

UNDER the *Right* INFLUENCE

SAFE & SUBSTANCE FREE

Guide for Parents & Guardians

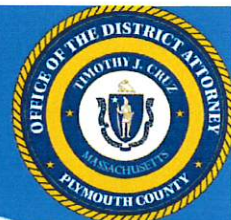


Educating & Encouraging Teens to Make Life-long Healthy Decisions

Sponsored by:

Plymouth County District Attorney's Office





TIMOTHY J. CRUZ

PLYMOUTH COUNTY DISTRICT ATTORNEY

April 2023

Dear Parents:

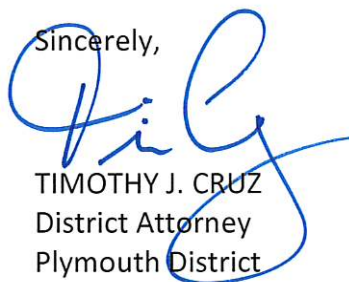
Some of the most important milestones in your children's lives – proms and graduations – are right around the corner. As parents, we proudly want to take in every memory, but I encourage you to pause and take a few minutes during this busy season to talk to your children about making responsible decisions as they celebrate all that their school years have to offer.

As District Attorney, unfortunately, I have seen firsthand families destroyed by a poor choice made with drugs or alcohol at a party or prom. Lives can be lost and teens suddenly thrust into adulthood, with the potential to face criminal and civil charges in the aftermath. The greatest influence on young people's decisions are their family and friends and an inviting environment where they talk openly about the challenging times that they may be living in.

I stand together with law enforcement and the schools in Plymouth County to urge you to take time to speak to your children about these important issues and encourage them to be responsible and safe this season.

We wish nothing but the best for your children and their continued success throughout their lives.

Sincerely,



TIMOTHY J. CRUZ
District Attorney
Plymouth District



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166 Main St. Brockton MA

KNOW THE FACTS ABOUT UNDERAGE DRINKING AND DRUG USE

ACCORDING TO THE RESULTS OF THE MOST RECENT MASSACHUSETTS YOUTH RISK BEHAVIOR SURVEY (2017. [HTTPS://WWW.MASS.GOV/DOC/HEALTH-AND-RISK-BEHAVIORS-OF-MASSACHUSETTS-YOUTH-2017/DOWNLOAD](https://www.mass.gov/doc/health-and-risk-behaviors-of-massachusetts-youth-2017/download)):

- Fifty-six percent of high school students reported using alcohol in their lifetime while thirty-one percent of high school students reported having an alcoholic beverage in the past 30 days (current use). Sixteen percent reported binge drinking (having five or more drinks of alcohol in row within a couple of hours) in the past 30 days.
- 2017 compared to 2015, the percent of students who reported riding with someone who had been drinking alcohol (14% vs. 18%) and driving after drinking alcohol (6% vs. 9%) decreased.
- 2017, thirty-eight percent of all high school students reported having used marijuana in their lifetime and almost one quarter (24.1%) used marijuana in the past 30 days. Four percent of high school students have used marijuana before the age of 13. Over eighty percent (82.4%) of high school student believe people their age use marijuana.
- Forty-one percent of high school students reported ever using an electronic vapor product and one fifth (20.1%) have used these products in the past 30 days, raising concerns about the impact on brain health and potential for addiction. Given that nicotine is used in many vaping devices and that it is a highly addictive substance, this presents a serious threat to all of the hard-won progress that has been made since the 1990's to reduce nicotine use among teens.
- Among high school students, approximately one percent (1.4%) reported ever using heroin. The number of high school students using opioids has continued to decline. Given the epidemic of narcotics use in older populations along with concurrent rise in medical emergencies and overdose deaths, it is particularly good news that young people are moving away from the use of these drugs.
- Conversations are one of the most powerful tools parents can use to connect with and prevent their children from using drugs and alcohol. Over eighty percent (81.7%) of high school students felt that they had at least one parent or other adult family member that they can talk to about things important to them.



