Parents as Role Models

Whether you know it or not, you are a role model for your child. As a parent, you may have more influence than you think. By setting a good example of healthy living, you can help your children make healthy life choices. You also can talk to them about the dangers of drug and alcohol abuse so they know where you stand on these issues.

Youths who have positive role models are more likely to do well in school and have higher self-esteem; they are also less likely to abuse substances.

You can set a good example by putting time and effort into your family life:
- Spend time together regularly; do things your child enjoys.
- Have family meals together and engage in family activities on a regular basis.
• Make some family gatherings alcohol–free to show your children that you don’t need alcohol to have a good time.

Give your children guidance to make healthy choices and take responsibility for their actions by setting house rules. Household rules also remind you and other family members to model healthy behavior. You set a good example when you enforce rules consistently: it shows that you care, are reliable, and stand by what you say.

• Don’t allow your child to drink, smoke, or abuse other substances. You can make it official by writing a family contract.
• Protect your children from alcohol or tobacco use within your family. For example, don’t allow them to get a beer or a cigarette for you or other family members.
• Never drink and drive or allow other family members to do so.
• Set additional “house rules” for matters such as curfew, unsupervised time, driving, cell phones, and Internet use.

Set clear rules, and discuss in advance the consequences of breaking them. When your child breaks a rule, respond with an immediate consequence each time the problem behavior occurs. The consequences for breaking rules can be supportive, so that the focus is on teaching rather than harsh punishment.

By providing a positive model for your child to follow, you demonstrate how to successfully navigate life’s conflicts and negative messages—and to choose healthy behaviors that will follow into adulthood. (Source: www.family.samhsa.gov)
OTC Cough and Cold Medicines Remain a Concern

About 3.1 million people in the United States aged 12 to 25 (5.3 percent of this age group) have used over-the-counter (nonprescription) cough and cold medicines to get high at least once in their lifetimes, according to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The survey is the largest of its kind and involved interviewing nearly 67,000 people from around the nation, including almost 45,000 persons aged 12 to 25. The survey also found that the number of 12- to-25-year-olds who reported misuse of nonprescription cough and cold medicines in the past year (1 million) exceeded the number claiming to have used methamphetamines (740,000) and LSD (485,000) in the past year. The number was somewhat lower than the number of young people reporting that they had used the drug Ecstasy (1.5 million) in the past year.

Patterns of misuse of nonprescription drugs varied among demographic groups. Females aged 12 to 17 were more likely than their male counterparts to have misused these drugs within the past year (2.3% vs. 1.5%). Among all persons aged 12 to 25, the rate of past-year misuse among whites (2.1%) was three times higher than among blacks (0.6%) and significantly higher than among Hispanics (1.4%).

“While increasing attention has been paid to the public health risk of prescription drug abuse, we also need to be aware of the growing dangers of misuse of over-the-counter cough and cold medications, especially among young people,” said SAMHSA administrator Terry Cline, PhD. “The scope and danger posed by these medications requires a broad-scale public health
campaign—a campaign involving everyone, including the medical community, industry, parents and young people.”

Although nonprescription cough and cold medications are generally safe when taken for medicinal purposes and as directed on their labeling, they can induce severe dissociative, “out-of-body” experiences when they are consumed in amounts far in excess of their recommended dosages. These reactions are similar to the effects of the well-known hallucinogens phencyclidine (PCP) and ketamine (“Special K”).

Overdosing on many cough and cold medications may result in serious, life threatening adverse reactions. Adverse reactions include blurred vision, loss of physical coordination, intense abdominal pain, vomiting, uncontrolled violent muscle spasms, irregular heartbeat, delirium and death.

The full report is available on the Web at http://oas.samhsa.gov/2k8/cough/cough.cfm
Teaching Teens How to Gain Financial Freedom

Financial literacy—a skill young people desperately need—isn’t taught in high school. Vince Shorb (www.freeby30.com) has made it his goal to teach teens and young adults how to avoid the ever-growing pitfalls of racking up debt by empowering them with the knowledge to become financially self-sufficient.

