

Substance Use Awareness Week

MAY 29 – JUNE 4, 2016



Substance Use and Parenting

For many parents of young people, one of their biggest fears is that their child will use drugs or alcohol. While the consequences of substance misuse can be devastating, the good news is that most youth listen to and value their parents' opinions and use them in their own decision-making.

Why Do Youth Use Drugs or Alcohol?

CURIOSITY It is normal for youth to be curious about substances and their effects. Knowledge can often satisfy curiosity before it motivates them to actually try substances so encourage discussion and information-sharing within your family.

MEDIA INFLUENCES There are constant references to substance use within mass media and pop culture. It can be confusing for youth when their idols and famous superstars are shown engaging in substance use as it is often glorified and portrayed as glamorous. Ensure your child is educated on the facts and risks associated with substance misuse so they can see through this false messaging.

MYTHS Many youth believe that the majority of their peers are using substances. Research shows that as many as 80% of youth are NOT using substances! It's important to ensure that young people know that being substance-free actually puts them in the majority, NOT the minority.

ESCAPE OR RELIEF FROM PROBLEMS Youth experience a variety of struggles and often the use of substances is seen as a way to escape or cope with difficult feelings such as hurt, anger, stress, fear, self-doubt or guilt. Using substances only makes these feelings worse. Teaching youth about healthy coping strategies can help them manage problems and avoid the pitfalls of substance misuse.

PEER INFLUENCES Sometimes when other young people within their peer group are experimenting, it can be difficult for your child to refuse. Talk to him or her about the qualities within true friendships and give suggestions for refusing (see the SUAT Fact Sheet "Cool Refusal Skills" for some tips). Get to know your child's friends and consider allowing them to spend time in your home-that way, you have more opportunities to monitor their behaviour.



Did You Know?

The top three substances used by BC teenagers are tobacco, alcohol and cannabis.



What Can I Do To Prevent My Child From Misusing Substances?

TALK ABOUT IT Begin in early childhood by promoting a healthy lifestyle and discussing the difference between using and abusing drugs. Help children see the importance of treating their bodies well.

BE AN EXAMPLE Role model the behaviour you would like to see in your children by using substances responsibly.

CREATE HEALTHY RECREATIONAL OPPORTUNITIES Encourage your child to join in any healthy recreation activities s/he is interested in such as sports, dance, art, music or others. It serves as a healthy coping strategy while introducing them to like-minded peers, as well as preventing boredom which can lead to risk-taking.

LEARN TOGETHER Most parents are not “experts” on substance use, but you don’t have to be to have meaningful conversations about it. Do some research together, engage in two-way dialogue and use your relationship to influence your child’s decision-making. Most youth state that parents and teachers are their most trusted sources of information on drugs and alcohol.

BE CLEAR ABOUT YOUR EXPECTATIONS Talk with your child about the behaviour you expect to see. Sometimes youth experiment in order to “test the boundaries” and see what they can get away with. Outline expectations and consequences within your family.

How To Talk With Your Kids:

Parents face a wide variety of challenging moments. It can be difficult to know how to start the conversation about drugs and alcohol but the most important thing is to open the lines of communication and start talking. Here are some tips to help you speak with your child:

- Start early. As soon as children see substance use around them or depicted in media, begin talking with them about what they are seeing. Curiosity begins here and often knowledge can satisfy curiosity before experimentation occurs.
- Avoid lecturing and scare tactics.
- Become comfortable with the topic yourself. Do some research about commonly used drugs and their effects.
- Invite your child to look for answers together and show them how to find trustworthy information about substances.
- Use your surroundings to your advantage by looking for “teachable moments”.
- Help your child build refusal skills by brainstorming together on ways he or she can refuse.

Resources

Centre for Addictions Research of BC www.carbc.ca
BC Partners for Mental Health & Addiction Information www.heretohelp.bc.ca
Drug & Alcohol Information & Referral Hotline 604-660-9382 • toll free 1-800-663-1441
From Grief to Action www.fgta.ca
Drug Facts (ADES) www.drugfacts.ca
www.drugfree.org
www.kidshealth.org
www.drugabuse.gov
Parent’s Booklet (Drug Use – RCMP) www.rcmp-grc.gc.ca/docas-ssdco/guide-kid-enf
Centre for Addiction & Mental Health www.camh.ca
National Crime Prevention Institute www.ncpc.org/topics/drug-abuse

PARTNER AGENCIES
Alcohol-Drug Education Service 604-944-4155 • www.ades.bc.ca
BC Responsible Gambling www.bcresponsiblegambling.ca
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Prescription Medications

Recognize Signs and Symptoms of Overuse

Benzodiazepines, more commonly referred to as Benzos, are a class of medications that are usually prescribed to treat sleep disorders and anxiety. Some examples include Ativan, Valium, Clonazepam and Xanax. Unfortunately, approximately 12% of older adults are being prescribed these medications despite the cautions that have emerged. The risks for older adults include:

- Dependence and tolerance (the medication stops working, requiring higher doses for the same result).
- Withdrawal symptoms.
- Memory and coordination problems.
- Daytime sedation.

- Increased risk of falls and motor vehicle accidents.
- The long-term effects of benzodiazepines and benzodiazepine dependence in the elderly can resemble dementia, depression, or anxiety syndromes, and progressively worsen over time.

Benzodiazepines should be prescribed only with caution and only for a short period at low doses. Benzo's should never be mixed with alcohol. If you have been taking a Benzo on a daily basis for longer than 4 weeks, do not suddenly stop taking them as you can experience strong withdrawal symptoms. Consult your doctor.

Did You Know?

Adverse effects caused by prescription medication can be mistaken for the effects of aging.

Myths and Facts about Prescription Medications

MYTH: If a doctor prescribes medicine it must be good for me. I won't get addicted to something prescribed by a doctor.

FACT: Even when a prescribed medication is used as it is supposed to be, there is still a risk of becoming addicted to it. To avoid this situation consult regularly with a doctor.

MYTH: A prescription drug, even if it wasn't prescribed for me, is still safer than any illegal street drug.

FACT: Prescription medications are prescribed by doctors for a specific patient. By taking medication that is not prescribed for you, the possible effects can be just as harmful as street drugs.



Emerging Trends Youth and Prescription Medications

Getting Help

People who are physically dependent on benzodiazepines may experience withdrawal symptoms if they stop using the drug. The severity of withdrawal symptoms depends on the type of benzodiazepine used, the amount used, the length of time it is used, and whether the drug is stopped abruptly. Withdrawal symptoms can include headache, insomnia, tension, sweating, difficulty concentrating, tremor, sensory disturbances, stomach upset and loss of appetite.

