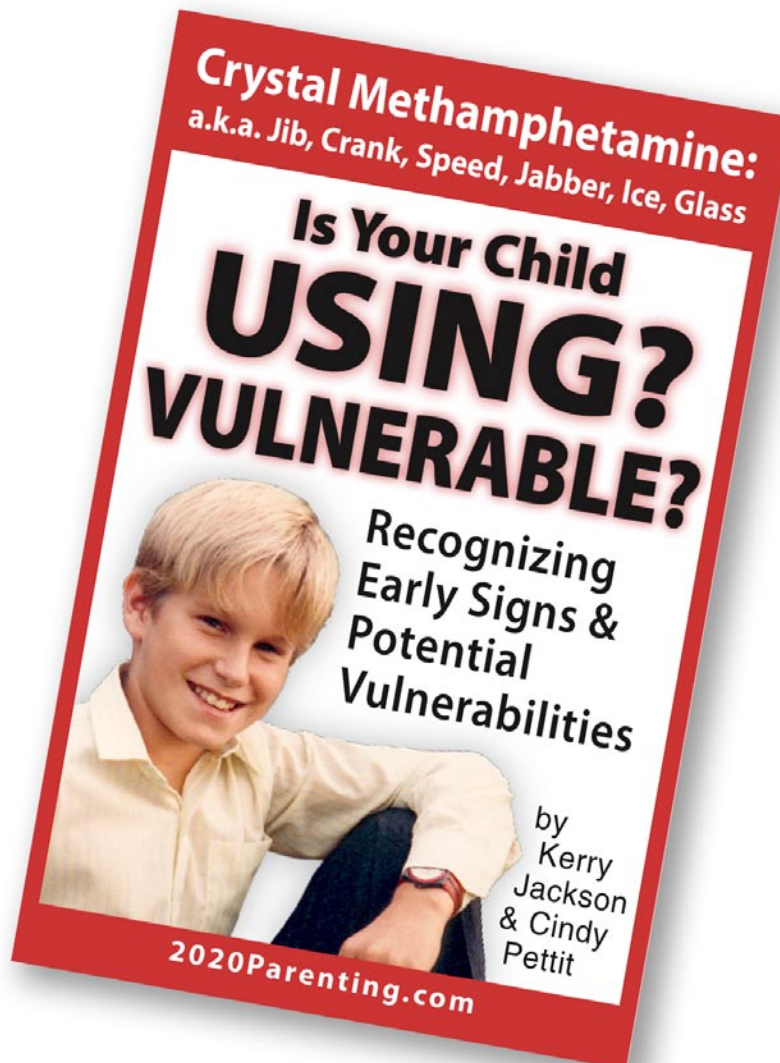


Crystal Methamphetamine

Also known as: Crystal Meth, Jib, Crank, Speed, Go-Fast, Zip, Jabber, Gak, Chrissy, Peanut Butter, Tina, Shards, Ice, Icebergs, Bergs, Glass, Ecstasy (approx. 65% of tabs contain meth)



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In Loving
memory
of
Ryan,
a beautiful
young man
stolen
by an
ugly drug
far
before
his
time

and

to fulfill
Ryan's wish
to help others
avoid
the ravages of
crystal meth

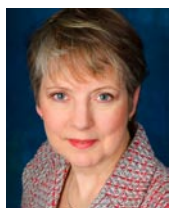
Cover Photo: This picture of Ryan was taken when he was 13, two years prior to his beginning to use marihuana.

About the Authors

Kerry Jackson

It has been my wish for many years to be in a position to assist children and their families to avoid the many unnecessary health tragedies I have witnessed in our world. It was not until after the loss of my only child, Ryan, that I finally found my way toward this life mission. To this I bring my personal experience of healing as a consumer of counselling/psychology, the education I received through my former first and second year college studies in psychology, and through the experience I gained from one year in volunteer crisis-line counseling. I am a concerned mom sharing the 20/20 hindsight I have gained along with the added hindsight and expertise of qualified professionals from various fields.

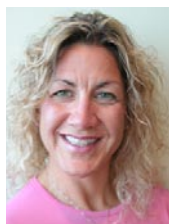
We are developing 2020Parenting.com to assist primarily in early prevention of the many commonly and uncommonly recognized vulnerabilities to substance abuse and addiction (prevention in its truest meaning). We are providing information for parents of children aged 6 to 19+ with younger ages to come. Topics include crystal meth and other substances as well as the health risks and conditions that in and of themselves can cause vulnerabilities to substance abuse and addiction. It is our wish (Ryan's too) that many children and their families will live healthier, happier lives as a result our efforts.



Kerry Jackson,
20/20 Parenting Founder
Motivational speaker, child and family advocate
(visit [Presentations](#) for further information)

Cindy Pettit

Cindy has worked with youth and their families in varying capacities for as long as she can remember. She has worked as a swimming instructor, camp counselor, outdoor recreation leader, youth worker, and finally as a family worker. She has a passion for working with people and finds great rewards in the interactions and relationships she forms with adolescents and their families, who have been her professional focus for 20 years, since 1985. Cindy has a wide variety of experience working with youth including residential treatment, adolescent psychiatry, outreach work and alternate education. She has worked with crystal meth-afflicted youth and families since approximately 1999. Cindy is currently taking courses towards a masters degree in counseling psychology. Her professional goals include completing her Masters degree and having a private practice.



Professional Credentials

Bachelor of Arts Degree in Child and Youth Care, with Honors

Areas of Expertise

Family, Group, Couples and Individual Counseling, Youth and Adult Skill Building and Education, Addictions and Recovery

Acknowledgments

I thank my family, friends, and graphic design clients for their support in my mission to help others through sharing Ryan's story and my own. Without their moral support, encouraging words, and patience, the creation of this e-guide as well as 2020Parenting.com would have been much more difficult and much longer in coming.

I am also very grateful for the gracious co-writing assistance of Cindy Pettit. Her selfless volunteering of expertise and time has been invaluable. I also thank her husband and young son for their support of her contribution to this work.

I thank Dr Bill MacEwan, Director, Schizophrenia Program, UBC, Clinical Director, Fraser South EPI, B.C, for sharing the contents of his public presentation on crystal meth, of which we were able to glean several illuminating statistics and photographs. Thank you Cst. Richard de Jong, R.C.M.P., Drug Awareness, Vancouver, B.C. for the rave photo on page 23 (the May 21st, 2005 rave I attended). Kerry Jackson.

Introduction

Crystal meth is a universal issue that can touch any family, anywhere. Corporal Scott Rintoul, R.C.M.P. Drug Awareness Service-Vancouver says, "Even kids that do not break curfew, that do well in school, and chip in with chores at home are at risk".

It is with great hope for your children that we provide you with this guide; a hope that you will read it and utilize it to the best of your ability; a hope that your children will be spared the horrors so many children have, and continue to experience. What I now know clearly is that **EARLY Prevention is KEY, and EARLY Intervention is CRUCIAL**, especially where crystal methamphetamine is involved.

This guide's purpose is twofold. PART I, is written to help you recognize the possible early signs of Crystal Methamphetamine (CM) use **before** and **in case** they occur so that you can intervene as quickly as possible to prevent harm to your child.

Unlike other drugs and alcohol, CM is often very highly and quickly addictive (some apparently become addicted the very first time of experimentation). For some users, it has also been shown to quickly cause psychosis, mental illness, and (suspected) permanent damage to the brain and nervous system, among other body systems.

Because of these realities we have chosen to use the word "**use**" instead of "**misuse**". In our opinion any use of Crystal Meth must be considered misuse (even if it is "normal" adolescent experimentation) due to its fast-acting, potentially destructive nature.

