

SIGNS OF DRUG / ALCOHOL PROBLEMS

The question most often asked is . . . How does one know that he/she or a close friend, or a family member has a problem with drugs or alcohol?

If you see several of the following signs it's time to get help.

SIGNS OF EARLY DRUG OR ALCOHOL USE

GENERAL

- Seems unusually distant and less communicative. Becomes more secretive; declines who, what, and where questions; is generally evasive about his or her activities.
- Finds more excuses for "partying" or hanging out with others who want to party.
- Stays out very late or stays overnight with friends without planning or permission.
- Spends less time at home and/or an increasing amount of time isolated from family.
- Gradually loses interest in family activities, social activities, or competitive activities such as sports.
- Becomes less responsible about curfew, homework, etc., or is suddenly so conscientious that his or her behavior draws attention.
- Character of new friends seems older or more streetwise.

SIGNS OF FREQUENT USE AND DEPENDENCY

Check the symptoms you see in your child. Look for "clusters" in one or more categories.

SCHOOL

- Skips classes, whole days or drops out.
- Complains that teachers are unfair and are picking on him or her.
- Hostile toward school authorities; may openly challenge authority.
- Tardiness, suspensions, demerits.
- Requests schedule changes for easier classes. A drop in grades.

LEGAL

- Traffic violations, DWIs, accidents.
- Shoplifting, run-ins with police.

BEHAVIOR

- Steals money or items easily converted into cash.
- Sells personal belongings.
- Has money, but no job.
- Gets fired from jobs and will not provide explanation.
- Doesn't come home after school.
- Sneaks out of the house at night; runs away.

- Spends an unusual amount of time in attic, bathroom, garage or storage area.
- Demands privacy; wants lock on his or her bedroom door.
- Changes sleeping habits; naps or “zonks out” at unusual times.
- Has extreme mood swings; euphoria, depression, hostility, oversensitivity. Over-reacts to mild criticism or requests.
- Talks about suicide, spirit world, the devil.
- May neglect personal hygiene.
- Exhibits poor memory, judgment and reasoning.
- Unfamiliar or complex tasks go unaccomplished, or accomplished with much difficulty.
- Appears disoriented, incoherent or flighty at times.
- Suffers increased illnesses, menstruation irregularities, cough, chest pains, bronchitis.
- May be promiscuous, intimate in public.
- Secretive about phone calls; callers hang up or refuse to identify themselves.
- Attempts to grow marijuana.
- Misses meals but snacks on sweets or junk food frequently.
- Shows changes in speech and vocabulary; mumbles; averts eyes or turns head away when speaking.
- Fabricates excessive excuses or lies.
- Defies family rules, standards, while personal values seem to be slipping.
- Verbally or physically abuses family members or others. Siblings fear child.
- Family relationships deteriorate. Is very difficult, argumentative, or irritable without explanation.

PHYSICAL EVIDENCE

- Appears drunk or uncoordinated.
- Experiences fearfulness, rigidity, jerkiness, dizziness, flushed skin, or nausea.
- Exhibits rapid or shallow breathing, rigid jaws or an insensitivity to pain.
- May be constantly tired.
- Experiences loss of appetite; breaks out in sweats, shakes or chills.
- Displays red eyes, drooping lids, “thick” or slurring voice.
- May wear clothing imprinted with drug-related graffiti or symbols.
- Wears sunglasses and uses Visine more than usual.
- Has odor of alcohol or marijuana (like burnt rope) in room or on clothing.
- Uses incense, room deodorizers, exhaust fans.
- Burns candles, opens windows.
- Keeps paraphernalia among belongings; pipes, roach clips, cigarette papers, beer or liquor bottles, plastic baggies, pills, glass vials, film containers, Visine bottles, capsules, glue tubes, aerosol cans, seeds, powder or crushed leaves. (Hiding places: room, car, attic, storage areas, underside of drawers, under mattress, inside stereo speakers, light switches, clocks, etc.)

