

MARIJUANA IS NO JOKE

Gateway to Other Drugs

- Marijuana acts like a powerful neurotransmitter, and works on the same superfamily of neural receptors as heroin.²
- Marijuana primes the brain to seek stronger drugs.²
- Marijuana users are more likely than non-users to use heroin and abuse pharmaceutical opioids.¹⁴



Marijuana and the Brain¹³

- Causes and exacerbates: **Addiction, Depression, Psychosis, Schizophrenia, Hallucinations**
- Psychotic breaks / Violent acts / Anxiety
- Loss of memory, perception, motor skills
- Mental degeneration

Drugged Driving

- Driving tests show marijuana impairs reaction times, divided-attention tasks, lane-position variability (weaving), peripheral vision, cognitive function & coordination.¹
- **1 of every 8 traffic fatalities** in Colorado are marijuana related (+32% increase).¹⁰
- Marijuana driving deaths doubled in one year after legalization in Washington State.¹¹
- For every 1 marijuana-user death, .7 innocents die (pedestrians, bicyclists, passengers, etc.)⁵
- Combining marijuana with alcohol increases impairment up to 8 times.¹



Teen Use/Users

- Increases dramatically wherever marijuana is legalized.^{12, 17}
- Causes irreversible IQ loss up to 8 points and higher likelihood of Amotivational Syndrome.⁸
- **1 in 6 teens who try marijuana will become addicted.**⁷
- Heavy users are less likely to graduate.⁹
- **7x increase in suicide attempts.**⁹
- Big Marijuana's goal: teen users today become lifetime consumers.
- **"No amount of marijuana is safe for adolescents."** - Surgeon General (2019)¹⁵
- Yet, vaping and edibles are a favorite way for youth to use.

Fetal Risk

- The Surgeon General¹⁵ and FDA¹⁶ strongly advise against marijuana use during breastfeeding and pregnancy, because THC gets stored in milkfat and transmitted to the baby.
- THC also crosses the placental and blood/brain barrier, affecting the baby in utero - making it more susceptible to:
 - Lower birth weight
 - Addiction later in life
 - Birth defects & cancers
 - Problem solving, attention and learning difficulties later in life⁴
- Studies show genetic changes in offspring of heavy users.⁶



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Americans Against Legalizing Marijuana

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Think Marijuana is harmless? You don't know POT!

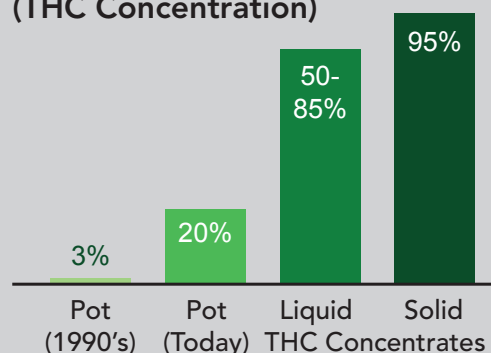
POTENCY:

Marijuana (a.k.a. Cannabis) today is

10-40x stronger than 20 years ago

THC (the mind-altering chemical in marijuana that gets a user high) is a hallucinogenic drug. It is stored in fat tissue and is slowly released back into the blood stream keeping THC in the body for many days, even weeks after the pot is used. This THC continues to negatively affect memory and emotional processing, organs and bodily systems.³

TETRAHYDROCANNABINOL (THC Concentration)