ACCORDING TO THE YOUTH RISK BEHAVIOR SURVEILLANCE - UNITED STATES, 2019 ([HTTPS://WWW.CDC.GOV/MMWR/VOLUMES/69/SU/PDFS/SU6901-H.PDF](https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901-h.pdf))

- Substance use was common among U.S. high school students during 2019 and varied by substance, year, and demographic groups. Among current substance use measures, the highest prevalence estimates were for alcohol (29.2%) and marijuana use (21.7%). Current binge drinking was reported by 13.7% of high school students, and 7.2% reported current prescription opioid misuse.

- Among lifetime use measures, marijuana use was reported by 36.8% of high school students, followed by misuse of prescription opioids (14.3%) and use of synthetic marijuana (7.3%), cocaine (3.9%), methamphetamine (2.1%), or heroin (1.8%). Lifetime injection drug use was reported by 1.6% of high school students.

ACCORDING TO THE RESULTS OF THE 2019 MONITORING THE FUTURE SURVEY BY THE NATIONAL INSTITUTE ON DRUG ABUSE (NIH):

- The most significant increase nationally was vaping. Vaping increased from 21.7 to 25% among 10th graders and 26.7 to 30.9% among high school seniors. 82% of seniors reported that vaping devices were easy to obtain and Juul was the most reported brand.
- Vaping marijuana is also on the rise, especially among high school seniors, which went from 7.5 to 14% in one year!

CONSEQUENCES OF UNDERAGE DRINKING AND DRUG USE

YOUTH WHO DRINK ALCOHOL AND DO DRUGS ARE MORE LIKELY TO EXPERIENCE:

- School problems (higher absence and poor or failing grades)
- Social problems (fighting and lack of participation in youth activities)
- Legal problems (arrest for driving or physically hurting someone while under the influence)
- Physical problems (such as hangovers or illnesses)
- Unwanted, unplanned, and unprotected sexual activity
- Disruption of normal growth and sexual development
- Physical and sexual assault
- Higher risk for suicide and homicide
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning
- Memory problems
- Use of more dangerous drugs
- Changes in brain development that may have life-long effects
- Accidental death

VAPING & E-CIGARETTES

- In December of 2018 the Surgeon General declared e-cigarette use among youth an epidemic. 20.1% of Massachusetts high school youth reported vaping in 2017, which according to the Center for Disease Control (CDC), has gone up to 38% over the last 2 years. Even 13% of middle school students are reporting having tried vaping.
- In September of 2019, Governor Baker declared a 'state of emergency' with a four month ban on vaping due to the many injuries and deaths leading back to vaping.

- On Feb. 12, 2020, the Attorney General initiated a lawsuit against Juul (largest supplier of vaping devices to youth) for intentionally marketing their products to youth, resulting in an epidemic among users under 18 years of age.

- A new tobacco law in Massachusetts is now in place and it affects where tobacco and vaping products can be sold. These changes are designed to reduce the youth vaping epidemic in Massachusetts and stop tobacco companies from targeting and addicting young people. The tobacco and vaping industries have long targeted youth, LGBTQ populations and communities of color, resulting in terrible health consequences for the public.



- The new law substantially restricts where e-cigarette and nicotine vaping products and flavored tobacco products can be purchased.
- Now all flavored e-cigarettes and nicotine vaping products can only be purchased for on-site consumption at licensed adult-only smoking bars in Massachusetts.
- Non-flavored nicotine products with a nicotine content of 35 milligrams per milliliter or less can continue to be purchased at stores licensed to sell tobacco products like convenience stores, gas stations, liquor stores and bodegas.
- Non-flavored nicotine products with over 35 milligrams per milliliter of nicotine content can only be purchased at licensed, adult-only retail tobacco stores and smoking bars.
- Beginning on June 1, 2020, menthol cigarettes and other flavored tobacco products like cigars and flavored chewing tobacco can only be purchased for on-site consumption at licensed, adult-only smoking bars.
- Also on June 1, 2020, the price of e-cigarettes and nicotine vaping products will increase because of the addition of a 75% excise tax on the wholesale price.

BELOW IS WHAT YOU SHOULD KNOW ABOUT E-CIGARETTES AND VAPING:

WHAT ARE E-CIGARETTES AND VAPE PENS?

