

- ✓ Learning
- ✓ Exercising
- ✓ Eating Healthy
- ✓ Saying "No" to Drugs

Helping Teens Make Healthy Decisions:

A Danvers Family Resource Guide



Helping Teens Make Healthy Decisions:

A Danvers Family Resource Guide



This Guide has been developed by DanversCARES through a grant from The Governors Executive Office of Public Safety and Security.

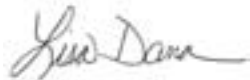
Dear Community Members,

On behalf of the DanversCARES prevention coalition, we present you with this family resource guide. The Guide is designed to assist parents, grandparents, family and community members in understanding health issues facing Danvers youth.

As adults, it's important to understand the issues that young people face in the 21st century. By gaining knowledge and insight, we are better equipped to nurture our youth to be independent thinkers, with the ability to make healthy decisions. We hope this resource provides local insight, resources, and a factual platform on which you can build family dialogue.

DanversCARES seeks to foster a healthy community environment that assists youth and families in making informed healthy decisions. As advocates of education and public safety, we are proud to lead the DanversCARES initiative and support the broad-based collaboration necessary to achieve a safe and healthy community.

Happy reading!



Lisa Dana
Superintendent of Schools



Neil Ouellette
Chief of Police



Gary Nihan
DanversCARES Project Director

Table of Contents

Section	Page Number
<u>Talking with Your Teens: Tips for Parents</u>	<u>4</u>
<u>Drinking & Drugs</u>	<u>6</u>
<u>Your Teen's Relationships</u>	<u>15</u>
<u>Health & Wellness</u>	<u>22</u>
<u>Teenage Blues (and More)</u>	<u>26</u>
<u>Special Occasions. Extra-Special Precautions</u>	<u>28</u>
<u>Your Adolescent & the Massachusetts Law</u>	<u>30</u>
<u>Everyday in Every Way: We can Make Danvers a Great Place for Teens</u>	<u>31</u>
<u>North Shore Resources for Youth and Parents</u>	<u>32</u>

Talking with Your Teens: Tips for Parents



“The Family Resource Center and Behavioral Health Library offers a place for families to come together. The family programs provide extraordinary support by other families who convey, ‘I understand what you are going through’ and share strategies and experiences.”

*Marguerite Roberts, MS, NP
Director, Family Resource Center
North Shore Children’s Hospital*

WHO:

It’s up to you to find ways to start the dialog. Your adolescent is unlikely to start these “big” conversations. As a parent or guardian, you are the most reliable source of consistent and accurate information on drinking, drugs, relationships, school, dating and wellness.

WHY:

Your child may seem busy and independent, but she needs you to listen to her concerns. By knowing the facts and taking the time, you can really influence your teenager’s choices. As a parent, you can provide consistent and reliable information on drug-use, relationships, academic, physical and emotional wellness.

WHEN:

Most families are busy. All families are different. There’s no one-time-fits-all-families—or even for all kids within your family. You know your child best. Got a night-owl in the family? Then evening talks may work best for that child. Yours is a family-on-the-go? Then use those car-rides or vacation trips to talk, share and listen. The conversations should start early and happen often.

Here are some instances when you need to take time out to sit down and talk:

- **Family transitions:** Children coping with divorce, a new school, new home or a parent’s new job are particularly at risk for substance use and other risky behaviors.

- **Before starting high school:** Research shows a dramatic rise in teen substance use and sexual activity among 9th-12th graders*. Nationwide, 38.9% of eighth-graders have tried alcohol. By 10th grade, this percentage rises to 61.7%. In the 2008 Youth Risk Behavior Survey*, Danvers High School reflects this national trend.

- **Individual changes:** Teens who feel “different” are more at risk for unhealthy behaviors. If your adolescent has recently undergone some physical changes, or is apt to feel self-conscious about a family economic or demographic change, give him a chance to talk about his feelings and fears.

WHAT:

Our teens live in a complex world of multiple and often conflicting messages. Deliver information that is appropriate for your child’s age and in a way that invites on-going and long-term discussion. Key areas for discussion include substance abuse, relationships, school, academics, how they are feeling emotionally and physically. It’s also important to listen to your child’s hopes and dreams for the future.

WHERE:

Adolescents hear and respond when the “big conversations” are part of normal, family routines—not a formal, pre-planned drug talk.

Here are some everyday events or occasions that may open up your parent-teen conversations:

- **A shared activity,** such as hiking, cooking together, shopping, planning a family vacation.
- **Films or T.V. programs** in which drugs or other issues are dramatized.
- **Advertisements** for alcohol or tobacco, including billboards that glamorize substance use.
- **Car-journeys** to and from school or sporting activities.
- **Music,** especially songs whose lyrics glamorize violence or drug-use.
- **T.V. news or newspaper reports** on sports or popular culture icons and role models.



*We have used multiple national resources and studies to complete this Resource (see page 33).

HOW:

- Plan with your spouse how you will start and continue the conversations with your child.
- Open the conversation in a loving, non-accusing way.
- State your family’s position on underage drinking and other substance use. Make sure your child understands that it’s a no-exceptions rule.
- Counter the “but-everyone’s- doing-it” argument with researched facts and real trends and local norms in Danvers.
- Avoid preaching or threats.
- Be willing to listen.
- Remain calm in the face of arguments.
- Be as honest as possible. If you don’t know an answer, admit it. Then, offer to research the facts together.
- Use simple, straightforward language and phrases.
- Remind your child how much you love her and respect her individuality.

“MOM, DAD, DID YOU EVER USE DRUGS?”

- Respond to the question. Honesty is best; otherwise, you could lose your children’s trust.
- Give short, clear answers. Supply only the information that you feel they need to know.
- Give the answer in terms of negative consequences, e.g., “Yes, I did. But I regret it now. I lost the trust of my parents and friends, and this was one of my biggest mistakes.”
- Ask why your child is asking that question at this time.
- Use this question as an opportunity to open up a larger conversation around drug-use and your family policy.



LOCAL RESOURCES TO SUPPORT PARENT-TEEN COMMUNICATION

Essex County District Attorney’s Office Provides “Parenting Wisely,” an interactive program with age-specific modules and practical solutions. The Office can loan the program to any school, parenting group or library. The D.A.’s office will also provide a 90-minute free introductory workshop to the “Parenting Wisely” program. www.mass.gov/essexda or 978-745-6610

The Family Resource Center at North Shore Medical Center provides a resource library, a list of area support groups and workshops, including a parents’ daytime support group. www.nsmcfamilyresourcecenter.org or 978-354-2660.

Local office of Parents Helping Parents, including the confidential Parental Stress Line: 1-800-632-8188, 617-926-5008 or www.parentshelpingparents.org

NATIONAL RESOURCES FOR HEALTHY PARENT-TEEN COMMUNICATION:

- www.talkingwithkids.org
- www.theantidrug.com
- www.family.samhsa.gov
- www.kidshealth.org
- www.timetotalk.org
- www.familyworksinc.com
- www.parentshelpingparents.org

FAST FACTS

1. In the 2008 Danvers High School Youth at Risk Survey, 85% of Danvers High students reported that they have a parent or other adult family member to whom they can talk about things that are important to them.
2. They want to talk. Adolescents themselves cite an open relationship with a trusted adult as a key influence in their lives.
3. In nationwide surveys, adolescents who communicate with their parents are 50% less likely to begin underage drinking.



Drinking & Drugs

Underage Drinking & Your Teen



“The Danvers Public Library provides access to up-to-date health and medical information, as well as a variety of wellness and safety issues that can assist parents, teachers and young people to find the reliable, accurate information they need.”

*Douglas Rendell, Director,
Peabody Institute Library, Danvers*

Less than half of Danvers High School students drink, yet teenage drinking—especially binge drinking*—is an ongoing and serious problem in Danvers. In the 2008 Youth Risk Behavior Survey, Danvers High students self-reported binge drinking rates above the state average. In Massachusetts and nationwide, teenage girls are quickly closing the gender gap as their binge-drinking rate rises faster than that of teenage boys.

*For males, binge drinking is five or more drinks in a row. For females, binge-drinking is four or more drinks.

WHERE DANVERS TEENS GET ALCOHOL

Think that teens buy alcohol at package or liquor stores who mistakenly or intentionally sell to minors? Not true. Only 3.4% of Massachusetts teens report getting alcohol from a store. Instead, teens self-report that they get their alcohol by someone else buying it, at parties or from friends. Some teens also get alcohol at home—from their parents or grandparents' liquor cabinets.

DANVERS SCHOOLS: YOUR PARTNER IN KEEPING YOUR KIDS ALCOHOL-AND DRUG-FREE

The Danvers Schools have a clear policy on student drinking and substance use, and that policy is available to all students via the Student Handbook.

Policy: The use, possession, and distribution or sale of drugs and alcoholic beverages is prohibited at all times anywhere on campus or at school-sponsored activities on or off campus. For students who are found to be in violation, the School has formal procedures. For information or questions about Danvers School Substance Abuse policy, contact Gary Nihan, Director of School Health.



TEN TIPS FOR ALCOHOL-FREE KIDS

1. **Family policy:** Be clear and consistent about your family's policy on underage drinking—no exceptions. Talk to your children about drinking early and often. If your family has a history of alcoholism, be honest with them about the inherited and genetic risks.
2. **Do as you say:** If you often reach for a beer after work or in times of stress, this sends a message. At family gatherings or parties, offer a range of non- and alcoholic drinks. You don't need to drink to have fun.
3. **Know your child's friends** and the friends' parents—plus their family policies on underage drinking.
4. **Encourage independence:** From an early age, help your children to build confidence and good decision-making skills. Allow them to make simple, age-appropriate choices, e.g. what color to paint their rooms, or which after-school activities they join.
5. **Build self-esteem:** Praise and reward your child. Respect her individuality.
6. **Activities:** Help kids to find and enroll in after-school activities they enjoy. Sports, arts and volunteer programs also help with teenage stress—a common reason why kids drink.
7. **Hold kids accountable:** Once your adolescent knows and agrees to your family policy, be consistent in your follow-through and consequences. Many non-drinking teens say they abstain because they don't want to disappoint their parents.
8. **Prepare. Practice. Plan:** Role-play with your child to say 'no thanks' with ease and confidence.
9. **Always & Never:** Remind your child to always leave any uncomfortable situation. Remind her that she should never accept a ride from anyone who has been drinking. Always be awake when your child returns from a social event. Never allow parties in your home when you're not there.
10. **Supervision & Check-ins:** Make sure you have a phone number where you can reach your child. Make sure she has your phone number to call for help or a ride home. Provide adult supervision for all children visiting your home.

