

# TIME



••••• for a little talk about

# DRUGS

Québec 

# D RUGS and PARENTS today

**S**ooner or later, today's young people must make a choice about drugs and alcohol. Experiments here, as in the area of sexuality or career choices, are usually part of the normal development of young people. Taking drugs is often only an occasional activity, a passing phase, even if it is sometimes a long phase fed by the young person's curiosity and the appeal of the product.

Parents often feel powerless when faced with evidence of drug use by their child. They lack the necessary information and do not know how to act. They fear their child's reaction, as he or she fears theirs, if they bring up the subject of drugs.

Some of today's parents had authoritarian parents when they were young. Then, when they became parents, parent-child communication was valued above parental authority. So they vacillate between two role models. The role of the modern-day parent is generally felt to be somewhere between the two extremes. But dialogue must always be the first step in any dealings with our children. The task is not an easy one for the parent who wants both to guide his child around life's pitfalls and to provide the affection natural to the parent-child relationship, whether the family be a conventional one, a reconstituted one or a single-parent family where the entire responsibility falls on one person's shoulders.

As they develop, young people certainly need love, understanding and openness, but they must also submit to authority if they are to learn discipline and self-control.

This booklet will help parents better understand how drug and alcohol consumption affects teenagers' emotional development and how parental influence may be decisive in helping children to grow up and to make responsible choices about drugs.



# UNDERSTANDING teenagers

## PREADOLESCENCE

**G**irls enter preadolescence at the age of 11 or 12, boys at the age of 12 or 13. Preadolescence begins with the appearance of adult physical traits (growth spurts, breast development, appearance of body hair, etc.) and lasts until the person is capable of reproducing: menstruation in girls and ejaculation in boys.



### ● THEIR FEELINGS

Preadolescents experience a lot of tension. This tension is partly a result of physical and hormonal changes and partly due to school and family pressure to become more responsible and independent.

Preteens are often hypersensitive. They can be upset by anything at all and therefore need to be handled with kid gloves. They are also very moody. One minute they are really excited and the next minute, bored and mopish. They can quickly go from being in a great mood to being sad – for no apparent reason.

### ● THEIR RELATIONS WITH OTHERS

Preadolescent youngsters are mostly interested in having a special friend of the same sex, with the same tastes and interests as them. This friend is not only a companion, but also an occasional confidant. By observing the other's behaviour, the young person learns to know himself or herself better.

### ● THEIR RELATIONS WITH THEIR PARENTS

At this stage, youngsters embark upon a search for independence, which means breaking away from their parents. This drawing apart begins in early preadolescence. The youngsters start by shying away from physical contact with their parents. They become less and less enthusiastic about their parents' suggestions. They are no longer sure about their place in the family: should they take part in family activities or should they organize outings of their own?

### ● THEIR ATTITUDE TOWARD DRUGS

Often, preadolescents first come into contact with cigarettes, beer, wine, etc. at home. Then, when they start high school, they are confronted with new activities enjoyed by older kids: dating, drinking and drugs. Peer pressure is at its strongest at this age. When the question of drugs first comes up, the youngster's reaction is often one of fear and curiosity combined.

Some children are exposed to the use of psychotropic drugs and their effects at an even earlier age, depending on their home environment, and may have already experimented with them themselves.

# U NDERSTANDING teenagers

## THE EARLY TEENS



**G**irls are in their early teens from about 13 to 15 years of age, and boys, from about 14 to 16 years of age.

This period coincides with the onset of menstruation for girls and the first ejaculations for boys.

### ● THEIR FEELINGS

Teenagers go through many physical changes. They become very self-absorbed and often worry about their appearance. Their parents and acquaintances expect more of them and they often suffer from a lack of confidence as a result of these expectations. They constantly feel inadequate. This can make them hesitant or shy, or they might become aggressive, insolent, or seemingly indifferent, trying to hide their shyness.

In their search for self-confidence, they seek "idols" as role models. These signs of insecurity are common and normal. With the accumulation of positive experiences, their self-confidence grows. When the school or family context erodes this confidence, however, teenagers can end up with serious problems asserting themselves.

### ● THEIR RELATIONS WITH OTHERS

This is the age where groups are very important: "gangs" for boys and small groups for girls. As a rule, group members are all the same sex.

Individually, young teens are not strong enough to assert themselves. By adopting the same habits as others in a group (same dress, same music, same leisure activities), they feel more secure.

Because they need group approval and acceptance, they become more sensitive to group pressure. Their parents will find that they are very easily influenced at this age.

