a parent & family guide

TALKING TO COLLEGE STUDENTS ABOUT ALCOHOL & DRUGS

Conversational Strategies for Effective Outcomes

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INTRO

WHY

For many parents or guardians, educators, coaches, and mentors, communicating effectively with young people about any topic has never been more difficult. The parenting dynamic has changed, owing to factors, such as the emergence of Generation Z and the prevalent use of technology. In one click, young people can find most any information they want. Why have a conversation about topics, like alcohol and drugs with parents when the answer can be found online? Because children in this generation are described as having emotionally close relationships with their parents; they may not always look their parents in the eye, but they listen, and they value what their parents say.

WHO

For parents or guardians, in particular, initiating and having effective, ongoing conversations about alcohol and drugs with a college-bound student can make the difference between their making healthy versus unhealthy choices while they are in college. The need for parents to prioritize developing more mindful energy toward discussing these difficult topics with their student couldn’t be more important.

WHAT

It’s not that the words parents or guardians need to use are not there for them to say; rather, it’s when and how those words are communicated that matter the most. This guide is designed to provide basic facts and a few strategies to assist parents or guardians with having meaningful conversations with their college student about alcohol and drugs.

SOURCES

The U.S. Department of Health and Human Services (DHHS)
The U.S. Department of Agriculture (DOA)
National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Substance Abuse and Mental Health Services Administration (SAMHSA)
National Institutes of Health (NIH) and National Institute on Drug Abuse (NIDA)


SAMHSA. "The Talk, They Hear You" online application


**FACTS about cannabis**

- **71%**: High school students don't think daily marijuana use is harmful.
- **37%**: 12th graders have used in the past year.
- **26%**: 10th graders have used in the last year.
- **10%**: 8th graders have used in the last year.

**1:6** & **1:11**: 1 in 6 16 yo and 1 in 11 adults will become addicted to marijuana this year.

- 99% of drug addicted people began with alcohol and marijuana use (2017).
- Most young adults get information on marijuana from the internet and it is not accurate.
- Using can increase the likelihood of psychosis by 5 times the national average.

**THC content has increased more than 50% since the marijuana of the 1960s and edibles or DABs can range up to 92% potency.**

**1 in 10 young adults are diagnosed with Cannabis Use Disorder each year.**

**+50%**: THC content has increased more than 50% since the marijuana of the 1960s and edibles or DABs can range up to 92% potency.

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**TERMINOLOGY**

**Alcohol Use Disorder (AUD)**: AUD is problem drinking that becomes severe, a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake and a negative emotional state when not using (NIH).

**Binge drinking**: pattern of drinking that brings BAC levels to 0.08 g/dL; typically after 4 drinks for women and 5 drinks for men in the span of 2 hours (NIAAA).

**Blood Alcohol Concentration (BAC)**: BAC refers to the percent of alcohol in a person's blood stream; calculated 1 part alcohol for 1000 parts of blood (DHHS & DOA).

**Heavy alcohol use**: binge drinking on 5 or more days in the past month (SAMHSA).

**Moderate drinking**: up to 1 drink per day for women / 2 drinks per day for men (SAMHSA).

**Marijuana**: also known as cannabis, pot, weed, reefer, grass, dope, herb, hash, chronic, ganja, bud, nugget (NIDA).

**Bake break**: take a break from all other activities to consume marijuana.

**Blunt**: hand-rolled cigarette used to smoke marijuana; aka joint.

**Bong**: water pipe used to smoke marijuana by inhaling smoke.

**Dabbing**: method of consuming marijuana that involves burning it at a high temperature and producing smoke that is pure THC, which is inhaled (NIDA).

**Dime**: a quantity of marijuana that costs ten dollars; aka dime bag.

**Dub**: a quantity of marijuana that costs twenty dollars.

**Roach**: end of a joint that still contains unused marijuana.

**Shake**: loose marijuana and stems that settle in the bottom of the bag.

**Smoking**: also known as toking, blowing, burning one down, torching up, Cheeching, blazing, hitting the hay, mowing the grass, hitting (NIDA).
WHY we should discuss alcohol & drugs

Your college student can quickly find themselves navigating freedom to take risks without you to discuss their choices. Drinking too much or too often can have a deleterious impact on a student’s college experience. At the same time, if one chooses to drink in moderation, it can be a fun part of the campus experience, like at a party, at a meal with friends, or at many other fun, safe events.

Discussing alcohol use and setting expectations usually begins in high school or earlier. Families tend to have more open dialogue about alcohol for many reasons, however, the subject of marijuana use has become increasingly difficult to discuss—in part because of the mixed messages being sent by the passage of medical marijuana laws and legalization of marijuana in some states. In addition, many parents may have used marijuana when they were younger, which could make it more challenging to discuss openly or set rules about its use (NIDA). Just remember that the marijuana of a decade ago is not the marijuana of today with regards to THC content - it’s more dangerous with greater risk for addiction and health impacts. Marijuana use can quickly lead to learning, attention and memory problems, and mental illness that will impact the ability to persist in college.