Underage Drinking & Your Teen (continued)

HOW DO I KNOW MY CHILD IS DRINKING?

Adolescence is a time of many transitions that can lead to changing behavior and mood swings. But if you see a number of sudden changes, don't rule out alcohol or other drugs. Know the signs. If you suspect your child is drinking, act quickly.



HERE ARE SOME COMMON WARNING SIGNS THAT YOUR CHILD IS DRINKING:

- Smell alcohol on his breath or clothes
- Sudden change in mood or attitude
- Missing school or sudden drop in grades
- Loss of interest in school, sports or hobbies
- Discipline problems at school
- Withdrawal from family or friends
- Sudden secrecy and unwillingness to say where she's been or with whom
- New friends and reluctance to introduce them to you
- Alcohol disappearing from your family's refrigerator or liquor cabinet
- Depression



I'VE DISCOVERED THAT MY CHILD IS DRINKING. NOW WHAT?

GETTING READY:

- Admit your child's drinking to yourself.
- Take action the very first time you discover that your child is drinking.
- Plan your approach with your spouse or partner. Together, list the talking points and your projected goals.
- Make some agreements with yourself – stay calm, don't "lose it."
- Don't worry if it's not perfect—no conversation ever is. You are doing the right thing for your child & family.

GETTING STARTED:

- Never talk to your child when he is drunk.
- Be kind, simple & direct, e.g., "You have a problem and I need to talk to you about it." Or "Do you want to tell me what's going on?"
- Be very specific about the things you have noticed (e.g. found bottles, blood-shot eyes, different clothing).



KEEPING THE CONVERSATION GOING EVEN IF YOUR CHILD BRUSHES YOU OFF OR DENIES HER DRINKING:

- Remind her that you love her.
- Remember to listen.
- Even if your teen reacts angrily or with silence, stay calm and on task.
- Explain your worries and concerns—how his drinking makes you feel. If you're scared, tell him.
- State what you will do to help.
- Remind your child of her gifts and talents—talents that become clouded by drinking.

WRAPPING UP THE CONVERSATION

- Remind him that you still believe in his potential.
- Make him part of the planned solution or next steps.
- Explain the consequences. "You've broken the rules, so here's what's going to happen."
- If you, your spouse or your family physician have decided upon youth alcohol treatment, state your decision and why.
- Assure your child that this is not the only or final conversation around his drinking.



- You have not failed as a parent. Instead of focusing on your feelings of inadequacy, list possible solutions.
- Seek professional advice from your child's school, a coach, a counselor, a local prevention agency or a member of your church.
- **Single parent?** Your child's drinking is not your fault. You're doing the best you can, and now is the time to really talk with your child about recent or past changes in your family. If possible, enlist the support of your ex-spouse.

LOCAL TREATMENT RESOURCES FOR YOUR TEEN, YOUR FAMILY AND YOU

Teenage drinking or other drug use is often part of or symptoms of other emotional issues. Your family doctor or your child's pediatrician should be your first resource. He or she may suggest or recommend some family therapy—or you may decide to ask other parents or your school professional for recommendations.

Find a pediatrician in the greater Danvers area:

American Academy of Pediatrics – www.aap.org or www.familydoctor.org

Find a family therapist in the greater Danvers area:

The American Association for Marriage and Family Therapy – www.therapistlocator.net

Family Counseling & Guidance Center, Danvers –

978-774-6820 – www.ccab.org



FAST FACTS

1. Research shows that a community-wide, coordinated effort—including family, school, and community—is the best way to really change local norms and kids' drinking rates.
2. Are all their friends doing it? When asked if most kids drink alcohol, 91% of Massachusetts high school youth responded that yes, most teens drink. However, at Danvers High School, 54% of teens choose not to drink. So ... more than half of local teens are abstaining.
3. Every year, 5,000 young people (under 21) die as a result of underage drinking; this includes motor vehicle crashes, homicides, suicides and injuries including falls, burns and drowning.
4. Teens who drink before the age of 15 are four times more likely to become problem adult drinkers (including alcoholism).
5. Adolescent drinkers are more likely to engage in other harmful behaviors, including using other drugs, having sex with six or more partners and getting lower-than-average school grades.

AFTER THE TALK: GETTING HELP

- Reach out for help from other parents or within your family. You're not the first parent to go through this, and there are many local resources to help (see resource list).

RESOURCES:

Alanon & Alateen – www.alanon.com

www.freevibe.com

The Young Teen's Place for Info on Alcohol and Resisting Peer Pressure – www.thecoolspot.com

www.alcoholfreechildren.org

www.jointogether.org

Prescription, Over the Counter and Illegal Drugs

PRESCRIPTION DRUGS

Recent media reports suggest prescription drug-abuse—including the non-medical use of powerful pain medications for cancer and other serious conditions—is on the rise among young people on the North Shore and throughout the U.S.

In Danvers, 16% of 12th graders self-reported getting high via prescription pain relievers, while 10% said they had abused over-the-counter medications such as cough or cold syrup. While these percentages may seem relatively modest, the usage is three-times higher amongst Danvers 12th graders than 9th graders. When used illegally, prescription drugs can be highly

addictive, with serious side effects. Teens often believe the myth that these drugs are safer than street drugs and non-addictive.

In 2008, the highest rate of prescription drug abuse is with prescribed pain killers, such as Oxycodone or Vicodin (17%). Students also self-report abusing prescription stimulants such as Ritalin (16%), tranquilizers such as Xanax or Valium (10%) and over-the-counter medications such as cough syrup (up to 12%).

Prescription and over-the-counter medications are especially dangerous when combined with other drugs, including alcohol or your child's other, legitimately prescribed medications.



WHAT PRESCRIPTION DRUGS SHOULD I KNOW ABOUT?

Drug Type	How it's Used	Risks & Effects	Sources	Street Names
Pain Medications Oxycontin, Oxycodone, Hydrocodone (Vicodin), Demerol, Tylenol with codeine.	Prescribed for severe and ongoing pain. For illegal use, often sold in single pills (\$64-\$80 each). Crushed/snorted, chewed, injected. Sometimes used at "Pharm parties," in which users share their pills—often to experiment and find out their combined effect.	Highly addictive. Dramatic side-effects. Often used with other drugs, including alcohol. Poisoning and overdoses—sometimes fatal. Some young users 'graduate' onto heroin.	Friends. 'Pharm parties.' stolen from parents', grandparents' or relatives' medicine cabinets. Purchased from friends or acquaintances. Purchased online from pharmacies which require no prescription, or advice on dosages. Use often learned in online blogs.	Oxycontin: Oxy's, 40s, 40-bar, 80, OCs, O's. Dors and Fourts (combo of Tylenol 4 with Doriden (sleep medication))
Tranquilizers (depressants) Valium, Xanax, Diazepam, sleeping medications like Ambien	Prescribed to treat anxiety and sleep disorders. Often included in "pharm parties."	Poisoning, overdose, dangerous drug combinations, seizures, respiratory depression.		Ludes, M & M's, Lib (Librium), Downie, Busters. Zoloft: Z's, Zoomer, Z-loft
Stimulants Dexedrine, Adderall, Ritalin	Taken as party drugs, or for increased energy or as study aides. Taken in pill form (at higher doses) or crushed up and snorted.	High body temperature, irregular heart rate, accelerated breathing, dramatic mood changes, including hostility, paranoia.		Kibbles and bits, pineapple

ARE THERE OVER-THE-COUNTER MEDICATIONS I SHOULD KNOW ABOUT?

Drug Type	How it's Used	Risks & Effects	Sources	Street Names
Dextromethorphan (DXM) NyQuil Coricidin Robitussin	Generally swallowed, sometimes in large amounts or many times per day. Often taken with other drugs and alcohol. Abusers tend to consume 360 milligrams or more.	Can cause hallucinations, confusion, dizziness, abdominal pain, and numbness.	Very easy to purchase and accessible to teens. Dextromethorphan (DXM) sometimes bought over the Internet in pure powder form. Often taken from home medicine cabinets.	Dex, Robo, Skittles, Triple-C, Tussin, AC/DC. Dexing, Robotripping
Sleep aides Unisom				
Antihistamines Benadryl & other cold remedies. Sleeping aids such as Sominex and Sleep-Eze D.	Users often take 4-20 times the recommended dosage. Sometimes taken under the tongue to increase the "high."	Sleepiness, confusion, dry-mouth, insomnia, hallucinations, seizures. Analgesics contained in cold & allergy medicines can be toxic to the liver in high doses.		
Anti-Nausea Agents Gravol or Dramamine	Taken in larger-than-recommended doses	Hallucinations, confusion, temporary amnesia. Liver kidney damage, depression.		

FAST FACTS

1. Even among parents who have 'the drug talk,' many do not specifically address the dangers of prescription or OTC drug abuse.
2. Teens and parents believe that prescribed drugs are 'safer' than street drugs like marijuana or ecstasy.
3. 60% of teens who try prescription drugs experiment before their 15th birthday.
4. Most teens (56%) get prescription drugs in their homes or homes of their relatives. Therefore, parents are in a unique position to reduce access.
5. Few teens buy prescription drugs online. But many users visit online blogs and Internet sites for advice on dosages and ways of getting high. Nearly half of teens who abuse prescription painkillers abuse two or more other drugs-- including alcohol or marijuana.
6. From 1995 - 2005, treatment admissions for abuse of prescription pain relievers grew more than 300%.

ARE THERE SIGNS THAT MY CHILD IS ABUSING PRESCRIPTION OR OVER-THE-COUNTER DRUGS?

Warning signs for prescription or over-the-counter drug abuse vary with the type and the amount of the drug taken. But here are some general signs to look for. Any one of these changes may or may not indicate drug use. Trust your gut. If you suspect something, get ready for a frank conversation around prescription or OTC drug abuse.

- Constricted pupils, slurred speech, flushed skin, sweating, loss of appetite.
- Personality changes, mood swings, excessive energy, sleepiness or forgetfulness. Seems "out of it".
- Suddenly acting secretive. Sudden change in conversations with friends, including code-words.
- Sudden loss of interest in personal appearance.
- Suddenly skipping school, especially on Monday mornings.
- Missing pills from your medicine cabinet.
- Unfamiliar pills or empty cough or cold medicine packages in your child's room among his personal belongings.
- Running out of his or her prescribed medication too quickly, losing pills, requesting refills.
- Visits to pro-drug Internet sites that advise what to use and how to get high.

