

HOW TO DRUG PROOF YOUR KIDS

Copyright © Family Council of Queensland 2001

Edited transcript of presentation to the Brisbane Family Expo on July 14, 2001 by Mr Glen Williams, BA, Dip. Min., MAICD, a psychologist and CEO and Founder of Focus on the Family Australia

You know, parenting, it has been said, is one of the most challenging and demanding roles that there is to play, but also one of the most rewarding.

As I travel around, I have an opportunity to meet many people and hear many very interesting stories. With the wonderful advent of electronic media and the internet, I get loads and loads of e-mails that are sent to me. Some of them are quite amusing and it's very interesting to note all these little anecdotes and things that people tend to think that I might find interesting and I can use. And I just want to read a few out to you on parenthood and perhaps some of you might even agree or identify with some of these things.

Parenthood: If it was going to be easy it never would have started with something called labour.

Shouting to make your children obey is like using the horn to steer your car - and you get about the same results.

The smartest advice on raising children is to enjoy them while they are still on your side.

The best way to keep kids at home is to give it a loving atmosphere and hide the keys to the car.

The joy of motherhood: What a woman experiences when all the children are finally in bed at the end of the day.

Any child can tell you that the sole purpose of a middle name is so he can tell when he is really in trouble.

It's true actually, I find I do that with my kids. Yes

Grandparents are similar to a piece of string; handy to have around and easily wrapped around the fingers of grandchildren.

There are three ways to get something done; do it yourself, hire someone to do it or tell your children not to do it.

Well, I am here today to talk to you about this topic, How to Drug Proof your

Kids - and what a topic! I am just going to cover a little bit of the material here because obviously there is a lot we can address on this. **I want to share a story, this happened about two-and-a-half years ago. A mother contacted us and she was very distressed about what she had discovered with her own family. She said: "We had been out for the afternoon, my husband and I, we arrived home - it was around about 9 o'clock at night - and we pulled up into the driveway and we saw our 15-year-old son literally sitting on the front lawn of our yard sobbing. We just could not understand what had happened. We said: 'What are you sobbing about? Why are you like this?'"**

He couldn't describe for them why he was sobbing, and so they went into the house and they discovered that the TV was gone, the stereo was gone - anything of value was gone because some people had come over and they had beaten him up because he couldn't pay his debts for the drugs that he was using. They had taken the stereo and the TV and everything for payment. This young 15 year old boy was on the front lawn, not only sobbing, but literally beaten black and blue. Now, dad, being the dad that he was, was obviously concerned but, you know, just thought this was a passing phase and denied that his son really had a problem.

Both of them received counselling and dad eventually turned around and recognised that there were a whole range of issues within that family that needed to be addressed. But mum came to us and she pleaded with us, she said: "Look, this is what has happened to my 15 year old son, tell me, what can I do as a parent to prevent the likelihood that my 13 year old daughter will go down that same track; what can I do?" And I think that just about describes for us the countless calls and letters that we receive from parents who are wanting hope and who are wanting something or somebody to tell them what they can do.

Two-and-a-half years ago we created this program called *How to Drug Proof Your Kids*. I just want to talk about the title for a minute because it is a fairly provocative title. Can you actually drug proof your kids? Well, I guess that really depends on what your definition of drug proofing is. I used to do a lot of hiking and walking, bushwalking, camping out overnight with my wife and we did that before we had young kids. And you know, we used to go to great lengths to ensure that we had the right gear with us -waterproof tent, waterproof leather boots and so on.

But let me ask you a question: If I'm to go out into the mountainous regions and there's rivers and streams to cross and I walked through that river, do my boots get wet? Do they? Of course they get wet, but I thought they were waterproof. Well, they are waterproof. They prevented my feet from getting wet, but the boots still got wet. And in the same way, we will find out that sometimes as parents, we can do the best job possible to encourage, nurture and love our children and steer them in the right direction, but they're still going to make mistakes and yes,

some will use drugs but drug proofing your kids really focuses on encouraging parents and coming along side them and to equip them to know how they can talk to their children about drug use and to understand that whole scene far better as a parent.

Yes, your child still may use drugs but hopefully, as a parent, because you have some understanding, you have a knowledge of what resources and services are available in your area to assist you and because you have instilled principles and values as parents in your children, then hopefully, no matter if your children still do use drugs, that they know that you are there for them. And they know that you are there for them no matter what. And that you will continue to love them and you will continue to support them and you will help them through that difficult time in their journey.

