Talking to Kids about Drugs

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The “drug talk” may be one of the most uncomfortable yet important conversations a caregiver will have with a child. The conversation is important because of the long-term implications for the child’s health, development, and future, but it is uncomfortable because most caregivers have not received meaningful guidance on how to have this dialogue. Fortunately, new research has shed light on how to talk to kids about drugs.

When should I talk to my kid about drugs?

Begin the conversation about drugs and alcohol as early as possible. Keep the discussions age appropriate, but do not be afraid to start when your child is young. It is important to start this conversation before your kids are exposed to substances. Research suggests that typically happens during their teenage years. Approximately 3,300 kids as young as 12 years old try marijuana every day. And while 10 percent of 12-year-olds say that they have tried alcohol, by age 15, that number increases drastically to 50 percent.

Be sure to have the conversation at a time when distractions are limited and emotions are cool. Put away screens and devices in order to focus on the conversation. Also, the ‘drug talk’ is not a discussion you should only have once. Research shows that prevention strategies are more effective when they are ongoing. This may reduce some anxiety that caregivers feel regarding this discussion. You don’t have to answer every question or broach every subject the very first time. Instead, focus on laying the groundwork for an ongoing dialogue.

Connect before you correct

The conversation you have with your child about drugs is only as effective as your relationship will allow. Therefore, it is critical to establish an open and supportive space for dialogue. Indeed, this discussion should be a dialogue, not a lecture. Be wary of chastising kids about drugs and alcohol. Instead, invite them into the discussion by asking nonthreatening questions, such as “Why do you think people use drugs?” and “What do you know about marijuana?”
Research shows that cultivating strong, open relationships with children is important to their development, because children who are nurtured and supported make better decisions. In this way, fostering a good relationship with your child is, in and of itself, an effective prevention strategy.

**How do I begin the drug talk with my kid?**

Researchers have yet to identify one particularly effective way to begin the conversation. In some ways, this can relieve some pressure around the conversation. If there is no “right” way to begin, then the only wrong way is not to begin the discussion at all!

**What do I say to my kids about drugs?**

It is worth repeating that what you say to your kids about drugs is less important than having a relationship that allows for open communication. Focus on building an open, supportive relationship first.

**Discuss facts, not fear**

Once lines of communication are open, be sure that you have a solid understanding of drugs and the factors that lead to drug use. Keep the conversation based in these facts and not in fear. Resist the temptation to use scare tactics or to exaggerate the harms of drugs to convince your child of the danger. Research shows these approaches are not effective. Simply telling kids drugs are bad and they should “just say no” is a woefully inadequate approach. It keeps us from having a meaningful conversation about individual risk. Furthermore, many kids (more than half, statistically speaking) will experiment with drugs and alcohol, and many of those will have overwhelmingly positive experiences when they experiment. If all we have told them is that “drugs are bad,” then we lose our credibility as authorities on drugs. This is why it is always important to focus on communicating facts and not fear.

**Focus on communicating risk**

One of the most important facts to communicate to children is about the variability in individual risk. Addiction and other harms associated with drugs do not affect everyone equally. There are a number of factors that shape our individual risk for using drugs, becoming addicted to drugs, and being harmed by drugs. These factors include genetics, co-occurring mental illness, childhood (or adult) trauma, poverty, and more. Work with your child to consider individual risk. Is there addiction in your immediate or extended family? Do any relatives have mental disorders such as anxiety or depression? If the answer is yes, help your child understand how this can increase the risk of becoming addicted.

Research shows that the human brain is not fully developed until about the age of 30. The last part of the brain to develop is the prefrontal cortex, the region of the brain associated with weighing long-term consequences. Since your kids do not really have the fully developed brain they need to weigh long-term consequences, it is more effective to focus on communicating immediate risk. Talk to them about the important activities and things they care about that they may be risking with drug use.

**Tips for talking to kids about drugs**

**Use the allergy analogy**

Helping young kids understand genetic risk can be challenging. It may be helpful to use an analogy that kids will understand, such as allergies. One of their classmates may have a peanut allergy. When exposed to peanuts, that child will experience an allergic reaction, such as difficulty breathing. Explain to your child that some people have an allergy to drugs. When exposed to drugs, they have an allergic reaction that changes their brains and makes them unable to stop using. Not only is this a useful way to simplify the discussion around genetic risk, but it has the added advantage of being a fairly accurate reflection of it as well.
**Talk about peer pressure**

Peer pressure is undoubtedly one of the factors influencing kids’ decisions about drugs. Fortunately, in prevention, we can use peer pressure to our advantage! Research shows that most kids tend to drastically overestimate the proportion of their classmates who are using drugs—specifically, marijuana. When asked, guesses range as high as 95 percent. That number is far from the truth. The latest survey data suggest only about 5 percent to 10 percent of high school students are using marijuana. Telling kids this helps them to realize that using marijuana would actually put them in the minority, because most of their friends are decidedly not using drugs. In this way, we can leverage peer pressure to drive kids away from drugs.

**Talk about the risks of nicotine, alcohol, and prescription pills**

The failures of early prevention programming have taught us a great deal about what not to do. One of the shortcomings of the early versions of the D.A.R.E. (Drug Abuse Resistance Education) program was its heavy focus on harder drugs such as heroin and cocaine. By focusing so much on these substances, the program inadvertently left kids with the impression that alcohol and nicotine were less harmful. In fact, alcohol levies the heaviest burden of any drug in the United States, and tobacco kills one in four people who use it. These are certainly harmful substances, and even gateway drugs. It is essential to communicate the risks associated with these substances as well.

Talking to kids about drugs and alcohol can be an uncomfortable conversation, but research tells us that it is worth the effort. When we have uncomfortable conversations about drugs and addiction, we can communicate accurate facts about drug use and the potential harms associated with it, describe individual risk, and find ways to keep kids safe.

**References**


