

Tips for Parents

to Prevent and Reduce Student Use of Marijuana, Alcohol and Other Drugs

This guide is created by Berkeley **parents** for **parents** because:

- ❖ **We are our teen’s first and most important teachers. We know them well and are positioned to help them navigate and make good choices about drugs.** There’s no one size fits all approach, but our love and support for them is priceless.
- ❖ **We need and deserve up to date information, relevant resources and personal support.** Parents need ways to stay informed and to share experiences, perspectives, concerns and encouragement – especially during our rough spots.
- ❖ **It takes a village to raise a healthy, well-rounded teen.** School and community leaders must support us by adopting policies and practices that minimize teen drug abuse and related harm.

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Alcohol, Tobacco, and Other Drugs [ATOD] Committee,
a subcommittee of the Berkeley High School Safety Committee,
in collaboration with BUSD and City of Berkeley Joint ATOD Task Force

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Foreword

Dear BHS families:

Creating a vibrant, effective, and respectful school community requires a commitment to continuous improvement in several areas of campus culture. While teaching and learning should always be our primary focus, our staff and our parent community must also be cognizant of the need to address factors that can create barriers to student success or compromise their general health and wellness.

While the intense stimulation and relentless distractions of the culture that contemporary teenagers are growing up in have yielded new and unique challenges for families and educators, issues related to drugs and alcohol remain consistent and decidedly relevant topics.

Berkeley High School is committed to using firm and fair policies and disciplinary consequences as deterrents to drug and alcohol use on campus. However, our team's experience also clearly reveals that prohibition and punitive action are, on their own, insufficient if our goal is to reduce the probability that harm will come to any of our students as a result of drugs or alcohol. Effective school policy in this area will complement our policies with education, information, and counseling.

Our school safety committee, made up of parents and school staff, has taken the time to compile the resources in this package. We are deeply appreciative of their efforts and our hope is that you as families will find something useful or helpful to further our discussions with students on these issues and help them make smarter, more informed, and healthier decisions when it comes to drugs and alcohol.

Pasquale Scuderi
Principal
BHS

Introduction

Every location we could choose to raise a child requires trade-offs and Berkeley is no exception. In the Bay Area, our teens benefit from the extraordinary opportunities to explore their interests and exercise their talents. But this culture also poses particular risks. Teens here are tested by an unusual combination of factors: an abundance of high quality, inexpensive marijuana and widespread social acceptance or tolerance towards use.

Meanwhile, researchers keep finding new reasons to minimize drug and alcohol use during the teen years when the brain is still developing. As Ralph Cantor has been teaching us, scientists are documenting risks that apply particularly to teenage users, much more than to people who begin using or drinking as adults.

Moreover, the kids themselves, generally quite tolerant of each other's choices, get frustrated by the impacts of the small minority of students who use weed regularly or come to school high. At a student focus group on the subject of marijuana use, students said they find it irritating, distracting, sad or worrisome when:

- Their classroom smells like marijuana because one person is reeking of it and their teacher ignores the smell.
- Their teacher doesn't ignore the smell, calls the safety officers, and then everyone loses class time and privacy while backpacks are searched.
- Students are assigned to team projects and a teammate is useless because he or she is high.
- Friends who were really smart in middle school act stupid in high school due to a weed habit.
- Kids burst out laughing at nothing during class, especially during the period right after lunch, because they're high.
- Athletes find the bathrooms closest to the field locked because some students used them to drink or get high.
- Students feel like they can't get to know friends as well as they'd like because those friends are not the same people when they're high.
- Younger siblings are vulnerable to the culture of substance use when they get to Berkeley High.

We owe all our kids our help in doing what we can to make use of marijuana and alcohol by Berkeley teens as uncommon and uncool as smoking cigarettes has become.

The booklet you are holding was put together by some Berkeley High parents who are passionate about giving us more tools to help our kids through this challenging aspect of growing up, including Karen Hughes, who runs PartySafe@Cal at U.C. Berkeley and brought her own expertise to this task, and Soheila Bana, who has moved mountains to make it happen. They did this work through the Alcohol, Tobacco, and Other Drugs (ATOD) Subcommittee of the Berkeley High Safety Committee. My hat is off to them.

