

FCD UPDATE

FCD Educational Services, Inc.

A Nonprofit Organization

Alcohol, Tobacco, and Other Drug Education

Winter 1999

What Kids Tell Us

Have you ever wanted to be a fly on the wall during an FCD course?

Well, here's your chance — as we take you inside the FCD classroom to discover what's on teens' minds.

1. "I'm worried about this friend . . ."

He started smoking marijuana about a year ago. At first he was fine, but after a couple of months he started doing it more and more. He quit the hockey team, he hardly ever does homework. Now he just watches TV all the time. I ask him to go out and do stuff, but all he wants to do is get high. I tried saying something, but he doesn't see anything wrong. He says he's just bored with everything.

The students we teach are very worried about the drinking and drug-taking habits of their peers. They wonder: "Should I say something?" "What if he gets mad at me?" "What if I'm wrong?" "Maybe I should just mind my own business."

It can be frightening for a teenager to see a friend change as a result of chronic marijuana or other drug use. And it's natural for teenagers (as well as adults) to have reservations about confronting someone with his or her drug use. Interventions are most likely to succeed if teens are given guidance on the most effective ways to talk to a friend about substance abuse (see sidebar, page 5).

Parents need to keep the communication channels open if their children are to come to them with concerns about friends. And schools need to establish non-disciplinary procedures by which students who come forward with their own substance abuse problems, or those of their friends, can find counseling and help.

2. "I can always quit."

An FCD teacher who runs her own smoking cessation groups was recently asked to set one up for 6th and 7th graders in a local public middle school. She held the first class, expecting few, if any, students to show up. To her delight (and dismay), the room was packed. She was pleased at the great turnout, but surprised at how many students attended. Certainly, she was aware that plenty of middle school students smoked, but she never suspected that they would already be at that point in their addiction where they were willing to quit.

National trends show that children are being exposed to cigarettes at younger and younger ages, with pressure to smoke beginning between the ages of 11 and 14. This moves the age of initiation from middle school into elementary school. In fact, ninety percent of smokers report that they started before the age of eighteen, with sixty percent of those starting by age fourteen.

Kids know all about the dangers of smoking. But the "distant" health risks often lose out to the immediate appeal of the seductive images kids see that link smoking to popularity, adventure, sex, and glamour. Perhaps this is why, according to a study conducted by the Harvard School of Public Health, cigarette smoking rose 32 percent among high school students between 1991 and 1997.

We know more and more teens who

rationalize their smoking by saying that they'll quit before they get addicted.

The expectation that quitting is part of the smoking experience may be the biggest difference between teens who take up smoking today and teens of previous generations. A 1992 study found that about two-thirds of adolescent smokers say they want to quit smoking and 70 percent say they would not have started smoking if they could choose again. As one 8th grader said to us, "I just really want to get this habit taken care of before I go off to high school."

3. "I'm so stressed out."

A ninth-grade girl told us that when her mom saw her sitting on the couch, "spacing out" as she put it, she asked, "Isn't there something you should be doing?"

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Some of What's Inside...

What Kids Tell Us

Our feature article takes a peek inside the FCD classroom as we reveal what teens really feel about their lives, their parents, and their culture.

How To Help A Friend

Adolescents are usually the first to know when a friend is in trouble. Here are six tips for teens who wish to intervene on a friend's alcohol or other drug use.

FCD's Top Ten List

Learn the top ten drug-free ways students escape reality, based on a survey of over 2000 kids at FCD client schools.

Did You Know...

that teenagers are biologically programmed to sleep late? Learn more about this and five other intriguing findings from recent studies.

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From the President

There's a wonderful commercial on TV that shows two geeky parents rapping about drugs to their bug-eyed, jaw-dropped, flabbergasted son. The message is: When it comes to talking with children about drugs, it doesn't matter *how* you do it, but *that* you do it. And indeed, research shows that kids whose parents talk to them about drugs are less likely to use drugs.

