

## Welcome to the Prevention Dimension

Shu'-yi'de-ghayt-nin'sh

Shu'-yi'de-ghayt-nin'sh means

We are getting well

Shu' (sounds like "shoe")

yi' ("i" is a long "a" sound)

de (short "e" like in "den")

ghayt (sounds like "kite")

nin'sh (long "e")

The articles and information you see here are offered as a way to increase communication and share information, knowledge, and humor. We welcome questions, suggestions, and artwork from youth age 12 to 17.

Please contact Lisa Brown at 1-800-600-5599, or 541-444-8286 to turn in articles or information that may be printed in an upcoming issue of Siletz News. You also may e-mail documents of interest to lisab@ctsi.nsn.us.

### Drug Myths vs. Reality

While we're learning the facts about drugs, many young people are still getting lots of misinformation and myths from peers. Be aware and be ready to address these half-truths and misinformation, such as:

**Myth:** Marijuana isn't harmful because it's "all natural" and comes from a plant.

**Truth:** Marijuana smoke contains some of the same cancer-causing compounds as tobacco, sometimes in higher concentrations.

**Myth:** It's okay to use marijuana as long as you're not a chronic user or "stoner."

**Truth:** Occasional use can lead to frequent use.

**Myth:** Drugs are not that dangerous and I can handle it.

**Truth:** Drug use is extremely unpredictable and affects people differently. Anyone can become addicted to drugs.

**Myth:** Everyone is doing it.

**Truth:** Research shows that more than four out of five eighth-graders have not used drugs in the past month. Even among high school seniors (the group with the highest rate of marijuana use), only a quarter of those polled in a national study reported using the drug in the last month. In any given school, most students aren't doing drugs.

**Addiction:** No one who begins using drugs thinks he or she will become addicted. Addiction is a

disease characterized by compulsive drug-seeking behavior regardless of the consequences.

Research conducted by the National Institute on Drug Abuse clearly shows that virtually all drugs that are abused have a profound effect on the brain. Prolonged use of many drugs, including cocaine, heroin, marijuana, and amphetamines, can change the brain in fundamental and long-lasting ways, resulting in drug craving and addiction.

If and when a drug abuser becomes addicted depends on the individual. Research shows that children who use alcohol and tobacco are more likely to use marijuana than children who do not use these substances. Children who use marijuana are more likely to use other addictive drugs. Certain genetic, social, and environmental risk factors make it more likely that certain individuals will become addicted to alcohol, tobacco, and other drugs. These include:

- ❖ Children of alcoholics who, according to several studies, may have inherited genes that make them more prone to addiction and who may have had more stressful upbringings
- ❖ Sensation-seekers who may like the novelty of feeling drunk or high
- ❖ Children with psychological problems, such as conduct disorders, who self-medicate to feel better

- ❖ Children with learning disabilities and others who find it difficult to fit in or become frustrated learning
- ❖ Children of poverty who lack access to opportunities to succeed and resources when they're in trouble

The more risk factors children have, the greater their vulnerability. And everyone has a different ability to tolerate drugs and alcohol – what if your child's tolerance is very low? Regardless of how "cool" drugs may look, there is nothing glamorous about the reality of addiction, a miserable experience for the addict and everyone around him or her. Addiction causes an all-consuming craving for drugs, leading an otherwise responsible, caring person to destroy relationships, work, and family life.

#### Addiction is a treatable disease.

The success of any treatment approach depends on a variety of factors, such as the child's temperament and willingness to change, and the extent and frequency of use. Drug addiction now is understood to be a chronic, relapsing disease. It's not surprising, then, that parents may have to make a number of attempts at intervention before their child can remain drug-free, and they should not despair if their first try does not produce long-lasting results. Even if it's not apparent at the time, each step brings the child closer to being healthy.

#### Advice from a teen in treatment:

Jamal, 17, treatment client in a residential program: "My mom and dad are both addicts. When I was 15, I was living with my uncle and we got into a fight.

"I went to stay overnight at a friend's, and he was using marijuana. So we got high. But smoking weed got old, and a bunch of us went to our dealer's house, gave him all the money we had, and he bought hard liquor for us. It made me feel on top of the world and alcohol became my drug of choice.

"I started ditching school and I got suspended. I only went to get high anyway. But now I couldn't graduate. I was living with my grandmother at the time and a peer counseling teacher from school recommended a residential treatment center.

"When I got here, I didn't think I'd stay. I thought I'd just come to cool down. But they started forcing me to change. The staff made me see that I

was out of control. In about six months, I started changing. The counselors threw my issues in my face – I had been molested and abused when I was young, and I had had problems with my mom. I made commitments that I had to keep. I plan to graduate and move back to New York and I hope to attend college.

"My advice to anyone doing drugs is that if you feel vulnerable, find someone – your best friend or someone you know who cares – and do what is hardest: Talk about your pain. The people who take care of you shouldn't be dictators too; they should share their own experiences and let kids know that they're there for them. I wish my parents had talked to me about their own drug problems."

**For Parents.** Some parents feel like they have to sleep with both eyes open when their children are growing up. Adolescence is a natural period of experimentation. Coupled with the profound physical and emotional changes kids undergo at this time, using drugs (including alcohol) is a potential problem – and a serious one.

Aside from the obvious clues – like the smell of marijuana drifting from your son's or daughter's bedroom – other more subtle signs of substance abuse include:

- ◆ Borrowing money frequently, or stealing
- ◆ A short fuse; becoming easily irritated or frustrated
- ◆ Sleeping or eating more or less than usual
- ◆ Sudden, noticeable weight loss
- ◆ Unusual moodiness or withdrawal
- ◆ Lack of interest in appearance or poor personal hygiene habits
- ◆ Secretiveness about new friends or personal belongings
- ◆ Decline in academic performance

If you notice any of these symptoms, don't preach, lecture, or lash out. Instead, discuss the substance use calmly and frankly. Let your children know you're concerned and let them know why: Their use of alcohol and other drugs not only is illegal, it's also not too smart. Be firm; tell your children what you intend to do if they continue to abuse alcohol or other drugs, and follow through.

See Alcohol on page 21.