Prescription, Over the Counter and Illegal Drugs (continued)

WHAT YOU CAN DO:

Get educated about prescription and OTC drug abuse, and be ready to share this information with your child.

Talk to your child early and often. Remember to specifically discuss prescription and OTC drug abuse and your family's rules. Parent disapproval is a powerful way to keep teens from experimenting.

Monitor your medicine cabinet. Discard old medicines. Track usage and mark the amounts of your own prescribed medications.

Know your child's friends. Know where she is and with whom. If necessary, make telephone calls to confirm her story.

Set an example by using over-the-counter medications only when necessary and for the intended conditions.

LOCAL RESOURCES:

Information:

"Prescription Drug Abuse: What Parents Need to Know": Available from the Essex County District Attorney's Office – 978-745-6610 – www.mass.gov/essexda

Danvers Public Library: Reserve books or ask a reference librarian for advice and information at danversref@noblenet.org – 978-774-0554 – www.danverslibrary.org

Massachusetts Inhalant Abuse Task Force – www.inhalantabusetraining.org/ma.html

Local office of Parents Helping Parents, including the confidential Parental Stress Line – 1-800-632-8188, 617-926-5008 – info@parentshelpingparents.org

Northeast Center for Healthy Communities: Includes up-to-date resource library, including digital and print media – 978-688-2323 – www.nc4hc.org

Beverly Hospital offers a list of public forums and group lectures on wellness topics – 978-236-1650 – www.beverlyhospital.org

The Family Resource Center at North Shore Medical Center provides a resource library, a list of area support groups and workshops, including a parents' daytime support group – 978-354-2660 – www.nsmcfamilyresourcecenter.org – mroberts2@partners.org

LOCAL TREATMENT RESOURCES FOR YOU AND YOUR TEEN:

Find a pediatrician in the greater Danvers area: American Academy of Pediatrics – www.aap.org or www.familydoctor.org

Find a family therapist in the greater Danvers area: The American Association for Marriage and Family Therapy – www.therapistlocator.net

Family Counseling & Guidance Center, Danvers – 978-774-6820 – www.ccab.org

CAB Health & Recovery Services, Inc. Outpatient Services, Salem – 1-800-334-5512 – www.cabhealth.org

Center for Family Development of Health & Education Services, Inc. – 978-921-1190 – www.hes-inc.org/samhsa_cfd

Massachusetts Bureau of Substance Abuse Services: Confidential Helpline and Referrals (for treatment referrals) – 1-800-327-5050



RESOURCES:

www.theantidrug.com

www.kidshealth.org

www.jointogether.org

www.drugfree.org

www.teenoverthecounterdrugabuse.com

"Prescription for Danger" available from the Office of National Drug Control Policy: www.whitehousedrugpolicy.gov

"Teen Prescription Drug Abuse: An Emerging Threat" available from www.cadca.org

ILLEGAL DRUGS AND YOUR TEENAGER

These drugs are listed in order of their usage by Danvers High School Teens

Drug	*Lifetime Usage	Risks	Signs
Marijuana (pot) (weed, blunts, reefer, herb, dope, ganja, Mary Jane, chronic)	(39% of Danvers students). Lower than state average.	Affects memory, motivation, and respiratory problems. Often regarded as a gateway drug. Use with alcohol can lead to alcohol poisoning.	Difficulty concentrating. Paraphernalia, including pipes, bong, rolling papers, plastic bags, and roach clips. Frequent use of incense or other device to cover the drug's scent. Bloodshot eyes or eye-drops to cover bloodshot eyes. "Munchies" or sudden appetite.
Ecstasy X, E, Adam, beans, rolls, lover's speed, XTC, clarity	(8% of Danvers students) White or colorful tablets that can be crushed or snorted. Some tablets have trendy designs. Mostly used at house or dance parties, sometimes with vapor rubs or glow sticks.	Affects memory. Causes depression, jaw clenching, sometimes muscle cramping. Sleeplessness, anxiety, paranoia, dehydration.	Use of Vicks inhalers or rubs. Pacifiers or lollipops to protect from jaw clenching and teeth grinding. Sudden insomnia. Sudden appearance of unexplained pills.
Cocaine Crack, coke, dust, C, snow, flake, rock, candy, lady.	(7% of Danvers students) Snorted or lace marijuana cigarettes. Speed-balling with heroin. Freebase cocaine is smokeable.	Convulsions, breathing problems, paranoia, violence. Highly addictive.	Dilated pupils. Talkative; rapid speech. Persistent runny nose. Paraphernalia, including aluminum foil, plastic bags, razor blades, straws, mirrors.
Inhalants Whippets, poppers, laughing gas, nitrous oxide, rush	(6% of Danvers students) Found at home, in garages and cleaning closets. Aerosols, glue, nail polish remover, hair spray, cleaning fluids, gasoline, whipped cream chargers.	Nausea, nosebleeds, fatigue, lack of concentration and appetite. Irregular heart rhythms, sometimes leads to heart failure.	Paraphernalia, including paper and plastic bags, balloons, rags, whipped cream canisters. Aggression, slurred speech, seems lethargic.
Methamphetamines Crank, ice, stove top, chalk, chicken feed	(4% of Danvers High students) reported usage. Mirrors the national average. Injected, snorted, smoked.	Highly addictive. Mood disturbances, violence, anxiety, insomnia, paranoia.	Poor appetite. Weight loss. Sleeplessness followed by long catch-up sleep. Manic. Jumpy, shaky hands.
Heroin Big H, Black Tar, Brown Sugar, Dope, H, Horse, Junk, Mud, Skag, Smack	(3% of Danvers High students). Smoked, injected, mixed in marijuana joint or cigarette, inhaled through a straw, snorted.	Very quickly addictive, sometimes after one or two uses. Some teenage users of Oxycontin and other pain prescriptions 'upgrade' to using heroin. High risk of overdose -- often fatal.	Constricted pupils, slowed speech, constipation, blurred vision. Persistent runny nose (snorting), needle marks, razor blades, burned spoons.
Steroids (Anabolic steroids)	(3% of Danvers students). Usually used by males, though sometimes females. Used to build muscle, reduce body fat, improve sport performance. Taken as tablets, injected or as a cream or gel.	Aggression, mood swings, fatigue, loss of appetite. Interrupts natural growth development, can lead to impotence. Withdrawal effects include depression, sometimes suicide.	Irritability, acne, body changes over time.

*Note: Lifetime usage = the percentage of Danvers students who have ever tried a particular drug.

Prescription, Over the Counter and Illegal Drugs (continued)

FAST FACTS

- The risk:** Cigarettes contain 43 known cancer-causing chemicals and products. Approximately 1/3 of all youth smokers will die prematurely from smoking-related illnesses.
- The reality:** In Danvers, the rate of teen smoking is dropping. In the 2008 survey, 19% of respondents said they are currently smoking cigarettes, which is lower than 2006 and lower than the Massachusetts state average.
- School age is the crucial age:** Smokers who start before age 21 show higher signs of addiction and have a tougher time quitting.
- Cigarettes are a gateway drug.** Nationwide, 95% of high school seniors who smoke tried illicit drugs, while only 27% of non-smokers tried illicit drugs.
- Adolescents get addicted to tobacco very quickly**—sometimes within days of starting.
- The stay-thin myth:** Among smokers who try quitting, 1/3 lose weight; 1/3 maintain their weight, and 1/3 gain weight.

TEENAGERS AND TOBACCO

Nowadays, most of us know the facts and consequences of smoking cigarettes and other tobacco products. Here are some additional facts that may help you talk to your child about smoking.

WHAT YOU CAN DO

If your teen hasn't started smoking before he graduates, chances are he never will. This means that now is the time to influence his lifelong choices and health.

Talk to your teen about smoking cigarettes and other tobacco products. Talk early and often. Make sure he hears the facts from you. Include all tobacco products—including the 'light' or slim nicotine cigarettes (often aimed at teenage girls) and chewing tobacco.

Offer real-life motivations. If he smokes a pack a day, that's \$2,000 per year. That's eight MP3 players, five cell phones or 2,000 music downloads.

Build self-esteem, self-confidence and resilience. Teens start smoking to gain acceptance, to model someone they admire, to lose weight or to overcome stress. You can offset all of these risks by helping your teen to develop friendships, shape a healthy body image and deal with stress in a healthy way.

Set an example: Keep your home smoke free. If you smoke, do so away from your children. Don't make tobacco products easily accessible to them at home. Or best of all, consider quitting.

Help Reduce Access: Join the state and nationwide drive to restrict tobacco sales to youth under 18. If you know of a store that sells cigarettes or other products to youth, call the "Sales to Minors" hotline at the Massachusetts Tobacco Control Program at 1-800-992-1895.

Your teen is already smoking? He may be already addicted. Together, discuss a smoking-cessation program with your doctor. It's worth the time and money.



RESOURCES ON TOBACCO PREVENTION AND TEENS

American Cancer Society – 1-800-ACS-2345 – www.cancer.org

Center for Disease Control's Office on Smoking and Health – www.cdc.gov/tobacco

National Cancer Institute – 1-800-4-CANCER – www.cancer.gov

Tobacco Free Kids – www.tobaccofreekids.org

An online "quit wizard" to create your individualized quit smoking plan – www.makesmokinghistory.com.

LOCAL RESOURCES

Beverly Hospital Lifestyle Management Institute, Maple Street, Danvers – 978-304-8400 – www.beverlyhospital.org

For kids who want to be part of Massachusetts' anti-smoking campaign – www.the84.org

American Lung Association of Massachusetts, – www.lungma.org

"Try to Stop" – Online help for Massachusetts smokers or free helpline – 1-800-879-8678. For Spanish, call 1-800-8-DEJALO 1-800-833-5256 – www.trytostop.org

"Quit and Quit for Good" – Program at North Shore Medical Center – 978-741-4151 – www.nsmc.partners.org

Free training for retailers, their employees and the general public on how to reduce tobacco sales to minors – www.maclearringhouse.com/retailer.htm.

Your Teen's Relationships



“Parents should know that the Police Department is here to assist them in keeping their children safe. The Police Department stays on top of the trends involving kids. We closely monitor the activities in town and we’re happy to share that information with parents.”