The group evolves to the point where it accepts members of the opposite sex, thus opening the door to boy-girl encounters.

### ● THEIR RELATIONS WITH THEIR PARENTS

The parents' influence continues to decrease. Teens often disagree with their parents in heated arguments or fights about anything at all. Because they like to discuss things at this age, and in light of their improved communication skills, they are tempted to criticize everything.

They sometimes defy their parents' authority and hide things from them. In other cases, they may not be openly hostile to their parents but become withdrawn or cut themselves off from their families as much as they can.

### ● THEIR ATTITUDE TOWARD DRUGS

Drug use can begin during adolescence, or even preadolescence. Group pressure is still strong and any members who take drugs are inclined to encourage the others to do so.

Motives for taking drugs vary tremendously at this age. A young person might take drugs:

- for fun;
- to be "in", impress friends;
- to try out something new;
- to defy authority, provoke adults;
- to relieve boredom, unwind;
- to imitate adults (a party where there is drinking);
- to overcome shyness, etc.

# UNDERSTANDING teenagers

## THE LATE TEENS

**G**irls enter their late teens at about 16 years of age, boys at around 17.

### ● THEIR FEELINGS

Teenagers in this phase show greater stability. Moreover, their interests and tastes are better defined. They no longer flit from one thing to another. They know themselves better and appreciate themselves more. They are not as easily influenced and are better at standing up for what they believe. They are more responsible and capable of undertaking more – getting a job, for instance. They get along better with adults because they are not as mistrustful as they once were.

### ● THEIR RELATIONS WITH OTHERS

In their late teens, young people develop more serious relationships. Couples are formed within the group of friends. The “gang” and the opinions of its members no longer seem so important.

### ● THEIR RELATIONS WITH THEIR PARENTS

Young people in their late teens have fewer conflicts with their parents. They are less critical of their parents, who have accepted the fact that their children have to learn to fly on their own. Their relations with their parents have changed: discussions are now between independent adults.

### ● THEIR ATTITUDE TOWARD DRUGS

At 16 or 17 years of age, teenagers will make more personal choices with regard to drugs. They are not as easily influenced by their friends. Many of them will decide to do as others do: drink or take drugs occasionally, when they go out or get together with friends. Others, though not as many, will become more abusive users and seek some sort of escape through alcohol or drugs.



### YES, ALCOHOL IS A DRUG

We tend to underestimate the effects of alcohol and alcohol abuse. In our society, alcohol is often a feature of happy occasions like family gatherings and dinners among friends. But the regular, excessive use of alcohol, like any other drug, may have a serious impact on health and may cause dependency.

In addition, every year, alcohol claims many victims, young and old alike, when drinkers get behind the wheel of a motor vehicle. And, among young people, alcohol often leads to unprotected sexual intercourse.

# More information

## 1 MOOD - ALTERING DRUGS

### PRODUCTS

### CANNABIS ●

### HALLUCINOGENS ●

### ETHANOL ● ■

● **Psychological dependence:**  
The need to take more and more of a given substance in order to feel good, to relax, to calm down, to get a boost, to find the courage to deal with certain problems and so forth.

■ **Physical dependence:**  
Physiological need created by habituation to the drug, which makes it difficult to do without it and gives rise to physical reactions of varying degrees when the body is denied the drug.

✦ **Overdose:**  
Taking a greater dose of a substance than the body is used to absorbing.

✦ **Withdrawal:**  
Gradual or sudden interruption in drug use, to free the body of its dependence on the substance.

◆ **Dealers constantly change the appearance, the name, the colour and the form of the substances they sell, as well as the logos on the products and their containers. Users may not necessarily be taking what they think they bought.**

▲ **The effects of drugs and how long they last depend on the quantity absorbed, the purity of the substance, the user's age, degree of dependence, personality, genetic make-up and psychological and emotional state, the method of consumption and the context (whether taken in conjunction with other drugs or with alcohol, the place, the presence of other people, etc.)**

What it might be called

HASHISH  
Hash, cubes, dime, bag  
HASH OIL  
Oil, Honey oil  
MARIJUANA  
Pot, Mary Jane, Joint, Reefer, Weed, Grass

LSD, MDA, STP  
Acid, Blotter, Cap  
MUSHROOMS  
magic mushrooms, shrooms, liberty caps  
MDMA  
Ecstasy, X, Adam, XTC  
2-CB  
Bromo, Erox, Nexus, Venus  
PCP  
Mescaline, Mess, Mesc, Crystal, Angel Dust, Horse Tranquillizer, TH  
KETAMINE  
Ketalar, Special K