- E-cigarettes are known by many different names. They are sometimes called vape pens, mods, vapes, tank systems, e-cigs, and electronic nicotine delivery systems (ENDS). They are battery-operated vaporizers that simulate the action and sensation of smoking. Some people refer to vaping devices by their brand name such as JUUL, BO, Blu, and others. They can look like USB sticks, pens or other everyday items.
- E-cigarettes and vape pens can also be used to vape marijuana (THC oil), which has grown at an alarming rate among high school students (see above).

WHAT ARE THE INGREDIENTS IN VAPE DEVICES & E-CIGARETTES?

- Young people may think these products simply contain flavored water. That's not true. They can come pre-filled with e-liquids or e-liquid cartridges that can be added to the device.
- The e-liquids generally consist of propylene glycol, glycerin, nicotine and flavorings (including diacetyl) that appeal to youth.

- JUUL is a popular brand of e-cigarettes among youth that has a high concentration of nicotine. The nicotine content in one JUUL pod is equivalent to 20 cigarettes (or 1 pack).

ARE E-CIGARETTES HARMFUL?

- Yes. E-cigarettes produce an aerosol, NOT water vapor, which users inhale from the device and exhale.
- According to the U. S. Centers for Disease Control and Prevention (the CDC), e-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products.
- The CDC says the aerosol can contain harmful and potentially harmful substances including nicotine, cancer-causing chemicals, ultrafine particles, flavorings such as diacetyl, a chemical linked to a serious lung disease, volatile organic compounds such as benzene, and heavy metals like nickel, tin and lead.
- Due to nicotine content, e-liquids are dangerous to small children and pets. The Massachusetts Attorney General requires that nicotine liquid and gel be sold in appropriate child-resistant packaging.
- Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries.

WHY IS NICOTINE HARMFUL?

- Nicotine is highly addictive, especially for young people. According to the Surgeon General, because the brain isn't fully developed until the mid-20s, youth and young adults are uniquely at risk for long-term, long-lasting effects of exposing their developing brains to nicotine.
- Risks include nicotine addiction, mood disorders, and permanent lowering of impulse control. Nicotine also changes the way synapses are formed, which can harm the parts of the brain that control attention and learning.
- Teens can get addicted more easily than adults. The nicotine in e-cigarettes and other tobacco products can also prime the adolescent brain for addiction to other drugs, such as marijuana.

RESOURCES

- For children who are addicted to vaping, it is recommended that they see their pediatrician for support. Youth under 18 years old may be prescribed medicines for quitting (gum, lozenges, patch) at the discretion of their pediatrician.
- When your young person is ready to quit, tell them about two new free programs: **This is Quitting** powered by truth® and **My Life, My Quit™**. Both are available to help Massachusetts youth become nicotine- and tobacco-free.
 - This is Quitting powered by truth® is a free and confidential texting program for young people who vape. Text "VapeFreeMass" to 88709. In partnership with the Massachusetts Department of Public Health.



- My Life, My Quit TM has youth coach specialists trained to help young people by phone or text. Young people can call or text “Start My Quit” to 855-891-9989 for free and confidential help or sign up online at mylifemyquit.com.
- Encourage your teen to speak with their healthcare provider about quitting. Youth can also visit teen.smokefree.gov for tips about quitting vaping and smoking; they can find additional information designed for them at mass.gov/vaping.
- More information for parents, schools and concerned adults is available at GetOutraged.org. Parents can also text QUIT to 202-899-7550 to sign up to receive text messages designed specifically for parents of vapers by truth® Initiative. With support and by using proven quit strategies, teens can become nicotine- and tobacco-free.
- Learn more about what the products look like, the harms of vaping, frequently asked questions, tips for talking with your kids and resources for schools at GetOutraged.org.
- For addition information, contact Mary Cole, Greater Boston Tobacco-Free Community Partnership at mcole@baystatecs.org or 617-471-8400 x 138.