**CONTACT YOUR COUNTY
DEPARTMENT OF PUBLIC
HEALTH'S ALCOHOL & DRUG
ABUSE PREVENTION PROGRAM
FOR ADDITIONAL INFORMATION**

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HEALTH

DO'S AND DON'TS

HOW TO DEAL WITH AN ALCOHOL PROBLEM 5 STEPS (CONTACT TRAINED PROFESSIONALS)

- DO** point out the availability of help to the teenager who wants to resolve a personal or health problem which may be affecting his school performance.
- DO** explain that the responsibility for accepting assistance rests with the teenager and his parents.
- DO** bear in mind that alcoholism is a progressive disease. Without treatment it always gets worse. It requires professional help and treatment.
- DON'T** -try to diagnose the problem.
- DON'T** -moralize. Restrict comments to the young person's behavior.
- DON'T** -be misled by sympathy-evoking tactics; the alcoholic is an expert at this.
- DON'T** -cover up for a friend. A misguided kindness can lead to a serious delay in recovery and can literally kill the alcoholic young person.

- 1. IDENTIFICATION**
Identify a possible alcohol problem by observing school performance, performance of home duties, attendance at school, and change in behaviors. See symptom chart.
- 2. DOCUMENTATION**
Very important! Record behavior and facts of adolescent, i.e. attitudes, school attendance pattern, family disruptions, missed school work, missed home responsibilities, etc.
- 3. CONFRONTATION**
Confront student with documentation. Only mention alcohol or drugs if pertinent to facts. Involve other members of the family. Do not criticize the child, but instead, the behavior.
- 4. REFERRAL**
There are professionals who can help with alcohol problems in every County. For information on programs available in your area, call the Alcohol and Drug Abuse Prevention Program through your local Public Health Department.
- 5. FOLLOW-UP**
Follow-up on student's progress. Reinforce progress and participation in their recovery program, as well as their assistance program at school.

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SIGNS OF ALCOHOL ABUSE AMONG TEENAGERS

SOCIAL / PSYCHOLOGICAL

1. Personality change when drinking.
2. Experience of "blackouts" or temporary amnesia during and following drinking episodes.
3. Loss of control of drinking.
4. Drinks more than peers / more often.
5. Morning drinking to overcome hangover effects.
6. Drinking-related arrests.
7. Defensive about alcohol usage.
8. Obsessed with consumption of next drink.
9. Mixes alcohol with drugs for a better high.
10. Drinks before going to a party.
11. Feels remorse about drinking.
12. Gets into fights when drinking.
13. Development of an elaborate system of lies, alibis and excuses to cover up drinking.

HOME OR CLASSROOM

School Attendance

1. Misses Monday mornings.
2. Late after lunch.
3. Leaves school early on Fridays.
4. Frequent absences.

General

1. Works below expected potential level.
2. Inconsistency in aggressiveness and passivity in home or classroom participation.
3. Drinks at school, hides alcohol in locker.
4. Boasting about drinking.
5. Alcohol on breath.
6. Change in peer group affiliation.
7. Sleeping in classroom.
8. General troubles in school.

PHYSICAL

1. A change in tolerance to alcohol - [increase or a decrease].
2. Hangovers.
3. Marked weight gain / loss.
4. Repeated minor injuries.
5. Sexually active beyond standards of peer group.

HOW TO HELP YOUR CHILD DEAL WITH PEER PRESSURE

One of the most important reasons why a child begins to experiment with alcohol, drugs, or tobacco is peer pressure. Trying to be part of a group is an important motivator in children.

You can help avoid this by setting down a few simple rules. All kids like to have structure in their lives, even if they talk a good game about doing what they want.

BE SPECIFIC

Tell your kids that they may not drink. Tell them why. Set a clear penalty for drinking. This can help children stave off peer pressure by saying, "It's not worth being grounded if I get caught." Or, "My father will cut off my allowance." Make sure the rules — and the penalties — are appropriate for your child.

ESTABLISH TRUST

Let your child know you trust him or her. It's often difficult to walk the fine line between permissiveness and protection. But by setting clear rules — and allowing your child to function within the boundaries you set — he or she should have enough flexibility to feel independent.

ENFORCE RULES

If your preteen breaks the rules, stick to your guns and apply the penalty. Remember that it was *your child* who decided not to follow the rule. If you don't follow through, there's a greater chance that he or she will break the rule again.

KNOW WHERE YOUR KIDS ARE, DON'T PERMIT YOUR KIDS TO ATTEND UNCHAPERONED PARTIES OR EVENTS

Phone ahead to make sure an adult will be present. Get assurances that no alcohol or other drugs will be allowed.