Margit Roos-Collins
BHS Safety Committee Chair

Dear Parents

These are just two of several letters written by BHS students as part of their study of alcohol and marijuana issues in high schools.

Dear Mom,

I wish I could tell you what happened last night. I tried. I told you I kissed my ex-boyfriend. I told you it was confusing and it didn't feel right. You tried to understand but kept saying it didn't make sense – the story didn't match up. Why would I kiss my ex-boyfriend when I know I shouldn't, you asked me. You were right, something was missing. But how was I supposed to tell you what it was?

We were drunk. There. That's the missing piece. I said it. Now what? Are you never going to let me go out again? That's why I didn't tell you in the first place.

But to tell you the truth, I really need you right now. I need your listening, your comfort, and for you to hold me and tell me that it will be okay. That I can work it out and my life isn't ruined, even if you're disappointed in me.

I really hope that you can find a way to look past the drinking and see the larger picture here. I'm coming to you for help and being honest with you. That's what really matters, right?

Sincerely,

Your daughter - Spring 2012

Dear Parents,

The "Big Talk" that you need to have with us is very important and can be the difference between our making a good decision or possibly dramatically changing our lives in a negative way. There is a lot of talk about a window period, which is the perfect and only time to talk to us about sex, aids, drugs, violence, and alcohol. While there might be a time period that might be better for giving this information, there really isn't a bad time as long as we're old enough to understand. It's important to quench our thirst for knowledge with the correct information because it won't be long till we turn to other outlets of information that might steer us wrong.

These conversations are only as awkward as you make them. It is true that some of us will be more responsive to the information than others, but in almost all cases we receive the information whether we show it or not. It is very rare for a teen to ask for information about these issues because of the judgment we think you might pass on us – assume we are participating in them even if we aren't. We're afraid of scaring you and having you over react. Because of this it is important to maintain a very open but still authoritarian relationship with us. If we can't trust you to be open and level headed in a conversation on a topic as awkward for us as alcohol or sex, then we will seek information from another source and block you out.

Another important thing to keep in mind is that every moment is not a teachable moment. Just because teen drug use might come up doesn't mean you have to take that moment to preach the dangers of drugs. The key is not quantity but quality. Parents need to understand that times have changed and that things are different now than they were when they were kids. Sex, drugs and alcohol are stronger and more prevalent now than they have ever been. Just simply telling us to not do drugs or have sex cause its bad is not going to be very productive. Teenagers want to do what we see or think our peers are doing. Give us the right information. Share the values you think are important. We'll make safe decisions when we need to.

Sincerely,
BHS Junior - Spring 2012

Get Informed & Clarify Your Messages

Facts should drive parent priorities, expectations and communications. Avoid the temptation to use scare tactics. By learning and discussing the facts, you can be sure you both have the same understanding of drugs and their effects and can give teens good reasons for what's expected of them.

All facts are not equally important. Focus on the information which is especially potent for teens:

- ✓ Drug effects and the teen brain – the impact on memory and learning - so much more is known today than twenty, even ten years ago about drug use, effects and consequences; and
- ✓ Actual social norms of teen drug use and attitudes surrounding them.

You don't have to be an expert. Admit you don't know everything, and show your teen there's always more to learn. What do both of you already know or think you know? Work together to confirm the facts. Ideally you do this before they start experimenting. But it's better late than never.

You've been teaching them about drugs for years – be mindful about your messages. A drug is any substance, other than food, that changes the way the body and mind function. Your children have seen your use and approach to numerous drugs in your home, e.g. caffeine, prescription drugs, cough & cold medicines.

Add your common sense and mature perspective to “the facts” - now you're relevant. Knowing about drug facts and current events can soften the “you don't know anything” look from your teen. So time spent reading, attending workshops and learning about what's going on is well worth it. Share timely stories and lessons from your own life experience (along with reminders of your teen's true nature and good judgment) and you'll increase your relevance as a consultant for the choices they face.