Well, that's what this program is about, and I really want to say that this program summed up in one word is "hope". I don't know how many parents we have spoken to who have gone through this program, who have attended this program - and it's almost been a collective sigh of relief as they have walked into the room and realised that they are not alone, and realised that nobody in this room is actually burying their head in the sand pretending that this is not a problem that parents in society need to deal with. The other thing that is important for this program is that it does recognise that there is a continuum of drug use.

Yes, we would like to believe that none of our children are going to become involved in any way, shape or form in illicit drug use. But we are in a drug-taking society; we do use prescription medication, people do drink coffee - loads of caffeine - people do take Panadol or Panadeine when they've got a headache and so on. So we are a drug taking society. We treat mental illness, depression and anxiety with drugs. So you see already, as parents, when we are trying to communicate with our children, there are conflicting messages that our children receive about our thoughts on drug use. We need to recognise that there is a continuum of drug use. Some young people will not engage in illicit drug use at all - and that's great, that's fantastic, isn't it?

Some kids won't do that. But the reality is, and particularly as they go through the adolescent years, that some children will experiment with drugs. Now, look, I'm a father and, you know, if one of my kids was taking drugs, you know, I mean, man, I'd want to - I'd be so concerned. I'd want to come down and say: "Quit doing that. Don't do that!" And you'd want to come down so hard. But you know, if I'd waited till that moment to talk to my children about drug use and set in place those boundaries and to reassure my children that I love them and I want to nurture them and want the very best for them - if I leave all that and wait for this moment, then it's too late - well, it's not too late but it's a lot more difficult to move forward.

But there will be some children who will experiment, and we need to understand

why they feel the need to do that. So some don't use drugs, some may experiment, others become casual users. Whether they do that with other people or by themselves - they become casual users - and then also another part of that continuum is that they become dependent; that they actually do become psychologically and physically or physiologically, if you like, dependent on drug use. Now, what I've found to be very important here is that parents need to know what they can do no matter where their child may fall on that. I know we want to think that our children won't be further down that continuum, but the reality is; for some of our children that will be so.

So as a parent, what can I do? And that's really what this program is addressing. We've seen a tremendous response to the program right around Australia and I think - one of the exciting things for me, apart from parents attending a program and realising that they're not alone and that there is an overwhelming sigh of relief, is the way that these parents end up developing friendships together. As they are there in that room, they realise that here are parents; mums and dads just like them, who share the same concerns for their children and there's an opportunity to come alongside and just to talk and to encourage and nurture, and it's not unusual for many parents to exchange phone numbers and to meet up regularly, even just for accountability - how are you doing, you know?

Well, you know what; I covered this particular situation with my child, this is what I did - I overreacted - and you've got another parent there saying: "Well, you know what; I think I would have done the same. It may not have been the right thing, but I would have done the same." How are you going to address that next time; what are you going to do differently? And so we have found that this program has created a wonderful dynamic where parents come together and they're actually talking with each other - not denying that there's a problem. You know, I don't want to criticise parents because I am one, but you know, we do have the tendency at times to want to deny that these sorts of issues will occasionally occur or rise up within our families.

Rather than ignore them and pretend and hope that they just go away - we need to be pro-active in saying: "No, what can I do now? How can I move forward in addressing this issue with my children?" Well, there are six sessions with this particular program. I'm just going to go through some of these very quickly, there will be a time for questions at the end. I'd like to do that just for 10 minutes or so at the end; if you've got questions, I'd like to try to respond to you the best I can. There are six sessions to this particular program, each session goes for approximately two hours. We do run it preferably over a six week period.

I realise that may sound like a long time to you, but again, over that six week period a couple of important things happen. One, parents get an opportunity or have got an opportunity, I should say, to get to know each other. They get an opportunity to get inside each others heads and to encourage and just relate to each other and share with one another. The second thing that is also equally

important is that as we address different issues in the context of this program, parents have got an opportunity to go away to try some of those things and to actually put into practice some of the principles that we talk about and then come back the following week or the following weeks and share how they have gone.