Of course, it *does* matter how you do it. Adults who are intrusive, punitive, or belittling; who respond to confidences with lectures and criticism; who dismiss thoughts and feelings with platitudes or scolding judgments, are not going to create the respectful climate in which young people feel safe to reveal themselves.

We are constantly amazed at the maturity, honesty, and insight students bring to their discussions with us. Talking with young people about drugs is an ongoing conversation. This is because decisions about use are ongoing — made over and over again as kids encounter new people, new situations, new temptations, and new aspects of themselves.

Next time you have a group of kids at the dinner table or in your car, why not ask them:

- Do you think drugs should be legalized?
- Is it more dangerous to smoke cigarettes or marijuana?
- Is it all right for a five-year-old to have a sip of wine at the dinner table?
- Should schools be able to randomly test students for illegal drug use?
- Should schools be able to randomly test *teachers* for illegal drug use?
- When kids have a "designated driver," does it encourage them to use alcohol irresponsibly?

While young people are hungry for information and guidance, don't feel you have to offer advice. Just use the conversation as an opportunity to get to know what they're thinking. This builds trust, and trust is what allows children to come to adults with problems and concerns.

Another way to broach these issues is to ask a group of teens whether, *as parents*, they would agree or disagree with the following statements:

- I would let my teenagers drink at parties, as long as they aren't driving.
- I would let my kids decide for themselves whether or not to smoke marijuana.
- I would tell my teenagers not to drink until they were adult, and I would make clear the consequences for breaking the rules.
- I would teach my children how to drink responsibly.

Let teens know how you feel. If you disapprove of their experimenting with alcohol, tobacco, or other drugs, tell them. Clear and consistent communication about expectations and consequences helps young people to remain true to their values and do the right thing.

It's also important to let children know that not everyone drinks, uses drugs, or smokes. Advertisers work hard at normalizing substance use, and it takes a lot of effort to counter the bombardment of images linking prosperity, popularity, and sex appeal with alcohol and tobacco.

And finally, if you suspect a problem, don't feel that you have to wait for hard and fast evidence before you express your concern.



Alex J. Packer

Alex J. Packer, Ph.D.

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Kids tell us that they are stressed out of their minds. They cite academics, homework, sports, family responsibilities, school clubs, lessons, volunteering, and social activities as the sources of so much anxiety. Many teens are overbooked because they feel they have to build a powerhouse resume to get into a good college. The pressure to achieve comes from parents, teachers, peers, society, and from the students themselves. It's not enough to just "go out there and have fun," said an 11th grader. "I'm supposed to be the best at everything I do."

Students sometimes use this pressure to justify binge-drinking and other drug use. A senior at a boarding school confided, "I have a few hours the whole week to myself. I don't have time to do yoga or breathing exercises in order to unwind. So my friends and I get wasted. It's instant relief, no messing around."

This student's comment reminds us that when kids do drugs, it isn't necessarily because they want to "do drugs." Rather, the goal may be to relax, relieve boredom, or just get away from it all. If we can teach students healthy, alternative ways to achieve these goals, they will be less likely to turn to drugs. The students we teach

TOP TEN WAYS KIDS ESCAPE REALITY WITHOUT ALCOHOL OR OTHER DRUGS*

1. Listen to music
2. Sleep
3. Daydream
4. Watch TV / go to a movie
5. Read
6. Play video games
7. Get into my computer / go on-line
8. Run
9. Play sports
10. Take a bubble bath

*From a survey of over 2000 students ages 11-18 in FCD client schools

clamor for natural ways to "get high." We find that whenever we present "relaxation techniques," students cite this as one of their favorite parts of the four-day course.

Creative, productive people know when to take a break. Neighbors of Robert Frost, the great American poet, used to gossip because he was always "wasting time, sitting on his porch, looking off in the distance and daydreaming." Young people today have little time for such dreaming. But, as one teen we know put it, "If you don't daydream, you'll never get anywhere in life."

4. "The teachers know but they don't do anything."