“As part of my daughter's “sanction package” for a) lying to us, b) going to a party held where there were no parents, c) drinking to the point of vomiting and passing out on our kitchen floor after she was d) dropped off at the curb by a driver who may also have been drinking, she was required to research alcohol effects and consequences alongside me. It was an effective learning and communication experience for both of us.” – BHS Parent of a Sophomore

Marijuana and Alcohol at BHS – Statistics at a Glance

Marijuana and alcohol are widely used by Berkeley High School students. The [2009-2010 California Healthy Kids Survey\(CHKS\)](#) revealed that 47% of BHS 11th graders used alcohol and 39% used marijuana in the past 30 days. BHS students report **twice** the rates of lifetime use as the state and national averages.

Even so - the majority of Berkeley High students don't drink alcohol or smoke marijuana, and the percentage of users has been decreasing since 2008. Since students' choices regarding alcohol, marijuana and other drug use are influenced by the degree to which they think their peers use, over-emphasizing the "wide" use rather than the "majority" non-use by BHS students can unintentionally add to the "reign of error" – the misperception that "everyone is doing it". The result of these inaccurate social norms perceptions is abstainers perceive themselves to be a minority and frequent, heavy users believe their use is the norm, which they use to justify their behavior.

The percentage of BHS students who are frequent and/or heavy users is fairly steady. These students' use and behavior is probably noticeable to others. They deserve to be identified by parents, friends, teachers and staff and given assistance to assess and reduce their use and any negative consequences from it for themselves and others.

California Healthy Kids Survey (CHKS)	2007-08 BHS	2009-10 BHS	2009-10 National
Alcohol Use – past 30 days			
9th grade - any	39%	26%	37%
9th grade - 10+ days	4%	4%	5%
11th grade - any	52%	47%	53%
11th grade - 10+ days	6%	6%	6%
Alcohol Use – Heavy, Episodic			
9th grade - any	21%	14%	15%
11th grade - any	33%	33%	22%
Marijuana Use – past 30 days			
9th grade - any	30%	29%	16%
9th grade - 10+ days	9%	8%	6%
11th grade - any	46%	39%	21%
11th grade - 10+ days	15%	13%	8%

Other Berkeley High School results from the CHKS include:

- 65% of 9th and 72% of 11th graders report it would be “fairly” or “very easy” to obtain alcohol;
- 8-11% of both 9th and 11th graders used alcohol or marijuana on school property in past 30 days;
- 70% of staff members report student drug and alcohol use is a “moderate” to “severe” problem;
- Over 80% of 9th and 11th graders perceive use of alcohol and marijuana is very bad for health;
- Approximately 65% of 9th and 11th graders report talking to parents or guardians about dangers of alcohol, tobacco, and other drugs in the past year.
- More information about the [California Healthy Kids Survey](#) and [Berkeley Unified School District results from 2010](#) are available online.

Alcohol and Drug Use at BHS – Health Center Staff Perspective

Every year, the Health Center sees more than half of the students at Berkeley High for medical, mental health or health education issues, completing over 9,000 visits.

Of the students who come to the Health Center, a portion of them say that they actively use drugs or alcohol, and those who use substances report varying levels of use. Some say that they smoke or drink intermittently at parties or after school, some use every day, and some say that they get drunk or high several times a day. Students who use substances every day are often missing school to smoke or drink. These students may report difficulty sleeping and/or low motivation. Many initially do not view their substance use as a problem, and may have little interest in cutting back their use or getting help to do so. Sometimes, with support, education and counseling, students see the benefits of stopping or reducing their substance use.

The factors that typically correlate with high levels of drug and alcohol use among BHS students include:

- 1) easy access to alcohol/drugs in the community and social norms that appear to normalize use among youth;
- 2) little adult knowledge of student use and few resources for effective intervention with those who are using;
- 3) an underlying trauma that has not been adequately acknowledged or supported (history of experiencing a death or abuse are the most common); or
- 4) family patterns of drug/alcohol use or abuse. As most parents/caregivers know, students often experiment with drugs and alcohol for the first time in high school.