It is important to understand, and educate your child that they may take this drug unknowingly. There are reports of CM being found in other drugs such as marihuana, ecstasy, and heroin. While there have been no studies on food or drink one must consider the

possibilities since CM is both water soluble and edible. And date rape drugs **have** been found in drinks. No young person, especially if not prepared by parents to protect him/herself, is without vulnerability.

We have used the word “child” because **regardless of their age they are our children** and because statistics demonstrate that the age of first use of this drug has been getting lower each year. Records kept by Peak House, a Vancouver-based adolescent residential treatment program, indicated that in 2003/04 the youngest age of first use of CM among their residents was 11.9 years of age, down from 15.2 in 2001/02. We have heard of users as young as 9. The situation is indeed cause for all parents and adults to become alert and proactive.

PART II has been written to assist you in assessing your child’s level of possible vulnerability to future use of Crystal Meth (and the misuse of other drugs including marijuana and alcohol, which can lead to harder drug use). It is important to keep in mind that not all children and youth who have these risk factors will engage in drug and alcohol misuse. Be aware of the tendency to overreact to risk factors. This too could prompt your child to rebel and do exactly what you don’t want him/her to do.

While this guide does not cover in depth the health concerns and other dangers of Crystal Meth, it is crucial to educate yourself so that you can reinforce the drug education your child receives at school (unfortunately some inconsistency exists from district to district and even between schools of the same district). Some helpful links are included throughout this guide.

It is our sincere hope that this publication will be a blessing to you and your family and will help you to protect your precious children. As parents we bring each child into the world with the expectation that we will enjoy watching them grow up healthy and whole, and ultimately to have healthy babies of their own. This is our wish for you and our greatest motivation for compiling this guide.

With the hope of great happiness for you and your precious children,

Kerry Jackson

How to Use This Guide

If you have received a printed copy we suggest you first go to www.2020parenting.com to gain immediate access to the pdf file. This way you can more easily access the resources through their live text links. (These do change frequently. Please let us know if you find any broken links.)

We suggest that you begin by reading in the order in which it has been written, then focus on the area you feel needs attention most urgently.

As the sayings go, **“ONE STEP AT A TIME”** and **“EASY DOES IT”!**

This is easier said than done as panic sets in very easily when our children’s welfare is threatened. You will find it less stressful, however, to develop a plan of action and to take it step

by step from there. If you suspect your child has already tried Crystal Meth your wisest course of action **IS** to seek the help of your community drug and alcohol professionals. See page 16.

NEVER BE TOO ASHAMED TO REACH OUT FOR HELP. When you are dealing with substance misuse, and especially with Crystal Meth, the knowledge and expertise of a professional is invaluable. Your child needs to know that you are serious about providing help and you need the assistance that only an expert on this subject can provide. This act alone could save your child, and your family, immeasurable loss, grief, regrets, and financial devastation. **Make your personal pride less important than your child's welfare.**

Please Note: While reading this guide, particularly the section on vulnerabilities, you may find yourself thinking that you have inadvertently and/or indirectly harmed your child. This is a natural parental response. Do not beat yourself up or get stuck in guilt. This will not help you or your child. Do not blame yourself even if you feel that you “should” have worked harder to educate yourself.

You must understand that you have done the best you could with the information and resources that were available to you at the time. Please forgive yourself so you can help your child. If you cannot do so on your own seek professional help. Your child needs you to have the presence of mind that is not possible if you are immersed in guilt feelings.

PRINTING TIP: If you do not have a printer and you would like a hard copy, you can e-mail this document to your nearest copy centre and engage their printing services.

Crystal Methamphetamine

History of Crystal Methamphetamine: Crystal Methamphetamine is a manufactured drug that was first created 110 years ago. Amphetamines and methamphetamines were first used in the 1920's and 30's for medical conditions such as: asthma, narcolepsy and attention deficit disorder and were prescribed to soldiers and pilots in WWII to help them stay alert.

In the 1950's amphetamines were used by: truckers to remain awake, students to increase study time, athletes to train longer, and by women as a weight control strategy. Crystal Meth first appeared on the West Coast of North America in 1985.

General Information: Crystal Meth is a white or off-white crystalline powder or chunky crystal that can be snorted, smoked, injected, eaten or inserted into the vagina or rectum (called “hooping”). When Crystal Meth is heated it produces an **odorless** smoke. It is classed as a stimulant, the most commonly used class of drugs in the world.

Other stimulants include: cocaine, crack, speed, nicotine, and caffeine. CM is sold for about \$10.00 a “point” (0.1 grams). One dose, varying from 0.05 grams to over 0.1 grams, depending on the users length of usage, can produce effects for over 8 hours. Crystal Meth alters the central nervous system by flooding the brain with dopamine, a natural brain chemical. The

increased supply of dopamine makes the user feel sociable, sexy, productive, and smart.

Unfortunately the brain cannot produce enough dopamine to keep up with the demand and eventually the user has depleted their supply. Regardless of how much Meth they continue to use, they can no longer get high. People who use CM may stay up for days on a “run”: using repetitively until their brain’s neurotransmitters are depleted and they are sleep deprived.

A user may get to a level where they “tweak”, see things that are not there, become irritable, are paranoid, and have abnormal, semi-purposeful movements. Users often “sketch” or worry about people following or filming them. Others may “tech out” or are fascinated with the technical aspects of gadgetry and the details of organizing and cleaning things.

Methamphetamine can cause structural brain changes, cognitive impairment, and psychosis.¹

Access: CM can be made with recipes found on the internet, using materials that can be purchased “over the counter”. These factors make it cheap, easy to get and ultimately very addicting.

Treatment: Withdrawal symptoms from Crystal Meth require a longer withdrawal period than other drugs and require a longer period in treatment. Acute withdrawal can last 10-14 days and symptoms include: extreme irritability, low energy, depression, fearfulness, excessive drowsiness, increased sleeping then difficulty sleeping, nausea, shaking, sweating, decreased capacity to enjoy things, hyperventilation, and increased appetite.

Psychological Withdrawal from CM can last for six months or more and can include the symptoms of depression. During this time the person may be at risk for suicide or relapse to substance use. Treatment methods are still being developed and there are no medications available specifically for the treatment of Crystal Meth addiction although anti-depressant or anti-anxiety medicine may help.

Treatment and Support includes assistance and treatment from support people who can **engage the user quickly**; helping to stabilize symptoms, address immediate needs, and most importantly **build a trusting relationship**. Treatment also needs to involve family supports, plans for relapse prevention, and harm reduction strategies to reduce risk factors in case of re-using substances. Planning to reintegrate the person into school or work and non-using social groups is also crucial.

For further information and resources visit our crystal meth intro and article pages:

<http://www.2020parenting.com/pages/crystal-meth.php>

¹ Dr Bill MacEwan, Director, Schizophrenia Program, UBC, Clinical Director, Fraser South EPI, B.C.

PART I: Possible Early Signs of Crystal Meth Use

If you know the early signs of Crystal Meth use and what to do within the first 24-48 hours, you may save your child, and your whole family, considerable pain and suffering.