Now, that's important; you know why? Because if you've gone away and you've tried to put it into practice and things have failed miserably, you want to come back and you want to talk to the facilitator and talk to other parents about why that might have happened. And so it becomes a tremendous forum for sharing how you went with some of those principles as you have put them into practice. In fact, it's not unusual to, again, see that in the dynamic that occurs in these small groups of parents, the wonderful reality that parents sharing with another parent; saying: "You know what; this is what I tried for my 15-year-old son but you know I tried the same thing with my 13-year-old daughter and it didn't work, she's different."

And then you have another parent saying: "Well, yes, that was the same for me. I tried this but this didn't work, but you know, I found that this worked really well." And so you have this wonderful forum where parents begin to share ideas with each other about what they have done and what things worked best. In the first session of this particular program, we look at the issue of drugs. And you know, I want to be careful here, I'm not going to say that drugs are certainly not a big issue in Australia; I think they are, but certainly the intensity, if you like, or the emotion behind the issue of drugs is very much contributed to by how the media treats that issue.

I think there is a danger here. One, is that we become incredibly emotive about the whole issue and we want to get really carried away, which as parents is quite natural for us to want to do that. And it's been said that it's too emotional; but you see, if you take the emotion out of it, well then it purely becomes a clinical exercise, so there needs to be a balance in that. So what we do is a bit of a landscape of Australia and say: "Look, this is the situation in Australia; here are the levels of drug use. This is what you need to be aware of." We go through a number of recent surveys - for example, high school surveys. Again, not to alarm people or alarm parents but to say: "Here's the reality of drug use in Australia."

The second session that we look at is why kids take drugs. In fact, I'm going to go through that just a little bit later on. I mean, most of us tend to think that kids take drugs because - well, peer pressure, and certainly that is one issue, but there are many, many different reasons why kids take drugs and so we go into some detail with that. Session three is how to educate kids to make good choices. I think John and Jane Covey mentioned very, very well the whole need for boundaries and reinforcement of consequences. You reward positive behaviour, you discourage negative behaviour. But you know, as parents we have that natural tendency again to want our kids not to bear the consequences of some of their bad choices, because we don't want to see them get hurt.

But you see, if we keep taking away those consequences we're reinforcing a negative pattern of behaviour. In session four, we look at prevention tools for parents and, you know, this has got to be one of the most challenging parts of the program where we talk to parents about identifying or examining, if you like, their own beliefs, their own attitudes and their own drug-taking behaviour.

Let me give you an example here; say I have had an incredibly stressful day in the office and, you know, I feel like I've been running on adrenalin all day. I've got a splitting headache and I go home and I go to my fridge and I think, wow, you know, there's nothing that a glass of wine or a beer or something wouldn't fix; that would make me feel much better. Now, I realise that all of us have different beliefs about whether or not we should drink alcohol or not, but putting that aside, what I want to say here is: "What does that message send to your children?"

You see, the message is, what? Instead of dealing with your stress and perhaps planning more effectively and taking time out to de-stress; or recreation, or whatever, you know, just go to the fridge and grab a beer or a wine or something like that, and that will fix everything and yet at the same time, as parents, we want to communicate to our children that is not a good thing, so you see there is a potential conflict there. But that has been one of the most encouraging and challenging sessions for parents and yes, you will be amazed at just - as you sit down and you examine your own attitudes and beliefs about that, some of the conflicting messages that we inadvertently give to our children.

Session five is learning to intervene and where to get help. I find still, that you can have a parent go through an entire course, or read as many books as possible, or go and visit the local council and find out what resources are available and so on; but you know what; when you are in the heat of the battle; when you are in that situation; when you are in that crisis, you don't tend to think as clearly. And so we go through the dynamics of the situation that the parents may find themselves in with their child and we talk to them about how they might choose to intervene in that situation, and if that situation were to occur, and we do some role play here.

If that situation were to occur, what are some options that you can take; where would you go for help; is there a number that you want on your fridge that you can call in an emergency; is there a friend that you can call who can come out - come around and help look after the family and take care of some of the responsibilities while you deal with this crisis and so on. And so we look at all of these issues about what you can do as a parent to intervene.

And then session six is a parent's guide to handling relapses. The reason why we believe that's important is because the reality is, depending on where your child falls on that continuum of drug use, that your child may in fact continue to use, or

go back to using. Now, I know that is not the desired result, but this is a pretty powerful thing. But what we are finding is parents tend to wear an awful lot of blame and shame, and guilt, and an overwhelming sense of failure when that occurs. And so we talk to them about the different emotions that you may experience as a parent in that situation and how you can deal with that, and where you can find help on those sorts of things.