TIPS FOR PARENTS

BE A GOOD ROLE MODEL

Studies show that parents significantly influence their teen’s choices and lives. With this in mind, parents need to continue to effectively communicate with their teen. Learning to talk and listen to your teen can help prevent them from making poor choices, sometimes with devastating consequences. Communicate, not only verbally, but also by the way you live. If you have used alcohol or other substances in the past, be honest, but brief. Set a good example in your own home and socially. “Walk the walk and talk the talk.” Set consistent “no use” rules about underage drinking and other substance use. Parents need to provide opportunities for their teen to learn critical thinking and decision making skills to combat the peer pressure to use alcohol or other substances.

STAY INVOLVED WITH YOUR TEEN

To help prevent early use of alcohol or other substances parents need to remain involved in their teen’s life. If parents resign themselves to the belief that they cannot influence their teen’s behavior, they increase the likelihood that their teen will use alcohol or other substances.

FOCUS ON THE PROBLEM BEFORE IT STARTS

People who go through adolescence to age 21 without smoking, using alcohol or other substances have a very good chance of never abusing these substances. Unfortunately, today’s exposure to alcohol and other substances starts as early as grade school. Teens need to learn the skills to resist peer pressure to use alcohol and other substances before being exposed to that pressure.

Did you know?
Parental Disapproval of underage substance use is the
#1 anti-risk factor!

They ARE Listening!

The infographic features a dark blue background with white text. On the right, there are two images: the top one shows a family of four (a man, a woman, and two children) sitting on a couch and talking; the bottom one shows a group of diverse teenagers sitting in a circle outdoors, engaged in conversation.

“EVERYONE USES DRUGS/ALCOHOL”

Teens often believe the blatant misconception that “everyone uses drugs/alcohol” based on their peer relationships and the messages received by the media. Parents need to convey a message that not everyone uses drugs/alcohol and as parents we need to set clear guidelines.

TALK ABOUT THE DANGERS OF USING MORE THAN ONE DRUG OR MISUSING PRESCRIPTION DRUGS

“If They had Known” is the true story of a teen whose life was tragically cut short due to mixing alcohol with the prescription drug, Xanax. Mixing alcohol and prescription drugs has become common in today’s “party culture”, and in many cases ends in accidental death.

Teens need to know the risk of each drug and the possible deadly combination of using more than one drug. Even when combining what is perceived to be a “harmless” herbal drug, using them together with another drug can be fatal. It is so important that teens are aware of the possible effects of combining drugs. For instance, marijuana can inhibit the natural feeling of nausea, thus decreasing the body’s tendency to reject toxic amounts of alcohol. The unknowing teen could reach the lethal danger of alcohol overdose when using marijuana and alcohol together.

Be aware of prescription drug misuse among teens. They are known to trade, share, and sell pills that may be separate from the party scene. Typical prescriptions used could be Adderall, Vyvanse, Xanax, and more.

Talking to your teen about drugs will not lead to using drugs, but rather help them make healthy decisions. Common prescriptions that they or their friends may be taking for ADHD or anxiety can be perceived as harmless, but can be deadly when misused or used in combination with alcohol or other drugs.

DON’T MAKE IT EASY FOR YOUR TEEN TO USE ALCOHOL, MARIJUANA OR OTHER DRUGS

Teens that are limited in their exposure to others who use drugs and alcohol are less likely to use substances themselves. Studies point to the pattern that limiting accessibility to drugs/alcohol decreases a teen’s first experience with them. It is important for parents to be aware that their teen will most likely use drugs and/or alcohol at a friend’s house than any other place.

Do not always assume that your teen is being appropriately supervised when at a friend’s home. Sometimes it is best to go with your instincts; if you feel uncomfortable about one of your teen’s friends or their family, follow up on it. Build a support system and encourage open communication with your teen, so they receive consistent messages and supervision in nurturing environments.

If your child tells you that they will be at a friend’s house, have them put a parent on the phone. This not only holds your child accountable to their whereabouts, but also puts the parent on notice that you are checking to make sure there is nothing unsafe going on.