*Sergeant Robert Bettencourt,
Community Liaison Officer,
Town of Danvers Police Department*

HELPING THEM TO CHOOSE FRIENDS WISELY

Research shows that who your child hangs out with can be a strong influence on his decision to drink or use drugs—or not.

You cannot choose your child's friends for him, but you can help him to make smart choices—including finding friends who do not drink alcohol, use tobacco or other substances. Peer influence is not always a bad thing. Start the conversation about choosing friends in middle school, when peer influence grows and teens try to balance their own sense of self with “fitting in.”

Self-esteem: Confident children make better choices. Remember to praise him for a job well done. If he does not succeed, encourage him to try again. Adolescents with a strong sense of their own individuality and talents are less likely to depend on peer approval.

Be a good friend: Be a good listener. Give him your full attention and really listen to his concerns. Even if you work full-time, make the time to spend with your child. Find some shared interests. Take an interest in his hobbies—even if they're not yours.

Discuss what matters most: Ask your child, “What to you think makes a good friend?”

Be available: Encourage your child to invite a new friend over to the house. Offer to pick the friend up. This will allow you to meet and get to know new friends, and help your child to share interests and activities with peers.

Look beyond appearances: Looks can be deceiving. Regardless of hairstyle or dress, take the time to get to know your child's friends and find out what they like to do. Premature criticism can make your child defensive or distrustful of your own judgments.

Get to know the friends' parents: It will give you and your child a network of like-minded, fun people whom you can trust to supervise your child.



FIVE BASIC STEPS TO “THANKS BUT NO THANKS:” RESISTING PEER PRESSURE

Like many other things, resisting negative peer pressure is a learned skill. It's important to prepare and practice before she's being put on the spot.

- 1. Build lifelong decision-making skills:** Encourage your child to make independent decisions before middle school. Allow your child the independence to choose her own after-school sports, decorate her room or choose an outfit. This gives practice in thinking decisions through.
- 2. Trust his own feelings and instincts:** Explain to your child that if he feels uneasy about doing something—especially just because other kids are doing it – STOP!

- 3. Stop to think:** Kids often make snap judgements based on impulse. When talking with your child about choices, emphasize and repeat why he should stop and think before he acts.
- 4. Role play:** Long before your teen is faced with negative peer pressure, discuss the situation in advance. Ask what he potentially would say. Offer to role-play. Together, list how he can say ‘no’ and keep his sense of self.
- 5. Set a code words for safety:** As a back-up plan, select a code-word between you and your teen for those dangerous or high-risk situations. When she calls you with that word, you know to go and get her.



Your Teen's Relationships (continued)



“Perhaps our best antidote to bullying is to involve our kids in activities which build leadership and self-esteem. This helps them to understand how to communicate with someone who is not on their side. It’s also important that we teach our children how to handle bullying—not just in the schoolyard, but internally, so that they never shut down emotionally.”

*Anthony Pasquale,
United Martial Arts Center,
Danvers*

WHEN FRIENDSHIP GOES WRONG: BULLYING AT SCHOOL AND ONLINE

Last year, almost 30% of American youth were involved in bullying incidences, either as a bully or as a victim. In its formal policy (included in the student handbook), the Danvers schools define bullying as “a student being exposed, repeatedly and over time, to intentional injury or discomfort inflicted by one or more other students. This may include physical contact, verbal assault, making obscene gestures or facial expressions, or being intentionally excluded. Bullying implies an imbalance in power or strength in which one child is victimized by others.”

Generally, boys are more likely to engage in **direct bullying** such as hitting, kicking, making insults, offensive or sneering comments or threats. Girls are often involved in **indirect bullying** that usually involves gossip, speaking ill of someone or excluding someone from a group of friends.

PREVENTION: WHAT YOU CAN DO AT HOME

- Do not allow the use of labels in your home, including ethnic, racial, religious, gender or sexual orientation slurs.
- Explain why specific words are cruel and why they’re not acceptable.
- Be clear about what’s acceptable and not acceptable behavior. If she’s a victim of bullying, make sure your child knows how to keep herself safe.
- Teach your child that being different is not an excuse for cruelty or taunts.
- Take the time to ask your child about his day at school. As well as schoolwork, ask about lunchtime, or the school bus. Opening the conversation can be as simple as asking, “I’m worried about you. Are there any kids at school who may be picking on you or bullying you?” OR “Are there any kids at school who leave you out or exclude you on purpose?”

BULLYING: WHEN THEY DON'T TELL.

Victimized children often remain silent and sad. Here are some possible signs to watch for:

- Loses belongings often
- Frequent injuries or damage to clothes or property
- Mainly hangs out with younger-grade students
- Avoids recess before, during and/or after school
- Gets to school late or just at the starting bell
- Seems to be alone most of the time at school
- Sleeps a lot or too little
- Complains of somatic-type illness, such as headaches or stomach aches

MY CHILD SAYS HE'S BEING BULLIED AT SCHOOL. NOW WHAT?

- First, listen; gauge the seriousness of the incident and whether there is a history of such bullying.
- Tempted to confront the bully’s parents or even the bully? Don’t. It seldom pays and commonly makes matters worse. When bullying occurs at school, work through your teacher and principal.
- When help is needed, call on the school. The Danvers schools have a clear policy on bullying. We can help. The best way to address bullying is through parent-educator collaboration.

CYBER-BULLYING: WHAT YOU SHOULD KNOW

Cyber-bullying is the use of electronic information and communication technologies to repeatedly, willfully and intentionally embarrass, intimidate, humiliate, threaten, or harass others. Unlike school bullying where there may be witnesses or specific time limits, cyber-bullying can take place 24 hours-per-day, anonymously, and often with more damaging consequences. When teens or adults post online threats—even as a joke—it is illegal and can result in school disciplinary procedures or even police arrest.

FAST FACTS

1. Approximately 40-70% of bullying takes place during school breaks.
2. Bullies tend to be confident with high self-esteem.
3. Bullies tend to come from families and homes where parents provide little emotional support for their children, fail to monitor their activities, or have little involvement in their lives.
4. Parents' disciplining styles is a factor. Extremely permissive or extremely harsh parenting can produce young bullies.
5. Bullying rates are higher among middle school than among high school students.

FAST FACTS

1. Kids can intimidate, harass, threaten or stalk someone via e-mail, Web sites, blogs, text messages, cell phone calls, IMs (instant messages), chat rooms, discussion boards or social networking sites.
2. Almost half of all U.S. teens report some form of online bullying or intimidation.
3. Most incidents occur while logged on at home.
4. Cyber-bullying can sometimes be in reaction to or as a follow-up to in-person incidences at school.
5. Many youth perceive damaging online communications as “just a game”.
6. Many teens take higher risks and reveal more personal information online than at school or in-person.
7. Teens tend to be more secretive about what’s happening to them online.
8. Bullying can be relationship-oriented (dating break-ups or romantic rivalries) or hate/bias related.
9. The effects of cyber-bullying are often more extensive and longer lasting than in-person incidences.
10. Teens sometimes impersonate someone else or solicit personal information from each other to use as fodder for “outing” the target of their bullying behaviors.

CYBERBULLYING: TEN TIPS FOR PARENTS

Many teens are particularly sensitive about their online privacy, but parents have a moral and legal obligation to make sure their children are staying safe and responsible.



1. Keep the computer in a public place in the house.
2. Tell your child that you will periodically investigate computer files, buddy lists and online activities. Vehement resistance to your review is a clue that she is posting items that are unsuitable, dangerous or unkind.
3. Get to know your child’s user names and her online communities and public postings.
4. Teach your child to distinguish between information that is safe for sharing (non-intimate info about interests or activities) and personal information that is unsuitable and dangerous to share with online acquaintances or strangers.
5. Watch for sudden secrecy, sudden switches of computer screens, or empty history files on the computer.
6. Filtering software often provides a false sense of security. Kids can still harass, bully or make threats—plus access undesirable material.
7. Find a balance between trusting your teen and monitoring his online activities.
8. Be clear about the consequences of inappropriate or unsafe online behavior—including the possibility of installing monitoring software.
9. Tell your child that you trust her, but if a dangerous or upsetting situation arises online, you are here to help.
10. If your child is a victim of cyber-bullying or threats, save all e-mail, text messages, and records of chat or IM sessions. Next, engage a professional to help. Resources include the school, your Internet service provider, the police or an attorney.

BULLYING: LOCAL RESOURCES

Essex County District Attorney’s Office has hosted conferences on school safety and cyber-bullying. Contact for future events or information – 978-745-6610 – www.mass.gov/essexda

Danvers Police Department – 978-774-1213 – www.danverspolice.com

The Anti-Defamation League, New England – www.adl.org/education/cyberbullying

Danvers Schools Website (parents page) provides a list of useful resources on cyber safety – www.danvers.mec.edu



OTHER RESOURCES:

- www.education.com
- www.cyberbully.org
- www.safeyouth.org
- www.kidshealth.org
- www.stopbullyingnow.hrsa.gov
- www.kidshelp.org
- www.safeschools.com
- www.mvparents.com

Your Teen's Relationships (continued)

TEENS AND DATING

You may be uncomfortable thinking about your child as a sexual being. Yet, you are your child's first and most reliable source of information and advice. Sexuality is a basic part of our physical, mental, emotional, and spiritual lives.



TALKING WITH KIDS ABOUT RELATIONSHIPS, SEXUALITY AND SEX

Teaching children about relationships, human development and sex is a process, which should start as early as possible and in an age-appropriate way.

Goals: The purpose of talking with your child is usually to answer questions, eliminate fears, share your values, and build the child's self-confidence and self-competence.

It's up to you: If a child doesn't learn about sexuality issues from a parent, the child will learn about sexuality elsewhere—from friends, magazines, television, the Internet and other sources. This information can be incorrect, confusing, and may not agree with your own values or beliefs. Also, as teens

spend more and more time online, they are a mouse-click away from inappropriate, violent and pornographic Web sites.

Get some support: Very uncomfortable talking about sex and sexuality? Or you dread having "the talk" with a step-child or a child of the opposite gender? Enlist someone you can trust and whom your child trusts and can talk to. Also, there are many parent resources (see below) and books to help you and give you the opening lines to broach this subject.

Information keeps them smart and safe:

Informed teens have lower rates of sexually transmitted diseases (STDs) or infections (including AIDS), pregnancy, sexual exploitation, and abuse.

State your values: As with other teenage issues, clearly state your family's values, beliefs and what you will and will not accept. Also, your body language and facial expressions will convey almost as much as what you say.