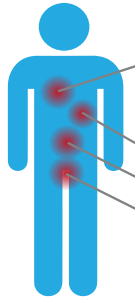


SOURCES: 1 - R Hartman, M Huestis "Cannabis Effects on Driving Skills", Clin Chem 2013. 2 - Dr. Forest Tennent and NIDA. 3 - R Holmes MD, Florida Alliance for Drug Endangered Children "Health Consequences of Using MJ: Effects on Infants, Children and Young Adults" 4 - E. Frider, J Neuroendocrinol. 2008; 20:75-81 & EC Blume -UNC, Cancer Causes Control. 2006 June 17, (5):663-9. 5 - Fatality Analysis Reporting System, 2014 & 2015, National Highway Safety Transportation Administration. 6 - E Sassenrath, UC Davis Primate Research Ctr and Neuropsychopharmacology, 2014 May 39 (6): 1315.23. 7 - NIDA, "The Science of Drug Abuse and Addiction", by Dr. Nora Volkow referencing Monitoring the Future Study, 2010. 8 - Dr. M. Seal, Melbourne University, APP article, "MJ causes brain damage", August 2012. 9 - E Silins, et al 2014, "Young Adult Sequelae of Adolescent Cannabis Use - an Integrative Analysis" Arendt et al 2006; Kvitland et al 2016; Clark et al 2014. 10 - Rocky Mountain HIDTA, 2015. 11 - AAA "Driving under the influence" Foundation for Traffic Study, May 2016. 12 - US Dept. Health & Human Services - SAMSHA 13 - Dr. B Madras, Professor of Psychobiology, Dept of Psychiatry, Harvard School NIDA. 14 - "Cannabis Use and risk of Prescription Opioid Use Disorder in the US" Olsson, Wall, Liu, Blanco, September 2017. 15 - VADM Jerome Adams, Surgeon General - August 29, 2019. 16 - www.fda.gov; Nora Volkow NIDA. 17 - Monitoring the Future 2017-2019



Heavy marijuana use is linked to downward social class mobility, anti-social behaviors, and relationship conflict.⁷

Less than 1% of all state prisoners are in jail for simple possession.¹⁷



Physical Health Impacts

LUNGS: Smoke from marijuana contains 4-5x the toxins, irritants & carcinogens as tobacco smoke; 20 times more ammonia.⁹
Increases likelihood of **HEART ATTACK**⁹
IMMUNE SYSTEM is weakened²⁴
Negatively impacts **REPRODUCTIVE SYSTEM**⁶
DEATH RATE 4x higher than non-users.¹³

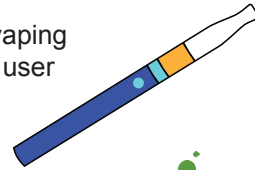


Crime

- **64.3%** of men and **66.1%** of women inmates are addicted to marijuana, other drugs and/or alcohol.⁴
- Marijuana is strongly linked to violent crime.¹⁹
- **Guns** are common at both large and home cultivation (grow) sites.²³

Vaping

- Liquid THC concentrate heated in “vaping” devices (aka e-cigarettes) creates a cancer-causing aerosol with little smell.
- A majority of 2019 lung injuries and vaping-related deaths (EVALI) involved THC.¹⁸
- THC compromises the immune system;²⁴ vaping marijuana can hurt the lungs; both make a user more vulnerable to COVID-19.²²



Butane Hash Oil (BHO)

- Increases THC potency to 90+%¹¹
- Causes severe “high.”
- As dangerous to make and consume as meth.
- Easily causes **explosions and fires** in neighborhoods where cooked.
- AKA *dabs, wax, budder, shatter, and solid THC concentrate.*



Marijuana is Big Money

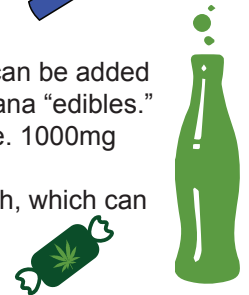
(but not for the community)

- One plant can bring \$2,000 to \$4,000 annually to a grower/distributor.
- **Black Markets still thrive after legalization.**⁸
- Tax revenues from pot sales do NOT cover **increased** crime, health care or addiction services. Revenues are projected to be less than .003% of total CA state tax revenue.²
- Cost of law enforcement increases, not decreases with legalization.¹⁶
- CA already has 50,000 illegal cultivation sites that supply 60% of marijuana to the US.³



Edibles

- Liquid and solid THC concentrates can be added to any food or drink, creating marijuana “edibles.”
- Potency can be extremely strong, i.e. 1000mg THC/cookie.
- Edibles take longer to produce a high, which can lead to over consumption and THC overdose/psychosis.¹⁹



Is Marijuana Really Medicine?