The drug proof plan is these three things – first, **maintaining strong family relationships**; where there are high levels of parent connectedness, where there are strong relationships in the family. Research, not only in Australia, but research worldwide, and I want to make this point really, really clear because people still dispute this, but I have yet to find any research that denies this; that if you are maintaining strong family relationships, it decreases significantly the likelihood that your children will use illicit drugs.

And so I want to encourage you to focus on your relationship with your children as a parent. Your children need you, I don't care what age they are at. They don't have to be a 5-year-old or a 15-year-old, they might be a 23-year-old or a 35-year-old; I am so passionate about that. I lost my mum two years ago, and it still impacts me today and I miss her terribly, and it is not that I need her there with me in order to feel good about what I am doing but you know those words that mums can give you; that affirming word, that encouraging thing, that thing, “Well, son, I am proud of you,” that is great, you know, just those sorts of things. I don't care what age your kids are at, they need you.

The second important thing about the drug proof plan, again, worldwide research indicates this very strongly, is that **purposeful communication makes a long term difference**. Now, that is not to say that if you are an excellent communicator, then you won't have any problems with your kids, or that your kids won't experience any problems. But what I am saying is if you are intentional - I want to use that word deliberately - intentional about communicating effectively with your children; understanding how to resolve potential conflicts that may occur rather than ignoring them and sweeping them under the carpet, as you make deposits in their emotional bank account and are intentional about that, well then that is a critical part of the drug proof plan.

And the third one is **being aware and staying informed**. This is an important part of the drug proof plan because most of us as parents have a very simple notion which is “I just don't want my kids to use drugs, and I am going to tell my kids that they are bad, and if you smoke marijuana, well, your hair is going to fall out and so on.” I am not criticising parents here but, you know, if you want to communicate properly with your children about drugs and what they can do and what they don't do, well then you've got to be able to articulate and sit down with them and talk to them intelligently about what drugs can do and understand even, what some of the different drugs on the market are and what the consequences of drug use are, or what the use of those particular drugs will do. And you know, if

you are going to say, “Well, listen, if you are going to do this, your hair is going to fall out,” well then you know, as a parent, you've just lost credibility because your child will respond, “Well, hang on a minute Mum, I know some friends of mine and they smoke marijuana, and they've still got their hair on.” Credibility is so important.

You need as a parent to be aware and to be informed about a wide range of issues concerning drug use. There are some very good resources and if you do want a list of some of those resources, please feel free to give the Focus on the Family Australia office a call and we can send you some information on that. Our national number is 1300 300 361, so if you want some information of what resources there are for you as a parent; what books you can read that will give you a good understanding of drugs and how you can be better informed, please give us a call on that.

Well, here is a little exercise for you - an abbreviated version, if you like, of an exercise that we do in the very first session. How well do you know your kids? I'd like you to take the next 3 minutes to just - okay, I know, some of you are a little bit confused here because you are thinking, “Well, hang on, I've got seven kids, and I don't have time to get through all this right now,” well, just choose one child right now; write down who is your child's best friend? *Who is your child's best friend?* It might be you. It might be a school friend, it might be some celebrity, it might be a movie star, I am not sure. *What is his or her greatest fear?* I am just going to go through these quickly, but *what is your child's biggest complaint about the family?* It might be that we have to turn the television off and eat together, I don't know.

Number four, *what is his or her favourite kind of music?* You know, I don't even know how to pronounce some of the current types of music today but anyway. Five, *what embarrasses him or her the most?* Yes, one word, Mum, yes. Six, *what is your child's favourite TV program?* How about this one, *what would your son or daughter wish for dinner on his or her birthday?* McDonalds, perhaps. Eight, *what makes your child really angry?* *Where does your son or daughter prefer to do homework?* Yes, you've got a problem if he doesn't want to do homework, I understand that, but *what person outside the family has most influenced your child's life so far?*

I am not going to go through all these now and ask for responses, but let us just have a look at a couple then; who was your kid's best friend? Just yell out. Well, may be one at a time perhaps. Put your hand up? Tim, okay, which is a school friend, or a church friend, or - school friend, yes. Claire, okay, and what relationship are they? Are they a member of the family or outside of the family or? Yes. Okay, what about their greatest fear; what's the greatest fear? Failure, okay. Not being liked; losing mum and dad. Being alone at night, yes, these are real fears.