At the Health Center, a student's drug/alcohol use is typically brought to our attention in one of four ways:

- 1) The First Aid nurse sees an acutely intoxicated student and provides medical assessment and a safe environment while alerting parents to the concern;
- 2) Health Education and Medical staff who assess our clients' alcohol/drug use on a yearly basis make referrals to the Mental Health team when necessary;
- 3) Mental Health providers receive referrals from Health Center staff and school staff who are concerned about a student's drug/alcohol use; and
- 4) Students self-refer to Mental Health staff because they are concerned about their own alcohol and/or drug use and/or are interested in reducing or stopping their use.

When it is determined that a student needs intervention for substance use, staff works with the family to identify the most appropriate community-based treatment programs for the particular situation. We have found that when parents/caregivers communicate openly with their children about their concerns and supervise them in getting additional support, these interventions can be incredibly valuable. Some adolescent drug treatment programs to which we have referred students and families include: Thunder Road, Tower, Alameda Family Services, and Kaiser's Adolescent Chemical Dependency and Rehabilitation program. Communication, supervision and advocacy can be some of the most helpful tools to assist a young person reduce or stop their substance use/abuse.

Is My Child Using Drugs or Alcohol?

Not my child! It's hard to admit that your child is using alcohol or other drugs. As parents, we experience shock, denial and finally acceptance of the reality.

Many of our teens experiment with drugs so we need to know how to recognize the signs, especially those related to problems. Remember – you know your child better than anyone else so trust your intuition.

What are the signs? No one sign indicates drug use. Look for patterns or a combination of indicators. Other factors may be responsible for a particular behavior.

Teens who are high on marijuana or alcohol may:

- seem dizzy or uncoordinated
- seem silly and giggly for no reason
- have very red, bloodshot eyes
- have a hard time remembering things that have just happened
- be in possession of drugs and drug paraphernalia, including lighter, pipes (or similar homemade devices) and rolling papers (actual paper or cellophane)
- carry an apparently regular drink bottle that contains alcohol
- have a distinctive odor on breath, clothes, other belongings and in the bedroom
- use incense and other deodorizers
- use eye drops
- wear clothing or jewelry or have posters that promote drug use
- have unexplained use of money
- have unplanned requests to stay overnight at friends to avoid being seen under the influence.

“Although all the signs were there, I did not see them perhaps because I did not want to accept the fact that my bright, energetic child was one of those so-called “losers”. I was afraid to search his room in fear of finding proof of what I wanted to avoid accepting. The hardest part was to admit that he was smoking weed, and then acknowledge my own role as his parent: I had to do something about it.”
– BHS Mother of a Junior

Some signs of abuse include:

- Changes in mood, like increased irritability and defensiveness
- New friends, who you suspect might be using substances or getting into trouble
- Trouble in school, like low grades, missing classes, or disciplinary problems
- Changes in physical appearance, like sloppiness
- Increased secretiveness, like being vague or lying about what they have been doing
- Missing alcohol, cigarettes, medication (from cough syrup to sleeping pills), or money from the home
- Loss of interest in regular activities, like spending time with family members or spending too much time alone
- If a child smokes weed alone at home, then there may be an underlying issue that should be addressed.

What should I do? If you suspect your teen is using alcohol or other drugs, you may think you need to catch them using, search their room, or control their activities and friends. Actually it is much more helpful to:

- ✓ explain your concerns and listen to theirs – keep the communication channel open
- ✓ talk with them about the changes you have observed (compare their past and present behavior)
- ✓ stay focused on the behavior (“you used to call when you were going to be late and I would like you to start doing so again.”)
- ✓ be honest about how you feel
- ✓ listen to their perspective and try not to judge them
- ✓ get help and support for yourself and for your teen

Marijuana Risks and Consequences by Ralph Cantor, BHS Consultant

If you’ve attended my education sessions at Berkeley High with students or parents, you’ve heard me say teens should wait until they are at least 18 years old to try marijuana, alcohol or other drugs. So here’s my take on why use by Berkeley teens younger than 18 is higher than both the state and national average - especially marijuana.

