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# Parenting for Prevention

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Student Assistance Services Corp., 660 White Plains Road, Tarrytown, New York, 10591 May, 2019

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Parent's behaviors can have a lasting impact on children. As that old expression goes, "children learn what they see."

Even small amounts of parental alcohol, marijuana, or other drug use can impact a child's perception and behaviors. For example, if a child sees a parent driving, operating a boat or even swimming after using a substance, the child might think it is safe to use that substance while doing the same activity.

In addition, there is another pervasive more subtle effect of parental substance use. If a child sees a parent using alcohol, marijuana or other drugs as "okay" or as a way to relax, deal with anxiety or stress, the child gets the message that using substances to deal with the challenges of life, is acceptable.

When a child gets older and life becomes more complicated, the child may emulate what was acceptable behavior in their home and choose marijuana, alcohol or other drugs as a way to cope. It is what they learned from their parents.

In addition to the social and emotional impact, research has also documented the physiological impact of parent substance abuse on children. Maternal alcohol use and fetal alcohol syndrome, and second hand cigarette smoke and pediatric respiratory issues are just some examples. New research has heightened concern about the impact of second hand marijuana smoke on children.

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## Keeping Teens Safe, Part 1

This issue and the next issue of *Parenting for Prevention* will focus on keeping youth safe over the summer. The next few weeks provides opportunities for parents and young people to spend time together. Father's Day, spring concerts and recitals, end of the year sports events, and celebrations are just some of the events where families are together.

While all of these events are meant to be fun, they can cause stress and even life threatening harm for children and other family members.

### Parental & Teen Impaired Driving

While everyone knows that driving drunk is life threatening, many teens and adults do not realize that driving ability can be impaired by even small amounts of alcohol and other drugs. Also most drivers do not realize how long, after ingesting alcohol, marijuana, or other drugs, driving ability can be impaired. For example, chronic marijuana use can impair a person's ability to drive for up to three weeks after stopping the use of marijuana. (Bosker et al 2013).

There have been many reports in the news of a parent drinking alcohol, driving children in their car and having a crash. As a result of serious incidents, a law was passed to try to prevent this problem. Leandra's Law was signed into law on November 18, 2009 in honor of Leandra Rosado. Leandra was an 11-year old killed while she rode in a vehicle with the intoxicated mother of one of her friends. In response to this tragedy, the NY State Legislature made several changes to the Vehicle and Traffic Law (VTL). **A teen driver with a younger friend or a sibling in the car is also subject to these laws.**

The law strengthened the penalties against motorists who are impaired by alcohol or other drugs and drive. Some important provisions of this law are:

- First time offenders driving while intoxicated (.08 or more Blood Alcohol Content) or impaired by drugs with a child of under 16 years old in the vehicle may be charged with a Class E felony punishable by up to four years in State prison.
- Individuals charged with driving with a blood alcohol level of .08 or greater with a child under the age of 16 in the vehicle will automatically have their license suspended pending prosecution. For drivers under 21, any amount of alcohol will result in the loss of their license until 21. Unfortunately, to some teen drivers the term "designated" driver has come to mean, the teen that is the least "drunk or high."

- Drivers who drive while intoxicated or impaired by drugs and cause serious injury or death to a child in the vehicle may be charged with the Class C or B felony, punishable by up to 15-25 years in State prison.

The statistics related to impaired driving are compelling.

Everyday 30 people die as a result of drunk driving, and every day 800 people are injured in a drunk driving crash. National Highway Traffic Safety Administration (NHTSA, 2017).

About one in three deaths in the United States involve a driver with a blood alcohol concentration of 0.08% or higher. (Centers for Disease Control and Prevention, 2019.)

After alcohol, marijuana is the drug most often linked to drugged driving. (National Institute on Drug Abuse, 2016.)

Research shows that marijuana impairs motor skills, lane tracking, cognitive functions and hurts a driver's ability to multitask, all of which are critical skills for driving. (NHTSA)

In addition, students and parents visiting states where marijuana is legalized for non-medical use are at increased risk of being involved in a crash involving a marijuana impaired driver. For example, in Colorado, marijuana-related traffic deaths increased by 48 % after the state legalized recreational use of the drug. (Colorado State Patrol, 2017) In Washington State, 18.6% of all DUI cases in the state tested for drugs were positive for THC; from January through April, 2015, 33%

were positive for THC (Couper, F. 2015).

Also in Washington, the number of fatally injured drivers positive for marijuana in the state more than doubled following marijuana legalization, reaching 17% in 2014 (Tefft, et al, 2016).

Even as Colorado's population has increased, fatal crashes in CO related to alcohol-impaired drivers have fallen during the era of recreational pot legalization, from 160 in 2011 to 143 in 2015 (crashes where Blood Alcohol Content, BAC, was greater than or equal to 0.08 %), an 11 % drop over four years. At the same time, traffic fatalities overall have risen, from 447 in 2011 to 608 in 2016, a 26 % rise over five years, as drivers testing positive for marijuana use have risen sharply.

The American Automobile Association (AAA) has released guidelines on impaired driving that are important to remember. There is no scientific consensus on the amount of THC in the body that impairs driving ability. This is very different from alcohol, so there is not a 0.08 BAC level equivalent for marijuana.