Severe withdrawal symptoms from regular use of benzodiazepines in high doses may include agitation, paranoia, delirium and seizures.

Long-term regular use of benzodiazepines should be reduced gradually, with medical supervision. Contact a doctor or one of the resources listed on this fact sheet.

Disposal of Meds

Outdated or unneeded prescription drugs left around your house can be found and misused – you should discard them quickly and properly. Do not flush them down the toilet. Take them to a local pharmacy – drugstore, supermarket, or “big box” outlet – anywhere that dispenses drugs is equipped to accept and dispose of them safely.

When you hear the term “drug abuse,” you likely think about illegal street drugs like cocaine or heroin, but some of the most commonly abused drugs are prescription medications. Prescription drugs are being sold on the streets, and are very harmful.

Experts have quoted that 20% of teens have taken prescription medications that were not prescribed for them. Some of the most commonly abused prescription medications are:

- Painkillers such as OxyContin, Demorol, Vicodin and Tylenol 3s

- Anti-anxiety medications such as Valium and Xanax
- Stimulants such as Ritalin and Adderall

Each medication comes with its own risks and side-effects. When used by the person they are prescribed for, and in the correct dosage, they can have the desired outcome. However, when someone who the doctor has not assessed and prescribed the medication to takes it (or the person they are prescribed for does not take them in the dosage they are supposed to), the risks increase greatly.

Resources

BC Partners for Mental Health and Addiction Information www.heretohelp.ca
Centre for Addictions and Mental Health www.camh.net
Drug and Alcohol Information and Referral (Hot Line) 604-660-9382 (toll-free 1-800-663-1441)
Parents. The Anti-Drug www.theantidrug.com
Quit 4 Life www.quit4life.com/index_e.asp
Teen Challenge Canada www.teenchallenge.ca
The Partnership at Drugfree.org www.drugfree.org
Time to Talk www.timetotalk.org

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Process Addictions

Any behaviour that increases the release of “feel-good” chemicals in the pleasure centre of the brain can become a compulsion.

Growing evidence suggests that Process Addictions resemble substance addictions in many domains including causes and treatment. Process addiction involves brain reward, motivation, memory and related circuitry. We know that it is possible to become addicted to substances. But substances are not the only things that produce pleasure in the brain and with inappropriate use can develop into problems.

EXAMPLES INCLUDE:

- Video gaming
- Gambling
- Internet use
- Social networking
- Shopping/overspending
- Internet overuse
- Overworking

HOW TO TELL IF SOMEONE'S ACTIVITIES ARE BECOMING A PROBLEM.

- A pre-occupation (constantly thinking/talking) about gambling, Facebook, shopping, etc.
- Spending more time or money than intended
- Missing school or work
- Neglecting friends and family
- Missing sleep to stay on online
- Being dishonest about your activities
- Feeling guilty, ashamed, anxious or depressed about use and consequences
- Withdrawing from other healthy activities of previous interest

Did You Know?

Process addictions such as gambling, shopping and Internet addiction can be as powerful and destructive as substance addictions.

Myths and Facts

MYTH: Buying lottery tickets for children is not as bad as buying alcohol for them.

FACT: In Canada, 67% of youth report that their parents purchase lottery tickets or instant tickets for them to play. Research found that many high-risk gamblers had been exposed to gambling early in their lives. Early exposure to playing lottery tickets is a risk factor for later addiction.

MYTH: Video games are not as unhealthy as drugs or alcohol.

FACT: Research has found that pre-adolescent youth who played daily high-violence video games have a higher association with depressive symptoms.



Emerging Trends Social Media and Cell Phones

Cell phones have become an essential part of our lives that allows us to be better connected and entertained. However, there is a balance that needs to be held. For some people, keeping up with social media on cell phones can cause a negative impact on their lives. Research has found that active social media use and conflict about that use can lead to infidelity, breakup and divorce.

Compulsive use of cell phones and texting while driving is on the rise. Most drivers report that they “cannot help themselves although they know better.” This addictive behavior has resulted in numerous accidents and fatalities. The pre-occupying focus on these activities can have a negative impact on ones life.

SOME WAYS TO HELP YOURSELF OR SOMEONE YOU KNOW:

- Leave distracting items such as cell phones out of reach while driving (such as in the trunk)
- Spend time with friends and family without your mobile device
- Limit your time and use of technology (take regular breaks)
- If you find that you are pre-occupied, delete the app from your device

Getting Help

Although there are many different types of Process Addictions, the treatment and recovery processes are very similar. Help is available for anyone wanting to make a change to his or her behaviors. Seeking support from medical professionals, attending support groups and counselling can make a difference.

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Cyberpsychology, Behavior, and Social Networking. September 2014, Vol. 17, No.

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Resources

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Substance Use in Older Adults

Older adults are at risk of overusing prescription drugs and alcohol.

Life-changing events may trigger the use of prescription drugs or alcohol.

- The loss of a loved one
- The loss of a job or early retirement
- Trouble sleeping
- Trouble with anxiety
- An unexpected injury or illness
- Habits formed earlier in life

Did You Know?

Substance abuse, particularly of alcohol and prescription drugs, often goes undetected among older adults. Providers, for their part, may confuse symptoms of substance use disorders with age-related changes.



Recognizing Signs and Symptoms of Substance Use

The warning signs of substance use are less obvious in older adults. Many of the diseases caused by substance misuse (e.g., high blood pressure, stroke, dementia, or ulcers) are common disorders in later life, so health care providers and family members may misinterpret symptoms. Some warning signs to look for include:

- Bruises, abrasions, and scars in locations that might suggest frequent falls, bumping into objects.
- Empty bottles or cans in the garbage.
- Sleep complaints, observable changes in sleep patterns, unusual fatigue, malaise, daytime drowsiness, apparent sedation.
- Seizures, malnutrition, muscle loss.
- Depression and/or anxiety.
- Unexplained complaints about chronic pain.
- Poor hygiene and self-neglect.
- Unusual restlessness or agitation.
- Complaints of blurred vision or dry mouth.
- Change in eating habits.
- Slurred speech.



How to Talk to an Older Adult about Substance Use

If you suspect an older adult in your life has a problem with drinking or other drugs try to talk to them about it respectfully. When talking with older people put “the person” before “the problem.” Try the following approach:

- Refrain from using terms like “alcoholic” or “addict.”
- Encourage the person to talk about his or her use when they are sober.