Teen brain is a set-up for high risk use. Biologically, Berkeley teens face the same double-whammy brain-related set up for high risk drug use as any other teen:

- ❖ The prefrontal cortex, which sees and manages risk, is the last part of the brain to develop. Teens haven’t usually gained enough experiences and lessons to compensate for the immaturity of their brain to make good choices.
- ❖ The teen brain requires more dopamine than the adult brain to get the same “feel good” sensation. The teen brain doesn’t register the subtleties of life as does the adult brain- so marijuana use at a young age can create a dependency on feeling good and open the door to excessive or high risk use.
- ❖ Some teens don’t get enough love in the first five years of life. The activities that build loving connection between parents and child also build the child’s neuro-connections. Teens with fewer neuro-connections built early are more at risk of using drugs to artificially replicate the “loved up” feeling.

Berkeley’s ambivalence with limits on drugs and behavior increases teen risk. Culturally, Berkeley teens might face risks that teens elsewhere do not.

- Berkeley parents who take pride in the sophistication of their urban teens (e.g. street and/or book smart, well-traveled, politically aware) may overestimate their teens’ ability to make safe and measured choices and their readiness to navigate alcohol, marijuana and other drug use on their own or among peers. At the same time parents underestimate the: possible adverse consequences of using drugs; and the value to teens of fair and consistent limits by their parents.
- Many Berkeley parents struggle to accept and/or assert their own authority related to drugs. The struggle increases if they use alcohol, marijuana or other drugs themselves. So though

teens really need clarity and consistency about the rules, too many households as well as the schools and community often fail to set, communicate, and enforce clear rules and penalties.

It's not just about grades or overdosing. The negative consequences of drug use for teens go way beyond academics and grades and/or accidentally overdosing. The risks described below should motivate Berkeley parents to work together to shift our community culture and lower teen drug use. I'm not talking about "harm reduction" – for teens the goal is to not use.

- The marijuana high impairs the hippocampus which manages memory formation and is vital to learning. The irony is that when you are high, it can seem like you're learning more – You feel open and eager, and even regular things seem fresh and new. But there's a reason the ants on the sidewalk are fascinating and the apple tastes amazing when you're high – marijuana shuts down memory, so you don't recall the previous relevant experiences. Lessons learned while high don't get integrated into memory, so going to class high may feel fun and exciting, but can significantly interfere with real learning. The chemical THC, the active ingredient in marijuana, stays in the system for about three days, and if used a number of times a week it can be in your system as long as 30 days.
- Effects of drugs on the teen brain differ from those on a mature brain. For example alcohol reduces inhibitions much more for teens than adults and teens have less experience to draw on to recognize and manage risky people or situations. This leads to more immediate and more adverse consequences. MDMA (ecstasy) makes your heart feel open – possibly to people and situations that are, in fact, not safe. Girls who use drugs especially increase their risk of sexual assault.
- Drug use short-circuits and interferes with important developmental growth that needs to begin and continue during the teen years. It seems obvious that you don't want to stunt healthy physical maturation, e.g. anatomy and reproductive systems. Less obvious, but equally important, is not to stunt the emerging psycho-social self. Teens need to be asking and finding their unique answers to questions like: Who am I? How do I interact meaningfully with others? Where's my juice and what's my passion in life? How do I manage when I fail? When I succeed?
- Both the use and sales of drugs disrupt a safe and orderly environment at school. For teens with family support and resources at home, this can be a challenge, but for teens with existing safety and survival issues at home, this can be a tremendous added hardship.
- Every statistic about alcohol and other drugs shows that the later someone starts using, the less likely they are to report negative consequences related to using and to demonstrate signs of abuse or addiction.
- The legal risks for teens and their parents are significant when a student is caught using – the costs in time, money, and relationships really can take a toll. There is stepped up enforcement of the BUSD alcohol, tobacco and other drug policy at and around Berkeley High School – more than 100 students were caught during the 2011-12 year.