What about what embarrasses him or her the most? You do, okay. Your dancing, especially when his friends are around, yes. Okay, what embarrasses him the most? No - anybody on this side? We've got a fairly well behaved, conservative group over here have we? An immodest situation, yes. Stories that you tell, okay. I am going to ask a question that is not up there; *who was your child's greatest hero?* Me - meaning you? Great. Fantastic. Who was your child's greatest hero? Godzilla, okay. Unfortunately, he couldn't be with us today, but anyway. Grandmother, great. Yes, sorry, Becker? Oh, yes, okay, on TV, yes, of course.

Well, you know what, you might say that is no big deal, I could do that pretty well hands down, but let me just - this is not a trick exercise to, sort of, trap you in some sort of way and to reinforce that you don't know your kids well, but you know what, these things change over time; these things change over time and it is amazing how quickly we forget and sometimes not because we've forgotten, but because we are too busy to remember, okay. So that is just another short little example of something that they would do.

Why do kids take drugs? I am going to just look at a couple of these, but I am going to leave the biological pre-disposition, it is quite argumentative, if you like; peer pressure - certainly is one of the reasons why kids take drugs; saying no is not the only answer. I would just like to say something here, it is okay to tell your kids to say no by the way, and some kids do say no and it works for them, but not every kid has the ability to follow through on that, or has the social skills to say no when they are under intense pressure from their peers, and so we do need to look at other ways how we might address that.

Obviously if you want your child to be able to resist that type of pressure from his peers or her peers then it is important they've got a very positive self image; a very positive self image that they know that they are respected; that you affirm them; that you love them; that it doesn't matter what they do; that you will continue to love them and so on; they need that reassurance constantly. How else to resist peer pressure? Well, get to know your child's friends.

I'd like to extend that a little bit further; get to know your child's friend's parents because what you see in your child's friend's parents is perhaps going to be a better indicator of what you are going to see through your child's friends, and I have spoken to many parents who are - in fact a number of parents who have lost children, and if you ask them what would they do differently if they could do it all over again in order to prevent the loss of their child, that is a key thing for them; get to know their child's friend's and get to know their child's friend's parents; invite them home for a meal; have them round, talk to them. You want to know - you want to understand them; you want to know what is important to them.

Okay, the parents attitudes - children see, children do, again, you know, you may

be inadvertently, unintentionally sending a conflicting message to your children in the way that you live your life in the family home and around them. Well, look at this, there is a whole range of culture factors. Change - we live in a culture that is changing rapidly and it leads to fear and uncertainty, insecurity about the future. That second point up here makes the point very clear, I think, that because of the uncertain future, we tend to crave comfort.

Conflicting values and messages; there are no absolutes; nobody is actually right; nobody is actually wrong. If that is right for you, that is good but, you know, what is right for you is not right for me. What is wrong for you is not wrong for me, there are no absolutes and, you know, when we've got that vacuum in our society that says there are no absolutes, well, you know what, everybody is right. So drugs are okay. I have heard some of the most alarming things since launching this program. I have had some drug educators who have come to us and they have told me to my face that this program is wrong; you are doing this the wrong way. They say it's got nothing to do with the parent; it is the child's responsibility to choose.

I just find that incredible. I mean that makes me really concerned as a parent, you know, and so I came back and I said, "Well, okay, but then I've got the responsibility to influence my child's choice about what may be wrong and what may be right." Today kids don't like to be told; they tend to want to find out. A lot of young people growing up today are very cautious and very sceptical about those in authority. Lack of balance in family life - you know, what is one of the biggest killers for family? I'd say over-commitment We are over committed as a society. We are incredibly busy people and we are having less and less time to meaningfully engage our children.

By the way, I don't swallow this myth that, you know, I don't have quantity time with my child, but I do have quality time as if, well, that is okay, you know. My wife would kill me if I said that to her: "Look, I can't spend a lot of time with you right now but, you know, I'll make sure it is quality time." Am I prepared to apply the same principle with my wife as what I am with my children? Don't be ridiculous. You know what, I should want to spend time with my wife and I should want to spend time with my kids and hopefully as much time as possible. So don't swallow this myth that well, I don't get to spend a lot of time but I just want to make the time that I do spend with them very meaningful.