Students express frustration about teachers who don't do anything when students are high in class. We've even heard occasional comments from boarding school students who interpret lax dormitory check-in procedures on Friday and Saturday nights as a means of avoiding students who are likely to be under the influence. Kids perceive this as teachers looking the other way on purpose, or not caring. In fact, many faculty members tell us that students think the adults know a whole lot more about the level of use in the school than they actually do.

Non-using students are a powerful and untapped prevention force. In the same way that non-smokers have the right to a smoke-free environment, students who choose not to drink or take drugs have the right to attend school without being harassed, hurt, intimidated, compromised or disturbed by the drinking and drug-taking behavior of their peers.

It is more important than ever that school administrators develop comprehensive prevention and intervention strategies, not only to deal with substance abuse, but to *support students who opt for drug-free lifestyles*. Bringing FCD into a school community is one way of showing students that the school *does* care. A new client school recently engaged FCD to present its program to the entire student body of nearly 900 students. Their reason for doing it this way was "to send a message." These are the types of messages kids hear and respect.

5. "I'd never do anything to harm myself."

Sometimes we find that students are unaware of the risks they take, or the contradictions between their stated and actual behaviors. Witness the following conversation that recently occurred during a four-day course. It began with the FCD teacher asking a student...

Have you ever smoked a cigarette?

Yes.

When was the first time?

Eighth grade.

Who were you with?

Friends.

What was it like?

I didn't like it. I coughed.

Do you smoke now?

No.

When was the last time you had a cigarette?

Last weekend.

So you do smoke.

No.

But you just said you smoked last weekend.

Well, I had a few cigarettes, but I don't smoke.

How many cigarettes did you have?

Seven.

But you don't smoke.

Just on weekends. But I don't think that counts.

By this time the entire class was in stitches. Many students recognized that they, too, play these and other games of denial:

"I sometimes *experiment* with drugs, but I'm not a drug user."

"I never drink and drive. Well, I might if I don't have too much to drink."

Among our goals in the classroom are 1) creating a common vocabulary with regard to issues of use and abuse, and 2) encouraging students to examine their own behavior. An atmosphere of trust is essential if we are to have the type of open and honest discussions that lead to self-awareness. Students are amazed to discover ways in which they are self-deceiving or hypocritical, because one of

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the things we hear them say about adults is...

6. “You don’t do what you say.”

Adolescents are sensitive to hypocrisy — “do as I say, not as I do.” They *will* question authority when a student is expelled for an incident of drinking while the administration turns a blind eye to a faculty member with a drinking problem. Teens have little tolerance for adults who smoke, but tell them not to. This is understandable because tobacco has no redeeming qualities. There is no such thing as “social smoking” (with the possible exception of a cigar to celebrate the birth of a baby — as long as there aren’t too many babies being born in your circle of friends and relatives). Smoking is addictive and deadly for teens and adults alike. With alcohol, however, there *are* valid distinctions between drinking by teens and grownups. There even appear to be certain health benefits associated with moderate drinking by adults. It’s not hypocritical for adults who drink legally and responsibly to disapprove of alcohol use by teenagers. When we discuss these issues with students, most young people will admit that while teens drink to get drunk, most adults do not. Most adults do not use a funnel to see how much alcohol they can pour down someone’s throat in as short a time as possible.

7. “It’s just a movie.”

Many students are infatuated with media portrayals of substance abuse. They’ve seen them all — *Pulp Fiction*, *Animal House*, *Half Baked*, *Basketball Diaries*, *Trainspotting*, Cheech and Chong, etc. We find that it makes little difference whether drug use is glamorized or demonized. Even when the downside is depicted, students are still seduced by the imagery, the excitement and danger, the “romance” of “life on the edge”: *Wow, they all got hooked on heroin, beaten up, thrown in jail, one of them died — cool!* Alongside the horror, there’s an attractiveness in the bonding, the rituals, the survival.