For all of these reasons, **the main message I would suggest parents give their children is to wait. Give the brain and your whole person a chance to fully develop without alcohol, marijuana, and other drugs.**

Communication and Connection = the Keys

Parents matter. Research shows that parents have the greatest influence on teens' decisions about using drugs. So even though it may seem like the opposite when they roll their eyes and brush us off, we need to trust in the importance of our relationship with our teen. But it's also true that since they are no longer little kids and some of the ways we communicate and stay connected need to change.

Communicate early and often. It's never too early. Teens are collecting and forming their own impressions about drugs long before they make choices about using. Your communications can help clarify what they're seeing and hearing around them. While not every moment needs to be a communication opportunity, notice and use them often. Make it a habit to talk about drugs and discuss their issues for teens. Triggers include:

- ✓ The fact that your child is starting BHS (or other new groups or experiences);
- ✓ News stories, current events in the community, and what they see on television;
- ✓ Your teen says something surprising or untrue about drug use, effects, or consequences.

Listening connects us. 80% of successful communication with our teens is listening. Listening conveys respect. We win our teens' hearts and trust when we strive to understand their behavior rather than to control it. Talking and listening to them regularly about the small stuff makes it easier to communicate about the "hot topics". Listen to your teens without interrupting or judgment.

Emphasize values and choice. Facing choices about alcohol and other drugs is practice for making good decisions about many life issues. Share and demonstrate your own responsible decision-making about use of drugs, including alcohol, tobacco, prescription drugs and over-the-counter drugs. For example, share how difficult it can be to stop smoking or drinking coffee. When talking with your teen, don't deny their experience, including that using drugs might feel good. Then discuss with them the harmful biological and chemical effects of drug use.

Stay close. The parent-child connection is at the root of teens' confidence and good judgment as they grow.

Be calm. No one can listen or communicate well when upset. If you hear things that upset or shock you or the conversation becomes too emotional or heated, say you need a break and need to return to it later. Our teens' choices – and troubles – can be hard to hear, and while you are upset, your attention surges towards your own feelings, fears, and discomfort rather than your support for them.

Be Direct. If you are concerned about your teens' choices and use, be specific about the signs and behaviors that you have observed.

Practice and build your confidence. Your confidence in your own ability to help your child make wise decisions will help your child trust your ability as well as his/hers. Confidence improves with practice.

When **your child asks, "Did you do drugs?"** This is one of the best things your child can ask - really. It means: I'm opening the door for us to talk about drugs and alcohol because I care about what you think and say, but I'm testing to see if you will be authentic with me.

- **Be honest but talk from your current perspective.** Parents who lie risk losing their credibility if their children discover the truth. But before you disclose anything, ask clarifying questions to make sure you understand what your child is asking and/or is looking for a chance to unload about. Maybe they just heard about a new drug, are wondering if it's true that everyone experiments in high school or what kind of peer pressure you handled at their age. Provide only the information your child is actually seeking.
- **If you're unsure about the "right" thing to say** about your past or current drug use (and most of us usually are), make the time to clarify so you can be ready for the opportunity. If it feels too overwhelming, you might need to talk to other parents first to resolve barriers in your situation.
- **Say what matters.** You don't want them to use your experience with using or not-using drugs as a tool against you. Share your experiences, choices and lessons. Then reinforce your main message about your top priorities and expectations.
- **You could say:**
 - Drugs affect everyone differently. My experience is not a guarantee that yours would be the same.
 - We know a lot more today about the adverse effects of alcohol and marijuana use for teens than we did a generation ago.
 - I don't use drugs because I've always liked more natural ways of feeling good and risk-taking like camping, martial arts, and rock climbing. I want you to keep exploring healthy ways of well-being.
 - I used drugs because people around me did. Drugs helped me be more socially uninhibited. But I didn't like it when I realized I was depending on the drugs, rather than me to be a fun and social person. It was hard to break my habit. I actually had to change my friend network too.
 - The younger people start using drugs, the greater the likelihood that they develop dependencies. I wouldn't want you to have to go through that.