- Describe what you see (ie. “I’ve noticed you’ve been having difficulty walking” or “As far as I can see you haven’t eaten much this week.”
- Suggest positive alternatives - “Let’s go for a walk or a drive.”
- Encourage the person to attend activities that he or she enjoys that do not include drinking or substance use.
- If you suspect a person you know has a problem with substances do not hesitate to contact resources for support.

FAQs

CAN YOU DRINK MORE AS YOU GET OLDER?

As people age they become more sensitive to the effects of alcohol, and their bodies process alcohol more slowly. This means older adults are more vulnerable to the negative effects of alcohol.

CAN I COMBINE ALCOHOL WITH OTHER DRUGS OR MEDICATION?

It is important to consult a physician or pharmacist about potential effects and drug interactions before consuming any alcohol while taking medications.

IS IT OK TO TAKE A BENZODIAZEPINE (IE. ATIVAN, VALIUM, CLONAZAPAM AND XANAX) FOR MORE THAN 4 WEEKS?

Benzodiazepines should be prescribed to older adults only with caution and only for a short period at low doses. Benzo’s should never be mixed with alcohol. Always consult your physician.

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Cool Refusal Skills

What are Refusal Skills?

Refusal skills are a set of skills that can help you avoid situations you don't want to be a part of. Having a good set of refusal skills can help you out of tough situations.

Can't I Just "Say No"?

Of course you can just "say no," but we also recognize that not everyone feels comfortable taking a strong stand in all situations. The pressures from friends, media and even your own curiosity can be a challenge to overcome, but if you find yourself being asked, it can help you stand strong against substances if you are well prepared.

Be Prepared

Without being prepared, it can be easy to feel caught up in the moment and "say yes", just to go with the flow and relieve the pressure:

- Practice refusal phrases.
- Have your favourite examples at hand.
- Stay strong.

Did You Know?

We all experience peer pressure – even adults feel pressure to do something that they may not feel comfortable doing. The more tools you have to deal with peer pressure today, the better prepared and more confident you will be.



Check out the strategies listed and think of what you would be confident saying.
Use your own words that would roll off your tongue easily and be appropriate to the situation.

Phrases to Use:

"I'll pass, but it's fine with me if you go ahead."

"I'm not in the mood right now."

"No thanks, I've got a big day (important game) tomorrow."

"I can't. I'm on medication / I'm allergic / I don't react well to that stuff."

"Trust me; I don't think you'd like me on that. I turn into ____."

I'm just not into it."

"I just don't like how it makes me feel."

"Yeah, it looks fun and all, but it is not worth the harassment I will get from my parents and I can't hide anything from them."

(If appropriate, it can help to make your parents the excuse for not wanting to use).

"Thanks, but don't want to put anything in my body."

"No thanks, I don't believe in doing drugs/drinking."

"I don't need to drink/do drugs to have fun."

Just plain "No" with confidence knowing you will get respect from the friends who matter.

Other Strategies

Find someone in the group who also does not want to use; there is strength in numbers.

Come up with a better idea and see if your peers will want to do something else – "Let's shoot some hoops at my house instead."

Choose the kinds of friends who do not pressure you to use.

If you know your drug facts and are concerned for a friend, share what you have learned without lecturing.

It can be helpful to practice your refusal strategy with someone ahead of time. Play around with different scenarios and come up with different ways peers might try to talk you into using and how you would handle it. Know your reasons why you want to stay straight. Having a clear motivation for saying "no" can help you follow through.

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Substance Use & Body Image

Body Image is defined as the “way people perceive their bodies and assume others perceive their bodies. This image of one’s self can be affected by family, friends, relationships, social pressure and media and doesn’t necessarily reflect the true nature of one’s physical form. People’s perceptions of how others view their bodies can be very different from the actual perception of others.”

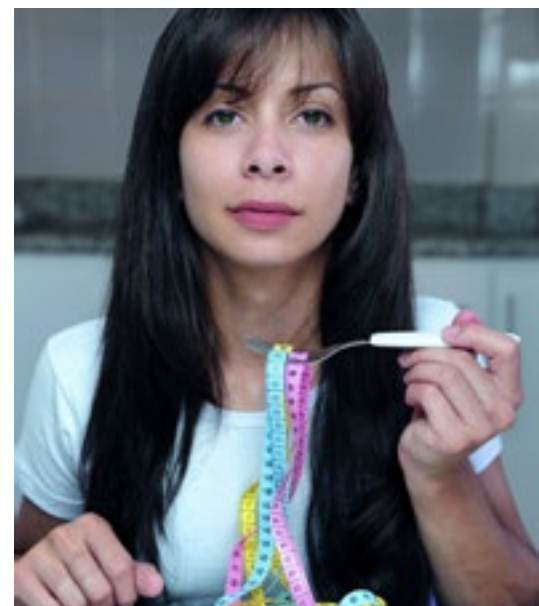
For many people, their sense of self esteem and worth are closely tied to their body image. In fact, popular media and culture often reinforce this message by depicting unnaturally thin, fit or “perfect” bodies seemingly with the expectation that looking anything less is unacceptable and in fact, deemed as failure. This social pressure to achieve such unrealistic ideals can result in feelings of low self esteem and low confidence, both of which are risk factors for problematic substance use.

Is it only females who feel the pressure to look a certain way?

No, body image issues affect both males and females. While a recent study of young females identified that the pressure to look good was the worst part of being female, current research shows that at least 18% of boys are highly concerned about their weight and physique, and are at increased risk of depression and using substances because of it. Pediatricians are stating that the parents of teenage boys should be just as concerned as the parents of teenage girls about eating disorders and the use of diet/performance-enhancing drugs in their youth. Boys who are very concerned with their appearance and body image are more likely to engage in unhealthy behaviours to achieve their goals, such as excessive exercise and weight training, food restriction, and the use of growth hormones, supplements and steroid drugs.

Did You Know?

- 91% of women admit to being dissatisfied with their appearance and making several attempts to change it
- Only 5% of women naturally have a body with model-like measurements and weight
- Studies show that the more reality TV a person watches the more importance they place on physical appearance, specifically on sexiness
- 95% of those struggling with an eating disorder are between 12-25 years of age
- Nearly 50% of those with an eating disorder are also misusing drugs and alcohol





How Do I Maintain a Healthy Body Image?

- Surround yourself with people who like and appreciate you for your whole self, not just for how you look
- Remember that the images shown in most advertising and pop culture are digitally altered through Photo Shop, air brushing and other touch-up techniques...often dramatically
- Take good care of your body by eating well and exercising regularly. Nutrition and physical activity make us feel strong and fit, and boost our moods naturally
- Talk to a doctor before using performance-enhancing or weight loss products and supplements
- Love yourself!
- Appreciate all that your body can do...carry you throughout life wherever you go, run, jump, walk, breathe, dream. It really is amazing!
- Ask for support from loved ones, friends or counsellors if you are having trouble with self-acceptance...we all deserve to value ourselves!