Learn and listen: Take the time to learn some of the sexual myths that prevail among today's teens, e.g. 'you can't get pregnant the first time you do it.' Be ready to answer their questions and listen to their concerns. Don't know? Be honest, and offer to re-search information together.

Build self-esteem: Encourage them to know and trust their own gut feelings or instincts—and to know how to resist pressure.

WHEN THEY'VE BEEN DUMPED: 6 WAYS TO HELP YOUR CHILD THROUGH A PAINFUL BREAK-UP

1. Give them space, but let them know you're there. Also, know that this is a time when they—especially girls—may need to talk with friends—either in person, on the phone, or online.
2. Remind her it's not "something she did." Now is a good time to remind your child about their talents, worth and individuality.
3. Healthy living: A broken heart can be very stressful. Ensure that your child gets lots of sleep, eats healthy foods, maintains regular routines—including school!—and gets lots of exercise.
4. Don't be afraid to let her cry – either alone or on your shoulder.
5. Remind her of the things she used to enjoy. Doing something fun can take her mind off the heartache for a while. Now might be a good time to suggest a new hobby or redecorating her room.
6. How long is too long? Each child will react differently to a break-up. However, if she is intensely sad or the heartbreak lasts too long or looks more like depression, consider talking to your doctor who can recommend a family therapist or a therapist who specializes in teen issues. Also, now is a time to watch for other at-risk behaviors, including drug or alcohol use.



FAST FACTS

1. Fewer teens are having sex today than 10 or 15 years ago. Among Danvers high-schoolers (9th-12th grade), fewer than half (42%) of the students reported having had sexual intercourse in their lifetime. Nationwide, the number of teens having sex has decreased.
2. Too much parental or school information does not lead to early sexual activity. Instead, research shows that informed teens often delay their first sexual encounter.
3. 6% of Danvers high-schoolers had sex before their 13th birthday.
4. Nationwide, 60% of currently sexually active teens wish they had waited longer.
5. Girls are as or more sexually active than boys.
6. There is a real link between alcohol, drugs and sexual activity.
7. Most teens (63%) in Danvers used a condom during their last sexual encounter.



RESOURCES FOR YOU AND YOUR KIDS

- American Pediatric Association** – www.aap.org
- Planned Parenthood Federation of America** – extensive, teen-focused info on human development – www.plannedparenthood.org
- Teen Growth** – www.teengrowth.com
www.Teenwire.com
- American Social Health Association** – www.ashastd.org
www.iwannaknow.org
www.talkingwithkids.org
- Child Trends** – a national resource center that studies children at every age of development – www.childtrends.org
- Kids Health** – www.kidshealth.org

LOCAL RESOURCES:

- Health Quarters** – 800-892-0234 – www.healthq.org
- Girls, Inc., Lynn** – includes an online page, “Tips for Talking with Girls,” – www.girlsinclynn.org
- Danvers Public Library** – Book titles to help you get informed and get the conversation going – www.danverslibrary.org

Your Teen's Relationships (continued)

FAST FACTS

1. 62% percent of 11- to 14-year-olds know friends who have been verbally abused by a boyfriend or girlfriend.
2. In Danvers, 12% of girls and 5% of boys experienced violence in a dating relationship. 8% of girls and 3% of boys experienced sexual violence.
3. Dating violence occurs in gay as well as heterosexual dating relationships.
4. Teenagers are particularly secretive about partner abuse. They are ashamed, fear losing the relationship, or fear that parents will forbid them to go on dating their partner. Very few abused teens say that they would or have talked to police. Nationwide, 66% of teens remain silent about the abuse.
5. Drugs and alcohol are often a factor.
6. Violent relationships in adolescence can have very serious consequences, including continued abuse in adult relationships, substance abuse, eating disorders, risky sexual behavior, and suicide.

WHEN DATING IS UNSAFE: DATING VIOLENCE

Dating violence can take many forms, including mental/emotional, physical and sexual abuse.

Violence in teenage dating relationships is real. Nationwide, over 33% of teens say they know someone who has been physically or sexually abused by her romantic partner—usually a girl by her boyfriend. One in five girls has been abused by her romantic partner. Dating violence (or relationship abuse) is a pattern of over-controlling behavior that someone uses against a girlfriend or boyfriend.

Dating violence occurs across socio-economic, ethnic, racial and religious groups.

ARE THERE WARNING SIGNS?

- Bruises, scratches, or injuries – often with lame excuses or implausible reasons.
- Your child's boyfriend constantly text-messages, calls her, checks where she is and with whom.
- He seems extremely jealous and possessive, especially when she's with other males.
- You have overheard him be verbally insulting or demeaning.
- Your child justifies or jokes about the abusive behavior.

- Your child has lost interest in other friends, school or once-loved activities.
- Sudden change in appearance, way of dressing, obsession with weight-control.
- Sudden mood or personality changes. Seems anxious or depressed; sudden crying or hysteria.
- Suddenly drinking or using drugs.



TEEN DATING VIOLENCE: TEN TIPS FOR PARENTS

1. First, know that she will be reluctant and unlikely to start the conversation. But watch for signs that she wants to talk to you, such as volunteering to accompany you on a car trip, or a sudden fake-illness (without symptoms) or hanging around where you're working.
2. If your teen wants to talk, drop everything. Make the time.
3. Invite her to talk away from the house, in a comfy location, where you are unlikely to be interrupted, and where she will feel she can trust your confidentiality.
3. Listen, listen, listen – without judgment.
4. As difficult as this might be, don't forbid her to see her boyfriend. You will lose her trust and make her secretive.
5. Assure her of your support. Ask, "What can we do to help?"
6. Let her maintain control—but with your support and needed help.
7. Suggest resources, including a therapist experienced in teenage issues or teenage violence. Also discuss whether she wants to report the crime to the police.
8. Look honestly at your own household relationships—particularly if your son is the abuser in his relationship. Have you offered a healthy relationship model?
9. If you know or suspect that your son is an abuser, talk with him immediately. Be clear about the fact that his behavior must change.
10. Tell your child – whatever the situation is—that you love him or her.

RESOURCES FOR SAFE DATING:

HOTLINES

National Domestic Violence Hotline – 1-800-799-SAFE

North Shore Rape Crisis Center – 1-800-922-8772 (HOTLINE)
Spanish: Llámamos – 1-800-233-5001

Safe Link Domestic Violence Hotline – 1-877-785-2020

www.womenslaw.org

www.safeyouth.org

Liz Claiborne, Inc. – www.loveisnotabuse.com

National Association of Students against Violence Everywhere (SAVE) – 1-866-343-7283

National Coalition Against Domestic Violence – www.ncadv.org

LOCAL RESOURCES

H.A.W.C.’s (Help for Abused Women and their Children) Youth Outreach Program offers a school-based youth violence prevention program—available to middle and high schools. The program also offers short-term counseling to teenage girls who have been victims of dating violence – (978) 744-8552 – www.helpabusedwomen.org. The H.A.W.C. 24-hour hotline – 1-800-547-1649.

Massachusetts Coalition against Sexual Violence and Domestic Violence – 617-248-0922 – www.janedoe.org

Bureau of Family and Community Health, Mass. Department of Public Health – (617) 624-5463



YOUR GAY, BI-SEXUAL OR TRANS-GENDER TEEN

Studies show that being gay—whether real or perceived by peers—often puts adolescents at risk for homophobic bullying. The increased risks are not because they are gay, but because gay and lesbian people are more likely to be misunderstood, socially isolated, or mistreated because of their sexual orientation.

MY CHILD IS GAY: FIVE THINGS YOU CAN DO FOR YOUR CHILD AND YOURSELF

1. Get educated about sexual-orientation and gender issues. It’s important to learn the facts—not the myths—about different sexual orientations.
2. Listen to your child. If she has come out (“Mom, I’m gay.”) to you, this took a lot of courage and trust. Build on that trust.
3. Be extra vigilant about her safety, self-image and wellness.
4. Reach out to other parents of GLBT teens. You are not alone, and other parents are struggling with many of the same issues.
5. Help them to find accurate information about safe and violence-free dating.

RESOURCES FOR GAY, LESBIAN AND TRANSEXUAL YOUTH

Parents, Families and Friends of Lesbians and Gays (PFLAG) – www.pflag.org,

Gay, Lesbian & Straight Education Network (GLSEN) – (212) 727-0135 – www.glsen.org

The National Youth Advocacy Coalition (NYAC) – (800) 541-6922 – www.nyacyouth.org

Sexual Minority Youth Assistance League (SMYAL) – (202) 546-5940 – www.smyal.org

National Gay and Lesbian Task Force – (617) 492-6393 – www.thetaskforce.org

COLAGE (Children of Lesbians and Gays Everywhere) – (415) 861-5437 – www.colage.org

LOCAL RESOURCES

North Shore Alliance of Gay and Lesbian Youth (NAGLY) – 781-913-3747 – www.nagly.org

PFLAG Boston – The “Safe Schools and Communities” Project provides free training for schools, PTO, youth, community and church groups – 617-547-2440 – www.gbpflag.org

Health & Wellness



“Research shows that 70 percent of chronic disease is preventable through healthy lifestyle habits. At the Beverly Hospital Lifestyle Management Institute, located at Beverly Hospital at Danvers, we offer a comprehensive, family-centered weight management program for students and their families.”

*Dyan DalPozzo, Manager,
Health Management Services,
Lifestyle Management Institute,
Beverly Hospital at Danvers*

THE DOCTOR'S IN!

Building an open relationship with a general practitioner or pediatrician is a key step in your teen's health. A trusted doctor provides a reliable source of information and guidance.

WHAT YOU SHOULD KNOW

1. At a minimum, your teenager should have an annual physical. For that visit, make sure your doctor schedules enough time for all the important questions.
2. If they are guaranteed confidentiality, teens are far more likely to discuss crucial issues, including sexual activity, peer pressure, drugs and alcohol, contraception and sexually transmitted diseases. Tell your doctor (in front of your child) that you're willing to leave the room while he or she asks your child about these aspects of her life and youth development.
3. If you have specific concerns about your child's check-up or health, you should call your child's physician either before or after the visit. Also, if a physician believes that your child may be at risk, he or she will always involve parents directly.
4. Ask if your doctor has a referral network of other practitioners with expertise such as gynecology, substance abuse, mental health or sports medicine.
5. Research and know the vaccines your child should be getting between age 11 and 19. Ask your pediatrician.
6. Friends, other parents, neighbors or family members are often the best way of finding a good physician. Most important is that your teen likes and trusts this physician.