If you don’t speak with your student about alcohol and drugs, they will get the information from friends and the internet. It is dangerous to get messages on addictive drugs from unsubstantiated sources like media outlets, big marijuana companies, and drug users. Research shows that college students are 3 times more likely to believe that:

- They can’t have lasting health impacts from binge drinking
- Marijuana is not addictive
- Misusing prescription drugs occasionally has no side effects

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FACTS about alcohol

33.1% of 15 yo report they have had at least one drink in their lives

58% of college students 18-22 yoa report drinking in the last month

1 in 4 college students report academic consequences from drinking: missing class, falling behind, doing poorly on assignments and lower grades

696 000 students 18-24 yoa are assaulted by another student who has been drinking

20% of college students meet the criteria for AUD

5.1 million people 12-20 yoa reported BINGE drinking in the past month

1.3 million people 12-20 yoa reported HEAVY drinking in the past month

1,825 College students 18-24 yoa that die from alcohol-related, unintentional injuries - including motor-vehicle accidents
Resist reinforcing myths about alcohol and other drugs.
A common expectancy is that the more alcohol one consumes, the more fun we'll have, or that the use of alcohol will change who we are. Not true. At low to moderate levels of consumption (a drink or fewer per hour), alcohol is experienced as a stimulant. At higher levels (more than one drink per hour), alcohol acts as a depressant, causing drowsiness, sadness, and lethargy. Drinking more does not lead to a more fun time. Alcohol does suppress some inhibitions, but it does not give us new and improved skills or change who we are. In other words, any thought, desire, or skill that you think you gained by drinking alcohol was more than likely already there. A common expectancy that many college students have about marijuana is that its use will reduce their anxiety. The truth is that for young people, in particular, marijuana increases anxiety, panic attacks, depression, withdrawal, and attention problems. Parents should have open and frank conversations with their student about the value of mental health counseling and possible medication as an aid to reducing anxiety and depression, rather than drugs that have the opposite effect.

Communicate openly with your student
Going to college is a time when your student has greater freedom and independence. By the time they are ready to begin their college career, they have learned a lot about alcohol and drugs; though the challenges of peer pressure and the opportunities they will have to engage in harmful behaviors will be far greater than they were when they lived under your roof. Your student’s transition to college must include your willingness to listen to them as much or more than you talk. Ask the difficult questions in an open-ended way, but don’t judge their responses. You might start a difficult conversation by starting with a question like:
• What are your thoughts about...?
• What are your expectations about...?
• What is your plan if...?

When you bring up a difficult topic, listen respectfully to your student’s thoughts, even if you don’t agree. Phrases you might use to the responses you’ll get from your student might include:
• It sounds like you’re saying...
• It’s been my experience....
• I can see that you feel that way, and I’m trying to understand why;...
• In what ways have you experienced.....?

Family History
There are many factors as to how someone reacts to alcohol. It might not seem that important, but having a conversation with your student about your family’s genetics is essential. Some families have a long history of alcohol or drug dependency. It’s important for your student to have this information as they make decisions about their own alcohol use or drug experimentation.

So you’re not planning to drink or experiment with drugs
Just because your student doesn’t plan to drink or to be tempted by peer pressure to experiment with drugs doesn’t mean that they won’t be exposed to it and have classmates who drink or use drugs. Having conversations with your student who doesn’t plan to drink will help them plan for developing relationships with roommates, classmates, and others who chose to drink.

How to engage with your college student when they come home during a break
Even in a few short months, your college student is a different person than when they left. They have quickly become accustomed to a certain kind of independence. If, over time, you have established an atmosphere of open communication and clear expectations, then finding ways to engage with your student might not be all that different than before. If you haven’t, you might consider the following:
• Plan ahead; talk with your student when they first get home.
  Acknowledge their new-found college independence.
• Consider not overscheduling your returning student; realize that they might have planned activities and outings they’d like to do with their friends that don’t involve the family.
• Verbalize family activities that will take place during the break where they are expected to attend. For other activities, feel free to ask them if they’d like to come with you, but don’t be disappointed that they may have made other plans.
• Discuss your expectations about parties, alcohol, drugs, and a reasonable time for your college student to return home at night. Know that your student hasn’t had a curfew while in college, and that they often have not returned to their residential hall or apartment before 11:00 PM, even if they were in the library studying. Resist blindsiding them by setting what might appear to them as an unreasonable curfew, as they head out the door. Also, don’t feel surprised when they return home at 2:00 AM. Discuss, not dictate, beforehand, your clear expectations.
FACTS about prescription drugs

- Full-time college students are twice as likely to use stimulants for nonmedical use than other 18-22 yo

- 1 in 4 18-20yo admit to using 2+ nonmedically prescribed medications within the past year

- By sophomore year 50% of college students will have been offered an illegal prescription medication to take for recreational use

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- 90% of students who used Adderall without a prescription in the past year were also binge drinkers

- 54% of college students who take stimulants or Opioids under the care of a doctor have been asked to sell or trade their medication in the past year

HOW we should discuss alcohol & drugs

Whether it’s the first child you’re sending off to college or your last, it’s important to have multiple discussions with your student that address difficult topics and help arm them to make good choices when they go to college. There is no one right way to have that initial conversation, but most experts advise that discussions with your student around alcohol and drugs should be casual and organic. It can take place during an activity, like a game of basketball, on a hike, on a fishing trip, on a bike ride or while in the kitchen cooking a meal.

Create a truthful, fact-based atmosphere for your student to engage in meaningful conversations with you about alcohol and drugs. Make talking with your kids a regular part of your day. Finding time to do things you enjoy together as a family helps everyone stay connected and maintain open communication. If your children don’t feel comfortable speaking to you, they’ll find their answers elsewhere, and those answers could be unreliable. If your children are not properly informed about alcohol and drugs, they are at a greater risk for engaging in unsafe behaviors.

WHEN we should discuss alcohol & drugs

Although the legal drinking age is 21, and marijuana is illegal in Tennessee, parents should begin communicating their family’s values around alcohol and drugs at an early age. This open dialogue sets a precedent for truthful conversations when children begin college and can minimize the risks of alcohol and drug use.