Changing Risk Factors

Traditionally, youth who were involved in extra-curricular activities such as sports, dance or music were deemed to be at lower risk of substance use as these activities kept them busy and positively connected to their communities. However, new research has identified that active, athletic youth, particularly those involved in competitive sport or physical activity,

may be at increased risk of substance use. These youth are exposed to high expectations and may feel enormous pressure to achieve physically, driving them to use performance-enhancing substances such as supplements, growth hormones and anabolic steroids, all of which pose serious health risks.

Resources

Fraser Health Eating Disorders Program Delta-North Mental Health Office 604-592-3700
Kelty Mental Health www.keltyeatingdisorders.ca
BC Children's Hospital 1-800-665-1822
www.SportMedBC.com
Health Canada Database & Product Info-Dietary Supplements:
www.hc-ssc.gc.ca/dhp-mps/faq
http://www.hc-ssc.gc.ca/dhp-mps/faq

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Doda & Afeem

What are Doda & Afeem?

Doda, a powder made from ground poppy husks and sometimes called Dode (plural form), and Afeem, a black tar-like substance, are illegal drugs made from the poppy plant. They are highly addictive substances categorized in the opiate drug group.

Opiates are narcotics containing opium or its derivatives, like heroin and morphine. These addictive drugs have side effects and withdrawal symptoms that change depending on the amount used, an individual's sensitivity to the drug and length of time taken.

Potential side effects of Doda and Afeem include:

- Sleepiness
- Lethargy
- Itching
- Slow breathing
- Nausea

High amounts can be dangerous and can cause death through loss of breath and/or a person choking on their own vomit.

Withdrawal effects can occur as soon as 6 to 8 hours after intake, with the worst symptoms occurring 2 to 3 days after the last use.

The use of Doda and Afeem has been prevalent for decades in many South Asian countries. While the use of these drugs appears to be fairly new to Canada, over the past few years their use has gained more attention. Like any drug, the use of Doda and Afeem can significantly impact:

- Individuals
- Families
- Law enforcement
- Courts
- The community

Did You Know?

Many people who use Doda and Afeem do not fully understand that the substances they are digesting are highly addictive, illegal, opiate drugs.

Facts

FACT: These drugs are controlled, illegal substances punishable under the Canadian Criminal Code. Those found in possession can be charged, convicted and sentenced by the Criminal Justice System.

FACT: Doda and Afeem are NOT safe to use and are highly addictive. They are forms of opium that with frequent use may result in tolerance and dependency. People who use these drugs on a regular basis experience withdrawal symptoms when they attempt to stop.

FACT: Over time, the use of Doda and Afeem can interfere with the ability to participate in work and other healthy activities, as well as negatively impact relationships with family and friends.

Did You Know?

You can get help! If you or someone you know needs help, contact any of the service providers or partners listed below.

Recognize Signs and Symptoms of Overuse

Withdrawal effects can occur as soon as 6 to 8 hours after ingestion, with the worst symptoms occurring 2 to 3 days after last use.

Symptoms of overuse may include:

- Dilated pupils
- Muscle cramps
- Irritability
- Watery eyes
- Insomnia
- Jitters
- Runny nose
- Chills
- Stomach cramps
- Diarrhea
- Nausea
- Loss of appetite
- Vomiting
- Profuse sweating
- Tremours
- Shaking
- Panic attacks



References: Beyond the ABCs: Opioids. Alberta Alcohol and Drug Abuse Commission, 2002. Centre for Addiction and Mental Health. Drugs of Abuse: Opiates. National Institute on Drug Abuse, 1998. Fact Sheet on Opiates. Centre on Addiction and Mental Health, [1998]. Health Canada. Centre for Addiction and Mental Health: Ontario Students Drug Use and Health Survey (OSDUHS)

Resources

BC Partners for Mental Health and Addiction Information www.heretohelp.ca
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PARTNER AGENCIES

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Substance Use Awareness Week

MAY 29 – JUNE 4, 2016



“Soft?” “Social?” “Natural?” Drugs – Are they really?

Research says NO.

Tobacco, Alcohol and Marijuana

There is a tendency to overlook or dismiss the two most costly, dangerous and deadly drugs, alcohol and tobacco. They are legal (for adults), readily available and generally socially accepted. Though it's illegal, marijuana (cannabis) is the third drug generally mentioned with nicotine and alcohol. Previously, these were typed “gateway” drugs. The theory was their use may lead to more-dangerous and addictive substances. It promoted a view that these “soft” drugs were frightening primarily because of this gateway effect to more dangerous drugs, distracting youth, parents, professionals and policy-makers from the fact that these “soft” drugs produce more harms to individuals and society than all of the so called “hard” drugs put together.

TOBACCO – THE “SOFT” DRUG?

Tobacco kills an average of 1 person every 6 seconds. There are over 4,000 dangerous chemicals in cigarettes and they are scientifically engineered to maximize their addictive potential.

- Most people who become smokers start in their teens and over 70% say that having friends who smoke and/or peer pressure is the number one reason for starting.
- Teens who smoke are 7 times more likely to use illegal drugs and 11 times more likely to drink heavily than their non-smoking counterparts.

Tobacco References: Canadian Lung Association Website; National US Institution on Drug Abuse Website.

ALCOHOL – THE “SOCIAL” DRUG?

“I drink socially” is the way some people describe their habit, which is why it's easy to think of alcohol as a “social” drug. Yet often, many people who drink become anti-social, loud, obnoxious, angry, offensive and/or violent, and unfortunately, studies have shown that drinking has been rising consistently over the last 10 years.

Although the majority of Canadians who drink alcohol do so in moderation, alcohol misuse affects too many. In fact, it is estimated that 4 to 5 million Canadians engage in high-risk drinking, which is linked to motor vehicle accidents, Fetal Alcohol Spectrum Disorder and other health issues, family problems, crime and violence.

The economic impact of alcohol-related harm in Canada is estimated to cost \$14.6 billion per year, according to a 2009 study.

With youth in particular, alcohol is linked to many harmful outcomes:

- Young people between 10 and 24 years of age represented the highest proportion (27%) of people admitted to a specialized trauma hospital in 2002-2003 due to alcohol related injuries.
- In BC in 2009, alcohol was a factor in 65.5% of the traffic fatalities among 16-19 year olds and 54.5% of the traffic fatalities among 20-25 year olds.