The Federal Food and Drug Administration confirms that whole plant marijuana and THC concentrates are NOT medicine.

- Components may have medicinal value, i.e. CBD (Cannabidiol).⁵
- To protect the public, the FDA testing and approval process must be used to determine THC & CBD drug safety, dosing efficacy, side effects, potency, duration, interactions, etc.
- Pot shop “baristas” – acting like medical professionals – recommending a psychoactive drug (THC) make medical conditions worse (e.g. PTSD, pediatric seizures, glaucoma and even pain).¹⁴
- Any business selling CBD (unapproved by FDA) put users at great risk.

*“First, Do No Harm”
Marijuana is harmful*



Marijuana is NOT Earth-Friendly¹⁰

- 1 plant uses 6 gallons of water per day.
- Streams diverted to grow sites kill plants & animals downstream.
- Poisons and illegal fertilizers contaminate streams and forests.¹⁵
- These contaminate marijuana products as well.
- Carbofuron is illegal but commonly used at grow sites - 1/8 teaspoon can kill a 300 lb. bear.¹⁵



Marijuana Industry Liability

- Marijuana businesses can be sued for contamination, environmental damage, and harming unborn children.
- Marijuana users can be sued for causing car crashes.
- Marijuana as medicine can be medical malpractice.²⁰

US MEDICAL ORGANIZATIONS OPPOSE MARIJUANA USE¹⁴

*American Medical Association • American Cancer Society • American Epilepsy Society
American Academy of Pediatrics • American M.S. Society • National Eye Institute
American Lung Association - and others*

SOURCES: 2 – State of California 2015-2016 Full Budget, Alcohol tax revenue. 3 – Senator Mike McGuire & Asm Mike Wood, 2015. 4 – CASA - Behind Bars II - Research Project. 5 – NFIA – National Families in Action, 2015, FDA, NIDA. 6 – VK Cortessis MSPH PhD 2012. 7 – UC Davis study, March 2016, “Persistent Cannabis Dependence ... A Longitudinal Cohort Study.” 8 – Washington Post, April 14, 2016, “Dozens arrested in Denver-area pot raids targeting exporters.” 9 – Dr. B Madras, Professor of Psychobiology, Dept of Psychiatry, Harvard School. 10 – California Fish & Game Warden Association, 2010. 11 – Keith Graves, PD - Graves & Associates. 12 – U.S. Dept. Health & Human Services - SAMSHA. 13 – Callahan et al, Dr. Bertha Madras 14 – American Medical Association Claims 15 – www.silentpoison.com <<http://www.silentpoison.com>> 16 – Colorado and California Police Chiefs Association 17 – “Who’s Really in Prison for Marijuana” - ONDCP 18 – CDC weekly EVALI webinars, beginning Sept 2019 19 – “Tell Your Children: The Truth About Marijuana, Mental Illness and Violence” - Berenson on Amazon.com 20 – CIVEL.org 21 – <<https://www.drugabuse.gov/publications/drugfacts/marijuana>> 22 – Dr. Nora Volkow, Director of NIDA, March 2020 23 – Sheriff & Coroner Jon Lopey, Siskiyou County 24 – Respiratory and Immunologic Consequences of Marijuana - <<https://accp1.onlinelibrary.wiley.com/doi/abs/10.1002/j.1552-4604.2002.tb06006.x>>

Conversation Starters – conversations with teens about drugs and alcohol run the gambit – from easy to difficult. Excellent conversation methodologies exist today, i.e. Courageous Conversations, the ideas of asking more questions, using effective listening skills, using “I statements,” etc... are all worth exploring. How some parents have started talking:

- Do you see ads on social media for pot/weed? What do they say? What apps are they more likely to be on? What do you think about them? Who do you think they are targeting?
- Are you following anyone on Twitter or Insta that has a pot/weed-identity? Or smokes a lot of pot? Or talks a lot of pro-pot/weed stuff? What do you think about them? Why do you think they do it?
- I’ve learned some recent stuff about pot/weed, did you know.....
- Do you know kids who smoke pot/weed? Is it easy to stay away from it? Do you have to do anything special? How would you say “no” if a friend said, “hey try this vape pen” or brought marijuana to our house at a sleep over or if you were at a friend’s house and there was pot/weed?
- What do think about kids hosting parties? What do they get out of it? Does it elevate his/her standing with their peers? With older kids? Are they “yesterday’s news” after the party? Would you want to be known as, “the kid who has parties when their parents aren’t home?”
- Parent response:
 - Validate and compliment teen behaviors or thinking if you agree with it
 - Explain your concerns if hearing things you don’t want to hear from your kid
 - If you are worried after a conversation like this that your child is using or is very interested, dive in deeper for what’s motivating this. Then (work with a partner) get clear on what’s acceptable for your family and start figuring out what and when you will circle back to clarify your expectations
 - Ways to express reasons for wanting your child to not use/wait:
 - The facts about brain chemistry, brain injury and addiction
 - Physical injury – at a consuming environment, certainly in a car, sexual assault, etc
 - What I love about you.... “I don’t want a drug or early substance use to change that; this is what’s at stake
 - It’s illegal

If you find your teen is using, attempt to:

1. Be patient, ready to listen, avoid criticism, encourage open dialogue
2. Find out why
3. Assess severity of use (i.e., experimentation, social, substance abuse)
4. Assess individual, family and environmental stressors
5. Reassess family pace/identify things that can change
6. Re/establish boundaries, rules & consequences
7. Help identify ways the child can make different decisions
8. Seek out courses of action and solutions that feel authentic for your family, even if they vary from others
9. Depending on the need, professionals can help parents understand what’s happening to them and figure out how to act. Look for psychologists with an addiction & adolescent specialty. In-patient rehab may be warranted right away, but it is typically an option that comes later in the addiction cycle. Much can, and probably should, be explored prior to rehab.

Sleep overs

- “No, never, no need. Every teen is sleep deprived anyway. Go have fun and come home to sleep in your own bed”
- “Yes, my girls love them. They tend to be the night’s event and I know all of the girls that are over”
- “If I do let them sleepover at someone else’s house, I always call or text parents to see if they are home”
- “Try to never allow sleep overs, but if I must for some reason, I ask my kid to take a picture of themselves with their friend’s parent and text it to me. If they can’t or don’t, they must come home”
- “If yes, they have to come home and I drive them to the sleep-over house. I want the car out of the equation.”

Curfew (in general and after parties)/moving around town

- 9th grade – 9pm, 10th grade – 10pm, 11th grade – 11pm; 12th grade – 12am and on a case by case basis; change curfew as birthday gift.
- “Every time you change location, you have to text me
- “You have to give me a proof-of-life “POL” once per hour – text “POL.”
- **Involve teens in the realities of the family** – This can elevate the authenticity of the conversation – it’s not just “because I said so” but “because you are part of this family and this is how it has to work”
 - “I (parent) cannot sleep when you’re out of the house. I have to catch up on my sleep over the weekend/I have to be rested when I go to work. You have to be in the house by X.”
 - “I (parent) have to be in bed by 9:00. You have to wake me up at 11:00 when you get home. I have to know your home, see you and hug you.” It’s hard to wake up, but it helps my daughter make decision while she’s out.
 - “You (teen) can’t go out while I’m gone. No friends over while I’m out. If I see you out while I’m gone (find-my-phone), ‘there will be severe consequences.’” If the teen is upset by this, schedule a day when they can be out or have friends over. “I’m out Friday, you go out with your friends Saturday.”