1. **Unusual Behavior:** some or many of the following: very hyper, energized, very happy, agitated, anxious, shaky, twitchy, flighty, spacey, racy speech, aggressively smart and argumentative, poor judgement, confused, delusional, paranoia (hair-trigger temper is also common and can cause uncharacteristic physical aggression...choose your words very carefully and stay calm).
2. **“Losing” personal possessions:** (youth often sell or trade valuable items for drugs).
3. **Drug paraphernalia i.e:** tubes/straws/empty pens/rolled up papers/bills used to snort drugs, glass pipes, tin foil, small Ziploc bags, light bulbs, black “soot” on hands/shirt/rags (from pipe), butane lighters and refill cans. (Drugs can be hidden behind light switch and outlet plates, posters, paintings or under tabletops, drawers, carpets, or in ceiling tiles...)
4. **Loss of interest** in usually pleasurable activities/old friends/spending time with family.
5. **New “secret” activities/friends/cell phone.**
6. **Lying** about whereabouts/money/activities.
7. **Change in attitude:** overly irritable, easily angered, aggressive, careless, swearing, disrespectful, blaming, rejecting usual family values, oppositional, etc.
8. **Change in behaviour:** staying awake all night, sleeping all day, very difficult to rouse, going straight to the shower and bed when coming home (hiding body odor/dilated pupils).
9. **Psychosis** resulting in erratic, aggressive, bizarre, or violent behaviour **can be caused soon after the first use of CM for some users.** It may also come on suddenly after several years of “recreational” use. Drug-induced psychosis is estimated to occur for 10% - 20% of crystal meth abusers.² Unfortunately, it is not possible to be absolutely sure who will be predisposed to drug-induced psychosis or to mental illnesses such as bipolar and schizophrenia though there is believed to be a genetic link. (Even so, previous generations have been known to hide their “skeletons” in the closet as well as to misdiagnose “the blues” or the “strange one” in the family.)

If your child’s aggressive behaviour puts him/herself or the lives of you or anyone else in mortal danger we suggest you call 911 immediately, in private if possible to guard against them running away before the police arrive, so that they can be taken to the hospital.

Unfortunately, in Canada, this is the only circumstance under which a child (minor or adult) may be forced against their will into treatment. And they may only be kept secure for a maximum of approximately 30 days.

Apparently, treatment centers in some states in the U.S. work under different laws allowing

² Dr Bill MacEwan, Director, Schizophrenia Program, UBC, Clinical Director, Fraser South EPI, B.C.

more secure longer-term treatment. The longer the addiction has continued, however, the more difficult it is to force successful treatment. Still, you must never give up hope as this may result in your child giving up as well.

The key here is to notice behavior that is new or unusual for your child. You know your child best.

ACTION PLAN

1) Do not Panic or overreact. You must remain calm in order to think rationally about this problem. Do not assume your child has voluntarily used crystal meth in case they have unknowingly taken the drug.

Try to come from an attitude of genuine desire to understand, versus from a position of outrage or disgust. Consider that it is also possible that a mental health or physical health condition is presenting itself and your child needs immediate medical intervention.

2) Work as a team whenever possible with your husband/wife/child's other parent. Talk together and plan what you will say before hand. It is best to talk to your child as a united front.

Talk clearly and calmly with your child outlining your concerns. Explain to them that you love them and that it is your responsibility as their parent to keep them safe and to make sure that they make healthy decisions.

Ask your child what, if any, drugs they have been using. Re-affirm that your desire is to help and not to punish them for a poor choice.

Do your best to be non-judgmental and to **NOT REACT** to **ANYTHING** that your child may tell you. Remember, you want to keep the lines of communication open. You want your child to talk to **YOU** and to come to **YOU** for help. If you yell, lecture, or freak out they will **NOT** talk to you again and you will have lost your chance to help.

IF YOUR CHILD "APPEARS" TO BE USING CRYSTAL METH WHAT ARE YOUR OPTIONS?

1. SEEK COMMUNITY ADDICTIONS SERVICES AND TREATMENT

Get drug and alcohol support as soon as possible. A drug and alcohol specialist will guide you in assessing the level of the problem and in planning and finding suitable treatment. Refer to resources page 16 to 18.

The path to finding help is different in every part of the country and may be difficult but don't give up. You may want to start with your family doctor or the closest walk-in clinic. Explain the problem and ask for a referral to a drug counselor. Some insurance plans and employee benefit programs include confidential counseling so check these sources. Look in the phone book or go online and search for drug and alcohol counseling.

Include Alanon (the family support group related to Alcoholics Anonymous), **1-888-4AL-ANON**-worldwide <http://www.al-anon.alateen.org/english.html> and Naranon (the family support group related to Narcotics Anonymous, <http://nar-anon.org/index.html> in your search as they are groups of people who are having, and have had, experience dealing with the same issue of addiction. They can be an invaluable support and wealth of information about resources in your area. Appropriate support is as important for you as it is for your child. You need someone to talk to about all of this.

2. DRUG TESTING

In cases where signs of meth use are apparent yet your child insists that he or she is not using, drug testing **may** be helpful. For example, you may be prepared for the first 24 – 48 hours after a party, or other outside activity, with a home drug test kit. Some families have also used them successfully as a preventive measure. See page 18 for sources.

You may also take your child to your family doctor for a drug test or to some walk-in clinics (confirm this ahead of time to be sure). And be aware there is a fee for this test.

BUT WHAT ABOUT TRUST?

If your child seems very sincere about not using and you believe them, you might tell them that you do not necessarily distrust **them** but that they may have been tricked and that you both need to know if this is true. Crystal Meth has been found in marijuana, and ecstasy tablets (food and drink may also be intentionally laced). It is also suspected that meth is being administered with the assistance of date-rape drugs.

If you seriously suspect meth is involved and your child is accusing you of not trusting them, tell them that the test, if negative, will validate your trust. Please understand that this drug will alter your child's **ability** to be honest.

If your child still refuses to take the test, **CALMLY** express your concern for their safety and the potential consequences resulting from their choices. Discuss how their decision impacts you as their parent and how you continue to be worried about their safety. Explain how their decision to not cooperate makes it difficult for trust to continue.

Although it is easy to jump to the conclusion that a child who refuses a test may be guilty of drug use, remember that relationships are complex and consider other reasons that your child will not cooperate.

Avoid assuming that a youth who is drug-free would be happy to prove it, but instead be open and curious about their motivation. An open and honest discussion about difficult issues can lead to a deeper understanding and new awareness about how to support your child.

If this approach is unsuccessful explain that you expect that they will meet with a drug and alcohol counselor to discuss this issue since they will not talk about it with you. Let them know that you will be making an appointment for them and that you will let them know when it is. Offer to drive or accompany them to the appointment. Be clear that you expect them to attend the appointment.

IT IS CRUCIAL THAT YOU EXERCISE YOUR PARENTAL RIGHTS NOW, AND BOLSTER YOUR INTERNAL STRENGTH AND RESOLVE TO INTERVENE as the more times your child uses crystal methamphetamine the harder it will be for them to quit and the more permanent any damage may be.

However, do not yell, lecture, or repeat yourself more than once. Your child will take you more seriously if you are strong in your presentation.

If your **child tests negative** let them know that you are happy and relieved that they are protecting themselves and making healthy choices. Praise them for their honesty and express your love for them.

Talk about your responsibility as a parent being to keep them safe and help them grow up to be healthy and strong adults. Use this as an opportunity to talk with them about other substance use and the importance of open communication and working together as a family team.

Random drug testing to ensure they continue to make healthy choices may be an option (see page 18 for test kit resources).

If your **child tests positive** the most important thing is to remain **CALM**. Let your child know that this is a very serious issue and that you will get them the help they need.

Do not engage in an argument with your child about their behavior or the plan of action for them to receive treatment. It is your job as the parent to be firm, clear, and rational. Your child needs to know you are serious and will not bend on your expectations.

If your child is willing, discuss a plan to keep them safe from using for the next 24 hours or until you can get them to professional help. If your child refuses to be a part of the planning you have no choice but to take matters into your own hands.