Alcohol References: Canadian Centre on Substance Abuse Website; National Alcohol Strategy 2007 Report; Traffic Injury Research Foundation of Canada TIRF-The Alcohol-Crash Problem in Canada: 2009; National Trauma Registry; Health Canada Website; Parliament of Canada: Substance Abuse and Public Policy in Canada: V. Alcohol and Related Harms 2006.

City of Surrey

Crime Reduction Strategy



MARIJUANA – THE “NATURAL” DRUG?

Many youth that argue for the use of marijuana contend that it is a “natural herb” that causes less harm than some legal substances, yet research disagrees. According to a 2009 study, adolescents and young adults who are heavy users of marijuana are more likely than non-users to have disrupted brain development. Pediatric researchers found abnormalities in areas of the brain that interconnect brain regions involved in memory, attention, decision-making, language and executive functioning skills. The findings are of particular concern because adolescence is a crucial period for brain development and maturation.

- Teens who start smoking marijuana before the age of 16 are four times more likely to develop schizophrenia. Research on the connection between cannabis and mental illness reveals that, for all young adults, smoking pot nearly doubles the risk of developing psychosis, paranoia and hallucinations.
- Marijuana THC levels are more potent than they were just 10 to 15 years ago and hugely amplifies the impact on young, still-developing adolescent brains.
- Studies show that cannabis smokers end up with five times more carbon monoxide in their bloodstream than tobacco smokers; as well, marijuana could be expected to harm the airways more than tobacco cigarettes since its smoke contains twice the level of carcinogens.

References: Diffusion abnormalities in adolescents and young adults with a history of heavy cannabis use. Journal of Psychiatric Research, 2009; Information & Facts About Marijuana Use and Mental Illness – From David Suzuki’s the Downside of High; Effects of cannabis on pulmonary structure, function and symptoms Medical Research Institute of New Zealand, Pacific Radiology, Wakefield Hospital, and Wellington School of Medicine and Health Sciences; Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study BMJ2002; Source Department of Psychiatry and Neuropsychology, South Limburg Mental Health Research and Teaching Network, EURON, Maastricht University Medical Center, Maastricht, Netherlands; Source Mental Health Service, Prince of Wales Hospital, Sydney, Australia. mmbi@bigpond.com; National Institute of Drug Abuse (NIDA)

Parents Are Key

Substance use, in all forms, should be a wake-up call for parents (or other family member) to ask the question - Why does my child (want to) do drugs? Helping your child manage and adapt to obstacles, like using substances, can help them overcome adversity and go on to succeed in life. However, parenting must also be combined with a supportive school and community setting as well as good physical and mental health. Youth who feel a strong sense of family (and school) connectivity are less likely to engage in poor behaviour and bad decision making – not only about drugs, but also about other risk taking behaviours. Things for parents to remember:

- A caring and supportive relationship with at least one adult is extremely important in helping teens develop into strong and happy adults.
- Positive relationships with parents, peers, grandparents, neighbours, teachers, coaches, etc can help teens develop competence and well-being.
- Children who have two or more adults whom they feel are “important” to them in school are happier, more motivated at school, are more self-confident and concerned about others.

Resources

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Substance Use Awareness Week

MAY 29 – JUNE 4, 2016



Alcohol

Recognize Signs and Symptoms of Overuse

The majority of Canadian adults enjoy alcoholic drinks in moderation, but drinking can become problematic for some – and there are many increased risks for young people. Youth who start drinking before age 15 are five times more likely to develop issues with alcohol misuse later in life than those who begin drinking at or after the age of 21.

Misuse of any substance can have many negative consequences, including poor health, conflicts with family members, and financial strains. A person does not have to drink alcohol regularly to develop a problem.

Some signs that you (or someone you know) may have a problem:

- You think about cutting down or quitting.
- You get annoyed when others say that you should quit or cut down.
- Your drinking negatively affects your health.
- Alcohol use affects your relationships with family and/or friends.
- You miss work or school due to a hangover, or go to work or class intoxicated/hungover.
- You have blackouts when you drink.
- You drink and drive.
- You have legal or behavioural problems because of your drinking.
- You act in a way or do things when drinking that you later regret.
- You have withdrawal symptoms when you stop drinking.
- You use alcohol to cope with stress or depression.
- You cannot socialize without drinking.

References: www.ncbi.nlm.nih.gov/pmc/articles/PMC3166739/; www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm; www.oas.samhsa.gov/2k4/ageDependence/ageDependence.htm; pubs.niaaa.nih.gov/publications/arh283/111-120.htm; www.helpguide.org/harvard/the-dangers-of-teenage-drinking.htm; archpedi.jamanetwork.com/article.aspx?articleid=205204; healthland.time.com/2011/04/18/why-alcoholic-energy-drinks-are-dangerous-its-not-just-the-caffeine/; www.medicalnewstoday.com/articles/222720.php

Did You Know?

Alcohol causes more deaths, and costs more to society, than all illegal drugs combined.



Getting Help

The majority of people whose drinking is starting to affect their daily activities may not be physically dependent on alcohol, but that doesn't mean drinking is any less threatening to their health, well-being, or personal relationships. That is why it's important to consider cutting back or quitting.

Turn first to family and trusted friends for support – those who care most about you. Young persons can usually find help through school counsellors, and Surrey resources like Creekside Withdrawal Management Centre (604-587-3755) and Quibble Creek Sobering & Assessment Centre (604-580-4965) help individuals as young as 14 and 16, respectively.

If you are thinking about making change with your drinking, it does not matter how old you are or how much you drink, it is highly recommended to talk to your doctor. When someone is physically addicted, they go through a physical withdrawal when they suddenly cut down or quit. Symptoms include shaking, depression, anxiety and nausea. You should never stop drinking without medical assistance – it can be very dangerous.

Over time, alcohol or drugs may have played a large part in your life, and you learning how to live life doing something different, whether it is drinking less or quitting altogether may require help. Taking the first step can be scary and difficult, but there are programs and services available to help.

A Dangerous Choice – Alcohol Combined with Energy Drinks

Mixing alcohol with other substances is never a good idea, but pairing it with energy drinks can be especially hazardous.

Results of a study published in “Alcoholism: Clinical & Experimental Research” provides some interesting insights. Researchers found that combining energy drinks such as Red Bull with vodka or other liquors effectively removes any built-in checks your body has for drinking too much. When you drink alcohol by itself, it initially creates a feeling of happiness – a comfortable buzz.

But when you drink too much alcohol, your body knows it, and starts to shut down: you start feeling tired, sleepy, and sedated.