ALCOHOL  
mixed drinks, beer, coolers, hard liquor, wine

What it looks like ◆

- dry leaves, green tobacco, herbs (marijuana)
- small brown cubes (hashish)
- brownish oil

- colourless liquid on a blotter
- ampoules
- capsules
- tablets
- dried mushrooms
- powder
- crystals

- liquid

How it's taken

- smoked
- sometimes swallowed

- swallowed
- smoked
- sniffed
- injected
- chewed

- swallowed

Signs and symptoms

- cravings
- smell of burned hay
- difficulty enunciating
- slowdown in thought processes, disjointed speech
- red eyes
- irritated throat, cough
- loss of memory

- delusions
- disorientation, panic
- agitation, aggressivity
- traces of injection
- dilated pupils
- tremors
- reduced sensitivity to pain (PCP, Ketamine)

- agitation
- slower movements, unsteadiness
- dry mouth
- smell of liquor on breath
- ruddy skin
- bright eyes heavy eyelids, drowsiness
- impairment of memory, judgment and concentration

What usually happens ▲

- disorientation
- euphoria
- relaxation
- decreased anxiety
- mood swings
- altered perceptions and sense of time

- disorientation
- euphoria
- hallucinations
- mood swings
- distorted perceptions (seeing sounds and hearing colours)

- relaxation, euphoria
- disinhibition
- feeling of heat
- depressed reflexes

# about drugs

## 2 DEPRESSANTS

### SOLVENTS AND GLUES ●

AEROSOL  
Rush, poppers  
GLUE  
Glue, Sniff  
SOLVENT  
Varnish, stripper  
GASOLINE  
gas

- tubes of glue
- liquid with a strong smell
- various containers
- aerosols, deodorants
- paste

- inhaled (ex. inhaling in plastic or paper bags)

- dizziness, drowsiness
- dry mouth
- runny eyes and nose
- smell of glue
- reddened nostril rims
- cough
- nausea, vomiting
- impairment of memory, judgment and concentration

- euphoria, restlessness
- dizziness, depressed reflexes
- giddiness, blurred vision
- hallucinations, *delirium*

### TRANQUILIZERS AND SLEEPING PILLS ●■

BENZODIAZEPINE  
Ativan, Dalmane, Librium, Halcion, Restoril, Rohypnol, Serax, Valium, Xanax, downers, roches, blues, yellows  
GHB  
(gamma-hydroxybutyrate) Liquid ecstasy, Liquid X, G, Gamma-oh, GBH  
BARBITURATES  
(losing popularity) barbies, goof-balls  
ETHCHLORVYNOL  
Placydil  
CHLORAL HYDRATE  
Notec  
MEPROBAMATE  
Equanil, 282MEP

- ampoules
- capsules
- tablets
- swallowed
- sometimes injected

- unusual calm, prolonged psychomotor time
- dry mouth
- drowsiness
- nonchalance
- amnesia
- impairment of memory, judgment and concentration
- confusion

- loss of inhibitions
- feeling of relaxation and calm
- sleepiness
- slurred speech
- jerky eye movements
- euphoria

### OPIATES ●■

CODEINE  
Empracet  
HEROIN  
Smack, Horse, White, Came  
METHADONE  
MORPHINE  
M, Morphe  
PERCODAN  
OPIUM  
Gum, Black Jack  
HYDROMORPHONE  
Dilaudid

- ampoules
- capsules
- tablets
- powder (opium, heroin)
- syrup
- swallowed
- smoked
- injected
- sniffed

- nausea, vomiting
- constipation
- pinpoint pupils
- rubber-like movements
- traces of injection
- decreased heart rate and respiration

- relief from pain
- feeling of heat
- feeling of well-being and relaxation
- mood swings
- retarded ejaculation

## 3 STIMULANTS

### MINOR STIMULANTS ●■

CAFFEINE  
coffee, tea, chocolate, cola, Wake-up, various painkillers  
NICOTINE  
tobacco, cigarettes, cigars, pipe tobacco, chewing tobacco, Nicorette, Nicoderm, Habitrol

- solid or liquid (caffeine)
- capsules
- tablets
- tobacco
- quid
- chewing gum
- patches
- swallowed
- smoked
- stuck on skin
- chewed

- agitation, anxiety
- insomnia
- cough, nausea
- smell of tobacco
- stained fingers
- tremors, nervousness (caffeine)
- increased heart rate
- gastric irritation
- hypertension