Set and Uphold Family Rules

Studies have shown that young people are less likely to use alcohol, tobacco, and other drugs if their parents set and clearly communicate family rules. Most teens actually appreciate clear and fair boundaries.

Create the rules together. When families create rules together, everyone gets to voice their opinions, know what is expected of them, and is aware of the consequences of breaking the rules.

Some common rules include:

- ✓ Never ride in a car with a driver who has been drinking or is under the influence of marijuana or other drugs.
- ✓ You can call me anytime for a ride or assistance. I will come and no questions will be asked. You will not be punished later for asking for my help for yourself or your friends.
- ✓ When friends are over, they stay in the common rooms and can expect parents to be around/walk through.

- ✓ For the parties your child attends teens need to provide the name, phone number for the host and the parent will talk with the other parent about the arrangements for adult supervision and the house policies on alcohol and other drug use, etc.

Establish and include reasonable consequences for when rules are broken. Make the rules meaningful by enforcing them – they will likely get broken. Be prepared to listen when they are upset as they experience the consequences of the choices they have made. Consistency and swiftness is more important than the severity of consequences. Don't create more rules than you can monitor, make empty threats or let them off the hook. Teens can come up with the most realistic and meaningful consequences - so let them.

Help everyone respect, remember, and follow the rules. The point is to support good personal choices not spend a lot of time catching and punishing rule-breakers. So keep rules visible and up front. Use “regular” not “emergency” family meetings to talk about sticking to the rules – and the sometimes hard decisions faced to do so. Try to get to know your teens’ friends and their parents – and share your family rules with them. We learn from each other. If you monitor and restrict access to alcohol and other drugs in your own home, you’ll be creating an environment that helps your teen stick to the rules. Your home supply is the most common source for alcohol reported by teens.

Rewards Count. Just about everyone responds better to positive reinforcement than negative reinforcement. At regular intervals, praise and reward your teen for sticking to the rules and making choices that keep them healthy and safe.

Know the Laws & Policies

a) BHS Policy on Possession, Use and Sale of Marijuana and Alcohol and Other Drugs by Ardarius McDonald, Dean of Students

The staff at Berkeley High School considers marijuana possession, use, and sales serious issues that warrant a variety of interventions and consequences once the problem is identified. As a parent there are a few things you should know and discuss with your child as it pertains to issues of marijuana at school.

1. Marijuana possession, use, and sales are against school rules and violators are subject to a range of disciplinary consequences.
2. Possession of marijuana in any form carries a consequence of up to five suspension days from school and school related activities and a referral to the Berkeley Police Department.
3. Use of marijuana by any method (inhaled or ingested) carries a consequence of up to five suspension days from school and school related activities and a referral to the Berkeley Police Department.
4. Sales of marijuana carries a consequence of a five day suspension from school and school related activities up, a recommendation for expulsion, as required by law, and a referral to the Berkeley Police Department.
5. Additional consequences and interventions may apply, including ATOD counseling, restorative justice conferencing, youth court, and Saturday school.

b) California and Berkeley Laws by Sergeant Kevin Reece, Berkeley Police Department