Second, research has not been able to reliably measure impairment based on THC levels. (Battistella et al 2013). THC blood levels fall so rapidly that tested levels are vastly lower than when the impaired driving occurred due to the long delay in testing. **But the effect on driving persists beyond the feeling of being high.**

The seriousness of driving while high is not widely recognized. A recent Liberty Mutual survey found that a third of students said driving under the influence of marijuana is legal in states where recreational use is legal. More than 20% of teens reported it's common among their friends. Parent perceptions were similar: 27% said it's legal and 14% said it's common among friends.

In addition to the dangers of alcohol and marijuana impaired driving, , cocaine and methamphetamine can make drivers more aggressive and reckless. Using two or more drugs at the same time, including alcohol, can amplify the impairing effects of each drug a person has consumed. Some prescription and over-the-counter drugs can cause drowsiness, dizziness and other side effects. It is important to read and follow all medication warning labels before driving, and note the warnings against "operating heavy machinery" include driving a vehicle (NHTSA).

Because impaired drivers can't accurately assess their own impairment, which is why no one should drive after using any impairing substances, it is important to prevent impaired drivers from driving and to prevent others from riding with them.

**If children see a parent use alcohol or other drugs before activities that requires coordination and concentration such as boating, surfing, paddle boarding, biking, skateboarding operating a scooter, swimming, or scuba diving, the child might think that it is safe for them to do the same.**

## Parental and Teen Use of Marijuana Edibles

When parents use THC infused edible products, edible use by children becomes a danger.

According to the Colorado Children's Hospital, most marijuana intoxication involves young children, often toddlers, who mistake "edible" marijuana for regular food like gummy bears, brownies, or lollipops. A child will eat it not realizing that the product contains marijuana.

Most edible products have a high concentration of THC, so if they are eaten by a child, the symptoms can be severe and last longer than marijuana that is inhaled.



A cause of marijuana toxicity or psychosis in teens and adults is ingesting large quantities of THC in a short period of time because of a lack of knowledge about the difference between eating and smoking products that contain THC.

This may happen because a recommended "dose" of a THC infused cookie may be a quarter of the cookie. But, after eating the quarter of a cookie and not feeling an effect within 15 minutes, the person might eat the rest of the cookie within a 20 minute period. When marijuana is smoked, the impact is felt almost immediately, where as,

when it is ingested, it takes much longer to feel the effect.

In November of 2017, *The Journal of Pediatrics* published a systematic review of published reports of unintentional cannabis ingestions in children, specifically children under the age of 13 years

-Children with cannabis toxicity more commonly present with lethargy, difficulty walking, poor muscle tone, fast heart rates, and low respiratory rates.

-Young children explore their environment with their mouths, so ingestions most likely result from discovery of cannabis infused food items left unsecured by an adult.

-Older children like to eat things that look and/or taste good, and many edibles come in the form

of cookies, candies, and cakes in attractive and familiar packaging.

-Commercial edibles can contain extremely high doses of THC and are meant for consumption over time, but kids may eat the entire portion.

-Hashish is often mistaken for chocolate by young children.

-Unintentional pediatric ingestions have increased in states where marijuana has been legalized, particularly recreational use, and this is expected to continue.

-In these states, the perception of toxicity risk is lower compared to states where marijuana is not legal.

-Acute and chronic marijuana use by adults can impair cognitive and executive function, attention, and memory, which might in-

crease the risk of improper storage.

-There are no federal regulations on the packaging of cannabis products, as there are with all other toxic household products, OTC medications, and prescription medications.



## Parental Use of Alcohol

According to the American Academy of Child and Adolescent Psychiatry, one in five adults grow up with a parent with an Alcohol Use Disorder (AUD). This means that almost a quarter of all Americans are exposed to a parent whose alcohol use is causing problems.

Growing up in an environment where alcohol is abused increases the risk that the teen will use alcohol and other drugs and can have a serious impact on a child's overall psychological and emotional state as well as how the child develops into adulthood.

Often a parent does not think that their use of alcohol is impacting their children, but it is and can have a lasting influence on their children's development including modeling unhealthy ways of socializing and coping with stress. This can also apply to children of parents with substance abuse disorders (SUD) other than alcohol.



A child being raised by a parent or caregiver who is suffering from alcohol abuse may have a variety of conflicting emotions that need to be addressed in order to avoid future problems. They are in a difficult position because they cannot go to their own parents for support. Some of the feelings can include the following:

- **Guilt.** The child may see himself or herself as the main cause of the mother's or father's drinking.
- **Anxiety.** The child may worry constantly about the situation at home. He or she may fear the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents.
- **Embarrassment.** Parents may give the child the message that there is a terrible secret at home. The ashamed child does not invite friends home and is afraid to ask anyone for help.
- **Distrusting.** Because the child has been disappointed by the drinking parent many times, he or she often does not trust others.
- **Confusion.** The alcoholic parent may change suddenly from being loving to angry, regardless of the child's behavior. A regular daily schedule, which is very important for a child often does not exist because bedtimes and mealtimes are constantly changing.
- **Anger.** The child feels anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection or for causing the parent to drink.
- **Helpless.** The child feels helpless to change the situation.

**For more information on the impact of parental alcohol and drug use on children and resources to help, go to the National Association for Children of Addiction website at [nacoa.org](http://nacoa.org).**