- restlessness and stimulation
- decrease in fatigue
- weight loss
- increase in wakefulness and muscular strength

### MAJOR STIMULANTS ●■

AMPHETAMINES  
Speed, Wake-up, pep pills, uppers, Ice  
COCAINE  
Base, Crack, Coke, Snow, Crystal, Meth, Freebase, Roche  
METHYLPHENIDATE  
Ritalin

- tablets (amphetamines)
- capsules
- liquid
- white powder (cocaine)
- solid white pieces (crack)
- swallowed
- smoked
- injected
- sniffed
- applied to mucous membranes

- anxiety
- repetitive gestures, tremors
- agitation, insomnia
- paranoia, delusions
- ulcerated nostrils, running nose
- traces of injection
- increased heart rate
- dilated pupils
- fever, sweating

- restlessness and stimulation
- loss of appetite and decreased fatigue
- increased wakefulness and muscular strength
- feeling of power
- megalomania, euphoria

# More information

## 1 MOOD - ALTERING DRUGS

### PRODUCTS

### CANNABIS ●

### HALLUCINOGENS ●

### ETHANOL ● ■

When taken too often

- damage to throat and lungs
- danger of respiratory infections
- problems concentrating
- increased passivity

- flashbacks
- panic attacks (bad trips)
- infections and diseases from the use of contaminated syringes
- anxiety, depression

- decrease in appetite
- serious health problems (cirrhosis of the liver, ulcers, cancer)
- insomnia
- black-outs
- depression

Overdose symptoms ✱

- confusion
- restlessness
- anxiety
- paranoia
- psychosis

- confusion, agitation
  - delusions
  - accidents, suicide
  - hypertension, fever
  - convulsions, coma, heart and respiratory problems, death
- Note: Problems associated with overdoses are more serious with PCP.

- poor coordination, slow pulse
- confusion, loss of consciousness
- respiratory depression, coma, death

Withdrawal symptoms ✚

- fatigue, decrease in concentration
- anxiety, agitation, irritability
- depression
- decreased appetite and sleep problems

- irritability
- possibility of symptoms of depression and anxiety

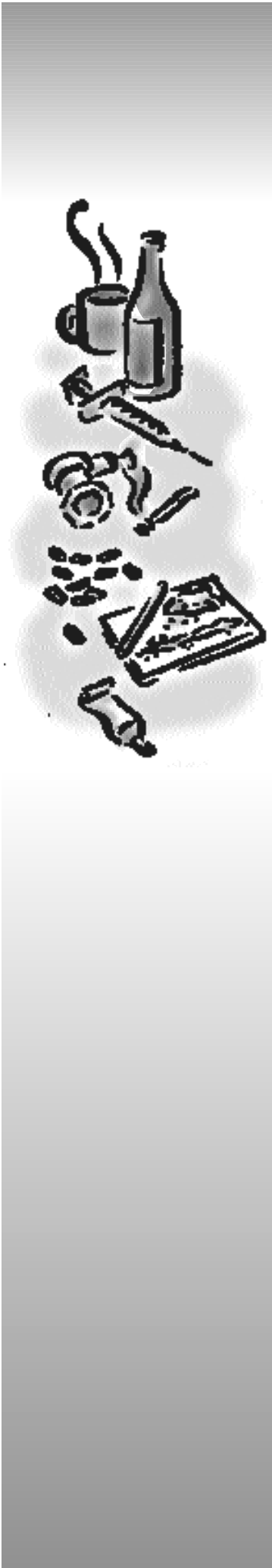
- anxiety, agitation
- insomnia, irritability
- sweating
- tremors, convulsions
- nausea, vomiting
- confusion, hallucinations, *delirium*

Comments

- Cannabis is the most widely used illegal drug
- Cannabis products are often the first illegal drugs a teenager will try

- Young people should be wary of these products because of their questionable content
- Bad trips are more frequent with PCP and can drive the user to violence and suicide
- It is very dangerous to eat unfamiliar mushrooms picked at random
- Products sold under the name TH of Ecstasy may contain PCP or other hallucinogens
- 2-CB is sometimes sold as Ecstasy
- The danger of MDMA is increased if not enough liquid is imbibed during raves parties.