When you combine alcohol and energy drinks you lose the ability of natural control.

Fatigue is the body's way of saying it's had enough to drink. It's dangerous to trick your body into feeling that you're not as drunk as you really are or that you have more energy than you really do (by using energy drinks).

Red Bull contains 80 mg of caffeine, and high levels of caffeine can boost heart rate and blood pressure, causing palpitations. Mixing these drinks with alcohol further increases the risk of heart rhythm problems. Alcohol depresses the central nervous system, so by mixing the two, you're sending mixed messages to your nervous system, which can cause heart-related problems.

Resources

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Substance Use Awareness Week

MAY 29 – JUNE 4, 2016



Youth Mental Health & Substance Use

What is Mental Health?

Mental health is referred to as an individual's general feeling of well-being, their ability to enjoy life, find balance, and cope with everyday demands and problems. Good mental health is linked with positive self-esteem, overall happiness and interest in life, work and/or school. It allows people to recognize their full potential and contribute meaningfully to their community.⁽¹⁾

On the flip side, mental health issues refer to the impaired ability to function in life and affects how a person feels, acts, thinks and perceives the world around them. Feelings of low self-esteem, frustration, irritability, stress, anxiety and depression are all examples of common mental health problems experienced by adults, and in growing numbers by youth.⁽¹⁾

What is Substance Use?

According to Health Canada, substance use includes the use of any number of substances that can affect a person's mental state, including alcohol, non-prescription and prescription drugs, and illicit drugs. Use may range from occasional use to full-blown substance misuse.⁽¹⁾

In today's hectic world, youth are feeling more pressure (at school, in sports and at home) and are at times over-scheduled or missing support to manage their feelings. As a result, they will sometimes turn to substances to help cope. Youth who face more severe challenges are more likely to turn to harder substances which can increase the chances of developing more serious disorders often resulting in addiction issues. Learning healthy coping skills and knowing when to ask for help is key!

Did You Know?

- Approximately 1 in 7 children and youth in BC have a mental health disorder.⁽³⁾
- Disorders can include any anxiety disorder, conduct disorder, attention-deficit/hyperactivity disorder, any depressive disorder, substance abuse, pervasive development disorder, obsessive-compulsive disorder, schizophrenia, Tourette's disorder or any eating disorder.⁽²⁾
- Substance use experimentation in early adolescence can create even more problems for those already coping with mental health issues and can mark the beginning of a vicious spiral into self-medication, or can make existing symptoms worse.⁽³⁾
- It has been reported that youth who have a mental health disorder are more likely to be regular substance users and to use at a riskier level than their peers without such a disorder.⁽⁴⁾
- In many cases, youth will use substances like alcohol and marijuana to relieve symptoms of a mental health issues and youth who face more severe challenges are more likely to use harder substances.



How to Cope and Find Help:

Learning healthy coping skills helps youth deal with the day-to-day stressors and mental health issues they may be experiencing. The key is to pick the most enjoyable coping skill so that they will enjoy it. Some coping skills youth can try include:

- Join in team sports
- Create art projects
- Eat healthy
- Take breaks and rest
- Use relaxation techniques
- Meditate
- Just take a deep breath

Incorporating healthy coping skills, positive support from friends and family, connections to school and engaging in healthy activities such as sports or exercise will help increase overall health and are a good place to start when coping with mental health issues. Recognizing when help is needed is the first step if the situation is more serious. There are many child and youth mental health services offered throughout British Columbia that can be of assistance when help and support is required.

References:

- 1) PARLIAMENT of CANADA - Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada Report 1 – 2003 <http://www.parl.gc.ca/Content/SEN/Committee/381/soci/rep/report1/repintnov04vol1part2-e.htm>
- 2) Ministry of Children and Family Development - About Child and Youth Mental Health http://www.mcf.gov.bc.ca/mental_health/
- 3) Here to Help www.HeretoHelp.bc.ca
- 4) McCreary Centre Society http://www.mcs.bc.ca/fact_sheets_and_powerpoint_presentations

Getting Help

- www.keltymentalhealth.ca
- www.heretohelp.bc.ca
- www.forcesociety.com
- www.anxietybc.com
- www.mcf.gov.bc.ca/mental_health/publications.htm
- www.mcf.gov.bc.ca/mental_health/programs_resources.htm
- www.viha.ca/mhas/resources/default.htm#infoline
- www.cyc.uvic.ca/naty/directory/counselling.html
- www.familynavigator.ca
- www.bcmhas.ca/keltyresourcecentr
- www.depressionhurts.ca
- www.beyondtheblues.ca

Resources

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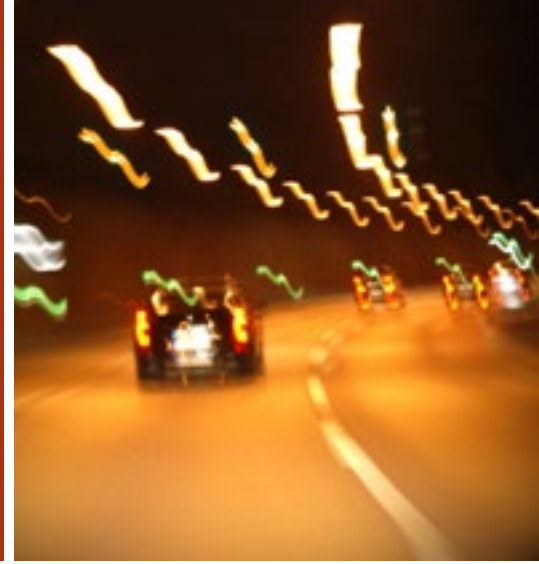
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Substance Use Awareness Week

MAY 29 – JUNE 4, 2016



Drugging and Driving

Impaired is impaired.

Whether you have consumed alcohol, used marijuana (in any of its forms), taken prescription drugs or over-the-counter medication, or even if you're fatigued, getting behind the wheel of a car – or riding in the vehicle of an intoxicated driver – is risky business.

While progress has been made against drinking and driving, the prevalence of "drugged driving" appears to be increasing. In a U.S. national survey, drugs were present more than 7 times as frequently as alcohol among weekend nighttime drivers: 16% tested positive for drugs compared to 2% who were at or above the legal limit for alcohol.¹

In recent years Australia amended laws to allow testing of randomly stopped drivers for cannabis, methamphetamine and MDMA. The result was a 9% drop in the number of fatal-accident victims who tested positive for drugs, from 24% to 15%.²

Though marijuana advocates claim, "It's not like drunk driving," a 2011 Canadian review of 19 research databases concluded: "Acute cannabis consumption is associated with an increased risk of a motor vehicle crash, especially for fatal collisions."⁴

According to the 2012 Canadian Alcohol and Drug Use Monitoring Survey, the rate of past-year marijuana use was about 2.5 times higher among youth ages 15-24 years (20.3%) than among adults (8.4%). Additionally, the survey indicated that in 2012, nearly 3% of drivers reported driving within two hours of using cannabis, and of these drivers, 5% of those aged 15-24 reported such behaviour.³

Did You Know?