GIVE YOUR CHILD IDEAS FOR SAYING NO TO PEER PRESSURE

- Your child should know that being smart and refusing a drink can mean being “cool.” Saying no is a sign of maturity.
- Sometimes a clever remark can do the trick, “A drink? No thanks, I’d rather save my brains for something better.” Or, “No thanks, I’d rather save bad breath for a pepperoni pizza.”
- Or if your child is in a group that wants to drink, he or she could suggest an alternative such as going to the mall to play video games.
- Sometimes, a simple “no thanks” and then walking away is all that is needed.
- Or you can be the bad guy. Let your kids blame you if they need to: “My mother will murder me if I drink.”

GIVE YOUR CHILD ALTERNATIVES TO DRINKING

Make sure he or she has plenty of healthy, involving activities. Too much “hanging around time” can lead to trouble. If kids do hang out, know where they are doing it. Make sure it isn’t near the beer or winecooler outlet.

WATCH YOUR CHILD’S SPENDING

If you give your child an allowance, discuss how the money gets spent. Children with excessive incomes are more likely to buy alcohol or other drugs.

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ADAPP Alcohol and Drug Abuse Prevention Program

HOW CAN I TELL IF MY TEENAGER IS USING DRUGS?

One of the questions asked increasingly by parents is: "How can I tell if my teenager is using drugs?" This is a most difficult question when signs and symptoms associated with behavior are used as a basis for (knowing) suspicion. It is difficult to separate the typical adolescent behavior from the drug-induced behavior, but the parent should consider the following behavior suspect: *

1. **DOES THE TEENAGER SEEM TO BE CHANGING? IS THE TEENAGER BECOMING MORE:** irritable, less affectionate, secretive, unpredictable, hostile, depressed, uncooperative, apathetic, withdrawn, sullen, easily provoked, oversensitive?
2. **IS THE TEENAGER BECOMING LESS RESPONSIBLE? IS THE TEENAGER:** not doing chores, late coming home, tardy at school, forgetful of family occasions (birthdays, etc.), not completing homework?
3. **IS THE TEENAGER CHANGING FRIENDS, DRESS CODE OR INTERESTS? HAS THE TEENAGER:** a new group of friends, the language of new friends, hair styles like new friends, switched clothes styles, become reluctant to talk about new friends, become less interested in school, sports and academic hobbies, refused to talk about parents of new friends.
4. **IS THE TEENAGER MORE DIFFICULT TO COMMUNICATE WITH? DOES THE TEENAGER:** refuse to talk about details of friendship group activities, refuse to discuss "drug issues", become defensive when negative effects of drug use are discussed, strongly defend occasional use or experimental use of drugs by peers?
5. **IS THE TEENAGER BEGINNING TO SHOW PHYSICAL AND/OR MENTAL DETERIORATION? DOES THE TEENAGER SHOW:** disordered thinking or ideas and thought patterns that seem out of order, heightened sensitivity to touch, smell and taste, increased appetite from marijuana smoking known as "munchies"), decreased ability in rapid thought processes, amotivational syndrome, weight loss?

Behavior changes as discussed in 1 through 5 may occur over a period of a few months, the summer, or over a year or more. These behavioral patterns should be monitored closely by the parent. More blatant behavior will begin if the student can manipulate his way through the examples and more obvious drug use behavior will begin to occur.

6. **IS THE TEENAGER'S BEHAVIOR BECOMING MORE INTOLERABLE TO PARENT? DOES THE TEENAGER:** demand his right to drink alcohol, refuse to spend additional time on studies even though grades are down, insist that teachers are unfair, become extremely irritable, use bad language, come home late with alcohol on breath, claim people are telling lies on him, not want to eat with or spend time with family, act very secretive on the telephone?

After behavioral clues to drug use, there usually come the telltale physical evidence which is difficult to deny. The teenager will usually lie or give half-truths to parents when caught.

7. **IS THE TEENAGER BECOMING CARELESS IN HIS DRUG USE? DOES THE TEENAGER:** forget to replace the liquor stolen from parents' cabinet, put the bottle between mattresses, leave the "roach" in bathroom or car ashtray, insist that marijuana found in car or room belongs to someone else?
8. **IS THE TEENAGER BECOMING DRUG DEPENDENT? DOES THE TEENAGER:** take money from his parents, brothers or sisters, steal objects from home that are easily converted to cash, lie chronically, drop out of school?
9. **IS THE TEENAGER:** caught shoplifting, charged with burglary, arrested for drug use or delinquent act?

For additional information contact your local Alcohol and Drug Abuse Prevention Program.