- Even if alcohol is legal, it is still a drug
- Responsible for many highway accidents and acts of violence
- Increases the risk or accidents of all kinds when combined with other drugs



# about drugs

## 2 DEPRESSANTS

### SOLVENTS

- damage to nose, throat, kidneys, liver
- fatigue
- incoherent speech
- hostility
- depression

### AND GLUES ●

- loss of will power
- panic when in need of the drug
- sexual dysfunction

### TRANQUILIZERS AND SLEEPING

- apathy, lack of energy
- health problems
- diseases and infections due to contaminated syringes

## 3 STIMULANTS

### PILLS ● ■

- bronchitis and emphysema possible due to prolonged use of tobacco
- sleep disturbances (caffeine)

### OPIATES ● ■

- strange and violent behaviour, irritability
- panic, anxiety
- paranoia, hallucinations, *delirium*
- loss of appetite and weight
- nosebleeds
- diseases and infections due to contaminated syringes

- loss of consciousness
- respiratory depression
- convulsions, heart problems, death

- deep sleep
- amnesia
- nausea, vomiting
- poor coordination
- restlessness, delusions
- stupor
- respiratory depression
- death (less danger with benzodiazepines)

- poor coordination
- loss of consciousness
- respiratory depression
- heart problems
- coma, death

- nausea, vomiting
- diarrhea
- fatigue
- anxiety
- confusion, difficulty concentrating

- respiratory problems
- hallucinations, paranoia, delusions
- fever, heart problems (infarcts)
- convulsions, coma, death
- stroke

- symptoms similar to alcohol withdrawal

- anxiety, panic, irritability
- depression
- insomnia
- fever, nausea, vomiting
- altered perceptions
- tremors, convulsions, *delirium*

- yawning, spasms
- goose-bumps, shivers
- nausea, vomiting
- diarrhea, cramps, abdominal cramps
- dilated pupils
- anxiety, irritability

- fatigue, weakness
- difficulty concentrating
- irritability
- depression
- insomnia
- increased appetite (nicotine)
- headaches (caffeine)

- anxiety, irritability
- depression, suicidal ideation
- fatigue, weakness
- difficulty concentrating
- nausea
- increase in appetite
- craving

- Keep these products out of the reach of young children
- Products associated with the risk of fire and explosions

- Even if they are prescribed, these drugs are dangerous if not used properly
- Very dangerous substances when mixed with alcohol
- Some products in this group cause memory problems
- Rohypnol and GHB (Liquid ecstasy) are sometimes called "rape drugs" by the media
- Despite its street name, Liquid Ecstasy, GHB does not contain Ecstasy

- These substances are sometimes mixed with other products
- Some cough syrups and painkillers contain codeine
- Methadone is a narcotic sometimes used to treat drug addiction

- 70% of young people who drink and take drugs also smoke
- Tobacco smoke is often associated with cancer
- Caffeine can be present in various headache medicines

- Cocaine and crack users spend large sums of money daily
- These substances are sometimes mixed with other products
- Crack and Freebase are cocaine products that can be smoked
- High doses of stimulants inhibit learning and concentration
- Chronic use of cocaine causes impotence in some users

# INTERACTING with teenagers

## WHAT YOU CAN DO SO YOUR CHILDREN DO NOT DEVELOP A DRUG PROBLEM

**E**ver since they were small, you have helped your children deal with all sorts of problems. Now that they are in their teens, the situations they come up against are different. But they still need you to help them understand things better and make their own decisions.

Even before a drug problem comes up, you can do a lot to help your teenagers make enlightened decisions:

- Encourage them to express themselves, to say what they think: teach them to say "No" when they have to.
- Give them the opportunity to make choices: let them buy their own clothes, manage their own pocket money, etc.
- Teach them to deal with frustrations, to wait for something they want, to do without some things that may be important to them, to take "No" for an answer sometimes.
- Help them develop judgment skills by asking them their opinions about things and

by encouraging them to be critical (about ads or shows, for instance).

- Teach them to solve their own problems: help them to look at various solutions to their problems, to choose the ones they feel are most appropriate and to act upon them.
- Point out their qualities and encourage them to develop them; lend your support—emphasize their achievements and watch them grow in self-confidence.
- Help them adopt a healthy lifestyle, reflected in their attitude toward food, sleep, relaxation and physical activity.
- Help them plan leisure activities in which they feel good about themselves.
- Teach them how to be good consumers of alcohol: reasonable or recommended quantities (moderation), appropriate circumstances (meals, parties).
- Instead of trying to scare them, give them realistic information on drugs and alcohol, and be ready to listen to what they experience and hear.
- Give them objective information—if you don't they won't believe you.