The Canadian Society of Forensic Scientists is evaluating roadside oral-fluid tests to develop specifications Canada could adopt to define impairment limits for about 20 different drugs.⁵





We have all heard the messages about the risks of drinking and driving; those same risks exist if you use marijuana or any other drug.

Each circumstance has a serious impact on your psychomotor skills and your ability to drive safely. These skills include your perception, reaction time, judgment, coordination, general motor skills, and balance. And all of these skills are important when you are behind the wheel – really important.

SO WHAT DOES THIS MEAN?

- A driver who is high takes longer to react to unexpected and sudden events, like an animal running onto the road or a car running a red light.
- Marijuana can have a driver focus on one aspect of driving and forget about other things that are just as important. Driving requires multi-tasking!
- Cannabis typically changes a person's sense of distance and time. This makes it harder to know when to stop at the stop sign, crosswalk, or red light in front of you. It can also affect how fast you think you are going – so you could be travelling too fast or too slow.

References:

- 1 <http://www.stopdruggeddriving.org/>
- 2 <http://stopdruggeddriving.org/pdfs/DruggedDrivingAWhitePaper.pdf>
- 3 <http://canada.preventionhub.org/> "Cannabis Is the Most Widely Used Illicit Drug in Canada."
- 4 <http://www.bmj.com/content/344/bmj.e536.abstract>

Resources

- Partnership for a Drug-Free Canada** www.canadadrugfree.org/drug-info/drugs-and-driving
- Drugs & Driving** www.drugsanddriving.ca
- The White House** www.whitehouse.gov/ondcp/drugged-driving
- Traffic Injury Research Foundation** yndrc.tirf.ca/issues/drugimpairment.php
- Royal Canadian Mounted Police** www.rcmp-grc.gc.ca/cycc-cpcj/id-cfa/index-eng.htm
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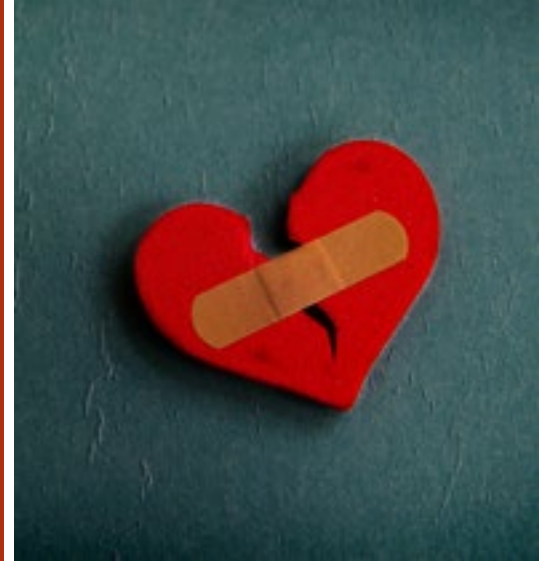
Think ahead – be prepared!

The safest thing to do if you are going out for a night of fun is to plan ahead. Will you be the person who chooses to remain clear and focused? If you chose to use a substance, no matter how much, think about how you will get home. Will you need to bring money for a taxi? Will you spend the night at your friend's house? Do you have a phone to call someone to come and get you? Maybe even leave your car at home!



Substance Use Awareness Week

MAY 29 – JUNE 4, 2016



Melita Compassion Fatigue

There can be a ‘cost of caring’.¹

Compassion fatigue (which is also known as ‘empathy fatigue’²) is defined as the traumatization of people who are in caregiver/helping roles from their efforts to help others who have (experienced) trauma.³

Compassion fatigue is a combination of burnout and secondary traumatic stress. The trauma is secondary because the helper did not experience the trauma themselves. Burnout is comprised of emotional exhaustion, depersonalization and feeling like what you do is “just not good enough”. Secondary traumatic stress occurs when the caregiver starts to face extreme pressure, anxiety and other negative feelings themselves.

Who can be affected by compassion fatigue?

If you are in a care-giving role, such as:

- First responders (anyone designated/trained to respond to an emergency, such as police, paramedics, firefighters);
- Emergency room staff – nurses, physicians;
- Family member
- Counsellors, therapists, or psychologists;
- Mental health professionals;
- Teachers;
- Ministry staff - social workers, income assistance;
- Community living association staff

Did You Know?

Some strategies you can use to prevent compassion fatigue are to get enough sleep, exercise, find green spaces (parks that you enjoy going to), take breaks at work, only work 40 hours a week and do not work more than you need to, turn your work cell phone off at the end of the day, and take mini-vacations⁴.





Preventing Compassion Fatigue

Preventing compassion fatigue will be unique for everyone. One way to approach the idea of compassion fatigue is called the “Anticipation ABC Method”⁷.

In the workforce, compassion fatigue can decrease productivity and increase turnover rates.⁸ When dealing with burnout, it can be helpful to think of the “Three R” approach⁷:

A = awareness (compassion fatigue can happen to anyone and at any time)

• Recognize – Watch for the warning signs of burnout

B = balance (finding a health balance between work life and leisure life)

• Reverse – Undo the damage by managing stress and seeking support

C = connection (building connections or a small community of people that you can talk to about your feelings).

• Resilience – Build your resilience to stress by taking care of your physical and emotional health

References:

- 1 Khan, A. A., Khan, M. A., & Malik, N. J. (2015). *Compassion fatigue amongst health care providers. Pakistan Armed Forces Medical Journal, 65*(2), 286-289.
- 2 Gough, D. L. (2007). *Empathizing or falling in the river? Avoiding and addressing compassion fatigue among service providers. Journal Of The American Deafness & Rehabilitation Association (JADARA), 40*(3), 13-25.
- 3 Potter, P., Deshields, T., Divanbeigi, J., Berger, J., Cipriano, D., Norris, L., & Olsen, S. (2010). *Compassion fatigue and burnout. Clinical Journal of Oncology Nursing, 14*(5), E56-E62.