But you see a lot of our kids' values, our children's values; they are caught, they are not taught by us and the only way they catch them from us is as they see us interact with people, and do silly things, and we fail, and we apologise; we mess up, we make mistakes; we sometimes succeed; our kids need to see all of that. I have a term that I encourage parents with and that is I would like see parents parent out of their weakness. I want to see parents parent out of their weakness because all too often and particularly in this whole area of drugs, we want to pretend that we've got all the answers, and I am not going to ask for a show of

hands here, but we don't want our kids to know, perhaps that we've struggled in this area of our life when we were younger as well. We don't want our kids to know that just in case we give them a license to fail.

And yet our kids need to know that we did struggle with some of these things and we did find it hard, and peer pressure was an issue for us and, "Dad, what did you do when you hit that situation? Mum, how did you overcome that, that must have been really hard; what did you do?" You know, we've got to engage our kids out of our weakness. You know, there is a great verse in the Bible actually that says, and I believe this:

God's strength is perfected through our weakness -

and I apply that principle to my parenting. I want to parent out of my weakness; that out of that weakness, my kids will see what difference God can make in their lives to help them overcome that. The other cultural factors that we see here are that there are many ways to communicate; we've got email; we've got mobile phones; we've got pagers, we've got satellite phones, we've got just normal phones, landlines. What else have we got? Faxes, yes, you know what - so many ways to communicate and yet, what our society, what many people are craving for in our society is intimacy; is authenticity in their relationships and so on. So there are some of the cultural factors.

What are some other reasons kids takes drugs? Life crises; there is stress; there is pain; family breakdown, conflict and so on; depression. Parenting styles, you know, there has been quite a bit of research - Michael Rudder, who is a psychiatrist based in the UK, did quite a bit of research and came up with four major parenting styles. The first one is authoritative. An authoritative style is love with boundaries. The second one is authoritarian and that is boundaries without love. You just do as I do because I said so. The third one is indulgent; the indulgent parent, and that is love without boundaries.

Authoritative - love and boundaries. Authoritarian - boundaries without love. Indulgent is love without boundaries, okay, so it is the reverse of the previous one, and the fourth one is indifferent and that is deficient in love and boundaries. They are the four major parenting styles that quite a bit of research has been addressed on and so, again, we look in the program here at the different parenting styles; the way you parent and how that impacts your child. We look at even - we even look at the personality of the child and your personality, and how you might be able to maximise your relationship with them.

Another one that a lot of people tend to forget here, why kids take drugs, because they are fun, only for a short time often, but they are fun and they are available, let's not forget that; kids take drugs because they are fun and they are available. Well, I am just going to again, quickly go through some things that you might do as parents. I think we know that we need to set boundaries. What do boundaries

do? Well, first of all, boundaries do help children make sense of their world and their position in the world; it helps them develop a healthy self-esteem; make responsible choices; choose the right friends.

How do I set healthy boundaries? Well, first of all, I help them to experience consequences. Again, I alluded to that earlier, that we need to reinforce positive behaviour and we shouldn't be rewarding negative behaviour. Let's not protect our kids from those consequences. We do need to understand our child's developmental needs, so, in other words, we need to make sure that our boundaries are age-appropriate. You know, to tell our 18-year-old that he is not allowed to go out and he's got to be back in by 9 o'clock at night, might be just a little bit unrealistic. Okay. So we need to make sure that our boundaries are age-appropriate.

Listen to your child. Empathise with your child as he or she experiences the consequences. In other words, don't take the consequence away, but empathise with them as they experience it. Let them know that you love them and that you wished they didn't have to go through that, but they've got to go through that because that was the consequence of their action, okay.

Well, here are some different types of boundaries that teach responsibility; communication, for example. One communication boundary is you will not discuss an issue with your child while he is yelling at you. Another communication boundary might be that, "You know what, because of the heat of the moment and because I am really angry about this, we need to talk about this, but I know if I talk to you about this right now, I am going to get a little bit carried away, so let's just put it on hold and make sure that tonight or..." - make a time; agree on a time together and a place where you can sit down and you can talk about that issue.

A financial boundary might be that you refuse to buy your child the latest Nintendo, because she has spent all her money. And then, helping your children choose the right friends. Here are some boundaries; understand what your child likes about her friends', get to know your child's friends, help your child know what to look for in a friend. Please do that, help your child to know what to look for. Establish and negotiate some good ground rules and get to know the parents of your child's friends. Putting boundaries there; that is protecting your child; that is protecting the parent/child relationship; it is also protecting the meaning or the importance of friendship, and what you desire for your child in those friendships.