Until you can get your child to a drug and alcohol professional they must be monitored at all times to ensure their safety. You must take this job seriously. A person seriously addicted to drugs may be out of control and unable to keep themselves safe, therefore untrustworthy. They may be sincere in their desire to do the right thing but crystal meth is an incredibly powerful drug and chances are they will not be able to refrain from using without help.

3. IF COMMUNITY DETOX IS UNAVAILABLE

If after seeking community drug and alcohol services you have found that you do not have access to a community detox facility and if your child's symptoms of use are **mild** and you are **certain** that their meth use has been minimal to date, detoxification **may** be possible at home.

This is not a decision to be made lightly however. While home detox has worked for some families, it has not worked for others. If you choose to support your child in detoxifying at home:

- **Have your child's doctor assess whether this would be safe for your child and refer you to any community health home detox assistance programs available.**

➤ **BE SURE TO READ the next section on when NOT to detox at home.**

- If a home detox assistance program is not available to you, arrange to have on call assistance with a drug and alcohol/medical professional who has agreed to be available for daily support and in case emergency advice is required.
- If you decide to go ahead with detoxifying and there are other children in the family, arrange for them to stay with relatives for two weeks to protect them from the potential trauma of witnessing their sibling's (or parent's) upsetting withdrawal symptoms.
- Be available to your child around the clock for support, encouragement, and company. Provide ways for mental distraction (journaling, reading, puzzles, games, drawing.)
- Coordinate with others to take turns giving support so that you can take breaks, or spend some time in an adjacent room from time to time.
- Make sure that the environment is calm and quiet, ensuring that people that may upset this tranquility are kept away.
- Provide lots of clean pure water and encourage your child to drink lots of it in order to assist their body to flush out the toxins deposited by crystal meth.
- To calm an upset stomach try ginger tea with honey. For diarrhea and vomiting, Gatorade apparently helps.
- If possible provide healthy foods such as soup, whole rice, fruits and vegetables and avoid too much sugar (has been shown to hamper the immune system). Supplemental vitamins and quality fish oil (purified from toxins) are also needed to rebuild health and brain function.
- Encourage showering frequently, or Epsom salt baths to relieve muscle cramping (as hot and long as tolerable).
- Encourage mild exercise and lots of sleep.
- Be prepared to respond to anger, paranoia, anxiety, depression, or strange thoughts with calmness and without taking anything your child says personally. Withdrawal from methamphetamines typically presents with behaviour that is not your child's true nature. Know that it is the drug that is talking, not your child.
- Consider providing acupuncture treatment through a registered Traditional Chinese Medical doctor. This treatment has been scientifically proven to help with drug withdrawal symptoms and cravings. Find a Traditional Chinese Medical doctor through: <http://www.ctcma.bc.ca/index.asp>
- Realize that your child will crave crystal meth very badly to end the painful withdrawal symptoms. This is not an indication of weak willpower. Help your child to go on by reminding them why they are doing this. Help them to remember their goals, how well they have done so far, one step at a time, minute by minute.

If your child becomes suicidal call your local Crisis Line. See pages 17 and 18.

WARNING: if your child becomes violent (another symptom typical of methamphetamine withdrawal) do not put yourself and your family at risk. As well, if any other worrisome

symptoms arise such as seizures, passing out, hallucinations, chest pain, chronic vomiting and diarrhea, etc. call 911 for an ambulance.

For the following situations home detoxification is NOT advisable:

- Your child is pregnant.
- There is another health problem to consider.
- More than one or two drugs are involved (keep in mind that more and more drug cocktails have been popular recently).
- Benzodiazepines (Valium, rohyponol, etc.), Methadone, or alcohol have also been used.
- Your child has had seizures before.
- There has been a history of mental health problems (your child and/or family).
- There is no truly safe place in your home for your child to stay for up to 14 days.



Ecstasy tablets: 65% contain CM...which are cocktails?

WARNING: If your child is already seriously addicted to crystal meth it can be very dangerous for him/her to stop “cold turkey.” This is why we do not advise detoxifying at home in these cases. Stopping suddenly may result in violent behaviour. It may also result in an attempted suicide due to the fact that the brain loses its ability to produce dopamine (for a period of time depending on the nature and duration of CM use). In the case of addiction be sure to utilize the help of qualified health professionals and treatment programs for detoxification and rehabilitation. See resources on pages 16 to 18. If resources are not local for you a residential facility may be your best option if funding is available.

In the potential event that your child attempts to detox without your knowledge, and you suspect suicidal ideation, check pages 17 and 18 for crisis line resources. It would also be advisable for you to learn how to recognize the early symptoms of suicidal thoughts in case your child becomes suicidal in the future.

Call 911 If your child has had erratic, bizarre, or aggressive symptoms that may indicate psychosis. Immediate psychiatric care is crucial as the earlier the treatment of psychosis the better the prognosis. Call 911 and ask for help to admit your child to the hospital. Do not put yourself in physical danger by trying to take him/her yourself.

A Word Of Caution: Be careful about who you go to for support. This issue is one that is still misunderstood by most people and you must be careful about opening yourself, your child, and family up to other’s opinions, judgments, and misconceptions.

Many people still view substance misuse and addiction as indications of weak character and poor choices. They lack the understanding that it is a medical issue. Even well meaning friends and family members can complicate the problem with the wrong type of support.

However, we do not recommend you keep this issue secret as that will only increase your sense of panic and isolation. We do recommend that you choose your support people carefully and make sure that they understand the issue.

Professional support and the input of others who have been there, like those involved with Alanon and Naranon is crucial.

Finally, **not all support groups or counselors are the same.** What works for one person may not fit for another. If your first attempts to gain support are unsuccessful **TRY AGAIN.** You owe it to your child to not give up. See the list of treatment and support resources below.

Finding Treatment and Support in the Lower Mainland of/ & British Columbia for Youths

Note: The following list is by no means all-inclusive. We advise you to begin here and ask for referrals if help is not presently available.

Ministry of Health Drug and Alcohol Information and Referral Service - a free referral service for counseling, detox, and treatment in all of British Columbia -1-800-663-1441 or in the Lower Mainland-604-660-9382

<http://www.vcn.bc.ca/isv/adirs.htm>

<http://www.psychosissucks.ca/epi/>

<http://www.healthservices.gov.bc.ca/mhd/index.html>

<http://www.mcf.gov.bc.ca/youth/index.html>

For Users (often using several substances):

Crystal Meth Anonymous:

Cloverdale: 604-574-7051 - Lori-Jo

Other meetings: www.crystalmeth.org

Alcoholics Anonymous - 604-434-3933

Narcotics Anonymous - 604-873-1018

For Parents and Family members

Alanon - 604-688-1716

Naranon - 604-878-8844

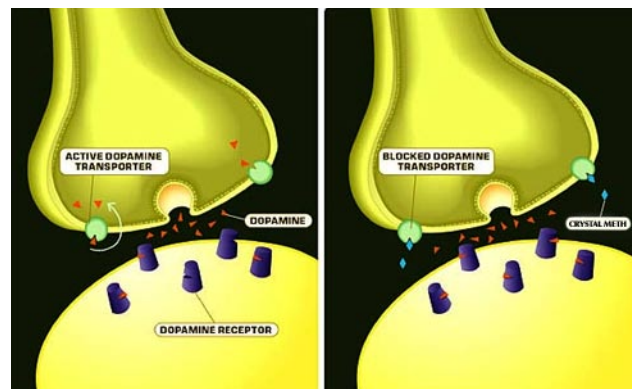
From Grief to Action,
parent support - 604-454-1484

Detox Services

Vancouver Coastal Health Youth Addiction Treatment Services tollfree line: 1-866-658-1221

http://www.vch.ca/action_scripts/dsp_SearchResult.cfm

Maple Cottage, New Westminster - 604-587-3755



NORMAL DOPAMINE

BLOCKED DOPAMINE

Crystal meth blocks the dopamine transporters causing stimulation of the nerves and eventual dopamine depletion.