Your role as parents of teenagers can be summed up as follows: be attentive to your teenagers, maintain a good relationship with them no matter what, share the joy and the worry they inspire in you, be open to their problems and let them know what is important to you, your values, even if they seem to make fun of them.

The teenage years will not go by without a hitch. However, when your children make mistakes, help them learn from them. Remember that your role as parents differs from the role of your children's friends and that your relationship with your children is also different from the relationship your children have with their friends. It is your role to establish rules and set limits to help your children deal with frustrations and learn to say "No" when circumstances require it.



# INTERACTING with teenagers

## WHAT YOU CAN DO IF YOUR TEENAGERS USE DRUGS

If you suspect that your children are taking drugs, do not shy away from the problem. Bring up the subject with them if you see anything in their behaviour or their lifestyle that rings a warning bell.

### A FEW SIGNS OF DRUG USE

Some physical symptoms such as bloodshot eyes or difficulty speaking may indicate that your children are “high” on drugs.

In addition to the physical symptoms, there are certain changes in behaviour which, although common in teenagers, may become aggravated if they are using drugs. You should be concerned if your youngsters:

- suddenly lose interest in school or other activities which they liked before;
- suddenly change their opinion of themselves – if they find themselves really creative, brilliant or exceptional, they may be “stoned”;
- become extremely irritable – they might even think that everybody is out to get them;
- suddenly become sloppy or more dishevelled in appearance than they were before – or become very neat, to distract attention.

### RADICAL CHANGES IN HABITS CAN PUT YOU ON YOUR GUARD

Pay particular attention if you notice any of the following:

- lower grades;
- “hanging out” at places where drug trafficking goes on;
- changes in usual activities;
- returning home late more often than not;

- asking to sleep over at friends’ houses more often or for no special reason;
- unusual objects in your teenager’s bedroom or among his or her belongings: blackened knives, blackened cans, home-made objects, a flame-source;
- more frequent withdrawals to his/her bedroom;
- involvement in the disappearance of money or jewels from the house or even in shoplifting;
- inordinate appetite after an outing.

### IF YOUR TEENAGER COMES HOME “HIGH”

In most cases, it is best to wait for the initial effect of the drug to wear off. You have to be patient, stay calm and avoid leaving your son or daughter alone if at all possible. There is no point in starting a lengthy discussion, because he or she is in no condition to understand what is going on. You might ask what kind of drug he or she took, and how much. It is preferable not to contradict people under the influence of drugs if they say strange things. What they say corresponds to how they feel; let them finish their “trip” in a quiet place.

Sometimes they have “bad trips”, becoming distressed and feeling unjustifiably anxious or afraid. Occasionally, hallucinations can make them panic. If you are worried about the state your child is in, do not hesitate to take him or her to the nearest hospital.

# INTERACTING with teenagers

## ● HOW TO BROACH THE SUBJECT WITH YOUR CHILDREN

Once you have calmed down and your teenager is no longer "high", take the time to sit down and talk it over.

Say you know he or she has been taking drugs. Say how you feel about it: "I'm worried, I'm afraid, I don't understand..."

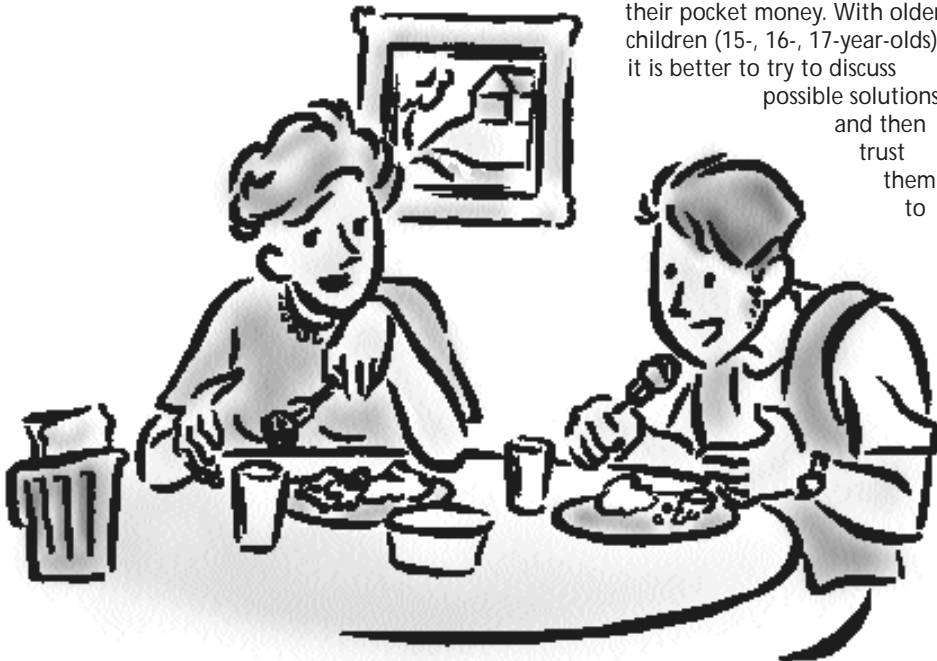
Try to pinpoint what led him or her to take drugs. This discussion will vary depending on whether your child uses drugs in order to be like his or her peers or to escape from personal problems.