HELP BUILD A HEALTHY & RESILIENT TEEN

Parents can help to create an environment that decreases the risk for drug use and other at-risk behaviors. The following list of proactive factors can help a teen become more drug-resistant:

- Positive communication - nurture an aspect of trust
- Daily family rituals - including eating dinner together when possible
- Appropriate supportive parental role models
- Extended family involvement
- Diversity in peers and peer activities
- Community/religious involvement
- Positive presence of law enforcement
- Leisure family activities



QUICK TIPS FOR PARENTS

- Keep alcohol, marijuana, tobacco, prescription drugs and toxic chemicals locked up and out of reach.
- Appropriately dispose of unused prescriptions. Call local police to ask about self-service medication return kiosks.
- Know where your teen is at all times, especially during the hours of 3 PM and 6 PM
- Be aware of your teen's spending habits and limit their disposable income.
- Educate yourself and be aware of the signs and symptoms of substance abuse.
- Create a contract with your teen with a promise to not use drugs and alcohol with clear consequences outlined. (See page 17)
- Discuss the dangers of substance use with your teen.
- Set a clear curfew and enforce it.
- Provide your teen with specific refusal statements.
- Create a code word or phrase that your teen can use when in an uncomfortable situation involving drugs and/or alcohol. (See General Safety Practices on page 16).
- Be in touch with other parents and ask about adult supervision at social gatherings.
- Pay attention to frequent sleepovers and social gatherings at the same home.

WARNING SIGNS OF UNDERAGE DRINKING OR DRUG USE

Adolescence is a time of change and growth, including behavior changes. These changes are usually a normal part of growing up but can sometimes point to an alcohol or drug problem. Parents and caregivers should pay close attention to the following warning signs that may indicate underage drinking or substance abuse:

PHYSICAL CHANGES:

- Energy - conspicuously high periods of energy coupled with very low energy
- Changes in appetite, weight or grooming
- Changes in speech patterns - slurring, slowing, rapid, or pressured speech
- Dilated or constricted pupils or consistently red eyes
- Heightened sensitivity of senses
- Smells of alcohol, tobacco or marijuana



BEHAVIORAL CHANGES:

- Decreased involvement or talkativeness
- Secretiveness and lying
- An abrupt change in friends
- Apathetic
- More irritable
- Defensive about drug use
- Loss of motivation, particularly for previous favorite activities
- Change in sleeping patterns
- New use of nicotine products such as tobacco and vaping devices

PRODUCTIVITY CHANGES:

- Tardy or absent from school
- Not completing homework responsibilities
- Refusing to do any work

HOW CAN PARENTS INTERVENE?

Getting help is the first step. Involve a professional who is trained to help screen for substance use and abuse. You may want to consider the assistance of:

- A family physician
- A school counselor or a student assistance professional
- Professional counseling practice offering substance use disorder assessments:
 - A professional trained in substance use disorders (SUDs) will use several assessment tools and ask a series of questions designed to identify substance abuse and risky behaviors, mental health issues and other areas of concern in an individual's life. Through these assessments, the professional will be able to determine the extent of a person's drug use, the level of potential abuse, and if a referral to a treatment program is necessary.

WHAT TREATMENT APPROACHES ARE RECOMMENDED FOR PEOPLE WITH A SUD?

Treatment for substance abuse and addiction may include a variety of behavioral approaches. The type of counseling or treatment, the length, and the setting will depend on the individual, their level of use/abuse, and the family.

COMMUNICATION TIPS

Open communication is one of the most powerful tools parents can use to connect with and protect their teen. But, when discussing tougher topics such as drugs and alcohol, just figuring out what to say can be a challenge.