Chilliwack Hospital, Withdrawal Management Unit: self referral by youth -
604-703-0600 or 1-866-795-0600

Nechako Treatment Centre, Prince George -250-565-2881

Residential Treatment Services (live-in addiction treatment)

Peak House, Vancouver - 604-253-3381 <http://www.peakhouse.ca/>

The Cedars, Burnaby, Female youth 13-18, 3 funded beds, 9 self pay, 604-298-1902

Last Door Recovery Centre, New Westminster, Male youth 13-18, 3 funded beds, 9 self pay,
604-520-3587 <http://www.lastdoor.org/content.php?cat=15>

Atlas Program, Terrace, Co-ed 13-18, 250-638-6220

Revisions, Williams Lake, Co-ed 13-18, 250-392-1000

Nechako Treatment Centre, Prince George, 30 day program, intake every 30 days.
Co-ed, - 250-565-2387

Crossroads Treatment Centre, Kelowna, - 250-860-4001

Maple Ridge Treatment Centre, Maple Ridge - Toll free calling: 1-877-678-6782 or 1-877-678-
MRTC, Tel: 604-467-3471 <http://www.mrtc.bc.ca/>

Day Treatment Programs

D.E.W.Y., New Westminster, Chilliwack, Langley, Co-ed, 14-18 - 604-517-5916
<http://www2.vpl.vancouver.bc.ca/dbs/redbook/orgpgs/8/8110.html>

Astra Program, Fraser Valley, Outreach Counseling 13-18, - 604-951-4867
<http://www2.vpl.vancouver.bc.ca/dbs/redbook/orgpgs/2/2703.html>

Impact Youth Program, Abbotsford, Co-ed, 13-18, - 604-853-1766
<http://www2.vpl.vancouver.bc.ca/DBs/Redbook/orgPgs/7/7146.html>

Local Out Patient Counseling Programs

Langley Family Services, Addiction Services, counseling for adults and youth, ask for the duty
worker, - 604-534-7921 <http://www2.vpl.vancouver.bc.ca/DBs/RedBook/orgPgs/7/7252.html>

Surrey Mental Health and Addictions, - 604-953-4900
<http://www2.vpl.vancouver.bc.ca/dbs/redbook/orgpgs/1/11980.html>

Abbotsford Community Services, Addiction Centre, - 604-850-5106
<http://www2.vpl.vancouver.bc.ca/DBs/RedBook/orgPgs/7/7264.html>

Peace Arch Community Services, Addiction Services, White Rock, 604-538-2522
<http://www.pacsbc.com/programs/cp/>

For Crisis Counseling & More Resources

Lower Mainland Crisis Centre Distress Line: 604-872-3311, <http://www.crisiscentre.bc.ca/>

South Fraser Regional Crisis Line - 24 hours - 604-951-8855

http://www.needcrisis.bc.ca/html/other_resources.htm

Helpful Internet Resources

<http://crystalrecovery.com/>

<http://gettingthemsobber.com/> Though this site is focused on alcohol, the underlying issues of addiction and sobering up apply to all drugs and alcohol.

Drug Test Kits

In the Lower Mainland of B.C. call Peace Arch Community Services: 604-538-2522,

<http://www.pacsbc.com/programs/cp/>

http://www.drugtestyourteen.com/test_directions This site is very informative regarding how to drug test one time or through a family drug testing program. You will see that it is not as simple as it may seem.

Finding Treatment and Support in Canada Outside of British Columbia

Alberta: Alberta Alcohol and Drug Abuse Commission (AADAC): 1-866-332-2322

<http://www.aadac.com/Default.asp>

A highly parent-recommended treatment facility in Calgary: <http://www.aarc.ab.ca/>

Saskatchewan: Community Care Branch: 306-787-4686

Manitoba: Addictions Foundation of Manitoba: 204-944-6200

Ontario: Drug & Alcohol Registry of Treatment: 1-800-565-8603

Centre for Addiction and Mental Health: <http://www.camh.net/index.html>

Quebec: Drug Help & Referral Line: 1-800-265-2626

Other areas/links: <http://alcoholism.about.com/cs/pro/a/blprocan.htm>

You may also find the following resources very helpful:

<http://crystalrecovery.com/>

<http://gettingthemsobber.com/> Though this site is focused on alcohol, the underlying issues of addiction and sobering up apply to all drugs and alcohol.

<http://www.drugtestyourteen.com/home>

PART II: Signs of Possible Vulnerability to Future Use

Risk and Protective Factors

Risk factors are the attributes or characteristics in the environment or within the person that contribute to the likelihood that they will engage in substance use at some time. Protective factors are the personal abilities and environmental supports that strengthen the person's determination to reject or avoid problematic substance use.

Risk Factors: Place the young person at greater than average risk for substance use/misuse. These include but are not limited to:

- inadequate life skills
- family conflict
- strongly influenced and governed by others
- lack of family, school, and community bonding
- pro-drug-use messages in the media
- mental health problems (physiological and emotional)
- easy accessibility of substances
- favorable attitudes towards drug use (peers, siblings, parents)
- experienced abuse (physical, emotional, sexual)
- family history of residential school
- children removed from home
- youth experiencing sexual orientation concerns

Protective Factors: Buffer or protect young people from starting or continuing substance use/misuse. Examples include:

- well developed life skills
- positive bonding to family, community, school
- cultural pride and knowledge
- peers who are involved in school activities
- high community hopes and expectations for youth
- critical thinking skills about media
- limited accessibility to substances
- cultural education in school activities
- safe person to talk to about sexual orientation

Assessing Your Child's Risk and Protective Factors

1. SELF ESTEEM

How low self esteem can contribute to drug and alcohol dependency

1. Not feeling good about oneself can lead to not caring about oneself, thus, to self-destructive behavior such as self medication even while knowing the consequences.
2. Not feeling good about oneself can make a young person susceptible to the negative influence of others who promise a way to feel great.
2. Not feeling good about oneself can make a young person vulnerable to the “good” feelings made possible by crystal meth (and other drugs/alcohol): false sense of self confidence, euphoria, love, feeling attractive, smart, popular.

Common CAUSES of low self esteem

1. Losses of the past (including early childhood) i.e.: separation from, or death of a parent or other significant person, a cherished pet
2. Physical, emotional, and/or sexual abuse (children often perceive this as loss of being loved, respected, and wanted, thus fear being rejected and abandoned)
3. Witnessing of a violent act, robbery if they believe they could have stopped it and didn't or in some other way secretly blame themselves
4. Loss of home stability: loss of friends, school continuity, loss of academic standing - due to home relocation(s)
5. Chronic disability, illness or disease spells loss of many things: feeling normal, mobility, freedom to do certain things that would aggravate the illness etc.
6. Loss of home and/or community as in “acts of god”: earthquake, fire, flood, storms, especially if the child has developed any self blame around their inability to help.
7. Insecurities around physical attributes i.e.: overweight, thick glasses: measuring self worth by comparing themselves with more popular teens, teen idols, media images...
8. Lack of self confidence in social skills: shyness, verbally awkward, overly self conscious
9. Unreasonable expectations of parents and other significant people. When a child/youth feels that they must perform extremely well and consistently they can feel uncared for as simply a person in their own right. They feel that they are not lovable unless they “do their significant person proud”.