If drugs didn’t exist, Hollywood would have to invent them. A story involving drugs means drug dealers, gang wars, guns, violence, vengeance, sex, speed-boats, flashy cars, car chases, car crashes, explosions, death, tragedy, pathos — redemption. Even the plot of *Romeo and Juliet* hinges on substance abuse (what else can you call it when Juliet drinks the potion, and Romeo the poison?). Of the top-grossing feature films that came out between 1991 and 1996, more than half depicted tobacco use.

We don’t believe that kids who see *Trainspotting* are going to rush out and try heroin. Our concern is that these films exaggerate the prevalence of drug use. This exaggeration promotes drug use as the “norm” and is one reason why kids are always telling us...

8. “Everybody does it.”

When we ask middle school students to guess the percentage of high schoolers who regularly drink alcohol or smoke pot, they start at 80-90 percent, and then work their way down to the actual figure which, depending on the grade, is $\frac{1}{4}$ to $\frac{1}{2}$ their original estimate. In a similar fashion, elementary school students overestimate use by middle schoolers. And even high school students assume that more of their peers are using than surveys indicate.

This is disturbing because research shows that *normative beliefs* (perceptions about the prevalence and acceptability of drug use among one’s peer group and close friends), strongly predict future drug use. Exaggerated perceptions can lead to higher rates of experimentation. Kids don’t want to be the “only one” who’s never had a beer or tried pot. If “everybody’s doing it,” it can’t be that bad.

This is why FCD challenges the perception that drug use is the “norm” for teenagers. And why we believe it is so important for schools to promote and celebrate non-use in their communities. Young children especially need to have role models who present drug-free living as a “cool” and acceptable choice. When we talk with students who have made a commitment to not use alcohol or other drugs at this point in their lives, they often say...

9. “How come nobody ever gives us a pat on the back?”

There is an emerging group of vocal and proud non-users who speak up regularly in our classes. These are students who, for various reasons, have chosen to abstain from alcohol, tobacco or other drugs during adolescence. Many are ready to identify themselves publicly and have started to organize groups and clubs around their common decision. Support for these groups is important because, as one student put it, “It’s so easy for kids to bond over a substance. ‘I’m going out for a cigarette, want to come?’ or ‘Oh, there’s a big keg party? Let’s go.’ It’s harder to bond over something you don’t do. ‘Oh, you don’t ski? Me neither! Let’s hang out.’ Or, ‘You don’t do drugs? Cool.’ It doesn’t work like that. Instead, we focus on what we enjoy doing, which is leading our lives with clear minds and healthy bodies and not having to get messed up in order to have fun.”

One of the most valuable aspects of the four-day course is dispelling the myth that “everyone is doing it.” We find that most students in America are making positive and healthy choices. By giving these brave and wise students a voice in our classrooms, we can connect them with one another and encourage them to discover ways to socialize and celebrate without risking their lives.

Non-using students want to be recognized and appreciated. “Reward us!” one girl said. “My parents promised that if I get through high school without smoking or drinking, they’ll give me a car.” The class loved that idea! And then allowed that, absent a car, parental hugs and appreciation would do quite nicely, thank you.

10. “But I saw it on 20/20.”

Some of the students we teach confide that they are terrified of having a drug slipped into their drink or into the punch at a party. The sensationalizing of statistically rare events (razor blades in apples, roofies-related rape), and urban myths (kids being drugged who wake up in a bathtub with a note telling them their kidneys have been removed), generates a lot of fear in many teenagers. But teens today

HOW TO HELP A FRIEND BE COMPASSIONATE

Look at chemical dependency as a health issue rather than one of deficient morals, willpower or character. Voice your concern in a caring, non-judgmental way: "I'm worried about you"; "I'm afraid you're going to hurt yourself."

Talk about how the person's behavior is affecting you and your relationship: "I miss spending time with you"; "I don't like having to lie to protect you."

USE SPECIFIC EXAMPLES

Avoid sweeping generalizations such as, "I think you have a drug problem," or, "You've really changed."