If you think that children of yours are using drugs as a way out, try to help them find other ways of satisfying their needs or solving their problems.

Tell them what you expect of them in the future and remind them of the consequences if they go beyond the limits set.

With younger teenagers (12-, 13-, 14-year-olds), parents can check up on their outings, their friends and the way they spend their pocket money. With older children (15-, 16-, 17-year-olds), it is better to try to discuss

possible solutions  
and then  
trust  
them  
to



apply them. Do not try to change into a different kind of parent. There is no point in suddenly becoming permissive if you have always been rather authoritarian, or vice versa.

Lastly, you will have to let your teenagers assume the consequences of their actions. They should justify any absence from school or poor marks themselves, repay their own debts, etc.

## ● ATTITUDES THAT FACILITATE DISCUSSION

It will be easier to talk with your children if you apply the following suggestions:

- Do not be afraid of taking the initiative and saying what you think.
- Tell them how you feel about the situation. Then, listen to what they have to say about it.
- Do not try to fill in any silences in the conversation. They may be key periods of thought.
- Help your children express themselves and check with them to see if you have understood clearly. It might take a long dialogue before you fully understand each other.
- With gestures or words, show your teenagers that you are listening – this might encourage them to say more.
- When you are going through a difficult experience with your children, do not talk too much about how things were when you were young. This often turns them off and discourages communication.

# Questions and ANSWERS about drugs

**Q.** It is easy to get drugs?

**A.** You can find drugs anywhere you find young people.

**Q.** Are all young people attracted to drugs?

**A.** Many of them are. Drugs can be part of the learning process during adolescence. The attraction for the first drink of liquor, the first cigarette or the first joint of marijuana is about the same.

**Q.** How can I determine whether or not my children have a real problem with drugs?

**A.** It depends on:

- their age;
- the kind of drugs they use: alcohol, marijuana, cocaine, PCP, etc.;
- the quantity taken;
- the number of different products used at the same time (alcohol and other drugs);
- the frequency of use (every day, two or three times a week, occasionally);
- the context in which they take the drugs: individually or in a group (the problem is more serious if youngsters regularly use drugs alone);
- the way they get the drugs: obviously, it is more serious if they steal or become involved in vandalism or prostitution to get money;
- the reasons for using drugs;
- the way in which they deal with conflicts and frustrations.

Remember, there are three kinds of users:

- those who are curious and only want to give the drug a try to see what it feels like;
- occasional users who take drugs at parties in order to fit in or for excitement;
- problem users who need drugs in order to feel good about themselves.

**Q.** Can people become violent if they are "stoned"?

**A.** Several factors have to be taken into consideration before an answer can be given to this question:

- the personality of the user: youngsters who already tend to be violent may become even more violent on drugs;
- the kind of drugs used: certain drugs are more liable to arouse violent behaviour;
- abuse: overuse of drugs increases the risk of violence;
- the context.



# Questions and ANSWERS about drugs

**Q.** Is there a relation between psychoactive substance abuse and suicide among young people?

**A.** Generally speaking, psychoactive substances are involved in over 50% of suicides in the general population, not just among young people. However, no systematic link can be made between alcohol or drug use and the risk of suicide. When substance abuse is combined with other risk factors (problems at school, sexual abuse, family violence, loss of friends, conflicts with peers, social isolation, depression, etc.) you must be on the lookout for suicide attempts and suicidal behaviour. It is not the effect of isolated factors but the cumulative effect of a number of factors that must be taken into consideration. Research shows that most deviant behaviour is triggered by the simultaneous presence of multiple risk factors.

Remember that:

- suicide and suicidal behaviour among children under 12 are rare;
- young suicide victims and young people in difficulty generally seek help from their friends first, then at school and from their family.