RESOURCES FOR FINDING A PHYSICIAN

Northeast Health System – www.nhs-healthlink

Partners HealthCare – www.partners.org

Lahey Clinic – www.lahey.org

The Society for Adolescent Medicine's Provider List – www.adolescenthealth.org

North Shore Pediatrics, Danvers – (978) 406-4234 – www.northshorepeds.com



STRESS, PHYSICAL ACTIVITY AND SAFE CHOICES

A 2008 study by the Partnership for a Drug-Free America reported the number one reason teens use drugs is to deal with pressures and stress of school. In previous years, teens had reported using drugs to “feel cool.”

In addition to developing good-nutrition and physical activity for improved physical-health, helping your child to find a sport or other aerobic activity is a key antidote to offsetting stress and, ultimately, preventing substance use. An hour's physical activity a day also improves self-esteem, academic performance and emotional outlook. It also gives your child the chance to find like-minded friends.

GET YOUR TEEN MOVING!

Media vs. Motion: Many teens spend more than 6 hours a day on various media, including watching TV, listening to music, surfing online, and playing video games. Work with your teen to find time and motivation for exercise.

Let them choose: It doesn't really matter what they choose to do, but just how regularly they do it. Give them a sense of control in choosing an activity or sport.

Support your teen's choices: If needed, provide equipment, transportation and companionship. Peers can play an influential role in teens' lives, so create opportunities for them to be active with their friends.

Schedule: Teens are busy. Offer or suggest as many choices as possible, including gym memberships, a home exercise DVD or team sports. If it's easier to fit into their day, they are more likely to stick to a routine.

Overweight teen? Teens who are overweight or very sedentary may need to start slowly. Talk with your doctor to devise a suitable fitness plan.

Physical disabilities or other problems? A teen with a chronic health condition or disability should not be excluded from fitness activities. Some activities may need to be modified or adapted, and some may be too risky. Consult your doctor about which activities are safe.



“Our students make life-long friends, become physically fit, and enjoy the positive experience of being part of a team. Participation in school sports also builds discipline, commitment and helps our adolescents to learn who they are.”

*John Sullivan, Director,
Danvers High School
Athletic Department*

Fit families: Be a positive role model by exercising regularly, too. Find fitness activities you can enjoy together, including bike rides, hitting a tennis ball around, going to a local swimming pool, or even playing games like touch football. As well as the fitness payoff, this is a great opportunity to build parent-child trust and conversations.

Team sports or not? While team sports build valuable skills and fitness, not every kid immediately enjoys being on a sports team. Some may feel intimidated by the team environment. Other kids may feel self-conscious or do not have the aerobic stamina. There are plenty of small-group or individual activities for your child to enjoy, including swimming, yoga, gymnastics or martial arts.

“THE 5-2-1-ALMOST NONE” FAMILY FITNESS FORMULA

Nemours Health and Prevention Services (NHPS), a nonprofit organization has developed a simple and usable formula for parents and kids to maintain a healthy lifestyle. The guidelines in the 5-2-1-Almost None formula have helped people to prevent obesity, maintain a healthy weight, and improve their overall well-being.

5-2-1-ALMOST NONE RECOMMENDATIONS:

- Eat **5** or more servings of fruits and vegetables daily
- Limit screen (T.V.) time to **2** hours (or less) a day
- Get **1** or more hours of physical activity every day
- Drink **almost no** sugary beverages

HERE ARE SOME FURTHER TIPS FOR GOOD TEEN NUTRITION AND FITNESS:

- Breakfast really matters!
- Have fruits and vegetables in kids' view on the counter or in the fridge; pre-cut them to make it easier to grab and go. Offer fruit or vegetables at every meal.
- Instead of screen time, offer healthier alternatives such as walking, gardening, or turning on some dance music. Give your kids a screen time allowance. Help them choose and budget that time.

- Turn off the TV at dinner time.
- Sugary drinks are one of the main culprits behind the childhood obesity epidemic. Lemonades, sweetened iced teas, sports drinks, and coffee drinks are loaded with sweeteners and offer little nutritional value. Healthier alternatives include water, fat-free milk, 1% milk or 100% fruit juice (1 serving per day).

TREATING OBESITY

- Don't withhold food from your child or make it a household struggle. Begin by educating him about nutrition and provide lots of healthy snacks.
- Make an appointment with your doctor to assess your child's weight and develop a plan.
- Start with small, achievable steps, such as reducing soda to a specific daily quantity. Success is a great motivator.

- Make losing weight and improving nutrition a shared responsibility—your child's and yours.
- Talk about weight-loss in terms of overall health, not losing weight.



RESOURCES:

Town of Danvers Recreation Program – Includes sports, fitness and after-school programs – 978-777-0001 – www.danversrec.com

Danvers YMCA – Swimming, gymnastics, weight-room, exercise programs – 978-774-2055 – www.danversymca.org

The FUNDamental Family Fitness Program – Lifestyle Management Institute, Beverly Hospital, Danvers – 978-774-4400 – www.beverlyhospital.org

North Shore Counseling Center – Beverly and Topsfield (Treats obesity via clinical hypnosis and other therapies and integrated treatment programs) – 978-922-2280 – nscpcpsyc.org

Health & Wellness (continued)

EATING DISORDERS

FAST FACTS

1. An eating disorder is a serious medical condition which causes dramatic weight fluctuation, interferes with normal daily life, and damages vital body functions. It requires medical and therapeutic treatment.
2. The most common teenage eating disorders are bulimia (binge eating and throwing up) and anorexia nervosa (eating too little and a very distorted self-image and sense of their own weight).
3. 70% of Danvers high-school students report having tried to lose weight.
4. Girls are more likely to develop eating disorders than boys. But boys—especially those involved in weight-conscious sports—are also at risk.
5. Most kids with eating disorders began their disordered eating between 11 and 13.
6. Low self-esteem, other anxiety disorders and big family changes or transitions are risk factors. Often, eating disorders are a teen's need to gain control over an otherwise out-of-control life or family situation.
7. Teens with eating disorders often have other risk factors, including prescription drug abuse, drinking, cutting or other self-harming behaviors.



WHAT ARE THE SIGNS?

ANOREXIA (UNDER EATING AND OBSESSIVE EXERCISE)

- Dramatic weight loss (weighs 85% or less of normal weight for height)
- Weighs herself repeatedly; Checks her image in the mirror often
- Counts or portions food carefully
- Skips meals or has an excuse (not feeling well, ate with a friend) for not eating
- Only eats certain foods, usually with low-caloric counts, e.g., lettuce, tomatoes, sprouts.
- Exercises too much and compulsively
- Feels fat and constantly complains, "I'm so fat."
- Withdraws from social activities, especially meals and celebrations involving food.

- Depression, lethargy (lacking in energy); often feels cold.
- Wears very baggy clothes or multiple layers to stay warm or hide weight loss.
- Becomes moody, irritable, has trouble concentrating.
- Participates in online, pro-anorexia ("Pro-ana") websites that support anorexia as a lifestyle choice, not a disorder. Pro-ana sites provide anorexic children with an online community & weight-loss tips.

BULIMIA (BINGE EATING AND PURGING)

- Very unhappy with body size, shape, and weight
- Goes to the bathroom immediately after meals
- Calluses across the hand-joints from self-induced vomiting
- Swollen salivary glands from self-induced vomiting
- Eats only diet or low-fat foods (except during binges)
- Often buys laxatives, diuretics, or enemas
- Spends most of his time working out or trying to work off calories
- Withdraws from social activities, especially meals and celebrations involving food
- Participation in online, pro-bulimia ("pro-mia") Web groups, where bulimic children find an online community & purging tips.

GETTING HELP

Get help early: The earlier you intervene, the more successful the treatment. But you must address your concerns early.

Find good medical help: Eating disorders require professional medical help. You cannot diagnose or 'cure' your child, but you must broach the subject and get her to agree to see a doctor for an individual care-plan. Generally, eating disorders are addressed through psychotherapy, clinical care, nutrition counseling and family support.

Approach the topic in a loving, non-threatening way: People with eating disorders are often highly defensive and deny the problem—even to themselves. They often grow angry when you intervene. Choose a relaxed time with no interruptions.

In the beginning, "I" talk is best: Avoid accusations and express your concerns in terms of what you specifically observe (rapid weight loss, obsessive calorie-counting) and how that makes you feel concerned.

Still no cooperation? If your child totally resists your help, consult a doctor or mental health professional to get further input on how to get your child treatment.



**RESOURCES:**

American Academy of Child and Adolescent Psychiatry –
www.aacap.org

www.Eatingdisordreshelpguide.com
www.Healthplace.com
www.therapistlocator.net

LOCAL RESOURCES:

The Eating Disorders Program at the Center for Family Development –
978-921-1190 – www.hes-inc.org

North Shore Counseling Center, Beverly and Topsfield – 978-922-2280 –
nscpcpsyc@verizon.net

Cambridge Eating Disorder Center – 781-547-2255 – www.eatingdisordercenter.org

Family Resource Center at North Shore Medical Center, resource library –
978-354-2660 – www.nsmcfamilyresourcecenter.org

North Shore Children's Hospital – www.nsmc.org – 978-354-2710

CHILDREN WITH DISABILITIES**Tips for Parents**

Teens with disabilities are still teens—going through typical physical, emotional and sexual development changes.

Talk with your teen and ask how much help or support he expects from you.

Build on his strengths and talents. Help him excel. Help with self-esteem, self-image and the possibility of teasing.

Be your teen's best advocate—with teachers, youth group leaders and caregivers. Ensure your teen is being treated fairly.

Give her the tools to advocate for herself and how she gets treated.

Watch for signs that your teen is “trying too hard” with friends, to fit in with peers or signs of depression or substance abuse.

Ensure that your other children (without disabilities) feel included and enjoy some one-on-one time with you.

RESOURCES

Disability Law Center, Inc. – 617-732-8455 – www.dlc-ma.org

Institute for Community Inclusion, U-Mass – 617-287-4300 – www.communityinclusion.org

New England ADA Center – 800-949-4232 – www.adaptiveenvironments.org

National Dissemination Center for Children with Disabilities – 800-695-0285 –
www.nichcy.org



Teenage Blues (and More)



“The School Counseling Department is a resource for students to gain support in either individual or small group counseling to learn coping strategies related to transition issues, ongoing feelings of anxiety and depression, eating disorders, and any kind of loss or trauma.”