Miscellaneous Dialogue & Tips

- “I don’t know if I’ve said, ‘I expect you to not put anything in your body that’s illegal. My goal for you is that you stay healthy, and that you drive completely sober and that you take care of friends that might make different choices from you.’”
- “Every time my son goes out the door ‘no alcohol,’ ‘no drugs,’ ‘no unprotected sex.’” “Ok mom.”
- “We talk a lot about the unpredictability of drugs – don’t know what you’re getting, but even more importantly you don’t know how your body is going to react.”
- “We trust you until we can’t trust you”
- “Stay away from alcohol, marijuana and other drugs, but if you have anything, call us and we will come get you (we expect you to behave in this particular manner, but if you make a mistake we still want you safe)
- Let neighbors know your plans especially if gone over night – “no cars should be in the driveway”
- “Watch how much you (parent) glorify alcohol (and pot) in conversation”
- “If my kid is going to hang out with kids I’ve never heard of before or haven’t heard of since elementary school – it’s a red flag – that’s the house where the parents aren’t home and they are drinking- I’m calling”

There are many ways to socialize in high school – parties are certainly one of them. There is much we can do and many tactics to share as parents helping our kids navigate being social. It's important for every parent to find the tone, voice and approach that works for them and for their family. Authenticity is important. Below are:

Tips and techniques shared by other parents

1. Help your child plan drug-free/alcohol-free social events

- Be intentional – have fun planning with your kid
- Create a guest list - make invitation-only
- Have a theme – identify one or two activities/games to get the party going, think about foods that will enhance the fun
- Define the space, “if you come, you’re coming to stay – no in and out.”
- Secure all alcohol, marijuana and RX drugs prior to the event
- Hire security for big events
- Let kids know the ground rules, i.e. – no back packs, they will be searched
- Parent vibe that works for some – “we really want you to come and just enjoy yourselves”

2. Monitor drug-free/alcohol-free social events

- Make regular visits throughout the party area/your home. Do not join the festivities – parents aren’t attendees, but your presence should be felt.
- Take any substances found and discard them.
- If it’s your style, offer to help other parents do the same at their homes

3. Set guidelines on when, whether and under what circumstances your child can go to parties. The spectrum we hear is “you can never go to a party” to “you can go and these are my expectations.” This can be clearly defined by the parents or developed in conversation with the child.

4. Call, Call, Call – Never fear or hesitate to call the parents where your child is planning to go. It is your parental right to know where your kids are at any time.

- Ask “do the home owners know there is a party planned at their house?”
- Ask the host’s “policy on alcohol, marijuana and vaping.” Most will say they are not allowing it. Some parents will explain why they are allowing it. In the second scenario, parents leave that conversation with information. Information on which to make a decision about their child’s attendance.
- It can be uncomfortable, especially if one doesn’t know the parent they are calling, but it’s always worth gathering the information and establishing a new parent connection.
- In general, stay in contact with the parents of your kid’s friends.
- Suggestion: Start consciously reconnecting with parents in 8th grade – prior to high school when student independence dials further up.

5. Help your child navigate drugs/alcohol– it can be useful for kids to think about what they will do if they encounter drugs and alcohol at events.

Exit strategies and excuses = Ways to say no

9th/10th graders can be particularly receptive to pre-identified excuses or ways to say “no”.

Excuses encompass things that “could” happen (actually or theoretically). Working on excuses together can be useful. Examples from parents:

- “My dad is giving me \$1000 if I don’t drink until I’m 21” (this dad uses a carrot – works for his daughters)
- “My parents drug test me” (some parents actually do, some threaten to)
- “My coach will kick me off the team/limit my playing time”
- “I have addiction in my family – I’m at greater risk than you.” (see section below)
- It is perfectly okay to be hard core as a parent especially if it’s the right approach for your family - “this is real, we are going to protect your brain until you are out of this house, you will lose your phone, your car, I will not pay for college.”

Extraction language – pre-identified signaling language that a teen can use if they need to leave a situation. It can be an agreed upon word or phrase texted, i.e. “giraffe,” “gotta go.” It can be dialogue, teen - “mom, how’s the dog doing?” Mom - “not great, I think it would be better if you came home.”