There are seven basic tips that you can share with children to start them on the path to financial freedom:

1. Learn to distinguish needs versus wants. A need is something you must have. A want is something you would like to have that’s not a necessity. When you have enough savings to cover your needs, then you can focus on your wants.
2. Ditch costly everyday habits. Suggest children write down their everyday expenses. It’s a great way to show them how even the smallest expenditure can add up!
4. Pay yourself first. If teens automatically deposit a percentage of their paycheck into a savings account, they won’t miss it.
5. Get your accounts in order. At a bare minimum, young people should open one checking account and two savings accounts. Of the two savings accounts, one should be used for long-term planning and the other for fun money.
6. Start investing now. Shorb says the S&P 500 Index is a sound investment for young investors.
7. Write out lifestyle goals. Find out the type of lifestyle your child wants to live and help him/her find out what is needed to achieve it.
Since 1992, the Centers for Disease Control and Prevention (CDC) has collaborated with the US Departments of Education and Justice in a national monitoring of school-associated violent deaths. Collected annually, the School-Associated Violent Death Study (SAVD) (www.cdc.gov/ncipc/sch-shooting.htm) presents the most recent data available in school-associated violent deaths.

**SAVD Study Facts**

- School shootings are tragic events that cause much concern about the safety of children. However, schools remain very safe places. **In fact, the number of children and youth homicides that are school-related makes up less than 1% of the total number of child and youth homicides in the US.**

- Total school-associated student homicide rates decreased significantly (from .07 to .03 per 100,000) between academic school years 1992 through 2006.

- Nearly 50% of the school-associated homicide perpetrators gave some type of warning signal prior to the event.

- Among the students who committed a school-associated homicide, 12% were known to have expressed suicidal thoughts or engage in suicidal behavior.

**Prevention Strategies**

The goal for school violence prevention is simple—to stop it from happening. Some prevention strategies include:
• Encouraging efforts to reduce crowding, increase supervision, and institute plans/policies to handle disputes.
• Taking threats and talk of suicide seriously.
• Promoting prevention programs that are designed to help school staff respond to bullying between students.
• Ensuring the school’s emergency crisis plan is updated and that staff is fully trained on all aspects.

Children and Exercise

Children benefit from regular exercise. A child who is active will:

• have stronger muscles and bones
• have a leaner body because exercise helps control body fat
• be less likely to become overweight
• decrease the risk of developing type 2 diabetes
• possibly lower blood pressure and blood cholesterol levels
• have a better outlook on life
• sleep better

How Much Exercise Is Enough?

The percentage of children who are overweight has more than doubled over the past 30 years. Although many factors are contributing to this epidemic, kids are becoming more sedentary. In other words, they’re sitting around more than they used to.

According to the American Academy of Pediatrics (AAP), the average child is watching about three hours of television a day.
Parents need to ensure that their children are getting enough exercise. So, how much is enough? According to the 2005 dietary guidelines from the US Department of Agriculture (USDA) and the Department of Health and Human Services (HHS), all children 2 years and older should get 60 minutes of moderate to vigorous exercise on most, preferably all, days of the week.

It’s also important to remember that young children should not be inactive for prolonged periods of time—no more than one hour unless they’re sleeping. And school-age children should not be inactive for periods longer than two hours.

One of the best ways to get children to be more active is to limit the amount of time spent in sedentary activities, especially watching TV or playing video games. The AAP recommends that children under the age of 2 years watch no TV at all, and that screen time should be limited to no more than one to two hours of quality programming a day for children 2 years and older.

Raising a Fit Child

Combining regular physical activity with a healthy diet is the key to a healthy lifestyle. By understanding the importance of being physically active, you can instill fun and healthy habits that will last a lifetime.

Here are some tips for raising a fit child:

- Help your child participate in a variety of activities that are right for his or her age.
- Establish a regular schedule for physical activity.
- Incorporate activity into daily routines, such as taking the stairs instead of the elevator.
- Embrace a healthier lifestyle yourself, so you’ll be a positive role model for your family.
- Keep it fun, so you can count on your child to come back for more.

(Source: [http://kidshealth.org](http://kidshealth.org))