Instead, focus on specific, observable behaviors and how they make you feel: "I was really upset when you broke our date last night."

PICK THE RIGHT TIME

Only talk to your friend when she is sober and clear headed. Talking to a person under the influence is a waste of time.

SET LIMITS

While lying for friends, covering up for them, or cleaning up after them may feel like acts of friendship, they are, in fact, ways to spare your friend from the discomfort and negative consequences that motivate change. Set limits so that you are not in awkward or dangerous situations. ("I only want to spend time with you when you are sober." "I'm not going to do your homework for you.")

GET HELP FOR YOURSELF

Caring about someone with a substance abuse problem can be hard. Don't shoulder all the burden yourself. Talk to an adult, a wise friend, or a counselor familiar with addiction. If you're going to help your friend, you have to get support for yourself.

DON'T EXPECT MIRACLES

Your intervention may not appear to "work." Don't be discouraged. People rarely change long-standing behaviors based on one remark or conversation. But each expression of concern, added to the next, can lead to that point at which your friend is no longer able to ignore the truth.

are unlikely to be harmed by predators, kidnapers, or black market kidney thieves. The real danger is when teens lose sight of the risks they face in their everyday lives — driving, drinking, engaging in unsafe sex, experimenting with drugs, behaving incautiously and impulsively.

11. "My parents are so clueless."

Sorry, folks, but kids are amazed at how "clueless" parents are about their children's exposure to drugs. When we hold parent/student roundtables during the four-day course, we find that parents are dumbfounded by the extent of their child's exposure to alcohol and other drugs.

This gap in perception is supported by a recent study conducted by the Partnership for a Drug-Free America involving 9,712 children, teenagers, and parents. What's interesting is that, while children *overestimate* drug use by their peers (see "Everybody does it," page 4), baby boomer parents seriously *underestimate* the presence of drugs in their children's lives. For example, while 21 percent of the parents surveyed believed that their teenager might have tried marijuana, 44 percent of the teens reported actually trying it. Forty-three percent of the parents said they thought their child could find marijuana easily; 58 percent of the teenagers said finding the drug would be no problem.

It's ironic that baby boomer parents, many of whom used drugs as adolescents, should have their heads in the sand when it comes to their own children's exposure to, and use of drugs.

This is one reason why FCD believes it is critical to include parents as part of our work with a school community.

No matter how "clueless" parents may be, virtually every student we teach says...

12. "I really care what my parents think."

We hear it from young people in every school. Parents really do have a huge influence on the choices a teen makes. The study mentioned above found that drug use is significantly lower among chil-

dren whose parents talk to them about the risks of drugs. The definition of such a talk may be open to interpretation; while 94 percent of the parents reported having a "drug talk" with their teenagers during the previous year, only 67 percent of their offspring recalled such a discussion.

In a recent conversation with a tenth-grade class, we discussed some of the consequences of drinking, and what students thought would happen if they tried alcohol and their parents found out. "My parents would kill me," said one girl. "I'd lose my car privileges," said another. After a lot of head nodding and agreeing by the other kids in the class, one boy raised his hand and said, "I hate it when my parents are mad at me, but I know that when they are, they eventually get over it. The main reason I don't drink is because they would be so disappointed in me, and that is far worse than them being angry. I will do anything not to have my parents disappointed in me, because that's not something any of us would get over quickly."

What parents do to keep their kids safe matters just as much to kids as what their parents say. What we hear from many teens is that they want ready-made excuses they can use to resist peer pressure and avoid situations in which they are likely to make the wrong decision ("I'm sorry, but my father can detect marijuana at 500 yards in a hurricane and he'd ground me for life if I came home stoned.") The students we work with appreciate limits. They are grateful for boundaries. We know that kids don't regularly pull up a chair and say, "Mom, Dad, do you think you could enforce my curfew a little more strictly?" but that is, in fact, what they want. In a recent nationwide survey of students in grades 6-12 ("USA Weekend's 10th Annual Teen Report: Teens and Freedom," May 2-4, 1997), 53 percent said that they have either enough or too much freedom. Forty-nine percent felt that most of their peers needed more guidance and attention from adults. Although the adolescent code of honor compels them to complain about infringements on their freedom, they are secretly relieved when parents discuss values and set limits that make it easier for them to do the right thing.