11th grader shift – excuses may still work, but as they get older more and more teens want to be with their peers no matter the environment. Certainly, parents can disallow attendance or require immediate departure if drugs or alcohol materialize at an event – again what is right for your family. There is also an opportunity to help kids find ways to – stay and stay sober or stay connected and not use. This is not easy and may ultimately be unfruitful or a bad idea, but it can be a good conversation. Examples from parents:

- No one knows what’s in that red solo cup – put in soda, ginger ale, water
- Be the designated driver
- Advise that you want your teen to be leader – stay sober and keep an eye on others, watch for assault, etc...
- “Being at a party and not drinking is a life skill you need to have – I want to talk with you when you get home tonight about what it was like.”
- Attempt to help kids understand themselves beyond the moment – goal/desires that are bigger than one particular event; what’s important to them? What are they trying to attain? Perhaps college attendance, athletics, performance, excellence in extra-curriculars – these types of things can be anchoring-reasons why they might “choose not to use.” “What do you want for yourself, your body, your reputation, your future, how does intoxication or intoxicated friends fit into this?” Brainstorm all the things that can go wrong, “what if you were suddenly incapacitated?” Are there examples of things going poorly in your family, among friends or in the media that you can refer to?
- Again, if addiction in the family – “you just can’t – you’re risking everything” (see addiction section)

Addiction in the family – it can be prophylactic for kids to know about family addiction. If it is in their family, kids can be at as much as a 50% greater risk for addiction themselves. This can be a hard conversation for parents, as addiction is acknowledged and talked about to varying degrees in every family. However, if known, many kids take a “self-preservation” tactic with their friends and substance use. Also, when friends understand a friend is at “a greater risk” many will become supportive.

Providing Alcohol for Underage Youth: What Messages Should We Be Sending Parents?

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4108600/>

[J Stud Alcohol Drugs](#). 2014 Jul; 75(4): 590–605.

PMCID: PMC4108600

PMID: [24988258](#)

Abstract

Objective:

There have been conflicting findings in the literature concerning the risks to adolescents when parents provide them with alcohol. Studies have examined various ways in which parents directly affect adolescent alcohol consumption through provision (e.g., parental offers, parental allowance/supervision, parental presence while drinking, and parental supply). This review synthesizes findings on the direct ways parental provision can influence a child's alcohol consumption and related problems in an effort to provide parents with science-based guidance. We describe potential mechanisms of the relationship between these parental influences and adolescent problems, suggest future directions for research, and discuss implications for parents.

Method:

Twenty-two studies (a mix of cross-sectional and longitudinal) that empirically examined the association between parental provision and adolescent drinking outcomes were reviewed.

Results:

Parental provision was generally associated with increased adolescent alcohol use and, in some instances, increased heavy episodic drinking as well as higher rates of alcohol-related problems. Data in support of the view that parental provision serves as a protective factor in the face of other risk factors were equivocal.

Conclusions:

The nature and extent of the risks associated with parental provision, and the potential mechanisms underlying this association, are complex issues. Although more rigorous studies with longitudinal designs are needed, parents should be aware of potential risks associated with providing adolescents with alcohol and a place to drink. It is recommended that parents discourage drinking until adolescents reach legal age.

Not surprisingly, the NIH paper is dense. It looked at 22 cross-sectional and longitudinal studies, excluding qualitative studies. Beyond the Abstract, here are key findings and excerpts:

Key Findings:

"Research has consistently shown that indirect parental influences (e.g., permissiveness of drinking) are associated with increased drinking, heavy episodic drinking, and negative alcohol-related consequences ([Abar and Turrisi, 2008](#); [Abar et al., 2009](#); [Walls et al., 2009](#); [Wood et al., 2004](#)). Parents imposing strict rules related to

adolescent alcohol use is overwhelmingly associated with less drinking and fewer alcohol-related risky behaviors ([Mares et al., 2012](#); [Van der Vorst et al., 2006, 2007](#))."