When children are young their natural response (even preverbal) to a trauma or loss is to assume that it is their fault. They need help, **at the time of the loss**, to not blame themselves. They need to be told clearly and gently that what has happened has nothing to do with them and they may need to hear this numerous times.

Often even when a verbal child is asked if they think something was their fault, they will say no, while on a deeper, subconscious level they feel yes. **Feelings can have more power over**

their behavior than conscious beliefs especially as the child approaches adolescence. The longer the internalized blame remains the more it becomes ingrained, and the more it impacts the child's behavior, learning abilities, and decision-making. **It is very important that traumas and losses be processed correctly as soon as possible after they occur.**

Children have an automatic defense mechanism that protects them against intolerable realities. They naturally, and unconsciously, bury traumas deep in their psyche so they can go on as if everything is fine. Unfortunately, this defense mechanism often weakens during adolescence and the unresolved pain comes to the surface to wreak havoc with the already hormonally and developmentally challenged pre-teen/teen.

Given this, it is important to not be fooled into complacency by a seemingly well-adjusted child. If they have experienced past trauma & loss without effective assistance to process it correctly, they may need help to rebuild their self esteem. A professional assessment, if you are unsure, is wise, if only to set your mind at rest. (For preverbal children a play, art, music, or movement therapist can be of enormous help.)

NOTE: Since few parents are trained in how to help their children with loss or trauma, counseling with a qualified family counselor or other health care professional is of the utmost importance. If you and other family members are also suffering loss it will be doubly important that you all see a professional together.

Common SIGNS of low self esteem

1. Easily influenced by peers, choice of anti-social peer group
2. Underachiever: poor motivation to succeed, hopelessness, feeling of not being able to make a difference in their life
3. Verbal statements such as: "no-one likes me"... "I'm ugly, stupid, a loser"... "Who cares anyway?"... "What difference does it make?"
4. Sexual acting out
5. Lying, petty theft, vandalism
6. Acting out, taking it out on others by bullying, tormenting (including the family pet), yelling, blaming, and accusations
7. Chronic bragging, boasting, in order to seem greater, smarter, more successful
8. Chronic people pleasing: entertaining class clown or party animal, giving so much that others tend to take advantage
9. Risk-taking and thrill seeking behavior, the "dare devil"
10. Chronic busy body, rarely sitting still and quiet, always listening to music, on phone...
11. Blending in by being good, quiet, invisible
12. Superachiever/Perfectionist: works overly hard to achieve high marks, social standing through school clubs etc. The danger here is that he/she may be doing this for you or others rather than for themselves out of a deep (usually unconscious) belief that they will be rejected if they achieve lower marks or standings. (This can make them more susceptible

to using stimulant drugs, such as cocaine and crystal meth, in order to enhance brain function, thus increase effectiveness of studies and school marks.)

ACTION PLAN

If you suspect your child is suffering from low self-esteem due to any one of the above losses or traumas, even if they were sustained many years ago, you may choose to get them professional help. This issue is very complicated and is often strongly linked to the choice to self medicate with street drugs including marijuana and alcohol. See B.C. mental health resources page 29.

2. STRESS HANDLING

An inability to deal with stress effectively and in a healthy manner. This may make a child more vulnerable to self medicating with substances as a means to handle stress.

1. How does your child handle stress? Consciously or unconsciously, internally or externally, self destructive, other destructive, or property destructive?
2. Help your child find healthy ways to reduce and deal with stress. Teach and model talking about feelings and experiences openly, asking for help, eating healthy, exercising, spending time in nature, spirituality i.e.: meditation, prayer, (this must be your child's preference and belief system and is not something you can force.)
3. Parents set the example and can act as coaches on stress handling. If in doubt look online and at your local book store or library. There are many resources to learn healthy stress management.

ACTION PLAN

The ability to deal with stress in a healthy and effective way is a combination of personal resiliency, character traits, and learned behavior. Get professional help for your child if his/her handling of stress does not improve or last with your guidance. See B.C. mental health resources page 29.

3. SPIRITUAL/FUTURE OUTLOOK

A child's world view, sense of the future, natural tendency to be optimistic or pessimistic, sense of control over one's destiny, and sense of being loved and belonging have a great impact on their ability to be resilient in the face of adversity.

1. How does your child view the world. Do they have a positive or a negative view of their future?
2. Does your child have a personal success focus? Does he/she feel in control of their own future?
3. Does your child have personal goals & vision or are they stumbling blindly through life?
4. Does your child experience feelings of love, trust, and belonging to family, community, and peers?

ACTION PLAN

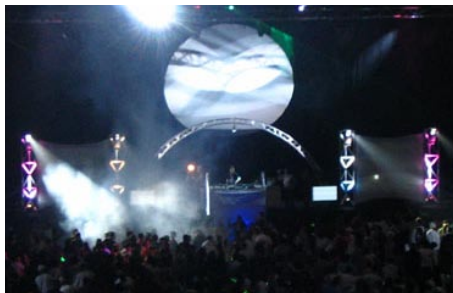
If your child is demonstrating a pessimistic, hopeless view of the future or seems to feel that they have little or no ability to create their own destiny or path in the world, they may be at risk for various at-risk behaviors in order to make themselves feel better (approval seeking, thrill-seeking, partying, self-medication).

If this sounds like your child's spiritual outlook, find a family counselor for your child to talk to about this. Unfortunately, as parents we do not always hold the ability to influence our children as much as does a trained professional. Be prepared to attend the counseling sessions as a family too as you will all need to help in this situation. See B.C. mental health resources page 29. You may also find assistance through your church youth leadership.

4. STREET SMARTS

A child who is naïve about the realities of drugs, addiction, and the fact that there are adults and other young people in the world who may purposely harm them or put them at risk is in danger of being hurt or exploited by others. Children must have the information necessary to make appropriate decisions about peers and activities. It is the parents' responsibility to be informed about these issues and make sure that their children are taught these realities in an age-appropriate manner.

1. Has your child received age-appropriate drug education? i.e.: ingredients, the personal consequences of using, etc. You cannot rely on the schools alone as they may be inconsistent. Educate yourself so your child knows you care enough to make the time.
2. Does your child know the hidden sources of crystal meth? The following can be laced with it: marihuana, ecstasy, heroin, perhaps other drugs, and food and drinks. Kids need to be coached to listen to their gut feelings about at-risk or using peers.
3. Does your child know how to recognize and avoid high risk activities/ places such as raves (even legal raves), concerts, house parties, secluded youth hang outs where drug and alcohol use is high such as late evening beach parties, an street hang outs?



4. Does your child know how dealers and drug-dependent peers can entice them i.e.: charisma, tricks, promises, lies?
5. Have you coached and practiced with your child in how to say no effectively? Do they have ways to save face i.e.: "My parents' drug test me", or "I'm allergic"?

ACTION PLAN

Become aware and stay informed on substance abuse and addiction issues when your children are young, even while still toddlers ideally, so that you can start teaching them while they are young and more easily influenced. Seek out information from resources such as the R.C.M.P. or local police who facilitate the D.A.R.E. program: <http://www.darebc.com/> and from the How to Drug Proof Your Kids program: <http://www.drugproofyourkids.ca/Default.aspx?cat=0>

Consult book stores, libraries, your child's school and the internet for information and talk about it with your child. Attend a parent course on the subject. Listen to the news and read the paper so you are aware of what is going on in your community. Check out <http://www.drugfree.org/> for more information about how to drug proof your child.