Two Best-Selling Books for Teens Available in Special Offer to FCD Donors

Here's your chance to give the teenagers in your life two highly acclaimed books that could change their lives — and yours — while at the same time helping FCD carry on with its important mission.

For a \$50 donation to FCD, we will send you as our gift one of two best-selling books for teenagers by FCD's president, Alex J. Packer — *How Rude! The Teenagers' Guide to Good Manners, Proper Behavior, and Not Grossing People Out*, or *Bringing Up Parents: The Teenager's Handbook*. For a donation of \$75, we'll send you both books.

And, as a special bonus, Dr. Packer will inscribe each book with a personalized message.

To take advantage of this offer, simply fill out the enclosed envelope, including the inscription instructions, and return it to us with your check or money order. We'll send you your autographed book(s) along with a receipt for tax purposes. And, if available, don't forget to take advantage of your company's matching gift program.

Dr. Packer's best-selling *Bringing Up Parents* is written with penetrating humor and practical wisdom. It isn't really about putting teens in charge. Instead, it's about giving them the skills and insights they need to get along better with their parents. Straight talk and specific suggestions tell them how to resolve conflicts, build trust, take responsibility, earn the freedom they crave — even learn to apologize. The book emphasizes open communication, mutual respect, and common sense.

How Rude!, now in its fifth printing, has been widely acclaimed by educators, parents, and teenagers. It's an etiquette book that teens want to read — because it keeps them laughing, doesn't preach, and deals with issues that matter, as teens themselves reported in a nationwide survey. *Voice of Youth Advocates* calls it "The most incredibly readable, enjoyable, laughable, enlightening, and insightful book about who we are and who we can be as social beings... deserves to be widely read by teenagers and adults alike."

Both books support FCD's core mission,

which is to arm students with the knowledge, understanding, and skills they need to make intelligent, healthy choices about alcohol and other drug use. Research has shown that young people who regularly talk with their parents about these important issues, and who have acquired basic social skills and proper standards of behavior, are far less likely than their peers to get into trouble with alcohol or other drugs.

Dr. Packer, who joined FCD as president and CEO in May, 1997, is a very polite (but not painfully so) educator and developmental psychologist. He's the author of numerous books for parents and teenagers, including *365 Ways to Love Your Child*, *Parenting One Day at a Time*, and *The Nurturing Parent: How to Raise Creative, Loving, Responsible Children*. His articles have appeared in *McCall's*, *Child, U.S. News and World Report*, and *The Harvard Graduate School of Education Bulletin*.

For eight years, Dr. Packer was headmaster of Parkmont School in Washington, D.C., an innovative alternative school for children ages 11-15. He also served as director of education for the Capital Children's Museum.

A specialist in adolescence, substance abuse, and parent education, Dr. Packer holds undergraduate and Master's degrees from Harvard University, and a Ph.D. in educational and developmental psychology from Boston College.

Dr. Packer's feature-length screenplay, *Digby and Fly*, won first prize in the Massachusetts Film Office Screenwriting Competition, and reached semi-finalist status in the Nicholl Fellowships Screenwriting Competition sponsored by the Academy Awards Foundation. His proposal for an interactive family television series was optioned by Popular Arts Entertainment in Los Angeles.

Dr. Packer serves as chairman of the advisory board of COASA (Children of Alcoholism and Substance Abuse, Inc.), a nonprofit organization created to provide services to children from substance abusing homes.

What the critics say about *Bringing Up Parents* . . .

"Alex Packer mixes generous doses of humor with good common sense in a practical book about family relationships that will have much to say to both teens and their parents. A 'starred review and editors' choice' selection."