"A study of 1,050 pairs of mothers and elementary-aged children ([Jackson et al., 2012](#)) found that between 15% and 40% of mothers believed that allowing their children to sip alcohol can be protective in the future (e.g., making children less likely to drink as adolescents, more likely to refuse peer pressure). **Despite these beliefs, there is little research evidence to support the notion that it is even possible to 'teach' children to drink alcohol responsibly.**" (Emphasis added).

Under "Parental Allowance/Supervision of Alcohol Use":

"... [A]ll of the longitudinal studies observed that parental allowance of drinking at home was related to a higher likelihood of drinking during adolescence ([Jackson et al., 1999](#); [Komro et al., 2007](#); [Shortt et al., 2007](#)), heavy episodic drinking ([Komro et al., 2007](#); [Livingston et al., 2010](#)), or the frequency of alcohol-related problems ([McMorris et al., 2011](#); [Van der Vorst et al., 2010](#))"

Under "Social Hosting/Furnishing":

Three U.S. studies of adolescents (one longitudinal and two cross-sectional) overwhelmingly linked hosting and furnishing to negative alcohol-related outcomes. Adolescents whose parents (or friend's parents) allowed them to drink at home with friends or hosted a party were significantly more likely to consume alcohol ([Foley et al., 2004](#)), engage in heavy episodic drinking ([Foley et al., 2004](#); [Livingston et al., 2010](#); [Reboussin et al., 2012](#)), and experience alcohol-related problems ([Reboussin et al., 2012](#)). **Most notably, [Reboussin et al. \(2012\)](#) found that adolescents who had attended a party where parents supplied the alcohol were at increased risk for drinking and driving or riding with a person who had been drinking.** (Emphasis added).

Under "Limitations and Future Directions":

"A recent study found that, among college students, zero-tolerance messages conveyed by parents were more protective against alcohol use and consequences when compared with mixed messages or the absence of a message ([Abar et al., 2012](#)). A zero-tolerance approach was related to safer outcomes than other messages, even if students were already using alcohol. Although conducted with older adolescents, the findings are important to consider because they contradict the assumption that with the right communication, parents can socialize their children to alcohol use and reduce risky drinking in other settings."

Under "What Messages Should We Be Sending to Parents?":

First, allowing children to drink underage, even when supervised by the parent, is always associated with a greater likelihood of drinking during adolescence over time. Parents should understand this connection and avoid allowing their children to drink.

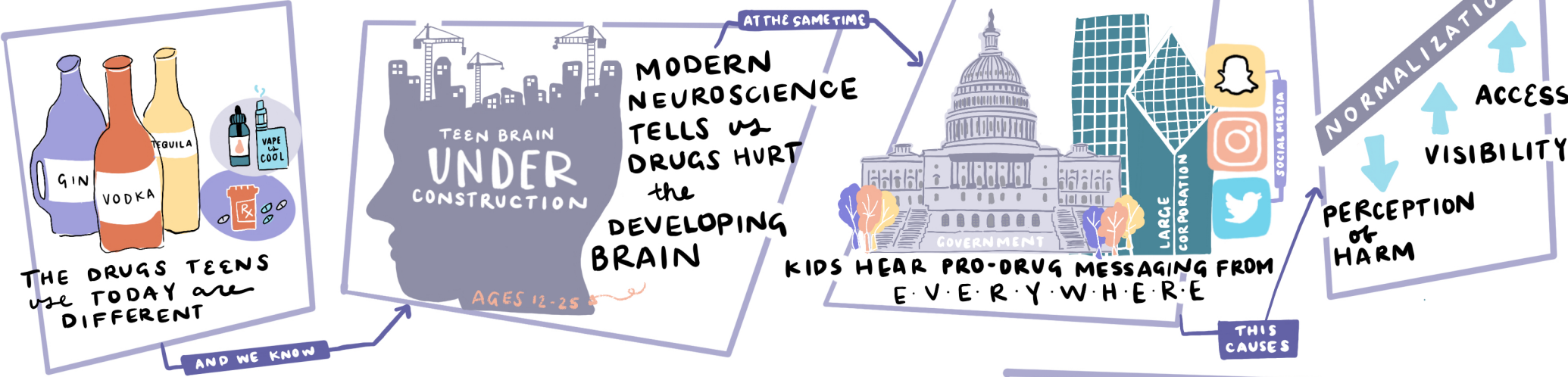
Finally, social hosting is never a good idea. Parents might believe they are keeping their children and their children's friends safe by allowing them to drink in their home. This is not the case. Adolescents who attend parties where parents supply alcohol are at increased risk for heavy episodic drinking, alcohol-related problems, and drinking and driving ([Foley et al., 2004](#); [Livingston et al., 2010](#); [Reboussin et al., 2012](#)).