Be an active participant in your child's life. Know their friends, their friends' parents, where they go and what they do. Make them accountable. Talk, talk, talk, talk, talk to your child and with anyone with information that may benefit you and your child.

5. HEALTH CONDITIONS

Some health conditions can interfere with a child's ability to make sound decisions and it is not uncommon for mild cases to be either misdiagnosed or missed altogether.

Given this, it is very important that you have a basic idea of what symptoms could signal the need for a professional assessment (get several professional opinions if possible as there are many common symptoms for various conditions). **You must do whatever is necessary to help your child to overcome or cope effectively with their condition.**

NOTE: It is very important to have an accurate assessment by a professional in order to help your child with these health conditions. An incorrect assessment of your child's abilities will result in unfair expectations and ineffective handling of your child by yourself and your child's teachers. This only creates more stress, confusion, and lowered self esteem for your child resulting in a GREATER vulnerability to self medicating behaviour!

1. Mild Brain Injury: It has fairly recently been recognized that a child's brain is most vulnerable to trauma from birth to age five. It is now understood that it takes much less impact to the skull to cause brain injury than was previously known. Even a fall out of a high chair can cause life long damage depending on how the head has taken the blow.

Throughout the growing years the brain continues to be vulnerable to sports-related injuries, falls due to accidents, or adolescent thrill seeking. Statistics also show that two or more injuries, without adequate time for healing in between, are even more damaging. (I strongly suspect that my son Ryan sustained an injury to the frontal lobes of his brain from two fairly serious accidental falls at age two and a half.)

Long-term (chronic) symptoms of frontal lobe damage include the inability to make and/or stick to wise decisions, the inability to make decisions based on previously experienced consequences, emotional impulsiveness, lack of emotional control, and an inability to

accept and/or act on the advice of others (seeming very stubborn or head strong). Injury to other areas of the brain can cause a variety of symptoms in varying degrees.

If you suspect your child may have suffered a brain injury, consider seeking an assessment by a qualified health professional. For our articles written by brain specialists on mild traumatic brain injury diagnosis and treatment visit: <http://www.2020parenting.com/pages/brain-injury.php>

For more information and resources on brain injury visit the BC Brain Injury Association: <http://www.bcbraininjuryassociation.com/> and the Fraser Valley Brain Injury Association: <http://www.fvbia.org/index.html>

The importance of finding a qualified and experienced professional in this specialized area cannot be stressed enough as the brain is your child's lifetime control center.

2. Learning Disabilities: Learning disabilities are neurobiological disorders, meaning that the brain works and is structured differently, causing hampered learning. A child whose ability to learn from his/her experiences may be unable to **choose** not to use drugs, in spite of excellent drug education.

Even if your child has not been diagnosed with a brain, vision, or hearing-related learning disability, they may have a case that is very mild and easily missed. The longer the condition goes unrecognized, the greater the risk to the child's self esteem due to compromised academic and social abilities.

If you suspect that your child is struggling with an undiagnosed condition, it is wise to seek professional help with the hope of finding the actual cause of your child's challenges with life. **Remember, you are the best expert on your child.** If you are concerned it is up to you to continue to seek help until you and your child get what you need.

Visit our articles at: <http://www.2020parenting.com/pages/learning-disabilities.php>.
More information at: Learning Disabilities Association of Vancouver: 604-873-8139,
<http://www.ldav.ca/articles/indicators.html>

3. Other Illnesses and Disabilities: Chronic conditions such as physical and mental limitations, illnesses and disorders, even cognition-hampering allergies and chemical sensitivities, increase a child's vulnerability to misusing drugs and alcohol. This is due to the many challenges the child faces, especially in maintaining a strong sense of self esteem.

It is imperative that they are given effective treatment and maintenance assistance and that they are helped to find activities and interests that they **are** highly capable of. As well, if they are incapable of making good decisions for themselves, due to structural or chemical brain incapacities, their need for supervision goes without saying.

For information on:

Autism: <http://www.mcf.gov.bc.ca/autism/index.htm>

Tourettes syndrome: <http://www.tourette.ca/qa.html>

Aspergers: <http://www.udel.edu/bkirby/asperger/>

Mental illnesses: <http://www.2020parenting.com/pages/mental-conditions.php>

and <http://www.heretohelp.bc.ca/index.shtml>

Disablement: <http://www.reachdisability.org/>

4. Genetic Predisposition to Mental Illness: Some children may be predisposed to mental illness from birth yet show no signs of it. Though the illness may not ever develop, the use of drugs and alcohol puts the predisposed person at far greater risk of developing a full blown illness. This is particularly true with Crystal Meth.

Mental illness runs in families so you need to be aware of any possible inherited predisposition (and it's early symptoms) so that you can inform your child about what this means. You might have to probe your ancestors a little as more often than not this type of family history is kept hidden in the closet, sometimes for generations. This does make it very difficult to be absolutely certain there is no genetic predisposition.

It was suspected (though in our case scientifically debatable), that this was the case with my own son Ryan, who developed bi-polar illness as a result of his drug use, which started with marijuana and ended with Crystal Meth. He was given what is now termed a concurrent diagnosis, meaning the existence of two or more illnesses including an addiction.

Though treatment for this condition (formerly termed as dual-diagnosis) has improved somewhat since 2001, the prognosis is not good, especially if they decide to go "completely clean", as Ryan did (including discontinuing his medications for bipolar).

ACTION PLAN

Again, professional diagnosis and treatment is the most effective action step for you to take, especially if you see signs of low self esteem. Naturally, a supportive and loving environment is also very important. See B.C. mental health resources page 29.

6. BOREDOM/LONELINESS

Adolescents who are lacking activities and hobbies that prevent boredom (sometimes a sign of depression) are at higher risk for drug and alcohol experimentation. If they are socially isolated and/or unpopular, thus lonely, they may also be attracted to the instant companionship that joining the "with-it" crowd can offer.

This gives them a false sense of acceptance and friendship. We use the word "false" as the peers who would trade acceptance and friendship for income (drug money) are no friends, even though they appear to be at first as they give out the drugs freely.

It is very important that your child(ren) be encouraged to develop strong interests, from an early age ideally, in activities that enable them to develop their skills (mental and physical) and that exposes them to healthy peers. This gives them a sense of self-confidence and of belonging that is crucial for the healthy development of positive attitudes.

ACTION PLAN

Do what you can to help your child find an activity and group of peers that they can **really** enjoy. This will inspire them to participate in it even between scheduled activity such as through extra practice or research. It will also give them a sense of purpose as well as something interesting to do and share with like-minded peers. The busy (though not driven-to-please) youth is less likely to get into trouble with substance abuse.

If, however, your child is emotionally incapable of cooperating due to deep-seated insecurities, a health professional can help him/her to overcome whatever is holding them back. If you try to “make” them come out of their shyness or low self confidence through force or coercion you will risk causing them to rebel against you. Be gentle yet firm about talking to a professional as this is very important for their future success. See B.C. mental health resources page 29.

Potential Home Risk Factors

Assessing Your Own Attitude and Home Environment

This can be very hard to do if you are already feeling guilty and overwhelmed with your situation. Often, we must deny the reality of our lives in order to cope day to day. Unfortunately, this will not help your child who depends on you to provide for their needs. If you are worried that you are letting your child down, avoid beating yourself up emotionally.

Parenting is the hardest job you will ever do, especially if you have not had the benefit of formal childcare training, or the consistent, quality information one needs in order to do the best job. Relax, take a deep breath, and face your situation as head on as you can, while patting yourself on the back for what you **have** accomplished. No one is a perfect parent.