— *Booklist* magazine

"Highly recommended ... [*Bringing Up Parents*] describes how to improve communication, avoid trouble, and solve conflicts in ways that bring out a parent's sensitive, accepting, generous, and supportive side ... This book works."

— *KLIATT*

"Funny and pragmatic ... [*Bringing Up Parents*] is full of common sense, with liberal examples of typical parent-child exchanges and how to change them."

— *Youth Today*

. . . and about *How Rude!* . . .

"Alex Packer's serious-but-humorous book covers it all — from traditional thank you notes (send them) and dinner table manners (use them) to modern day manners surrounding kissing, skateboarding, waiting in line at public events, cliques, bullies, classroom behavior, divorce, e-mail, and bodily functions." — *Cincinnati Enquirer*

"A certified winner! What a wonderful book for junior and senior high youth ... In a less and less civil world, a world of road rage, the proliferation of four letter words and just plain tackiness, this is a great guidebook ... [*How Rude!*] is so kid-oriented, I believe even the most reading resistance teen will pick it up." — *Youth Ministry Bulletin*

"From its intriguing title to the tongue-in-cheek ideas for dealing with many kinds of situations, teenagers will find this manual humorous, non-threatening, entertaining, and educational ... [*How Rude!*] should be considered way ahead of any traditional etiquette book for young adults. They will return to it again and again."

— *School Library Journal*

Did you know?

The power of faith

A growing body of research shows that people with strong religious beliefs are more likely to live longer and be healthier than their less religious brethren. The important factor appears to be the depth of one's faith, rather than the particular religious beliefs one holds. Specific studies have shown that the more religious you are, the more likely you are to recover from depression and open-heart surgery, and to have low blood pressure and a strong immune system. Hypotheses that the benefits of faith are due to the social support people derive from churchgoing (social support has, in itself, been shown to improve health), are not borne out by studies that control for this factor. For example, research conducted in Israel showed that religious kibbutzim were healthier than secular communes. Another theory postulates that religious people are less likely to engage in "sinful" behaviors such as smoking, drinking, and risky sexual activity. This, too, is not supported by research that controls for such variables. It may just be that God is the ultimate primary care physician.¹

Sleepyheads

Teens sleep late, not to annoy adults, but because their biology tells them to. When young people hit puberty, they don't get tired as early as they used to, according to Mary Carskadon, a sleep specialist in the department of psychiatry and human behavior at Brown University. Yet, 15-year-olds need as much sleep as 11-12-year-olds — 9.2 hours a night, according to Carskadon. An adolescent who goes to sleep at 11 p.m. or 12 a.m. and has to be up at 6 or 7 a.m. is going to be continually

sleep deprived. In light of the latest research, school districts across the country are experimenting with later starting times. Administrators report increased attendance and decreased tardiness. Parents report massive scheduling headaches. But it is something to think about — as you fall asleep.²

Do not inhale

Sniffing or inhaling chemicals — called "huffing" by young people — is one of the most common and dangerous forms of drug experimentation among teenagers. In fact, from 1991 through 1995, chemical inhalants were the most widely tried illicit drug among eighth grade students, according to annual national surveys conducted by the University of Michigan. In 1998, marijuana moved into first place, with 22.2 percent of eighth graders admitting they tried marijuana, compared to 20.5 percent who admitted trying an inhalant. Inhalants are popular with younger students because they are cheap to buy and easy to find. The chemicals are contained in hundreds of common household products such as marking pens, cleaning fluids, aerosol cans of whipped cream, and paint thinner. Inhalant use declines as students get older and move on to marijuana and alcohol. Eight percent of 10th graders and 6.2 percent of 12th graders said they had used inhalants in the past year, compared to 31.1 percent of 10th graders and 37.5 percent of 12th graders who reported smoking marijuana. That one in five eighth graders try inhalants is frightening, given that such use can cause serious and even fatal damage to the lungs, heart, brain, kidneys and liver.³

