to talk openly and honestly.

7. Be aware of non-verbal communication. Teachers and parents should look for non-verbal cues such as avoiding eye contact, which may indicate guilt, or squirming/fidgeting, which may indicate fear. Teachers and parents should also be cognizant of their own non-verbal cues such as frowning to indicate disappointment or disapproval.

8. Listen. Actively listen to the words being spoken without interrupting and without giving advice. Make it apparent to the child that their feelings on this topic are important and future conversations are welcomed.

10. Do not use scare tactics. Teachers and parents should provide their students/children with clear and accurate information in order to enable them to make appropriate and responsible decisions. A "scared straight" approach has not been shown to be effective. A more effective approach focuses on factual information and **resisting peer pressure**.

11. Provide age appropriate information. Be aware of the most effective messages for your student/child's developmental stage. Children in grade school typically look at issues as right or wrong. Therefore, legality and morality are meaningful for this age group. Adolescents typically act before thinking but tend to understand that issues are complex. Adolescents tend to respond to messages about their ability to choose and make their own decisions. Messages for teenagers in high school should be based on accurate facts from which they are capable of drawing their own conclusions. They should be encouraged to make their own decisions and take responsibilities for their actions.

12. Integrate drug education into the curriculum. A curriculum design can incorporate prevention by including themes on substance abuse. For instance, a math teacher could use real statistics, percents, or probabilities on drug/alcohol related issues in example problems. An English teacher could assign a novel that deals with substance abuse and create assignments where students have to pay attention to the role that substance abuse plays.

13. Know where to get help if they do suspect that a child is abusing drugs or alcohol. Teachers should know and follow the rules and regulations of their school. Parents should talk to their child in a calm but direct way. Make sure to avoid accusations and

before talking to them, learn about groups and organizations that provide services and support for substance abuse related issues.

14. Teachers and parents should communicate with each other. It is important to keep each another up to date about the child so that an overall and full picture is developed. This could include phone calls, emails, or conferences.

15. Additional recommendations for good parents:

- **Make it clear to their child that they love him/her** and are concerned for his/her safety, health and emotional well being. Unconditional love can be combined with non-acceptance of use of illegal substances.
- **Initiate conversations about drugs and alcohol.** It is important that your child understands the family rules concerning drugs and alcohol. Make sure that this is a **conversation and not a lecture**. These conversations should not be a one-time event.
- **Be actively involved and informed in your child's life.** Parents should get to know their child's friends, know where they are and who they are with, be consistent and firm on enforcing rules and punishments, and be involved in their education.

Resources:

Boundy, D., Cochran, K.M., Miller, R.A. & Rothbart, B. (1998). *Confronting Substance Abuse: A Teacher's Guide*. New York, NY: Thirteen WNET.

Connell, A.M.; Dishion, T.J.; Yasui, M. & Kavanagh, K. (2007). An adaptive approach to family intervention: Linking engagement in family-centered intervention to reeducations in adolescent problem behavior. *Journal of Consulting and Clinical Psychology*, 75(4), 568-579.

Tobias, J.M. (1989). *Kids and Drugs: A Handbook for Parents and Professionals* (2nd ed.). Annandale, VA: Panda Press.

www.nasponline.org/publications/cq/cq334safetyfirst.aspx: A reality-based approach to teens and drugs

www.acde.org/educate/Default.htm: American Council for Drug Education

www.drugabuse.gov/parent-teacher.html: Information for parents and teachers

www.theantidrug.com: Parent's the Anti-Drug

www.drugabuse.gov/prevention/applying.html: Preventing drug abuse among children and adolescents

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