Finally, under "Conclusion": Parents should "continue to discourage drinking until adolescents reach legal age."

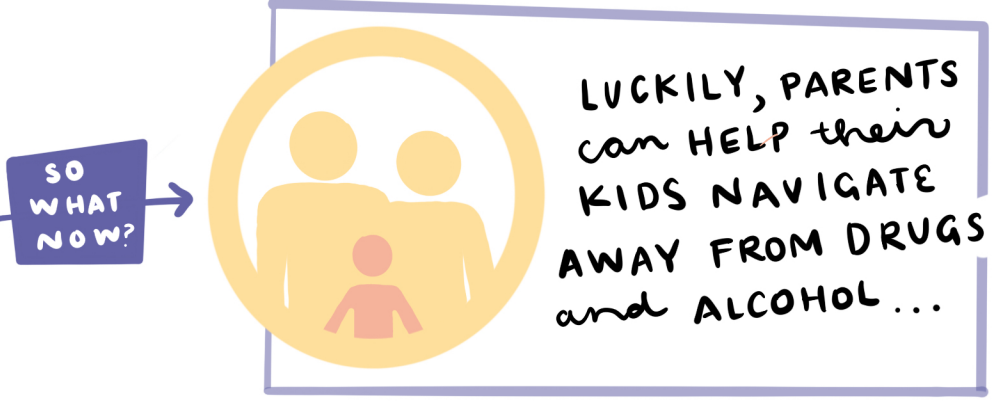
Other: NIH National Institute on Alcohol Abuse and Alcoholism -

<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/parenting-prevent-childhood-alcohol-use>

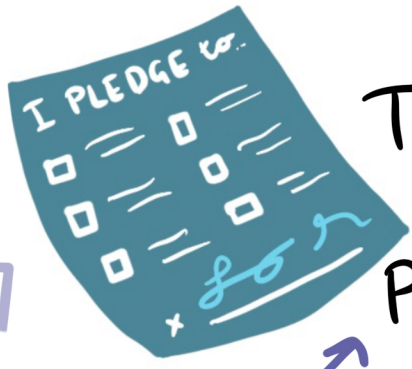
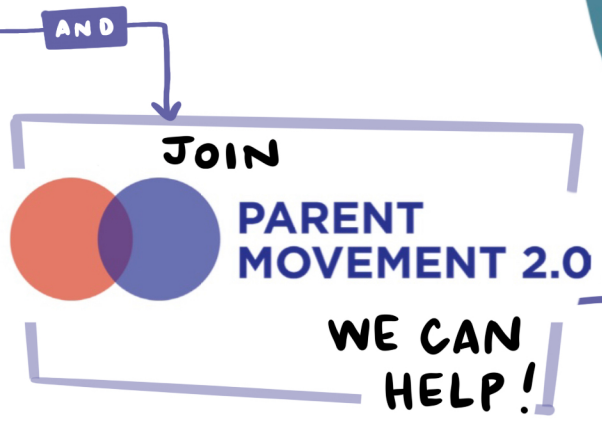
Questions? info@parentmovement2-0.org



THEY are NOT



- STEP I GET EDUCATED
- STEP II START TALKING
- STEP III LOOK AROUND



TAKE the PLEDGE



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