*Stephanie Beilin,
Danvers School Counselor*

TEENAGE BLUES (AND MORE)

It's not uncommon for teens to sometimes feel overwhelmed, isolated (“everyone's against me”) or confused. Also, there are certain times of year (back to school blues) or incidences with friends, school or family which can leave your child feeling “down in the dumps.”

Helping her to stay active, connected and aware of her own talents and attributes can help during these periods of temporary sadness.

WHEN IS IT TEENAGE DEPRESSION?

Every child is different. But if your teen's sadness interferes with his daily functioning or the ability to do normal things, then it's time to seek professional help. The good news is that depression is a very treatable illness. The sooner you intervene, the better for your child and family.

SIGNS TO WATCH FOR:

- Sudden loss of interest in previously favorite activities or hobbies
- Often says she's bored; has little motivation
- Isolates herself a lot; doesn't communicate
- Suddenly neglects personal appearance or hygiene
- Low self-esteem and guilt
- Sudden and increased bursts of anger or hostility
- **Boys:** aggression with parents, teachers, friends. **Girls:** Increase promiscuity or substance use
- Often complains of physical illnesses such as headaches and stomach aches
- Starts missing school or grades start to drop

- Finds it hard to concentrate
- Suddenly eats a lot, or very little
- Sleeps too much or has trouble sleeping
- Sometimes talks about suicide or other self-destructive behaviors

WHAT YOU CAN DO

Keep a notebook of what you have been noticing—the times, triggers and duration of when she seems sad or irritable.

Get accurate and updated information on depression. Sources include your local library, Web sites and local mental-health centers (see “Resources”).

Ask your doctor for a referral to a qualified mental health professional who has experience in diagnosing and treating teenage depression. Treatment often includes both individual and family therapy.

Be prepared and make the time to be part of your child's treatment plan, which may include counseling, ongoing evaluation and, in some cases, medication.

Encourage your teen to get daily exercise and, when possible, to stay in touch with friends and activities.

Don't go it alone. In Danvers, there are many resources available to help you and your teen. Also, the local chapter of the National Alliance on Mental Illness (NAMI) provides a “Parent-to-Parent” training program—plus many other supports (see resources).

Get some support for yourself. Join a family network organization or talk to other parents who are dealing with this (see resources). NAMI will also help you with referrals.

Watch for depression-related risk factors, such as drug use, drinking or promiscuity.

Although this may be a frightening and busy time in your life, keep the communication channels open between you, your teen, her teachers and the school guidance office.

FAST FACTS

1. Depression is a listed mental disorder, usually marked by changed moods, behaviors and reduced pleasure in life.
2. Adolescent depression is fully treatable.
3. Teenagers often lack the communication skills to say how they feel. So watch for the signs.
4. Depression is sometimes—but not always—triggered by a stressful event or disappointment.
5. As a parent, it's not your fault.
6. Intervene early for best results.
7. Don't go it alone. Find someone to talk to or a local support group.

SUICIDE PREVENTION

FAST FACTS

1. In the Youth Risk Behavior Survey, 12% of Danvers high-school teens reported attempting suicide in the 12 months before the survey. This rate is significantly higher than the Massachusetts state rate (8%).
2. Nationwide, suicide is the third-leading cause of death among young people (15 – 24 years old).
3. In the past 10 years, teen suicide rates have been declining—possibly due to recognition, awareness and treatment.
4. Depression or other mental illnesses are fully treatable. Yet, only 15% of suicide victims were in treatment at the time of death.
5. Adolescents are particularly vulnerable to self-destructive emotions, and temporary situations often seem permanent or unfixable.
6. The majority of suicidal teens have a mental or substance-abuse disorder, making it extra difficult to deal with stressors.
7. 80% of those who commit suicide have given warnings or mentioned their feelings to a friend or family member. So any talk or signs of suicide need to be taken seriously and need immediate action.
8. Trust your gut. If you suspect something, get help.

SIGNS

Mental health conditions (including depression, bipolar disorder, anxiety and schizophrenia and disruptive behavior disorders) and alcohol and drug use accompany suicidal behavior. Therefore, many of the warning signs are similar to those for depression. However, there are specific signs to watch for and act upon for teenagers planning or contemplating suicide:

- Extreme personality changes
- Extreme anxiety or panic
- Drug or alcohol use or abuse
- Aggressive, destructive, or defiant behavior
- Hallucinations or unusual beliefs
- Putting one's affairs in order, such as giving or throwing away favorite belongings
- Visiting online groups or chat-rooms with information on suicide methods
- A previous unsuccessful suicide attempt. Approximately one-third of teens who die by suicide have tried it before
- Common triggers: Major disappointments or failures; breaking up with a girlfriend or boyfriend; witnessing family turmoil. These are triggers, not causes.

One of these signs does not necessarily mean your child is suicidal, but trust your gut. If the behavior is new or out-of-character, ask and intervene—even if it means breaking a confidence.

RESOURCES:

National Suicide Prevention Lifeline – 800-273-TALK

American Academy of Child & Adolescent Psychiatry – www.aacap.org

National Mental Health Information Center – www.mentalhealth.samhsa.gov

National Alliance on Mental Illness (NAMI) – www.nami.org – **NAMI Info helpline** – 1-800-950-NAMI

American Association of Suicidology – 202-237-2280 – www.suicidology.org

American Foundation for Suicide Prevention – 888-333-AFSP (2377) – www.afsp.org

SAVE (Suicide Awareness Voices of Education) – 952-946-7998 – www.save.org

SPAN-USA (Suicide Prevention Advocacy Network) – 202-449-3600 – www.spanusa.org



LOCAL RESOURCES:

Children's Friend, Salem – 978-744-7905 – www.childrensfriend.net. Includes child and family counseling services. Also offers the "Parent to Parent" program to support parents of children who are receiving mental health services

Family Counseling and Guidance Center, Catholic Charities – Danvers, Outpatient counseling for teens and their families. Open to all individuals. – 978-774-6820 – www.ccab.org

North Shore Counseling Center, Beverly – 978-922-2280

Children's Hospital, Boston – 617-355-6000 – www.childrenshospital.org

Counseling Department, Danvers High School – 978-777-8925

Mass. Suicide Prevention Coalition – www.masspreventsuicide.org

Special Occasions. Extra-Special Precautions



PROM NIGHT AND GRADUATION

Prepare: Before prom night, know where your teen is going and with whom. Discuss her travel plans there and back. Be clear about your family curfew and your policy on alcohol and drug use. If her plans change, she must let you know. Pre-plan and role-play what your child will say when faced with unsafe situations, including being offered alcohol, drugs, or unwanted sexual advances.

Contact: Make sure she carries a cell phone that has been charged and ready-to-use. Tell her to call you if anything gets unsafe or uncomfortable.

Available: Plan to be available in case you are needed for a safe and sober ride home. Plan to be up and awake when he returns from the party.

Work with the school: Every year, Danvers High School hosts "Project Graduation," a successful sober graduation event. Contact Collette Henessy, 978-777-8932 at the office to learn more.

Transportation: If you are using a limousine, hire a reputable company and ask about its policy on alcohol in the vehicle. Also, tell your child never to get in a car with a friend who has been drinking. And finally, know how many teens are traveling together. Too many passengers in a teen-driven car—even if all sober—often results in distraction and accidents.

The law: Although you may believe that "they're safer in my own home," it is illegal to serve alcohol to anybody under age 21 who is not your own child. Also, the Massachusetts Social Host Law holds you liable for any minor drinking on your property—this includes backyards and other outdoor locations. Make sure your teen knows that all uninvited guests will be asked to leave. Stay awake and visible during your teen's house party.

Motel rooms: Even if he's not drinking, there are other risks. These include risks to personal injury (overcrowded balconies), property damage or date rape. If the reservation has been made using your credit card, you are liable for all motel damages.

The party's at another house: Call and introduce yourself to your teen's friend's parents. Ask about that family's policies, rules and precautions to prevent teenage drinking and other dangerous practices.



SCHOOL-SPONSORED EVENTS (SPORTS, DANCES, OTHER SCHOOL FUNCTIONS):

The Danvers Public School System has a clear policy on substance use during on- and off-campus dances, athletic events and other school-related functions. The complete policy is in the Student Handbook.

Substance policy: "Use/distribution or possession of alcoholic beverages and illegal substances is prohibited. A suspension will result."



Students who arrive at a school event in a vehicle in which there are alcoholic beverages or illegal substances are considered in possession of substances. Also, Danvers Schools use breathalyzers at dances and other school functions. Students who do not pass the breathalyzer test are not allowed to participate. Instead, parents are called and the student is sent home. At school-sponsored events, supervisors reserve the right to search personal belongings for prohibited items.



WHEN THEY'RE AWAY FROM HOME:

Whether they're away at camp, on a sleepover or at a friend's family's vacation home, there will be times when your teenager is away from your supervision. Some pre-planning and open communication can help him make good and safe decisions.

Your home-policy still applies: Before the departure date, remind your child of your family policy around drinking and drug use. Be very clear about your zero-tolerance policy. Be equally clear about the consequences of breaking the rules—even away from home.

Who, where, and what are the relevant phone number(s)? If he's at summer camp, communicate ahead with the camp professionals. Make sure that host families or camp professionals know of any health issues and what medications your teen is on.

Practice saying 'no': Discuss and role-play with your teen how he will resist peer pressure.



Independent decision-making: Informed and self-confident teens make better decisions. Long before it's time to vacation away from you, give your teen the freedom and confidence to make his own decisions.

Stress other summer or vacation safety issues, including water safety, sun-protection and date rape precautions. Make sure your vacationing teen has your own telephone number at all times.

THE COLLEGE SEARCH: IS THIS A PARTY SCHOOL?

Your junior-high or senior-level child may be working hard to make the best college choice. Based on media and other reports, she may believe that college is one big party. But research shows that over half of all American college students do not drink.

Among those who do drink alcohol, binge drinking on college campuses has some very serious—sometimes fatal—consequences. So when it comes to college-selection, be savvy. Think safety.

Five tips for college-bound parents

1. Read the college marketing material for its substance-use policies and enforcement procedures. When visiting the college campus, ask about that policy and how consistently it is enforced. Also, ask how the college deals with disruptive or drunk students.



2. In addition to your scheduled campus tour, take the time to walk around the surrounding neighborhood. Watch for bars which offer drinks specials or other 'perks' to lure drinking students.
3. Survey the campus bulletin boards for student events which are sponsored by or have a strong emphasis on alcohol.
4. In addition to your designated tour-guide, ask to speak to other professionals, including Campus Security, Student Counseling and the Health Department.