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16 THINGS TO DO IF YOUR LOVED ONE IS AN ALCOHOLIC

1. Do try to find out more. Alcoholism is an illness that everyone should understand, especially the loved ones of alcoholics.
2. Do let the alcoholic take responsibility for him/herself. If the alcoholic creates a problem, let him solve it. Don't remove the problem before the alcoholic can face it, solve it, or suffer the consequences.
3. Don't regard this as a family disgrace. Alcoholism is as much a disease as cancer and no one is ashamed of having cancer.
4. Do get help for yourself. There are several groups for loved ones of alcoholics including Alanon and Alateen. Often, if the family members begin to get help, the alcoholic will also.
5. Don't nag, preach, or lecture to the alcoholic. Chances are she has already told herself everything you can tell her. She will take just so much and shut out the rest. You may only increase her need to lie or force her to make promises she cannot possibly keep.
6. Do talk to the alcoholic in a reasonable manner when he is sober. Tell him what you are feeling and what you would like. He may not do anything, but at least you are communicating your thoughts.
7. Don't use the "if you love me" appeal. Since an alcoholic's drinking is compulsive and cannot be controlled by willpower, this approach only increases her guilt. It is like saying, "if you loved me, you would not have tuberculosis."
8. Do tell the alcoholic what you will do, and then do it. Don't make idle threats, but do set standards and hold him to them. Think your actions through carefully and carry them out.
9. Don't hide liquor or dispose of it. Usually, this only pushes the alcoholic into a state of desperation. In the end, she will simply find new ways of getting more liquor.
10. Don't let the alcoholic persuade you to drink with him on the grounds that it will make him drink less. It rarely does. Besides, when you condone his drinking, he put off doing something to get help.

11. Do keep in touch with family and friends. Just because the alcoholic isolates himself is no reason for you to sit home alone with him. If he chooses not to go or cannot behave normally, go without him.
12. Do be aware of your own feelings and attitudes. Guard against the "holier than thou" or martyr-like attitude. It is possible to create this impression without saying a word. An alcoholic tends to judge other people's attitudes towards him more by small things than by words.
13. Don't expect an immediate 100% recovery. In any illness there is a period of convalescence. There may be many relapses and times of tension.
14. Don't be jealous of the recovery method the alcoholic chooses. It's easy to think that love of family and home should be reason enough for recovery. Or you may feel left out when the alcoholic turns to other people for help in staying sober. But you wouldn't expect a very sick person to heal himself or be jealous of the doctor, would you?
15. Do let the recovering alcoholic learn to say "no" on his own. You cannot protect him from drinking situations. He must learn by himself to handle such situations gracefully.
16. Do offer love, support, and understanding in his sobriety

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ALCOHOL INFORMATION FACT SHEET # 21

FACTS

Fetal alcohol syndrome, also known as FAS, is irreversible.

Up to one third of heavy drinking mothers have babies with some of the FAS birth defect symptoms.

FAS is the third major cause of birth defects in the United States.

A woman does not have to be an alcoholic to give birth to an FAS child.

Babies born to alcoholic mothers, are often born with acute alcohol withdrawal symptoms.

Only twenty four percent of drinking mothers stop drinking alcoholic beverages during pregnancy.

FAS seems to occur during the first trimester (first three months of pregnancy).

FAS is 100 percent preventable!!

The risk of spontaneous abortion (miscarriage) is twice as high for women who drink than for non drinkers.

Premature birth for heavy drinkers is three times the normal delivery rate.

FETAL ALCOHOL SYNDROME

Fetal Alcohol Syndrome is a group of birth defects caused by excessive drinking of alcohol during pregnancy. Alcohol can induce abnormal fetal development even with small amounts of alcohol.

Studies with animals show that at high alcohol levels, birth defects are directly related to the amount of alcohol consumed. Also, if the pregnant woman has poor eating habits the risks are greater.

It has been calculated that at least five percent of all birth defects may be attributable to prenatal alcohol consumption by the mother. Alcohol also may account for a large portion of previously unexplained birth defects.

During the peak reproductive age range of eighteen to thirty-four, an estimated five percent of American women consume an average of two (2) or more drinks per day. Since alcohol passes right through the placenta, it is safe to say that a large number of unborn children are exposed to alcohol on a daily basis.

Mental retardation is considered the most serious and damaging of all alcohol related birth defects. Other birth defects include: facial abnormalities, structural defects, and growth and developmental problems.

So what does all of this mean? If a woman is pregnant or is thinking of becoming pregnant she should eat properly and stop drinking alcohol. ANY amount of alcohol may be detrimental to the growing fetus. *Remember, it's OK not to drink.*

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