	CODE	Crime Classification	Fine / Punishment
Minor in possession of alcohol	B&P 25662(a)	Misdemeanor	Min. fine \$250 or 24 – 32 hours of community service.
Minor attempting to purchase alcohol	B&P 25658.5	Infraction	Min. fine \$250 or 24 – 32 hours of community service
Minor drinking alcohol	B&P 25658(b)	Misdemeanor	Min. fine \$250 or 24 – 32 hours of community service
Possess alcohol on school grounds	B&P 25608(a)	Misdemeanor	
Possession of a fake ID	B&P 25661	Misdemeanor	Min. fine \$250 or 24 – 32 hours of community service
Provide alcohol to minor	B&P 25658(a)	Misdemeanor	Min. fine \$1000 and 24 hours of community service
Parent/Guardian allow minor to consume alcohol	B&P 25658.2	Misdemeanor	Min. fine \$1000 and/or up to one year in county jail.
Possession of tobacco products	PC 308(b)	Misdemeanor	Min. fine \$75 and 30 hours of community service.
Possess less than 1 ounce of marijuana	H&S 11357(b)	Infraction	Min. \$100 fine.
Possess less than 1 ounce of marijuana on school grounds	H&S 11357(e)	Misdemeanor	Min fine \$250
Selling marijuana	H&S 11359	Felony	Possible prison time
Possess marijuana in a vehicle	CVC 23222(b)	Misdemeanor	Min fine of \$280 and 1 point on license.
Minor (driver) possess alcohol in a vehicle	CVC 23224(a)	Misdemeanor	Min. fine \$400
Minor (passenger) possess alcohol in a vehicle	CVC 23224(b)	Misdemeanor	Min. fine \$400
DUI for a minor, BAC .01 or greater	CVC 23136(a)	Misdemeanor	Min. fine \$250
DUI for a minor, BAC .05 or greater	CVC 23140(a)	Misdemeanor	Min. fine \$400
Fail to obey license restrictions	CVC 12814.6	Infraction	Min. fine \$154
Public intoxication	PC 647(f)	Misdemeanor	Possible juvenile hall
Battery	PC 242	Misdemeanor	Possible juvenile hall
Annoying / threatening calls or electronic communications (texting, facebook, e-mail etc.)	PC 653(m)	Misdemeanor	Possible juvenile hall
Criminal Threats	PC 422	Felony	Possible juvenile hall

Vandalism	PC 594	Misdemeanor	Possible juvenile hall, depending on dollar value of damaged property.
Possession of graffiti tools	PC 594.2(a)	Misdemeanor	Possible juvenile hall
Possession of a knife with a blade over 3"	BMC 13.68.020	Misdemeanor	Min. fine \$278

B&P: California Business and Profession Codes; **PC:** California Penal Code; **H&S:** California Health and Safety Code; **CVC:** California Vehicle Code; **BMC:** Berkeley Municipal Code

Get Support & Resources

There are many resources available at your fingertips.

- ✓ Talk to other parents, especially parents of your child's friends.
- ✓ Join the online group of teen parents in the Bay Area, Teen Parents Network, and share your concerns anonymously and ask for advice and recommendations:
<http://parents.berkeley.edu/advice/teens/>
- ✓ Get on the web and obtain more information. There are excellent helpful information and tips available on the Internet.
- ✓ Contact the BHS Parent Resource Center. Irma Parker irmaparker@berkeley.net 644-4500
- ✓ Join the BHS Parent Support Program on Communicating with our Teens about Alcohol and Marijuana. This ongoing parent support program provides practical information and personal support for parents trying to help teens navigate and make good decisions about drugs. Lead by current and former BHS parents. For more information and current schedule contact: Karen Hughes at khughes@berkeley.edu
- ✓ Fill out a Health Referral Form at the BHS Health Center to ask for counseling services for your child. Your child needs to be aware and agree to receive the service. Depending on your health insurance, your child may be seen at the Health Center or given referrals.

For an extensive list of prevention, intervention and treatment resources, please refer to **Resources for Parents about Alcohol, Tobacco and Other Drug Use by Students**, 2012-2013, compiled by **BHS ATOD Committee** available at the Parent Resource Center.

Get Involved

BHS Alcohol, Tobacco and Other Drug (ATOD) Subcommittee of the Safety Committee serves to identify and advise the BHS administration and School Site Council on ATOD issues and risks for students. It makes recommendations for educational programs, policies and procedures to minimize student ATOD use and negative consequences. For more information about the ATOD Subcommittee or suggestions regarding this guide email lina.lamirande@gmail.com.