List and ask specific questions, including how this college works with students who encounter emotional, mental-health, substance-abuse or other non-academic issues.

5. For non-drinkers, other students' drinking often affects their sleep, study and dating safety. Ask your prospective college about the availability of substance-free dorms. Also ask about student escorts and campus nighttime safety measures.

**RESOURCES:**

www.collegedrinkingprevention.gov

Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention at the Education Development Center – www.highereducationcenter.org

Project Graduation, Danvers High School – 978-777-8932

Your Adolescent and the Massachusetts Law: What You Should Know



ALCOHOL LAWS

Drinking age: The legal drinking age in Massachusetts is 21 years of age.

Purchasing alcohol: A person over 21 years of age may not buy alcohol for a minor (under 21), unless their relationship is that of parent and child or husband and wife. Parents may not buy alcohol for their child at a restaurant or tavern. Buying alcohol for a minor can result in a fine of \$2,000, imprisonment up to 6 months, or both.

Identification: A minor may not lie about his/her age to purchase alcohol, present false identification, or make arrangements with someone older to buy alcohol for him or her. Transferring, altering or defacing an identification card is against the law. Anyone who makes, uses, carries, sells, or distributes a false identification card, or furnishes false information in obtaining such a card, shall be guilty of a misdemeanor and can be immediately arrested.

Serving minors: Parents or other adults cannot serve alcohol to a minor who is not their own child.

Open container: Neither drivers nor passengers can have an open container of alcohol.

Drinking and driving: If a police officer has reasonable grounds to believe a person is driving under the influence, a breathalyzer test may be given. The driver has the right to refuse to take the test, but this will result in automatic loss of license for a period of 120 days.

Social Host Law: Under Massachusetts law, a host of a party may be held liable for the injuries suffered by others if the host has furnished alcohol to a minor who is not their own child. This applies even if the minor was already intoxicated when the minor was served alcohol.

MOTOR VEHICLE AND SAFETY

Graduated Driver License Law: The minimum age for a learner permit is 16. For permit-drivers younger than 18, the night restriction is midnight to 5 am, unless accompanied by a licensed parent or guardian. For the first 6 months, a driver may have no passengers younger than 18 in the car. Passenger restrictions may be lifted at 17. Nighttime driving restrictions can be lifted at 18.

Seat belts: Drivers and passengers over 13 years old are required to wear a seat belt. The un-belted driver can be fined for himself and for each passenger not wearing a belt.

Bicycle Helmets: Children younger than 16 are required to wear bicycle helmets.

TOBACCO AND ILLEGAL DRUGS

Tobacco: It is illegal to sell any tobacco products to a person under 18 years of age.

Illegal Drugs: Use, production, sale and distribution of all illicit drugs is illegal.

RELATIONSHIPS

Cyber-bullying: Threatening, stalking, bullying or harassing someone online or via other digital means can result in arrest.

Sexual relations: The age of sexual consent in Massachusetts is 16. Soliciting sex with a minor over the Internet is illegal and punishable by Massachusetts law.



RESOURCES

Essex County District Attorney's Office – www.mass.gov/essexda

Massachusetts laws – www.lawlib.state.ma.us

The general laws of Massachusetts – www.mass.gov/legis/laws/mgl

Danvers Police Department – www.danverspolice.org

Everyday in Every Way: We can Make Danvers a Great Place for Teens



When it comes to keeping our adolescents safe, healthy and happy, parents (or guardians) and schools have a primary role. However, research* shows that adolescents also thrive when they live in a neighborhood that cares about its teens.

Whatever your role in the community, here are some ways in which you can support your local youth:

Business owners: Provide positive role models by conducting your business ethically, generously and with a strong sense of the community in which you work. Consider providing youth mentoring or internship opportunities.

Neighbors: Got an adolescent on your street? Take the time to greet him, to ask him how he is, to engage him in conversation about his life, school-work or plans for the future. Make eye-contact and conversation with the adolescent in the grocery-store checkout. If you see a youth in trouble, take the time to intervene and ensure her safety.

Youth programs: Engage with youth in a positive way, making time to include all youth in all activities. Provide positive role models.

Sports or athletic programs: Learn the names of youth participants. In addition to athletic competition, introduce warm-up or wrap-up activities to build a sense of friendship, team- and social-skills. For the athletically-hesitant child, find an activity in which she can excel and make a difference. Encourage students to do well and keep a positive view of their futures.

School professionals: In addition to teaching your given subject, create a caring and supportive learning environment. Also, schools who set clear rules and follow through on consequences help adolescents to remain safe and feel secure.

Neighborhood social service or non-profits: Consider creating a youth-volunteer project or internship. Caring for other people can really help adolescents to build empathy, the capacity to make new friends and self-esteem. If your non-profit serves youth populations, solicit adolescents' input in your program planning.

Police: Help youth feel safer, more protected and part of a supportive neighborhood by continuing to present a positive presence in the wider community.

Community or municipal leaders: Present a positive public presence, which provides a good role model for our youth. In your public discourse, speak to issues which directly affect youth. Solicit their input. Support other youth-friendly organizations in your community.

*For further ways in which we can help our neighborhood teens, the Search Institute has established 40 building blocks of healthy development to help young people to grow up healthy, safe and responsibly. www.search-institute.org.

North Shore Resources for Youth and Parents



American Academy of Pediatrics – www.aap.org

Beverly Hospital's Speakers Bureau: Public forums and lectures on wellness topics – 978-236-1650 – www.beverlyhospital.org

CAB Health & Recovery Services: Substance abuse information and treatment – 978-968-1700 – www.cabhealth.org

Center for Family Development (Health & Education Services, Inc.) – 978-921-1190 – www.hes-inc.org

Counseling Department, Danvers High School – 978-777-8925

Essex County District Attorney's Office: Provides training and informational programs and conferences for parents, youth workers, community members and schools – 978-745-6610 – www.mass.gov/essexda

Essex County Youth: A Web portal of social service and other organizations supporting area youth – www.essexcountyyouth.org

Family Counseling and Guidance Center (Catholic Charities), Sylvan Street, Danvers – 978-774-6820 – www.ccab.org

Family Resource Center, North Shore Medical Center: Resource library, referral to support groups, parents' daytime support group – 978-354-2660 – www.nsmcfamilyresourcecenter.org

Health Quarters, Beverly: Sexual and adolescent development information and counseling – 978-927-9824 – www.healthq.org

Massachusetts Bureau of Substance Abuse Services Confidential Hotline – 1-800-327-5050 – www.helpline-online.org

NAMI North Shore (National Alliance on Mental Illness) – 877-221-6264 – www.namimass.org

Northeast Center for Healthy Communities: Includes an up-to-date resource library, digital and print media, and a program for youth at risk – 978-688-2323 – www.nc4hc.com

North Shore Gay and Lesbian Youth (NAGLY) – 978-913-3747 – www.nagly.org

North Shore Rape Crisis Center – 1-800-922-8772 Spanish – 1-800-233-5001

Parental Stress Line (Parents Helping Parents) – 1-800-632-8188

DANVERS TELEPHONE NUMBERS AND WEBSITES

DanversCARES – 978-777-8932 ext. 2213

Danvers Public Library – 978-777-0554 – www.danverslibrary.org

Danvers Schools – 978-777-4539 – www.danvers.mec.edu

Danvers YMCA – 978-774-2055 – www.danversymca.org

High School – 978-777-8925

Middle School – 978-774-8590

Police Department – 978-774-1213 – www.danverspolice.org

Town of Danvers Recreation Department – 978-777-0001 – www.danversrec.com

Research Cited in This Guide (Listed by Topic)

Drinking and Drugs

“Substance Abuse: High School and Youth Drug Abuse Trends”

Source: National Institute on Drug Abuse
www.nida.nih.gov

“Parents: You Matter”

Source: Time to Talk, a project of the Partnership for a Drug Free America
www.timetotalk.org

“The Toll of Underage Drinking”

Source: Center on Alcohol Marketing and Youth
www.camy.org

“Prescription Drug Abuse”

Source: Nemours Foundation, one of the nation’s largest health systems dedicated to the health of children.
www.KidsHealth.org

“Addicted Teenagers”

Source: Nicotine Victims
www.nicotinevictims.com

“Finding Good in ‘Normal’”

Source: The National Social Norms Institute
www.socialnorms.org

Relationships

“Bullying Facts and Statistics”

Source: The National Youth Violence Prevention Resource Center
www.safeyouth.org

“Background on Sexual Education in the U.S”

Source: Do Something, a national volunteer-service advocacy group and website.
www.dosomething.org

“Gay And Lesbian Teens Face More Bullying”

Source: Medical News Today
www.medicalnewstoday.com

Health and Wellness

“Never Too Late to Start: Seven Steps Toward Good Health”

Source: Medscape Today
www.medscape.com

“5-2-1 -Almost None: One Formula for a Healthy Lifestyle”

Source: Nemours Foundation, one of the nation’s largest health systems dedicated to the health of children
www.Nemours.org

Teenage Blues

“About Teen Suicide”

Source: Nemours Foundation. One of the nation’s largest health systems dedicated to the health of children
www.kidshealth.org

General

“The Best of Building Assets Together”

Source: The Search Institute
www.search-institute.org

“Danvers High School, Youth Risk Behavior Survey 2008 Final Report”

Source: The Massachusetts Department of Elementary and Secondary Education — in collaboration with the Centers for Disease Control and Prevention (CDC) - conducts the Youth Risk Behavior Survey (YRBS) in randomly selected high schools in every odd-numbered year.
Available from: Danvers High School
www.danvers.mec.edu

Notes

Our thanks to the Community Editorial Committee:

Peg Sallade, Coordinator, DanversCARES Prevention Coalition
Gary Nihan, Director of School Health, Danvers Public Schools
Connie Pawlak, School Committee, Danvers Public Schools
Douglas Rendell, Director, Peabody Institute Library
Debra MacGregor, Community Awareness and Prevention Team,
Office of the Essex County District Attorney

DanversCARES is a community prevention coalition funded by the Office of National Drug Control Drug Free Communities Support Program and the Massachusetts Department of Public Health Underage Drinking Prevention Grant. DanversCARES is a program of the Town of Danvers, MA managed through the school department and in conjunction with community partners.

For additional copies of this Resource Guide, visit www.danvers.mec.edu