How have your own attitudes and what you have modeled around substance use contributed to your child’s drug experimentation? It helps to understand why youth experiment with drugs:

1. It has been estimated that approximately 70% - 80% of substance dependency (addiction) is actually a form of self medication. Feelings of deep sadness, fear, confusion, and loneliness can all, especially if unaddressed over the long-term, lead to self medication.
2. Drug experimentation is a normal developmental phase. However, with Crystal Meth it is very risky due to its fast-acting addictive nature. Even apparently low-risk youth are at risk if they tend to be adventurous risk takers.
3. Altering or avoiding reality versus dealing with it head on may have been modeled by adults. This is what the young person has learned to do.
4. For years adults and the media have modeled celebrating with substances or using them to self medicate to help deal with sad or stressful feelings. Children do what they see.

5. Young people may initially use drugs and alcohol as a means of fitting in and to gain acceptance or to have a place of perceived belonging that may be lacking at home.
6. Some young people use drugs to have fun or combat boredom.
7. Crystal Meth in particular is often used by females to help them lose weight. It is important that young people are encouraged to feel good about their body and that their family support and model healthy ways to lose excess body fat.
8. Sadly, many use simply due to a lack of knowledge of the consequences.

How happy is your home?

1. A sense of belonging, of giving and receiving love and affection, and of age appropriate mastery and control of their life and environment are all basic human needs. Does your child have a sense of belonging at home? Are they given opportunity to contribute to the family in a meaningful way? If your child **feels** like they don't belong in the family they may feel a need to "hang out" with peers who offer a sense of belonging, and who may, therefore, have too much power (influence) over your child.
2. Is and does your child feel safe at home? If your child feels unsafe due to real or perceived abusive parenting methods, they will also seek safe harbor with peers. These peers will become your child's biggest influence when that person should be you.
3. Does your child feel in control of their own choices? If your child feels suffocated or held back due to perceived or overly protective and controlling parenting, they may rebel through spending much more time with their peers (even peers they know you would disapprove of in an act of rebellion).

Note that it is a normal part of their development during adolescence to attempt to separate themselves from parental control in order to individuate. However, if excessive, this can create a dangerous "us against them" alliance. They will then be more susceptible to negative peer influence and at greater risk for poor decision-making. For some youths, an opposite reaction to overly protective parenting is becoming overly compliant and unable to think for and trust themselves.

ACTION PLAN

It is always important to invest time and energy to strengthen your family relationships, but no more so than as your children enter and navigate their way through adolescence. Your child's last developmental task is to separate from you and become an adult in their own right. Often young people have to reject their parent in order to do so. The most important thing you can do at this stage is to gently pull your children close.

Create family and individual times to be together. Let your child know how important they are to you and how much you love them. Make them a priority in your life. Go out of your way to know your child and their world and friends. This is the only way you will have a chance to

really assist your child in their journey to adulthood. If this is difficult for you, or you find your child is very uncooperative, get support from a qualified health professional.

B.C. Mental Health Resources

B.C. Association of Clinical Counsellors: <http://www.bc-counsellors.org/>

B.C. Psychological Association: <http://www.psychologists.bc.ca/>

Take Care of Yourself

Without your own health and well being you cannot effectively help your child! Guard against overreacting, causing undue stress to your own health. If you suspect (or know) your child is using:

1. Get support for yourself NOW!: existing network and family (if non-blaming and supportive), support group, professionals.
2. Avoid scaring yourself, over worrying, and imagining the worst.
3. Avoid dwelling on the negative as this may result in self-fulfilling prophecies.
4. Don't blame yourself; you've done your best. Focus on what you have done well and the positive impact you HAVE had.
5. Exercise, eat healthy foods, and drink lots of clean water, sleep 8 hours a night, breathe deeply, get outdoors and enjoy nature and sun, pray, meditate, and be gentle with yourself. Know that you are doing everything that you can within your own human limitations.
6. Take REAL breaks. Treat yourself to self-absorbing activities that distract you from the problem for at least 1/2 hour a day. Go for a walk, have coffee with a friend and don't talk about the issue, get a massage, get a manicure, or soak in the tub with a fascinating book and the phone off the hook.
7. **Take positive planned action.** This is the best antidote for worry and anxiety.

Inform Yourself

Become Aware, Protective, and Proactive

1. Make use of existing resources.
2. Schedule 15 minutes a day to increase your awareness.

3. Be proactive by making protective changes for your whole family based on your increased awareness.
4. Talk with others in your community and social circle. Get the word out. Make sure the information you are passing on is accurate. Do not spread hearsay or rumors as this will only scare you and others. This issue is too important to make a mistake with.
5. Help someone else who is struggling with this or similar issues. There is strength in numbers and we learn from each other.
6. If you don't know ask. Be an information seeker. **Knowledge is power!**

Get Involved

VOLUNTEER, DONATE, OR SPONSOR the initiatives that are fighting the drug and alcohol problems in our communities. **THIS IS A PROBLEM THAT IMPACTS US ALL.** **Please assist the cause** to the best of your ability. Being involved and proactive will empower you and in fact lower your stress levels. The knowledge that you are having a positive impact on the lives of others, including your own loved ones can be of great comfort.

Some suggestions:

1. Start a Meth Watch Program in your neighborhood. <http://www.methwatch.ca/> This is the program that Maple Ridge has implemented recently.
2. Sponsor the purchase of the videos “Death by Jib”, “Cold and Ice”, and “Highschool Confidential” for your local school(s) and community groups. [More information...](#)
3. Start a parent support group in your area. There are other parents in your own neighborhood suffering in silence with this same issue. There is power and comfort in numbers. You are not alone. We suggest you contact Naranon for help in how to facilitate your parent-only group: <http://nar-anon.org/index.html>
4. Start or facilitate a youth support group in your area. (It is important that you have a qualified health professional in attendance at all meetings in case of emotional disruptions.) If you are interested in starting a crystal meth support group for users we suggest you ask for assistance from: Crystal Meth Anonymous - Cloverdale: 604-928-7963. Other: www.crystallmeth.org

5. JOIN US IN OUR EFFORTS

- If you understand how early childhood vulnerabilities can set a child up for self destructive behavior in adolescence
- If EARLIER prevention and EARLIER intervention seem to you to be the best solution for our society's long-term drug and alcohol problems
- If you have skills to offer or resources/sponsorship to contribute

Please investigate how you can be a part of the ongoing development, maintenance, and growth of the 2020Parenting.com resource centre website. Feel free to send an e-mail to Kerry via our [Contact Kerry](#) page.

NOTE: we have big plans for this website so please visit occasionally for more helpful resources. Better yet, let us keep you informed of new information via our monthly news. Sign up takes seconds on

We welcome your feedback on the content of this e-guide. Your comments and suggestions will be most welcome and appreciated. If we have missed anything please let us know.

Also, as resources are continually changing we endeavour to update this guide several times per year, providing easy access via free download.

We would also love to hear about any success stories in your family made possible by the information we have shared with you in this e-guide or on our website. Your permission to post your success story on our Letters page at 2020Parenting.com would also be most appreciated. Please also indicate how you wish it to be signed.

Lastly, feel free to share this publication with others.* We hope it will help many to learn from our experiences, thus prevent much unnecessary heartache.

For your health and happiness,

Kerry Jackson,
20/20 Parenting Founder
Motivational speaker, child and family advocate
(visit [Presentations](#) for further information)

***“It’s the unlucky who learn from experience.
The lucky learn from the experience of
others.”***

- Ronald G. Morrish “Secrets of Discipline”

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