Again, we could ignore setting up boundaries, but this is what the absence of boundaries can actually communicate to our children. First of all, they tend to feel quite insecure with their parents. You know, whether or not we give consequences or reinforce consequences, if we are inconsistent in doing that, all of a sudden our child becomes rather insecure about whether or not they are doing

the right thing or the wrong thing, and “What if I do this, how is Mum going to react? I thought last time Mum didn't punish me for that or discipline me for that; I thought that was okay, but now I've done it this time and now I am being disciplined.” You know, so we need to be consistent in our parenting and the boundaries that we set.

I want to give you 6 quick things to write down here on drug prevention. First of all, in fact I'll give it to you as an acronym - the word is CIRCUS, okay. The word is **CIRCUS**. **C is for communication**. Work on it - work on communication. Set and reinforce healthy boundaries. The importance of parent connectedness is well proven in reducing drug use. **I is for informed**; be informed about drugs. Be natural, don't exaggerate or you'll lose credibility. **R is for role model**. Examine your attitudes, beliefs and behaviour. Explore conflicting messages. If you can do that, then you are in a better position to negotiate the ground rules.

C is for child's friends. Get to know your child's friends and their parents. **U is for understand**. Understand what is normal, adolescent behaviour. You know, I've had a number of parents come up to me to say I don't know whether my kid's on drugs because they just look like every other teenager. I mean every teenager looks like they are on drugs at times. You want to see my kid when he gets up in the morning, you know. So we need to understand what is normal adolescent behaviour and why they might take drugs.

And then **S is for signs**. Know what signs to look for. There are a lot of specific signs depending on the different drugs that children do use today, so - that is drug prevention. What is the word? CIRCUS and believe me, it is no circus but, you know, life is going to be more like a circus and it is going to be more fun if you can prevent drug use, that is for sure.

Under the heading, drug intervention, here's another word, and I've misspelt this and that is because I couldn't think of another thing to add, but dabbles, **dables** with one "b", okay. In other words, if you child dabbles in this. **D is for don't ignore it**. Broach the subject and choose the right time and place to talk to your child about, but please don't ignore the issue.

A is for action. Talk to others about possible courses of action. Learn from their experience. Talk to other parents who have gone down that journey where their child has perhaps used drugs and, you know, what did they do as a parent; what did you do in that situation? **B is for blame**. Don't blame yourself for being a bad parent. If necessary, determine to make positive changes to help you move forward. Okay. It is too easy for us to sit down and just to say “Woe is me, I've been a bad parent,” and you know what, you may have done some things wrong, or perhaps you could have done some things better, but determine at that point, I am going to change and I am going to move forward as a parent.

L is for learn. Learn what you can do to help. Offer to organise counselling or treatment; offer to go with your child to talk to a counsellor; offer to go with your child to the doctor; offer to go with your child to somebody else who has been down that same track. **E is for emergency.** Learn what you can do in an emergency; talk to your doctor; visit your local council for help. Many local councils by the way, nowadays, do have resources and brochures and pamphlets and numbers to call telling who you can contact. And then **S is for support.** Support and affirm your other children as well. They need you more than ever.

You know, often in a situation where you've got one child in the family who may be experimenting, or who may be using drugs, it is not unusual for other children in that family to feel left out because all of a sudden, Mum and Dad are focused on helping the child who is using drugs. All of a sudden, that child almost consumes you as the parent and, yet, you know what, the other kids have got needs as well, and they need you, and so be quite deliberate about supporting; be intentional about identifying and understanding and taking time to listen to your other children so that you can help support them.

Any questions I am happy to... Thank you. Yes?

The question is about biological disposition. Physiologically, some people do have a higher tolerance or a low tolerance to different substances and so, therefore, those with a low tolerance, for example, obviously need to be very careful and very mindful of that. Now, if you'd like to do the course, in fact, there is a lady in this room who is running the course - Dr Katrina Harlow. If you want to talk to her, the phone number is 3806 8333. You know, there have been over 600 local parent programs run by trained facilitators in the past two- and-a-half years around Australia. We are excited about that. We've just got a letter of support from the Prime Minister John Howard and, you know, it is just exciting to be part of a program that is seeing lives changed and families strengthened. Thank you for the opportunity to share that with you this morning.