Breast milk tastes good — like a cigarette should

While research has shown that breast milk can carry nicotine, a recent study mentioned in the *New England Journal of Medicine* shows that the breast milk of female smokers smells, and may taste, like cigarettes. This, according to Julie Mennella and Gary Beauchamp of the Monnell Chemical Senses Center in Philadelphia, suggests that breast-fed babies of women who smoke may learn to like the taste of tobacco, thus increasing

the likelihood that they will become smokers themselves when they grow up. The researchers had seven adults sniff samples of breast milk taken from women who smoked one or two cigarettes in a 20-minute period. Samples collected 30 minutes to an hour after smoking were more likely to be identified as smelling "stronger" or "more like cigarettes" than were samples taken later.⁴

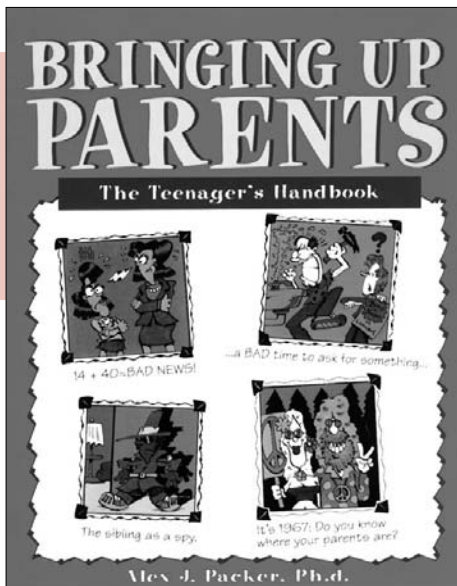
Not in my school

According to a major study conducted by the Partnership for a Drug-Free America, baby boomer parents seriously underestimate the presence of drugs in their children's lives (see "My parents are so clueless" on page 5 in this issue). The gap in perception is even greater when comparing the realities reported by teenagers with those reported by their principals. A survey from Columbia University's National Center on Addiction and Substance Abuse found that while 78 percent of teenagers say their schools are not drug free, only 18 percent of school principals concur. In another finding, 50 percent of high school students say that the drug problem is getting worse in their school; only 15 percent of principals agree.⁵

1. Koenig, Harold, M.D., Director, Duke University Center for the Study of Religion/Spirituality and Health. Reported in *The Boston Globe*, December 27, 1998.
2. Carskadon, Mary, Department of Psychiatry and Human Behavior, Brown University; Wolfson, Amy, Department of Psychology, College of the Holy Cross. Reported in *The Boston Globe*, August 17, 1998.
3. Janofsky, Michael. "Fatal Crash Reveals Inhalants as Danger to Youth." *The New York Times*, p. A12, March 2, 1999.
4. Mennella, Julie A., and Beauchamp, Gary K. Monell Chemical Senses Center, Philadelphia, PA. Letter to the Editor, *New England Journal of Medicine*, Reported in *The Boston Globe*, November 19, 1998.
5. National Center on Addiction and Substance Abuse, Columbia University. Reported in *The Boston Globe*, p. A12, September 2, 1998.

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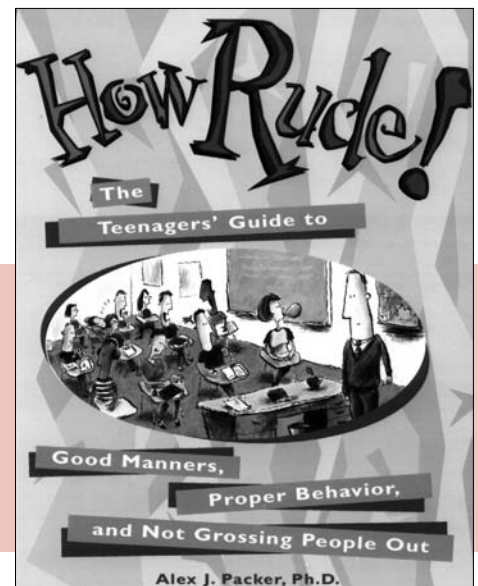


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