4 <http://www.livingwell.org.au/professionals/confronting-vicarious-trauma/>

5 Ledoux, K. (2015). *Understanding compassion fatigue: Understanding compassion. Journal Of Advanced Nursing, 71*(9), 2041-2050. doi:10.1111/jan.12686

6 Dewey, J. P. (2014). *Compassion fatigue. Salem Press Encyclopedia*

7 <http://www.asca.org.au/WHAT-WE-DO/For-Health-Professionals/Resources-for-Health-Professionals/Vicarious-Traumatization>

8 *Ibid*

Signs and symptoms

Signs that you may be experiencing compassion fatigue are:

- Forgetfulness;
- Exhaustion;
- Anger;
- Apathy;
- Weight gain;
- Insomnia;
- Changes in Substance Use;
- Headaches;
- Depression;
- Irritability;
- Decreased work performance.⁵⁶

There are several signs of ‘burn out’ to look for that can lead to a higher risk for compassion fatigue:

- Disengagement;
- Blunted emotions;
- Feelings of helplessness and hopelessness;
- Loss of motivation, ideals;
- Depression;
- Emotional dysregulation;
- Life may seem not worth living.

Resources

Ask your Human Resources Department if an FEAP (Family and Employee Assistance Program) or EAP (Employee Assistance Program) is available for you to access.

www.compassionfatigue.ca

www.pocketmindfulness.com/6-mindfulness-exercises-you-can-try-today

www.the-guided-meditation-site.com/mindfulness-exercises.html

www.helpguide.org/articles/stress/preventing-burnout.htm

PARTNER AGENCIES

Alcohol-Drug Education Service 604-944-4155 • www.adec.bc.ca

BC Responsible Gambling www.bcresponsiblegambling.ca

DIVERSEcity 604-597-0205 • www.dcrs.ca

Gambling Help Line 1-888-795-6111

Lookout Society 604-255-0340 • www.lookoutsociety.ca

Moving Forward Family Services Call or text 778-321-3054 • movingforwardfamilies.com

Native Courtworker and Counselling Association of BC 604-985-5355 • www.nccabc.ca

Options Community Services 604-596-4321 • www.options.bc.ca

Pacific Community Resources Society 604-587-8102 • www.pcrs.ca

SANSU (Surrey Area Network of Substance Users) sansusurrey@gmail.com

Surrey RCMP www.bc.rcmp-grc.gc.ca

SOURCES Community Resource Centres 604-538-2522 • www.sourcesbc.ca

Surrey Mental Health and Substance Use Services (Fraser Health Authority) 604-953-4900

Surrey School District 604-595-6195 • www.surreyschools.ca



Substance Use Awareness Week

MAY 29 – JUNE 4, 2016



How to Build Resiliency in Youth

It's all about developing and maintaining relationships.

Resiliency is the ability to bounce back from difficulties and set-backs experienced in your life. Research suggests that resiliency and protective factors like a connection with a supportive adult or feeling part of a school environment can help prevent substance abuse in young people.

10 WAYS TO RAISE RESILIENT YOUTH

1. Praise your teen often and sincerely for their efforts and the things they do well. Recognize their contributions to the household, to their school, and to the community.
2. Discuss things with your teen and invite their opinions—even if they are different from your own.
3. Find out, in a friendly way, where your teen is and who they are with.
4. Let your teen know, in advance, what behaviour you expect from them.
5. When your teen breaks family rules, make sure the consequences are consistent and fair.
6. Be open to negotiating with your teen about family rules and consequences.
7. Encourage your teen's school work and connect with the school to build a positive relationship and solve problems.
8. Respect your teen's privacy and their need to express their uniqueness.
9. Set an example by being responsible about your own use of alcohol and other drugs, the Internet, gambling and gaming, and model healthy personal relationships for your teen.
10. Recognize that mistakes - your teen's and your own - can be valuable opportunities to learn

Source: <http://parentactionondrugs.org/for-parents/building-resilient-youth/#tri>

Did You Know?

Resilience education develops decision making skills.
Resilience education leads to:

- Higher levels of internal locus of control;
- Concern for others;
- Conflict resolution skills;
- More sense of community;
- Better decision making;
- More participation;
- Higher self-efficacy;
- Less involvement in negative activities

Source: Brown, J. H. (2001). Youth, drugs and resilience education. *Journal of Drug Education*, 31(1), 83-125.



The Seven C's of Fostering Resiliency

COMPETENCE

Competence is the feeling of knowing that you can handle a situation effectively.

CONFIDENCE

A child's belief in their own abilities.

CONNECTION

Developing close ties to family and community creates a solid sense of security.

CHARACTER

Children need to develop a solid set of morals and values to determine right from wrong and to demonstrate a caring attitude toward others.

CONTRIBUTION

Children need to realize that the world is a better place because they are in it. Understanding the importance of personal contribution can give children and youth purpose and motivation. Teach them how to contribute by:

COPING

Learning to cope effectively with stress will help children and youth be better prepared to overcome life's challenges. Positive coping lessons include:

CONTROL

Children and youth who realize that they can control the outcomes of their decisions are more likely to realize that they have the ability to bounce back. Understanding that they can make a difference further promotes competence and confidence.

Develop the Seven C's by...

Competence

- Empowering children to make decisions
- Helping children focus on individual strengths
- Focusing on any identified mistakes on specific incidents

Confidence

- Focusing on the best in each child
- Recognizing when they have done well
- Praising honestly about specific achievements; don't be fake!
- Helping the child to take on what they can realistically handle

Connection

- Building a sense of physical safety and emotional security within your home, school, and community
- Allowing the expression of all emotions
Addressing conflict openly in the family to resolve problems
- Creating a common area where the family can share time (not necessarily TV time)
- Fostering healthy relationships that will reinforce positive messages

Character

- Talking about how behaviors affect others
- Helping children and youth to recognize themselves as a caring person

- Showing the importance of community
- Encouraging the development of spirituality – in whatever way fits for you and the child/youth
- Avoiding racist, hateful statements, and stereotypes

Contribution

- Communicating to children that many people in the world do not have what they need
- Stressing the importance of serving others by modeling generosity
- Creating opportunities for them to contribute in some specific way

Coping

- Modeling and guiding them to develop positive coping strategies on a consistent basis
- Understanding that many risky behaviors are attempts to alleviate the stress and pain in their daily lives
- Not condemning them for negative behaviors because this could potentially, increasing their sense of shame

Control

- Helping them to understand that life's events are not purely random and that most things that happen are the result of another individual's choices and actions
- Learning that discipline is about teaching, not punishing or controlling; using discipline to help children and youth to understand that their actions produce certain consequences

Resources

psychcentral.com/lib//10-tips-for-raising-resilient-kids/

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