**Q.** Is there a relation between the use of psychotropic drugs and gambling among young people?

**A.** Contrary to what you might think, gambling is widespread among young people. They especially enjoy lotteries, sports betting and card games. The enthusiasm abates somewhat with time, just like drug abuse and delinquent activity in general.

## AS THE MUSCLES GROW, SO DO THE RISKS!

The pressures of competition and performance compel some young athletes to take anabolic steroids. Their muscles develop rapidly and their endurance increases. They feel they are in top form.

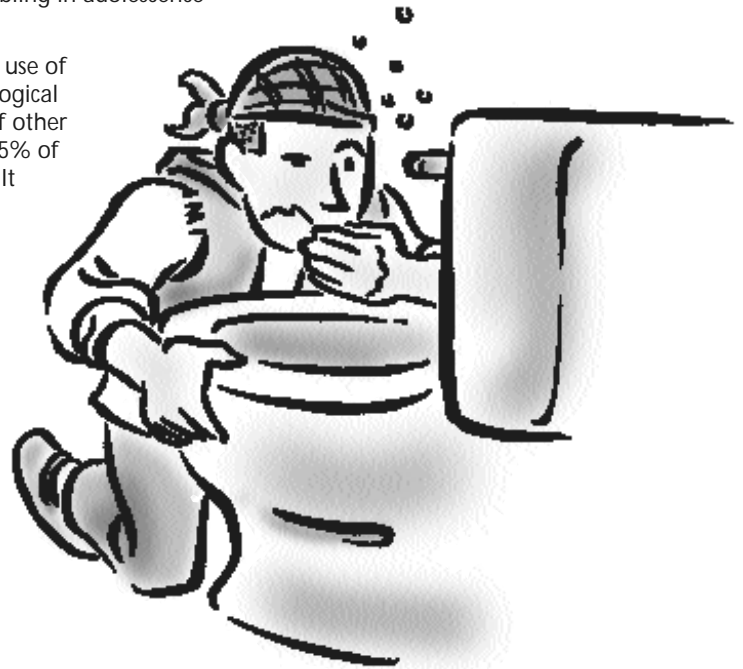
But this is just not so. Steroids affect behaviour, giving rise to aggressiveness, paranoia and mood swings. These synthetic hormones can also cause health problems such as headaches, nose bleeds and stomach cramps. Even more serious problems can occur, ranging from stunted growth to a higher risk of heart attack.



# Questions and ANSWERS about drugs

Gambling is common even during childhood. In Québec, 86% of children in elementary school (grades 4, 5 and 6) have gambled, and over 40% of these say they gamble at least once a week. Most adolescents say they began gambling for fun (90%) or to make money (70%). It can be assumed that young people who exhibit problems associated with gambling in adolescence are at risk of becoming addicted.

Among young Quebecers, pathological gambling is associated with the use of drugs, alcohol and cigarettes. Overall, about one third of young pathological gamblers also have substance abuse problems, while only about 10% of other young people experience such problems. Similarly, between 15% and 25% of young substance addicts also have problems associated with gambling. It should be realized that abusive behaviour on the part of parents with respect to gambling or alcohol provides an indication of whether a young person will become a pathological gambler or a substance abuser. Bear in mind, however, that most pathological gamblers are not drug addicts and most drug addicts are not pathological gamblers.



**Original idea:** Commission scolaire des Premières seigneuries

**Illustrations:** Steve Bergeron

**Update by:** Centre de réadaptation DomrémY, Mauricie and Centre-du-Québec  
Claude Giroux, pharmacist, Médication enr.  
Dr. Pierre Rouillard, psychiatrist, head of the Service de toxicomanie, CHUQ,  
Pavillon Saint-François d'Assise  
Claude Rouillard, Ph. D., Unité de Neurosciences, Centre de recherche du CHUQ  
Francine Poulin, psychologist, Commission scolaire des Premières seigneuries  
Louise Blanchet, drug abuse education specialist, Commission scolaire de la Capitale

**T**his booklet will help parents better understand alcohol and drug use among teenagers and find solutions to problems that may arise.

Preventive education is the best way to deal with drugs. Understanding and respect are essential if young people are to feel better about themselves and achieve personal fulfilment.

For information, assistance or referral  
to the appropriate resource,  
contact:

**DRUGS: HELP AND REFERRAL**

(514) 527-2626 (in Montréal)  
1 800 265-2626 (from elsewhere in Québec)  
24 hour a day, 7 hours a week