- Talk early and often, in developmentally appropriate ways, about your concerns and theirs, regarding alcohol and drugs.
- Remind them that you will not tolerate underage drinking or the use of marijuana as both are illegal under the age of 21 in MA.
- Ask your teen if they have ever been in a situation in which alcohol/drugs were available or offered to them and then use their answers as a springboard for further discussion.
- Be prepared for those “challenging” conversations. Your teen may mention having tried alcohol, marijuana or other substances; their friends’ substance use habits; having felt pressured or uncomfortable around friends who were drinking, consuming marijuana in some form or using other substances; or may even ask you if you drank, used marijuana or any other substance as a teen.
- Consider sending messages via email, text, and Twitter to reinforce your “no substance use rule” and to express your concern about the dangers that underage use of substances holds for your teen.
- When you talk to your teen, have some responses ready. For example:
 - “It sounds like you had to make an important choice.”
 - “I’m worried about you being in a situation like that.”
 - “I’m glad you told me. Let’s talk about it.”
 - “How did you feel when your friends did that?”
 - “Let’s plan some things you can do if you’re in that situation again.”
 - “How do you think you can avoid that situation in the future?”
- Teach your teen how to avoid, remove themselves and decline alcohol, marijuana and other substances in a risky situation. Make sure they choose the best way for them. Use role-playing.
- Develop a family mission statement about your no substance use policy.
- Make sure you balance your conversations about the dangers of alcohol and other substances with care and support. For example, you can say:
 - “I don’t want you to get hurt.”
 - “I am here to help if you ever feel like you need alcohol, marijuana or any other substance to deal with stress/anxiety.”
 - “Your life goals deserve your full attention.”

Make sure your conversations with your teen are flexible.
If they become heated, end the conversation until another, more appropriate time.

- Make sure to set rules regarding:
 - The consequences for breaking the rules; consider using a contract. (See page 13)
 - Driving under the influence; riding with someone who has been drinking/using drugs.
 - Calling for help for a friend who has passed out from drinking/using drugs (911.)
 - Calling parents to ask for a ride with no questions asked. Establish a code word your teen can say to let you know they are in trouble.
 - Where they will be, who they will be with and what time they will get home, etc.
 - Attending or hosting parties only if they are alcohol and drug free.
 - How the trust you have in your teen is determined by their honesty and demonstrated responsible behaviors.

UNDERAGE DRINKING AND DRUGGED DRIVING

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA)

(Information from reports presented by the NHTSA unless otherwise noted)

- Motor vehicle crashes are the leading cause of death for U.S. teens. In 2017, six young drivers ages 15-19 died every day from motor vehicle injuries. Per mile driven, young drivers ages 16 to 19 are three times more likely than drivers aged 20 and older to be in a fatal crash.
- According to the CDC.gov website, in 2018, 12 million Americans aged 16 and older reported driving under the influence of marijuana and 2.3 million reported driving under the influence of illicit drugs other than marijuana during the past 12 months. Driving under the influence of drugs and alcohol is a serious public health concern that needs to be better addressed to safeguard the health and safety of everyone on the road.
- Young drivers are less likely than adults to drive after drinking alcohol, but their crash risk is substantially higher when they do. The estimated percentage of fatally injured passenger vehicle drivers ages 16-17 who had Blood Alcohol Concentrations (BACs) at or above 0.08 percent in 2017 was 13 percent.
- Drivers are less likely to use restraints when they have been drinking. In 2017, seat belt use among fatally injured passenger vehicle drivers age 16 (58 %,) 17 (47%,) and 18 (51 %) was higher than among fatally injured drivers ages 19-59 year of age (43%) but lower than among drivers 60 and older combined (63%). If you are under 21, you can also be arrested for alcohol impairment at .02% g/dl. Even under .08 you are still impaired. Under the law you can still be convicted for driving impaired.

TEEN DISTRACTED DRIVING

- If you are driving with friends or family in the car, you are responsible for their safety.
- Don't get so engaged in talking that you lose your concentration on the road.
- Your distraction could seriously injure or kill others.

- The new MA laws effective Feb. 23, 2020 state that any driver 18 and older must be “hands free” when using their cell phone for any reason. For Massachusetts teens under the age of 18 yrs. old, it is still illegal to use a cell phone when behind the wheel of a motor vehicle. The only exception is when reporting an emergency.
- Sending or receiving a text takes a driver’s eyes from the road for an average of 4.6 seconds, the equivalent – at 55 mph – of driving the length of an entire football field, blind. (Virginia Tech Transportation Institute).
- A quarter of teens respond to a text message once or more every time they drive. Twenty percent of teens and ten percent of parents admit that they have extended multi-message text conversations while driving. (University of Michigan Transportation Institute).
- Teen drivers are especially susceptible to distraction while driving, and the consequences can be deadly. According to the latest statistics from AAA, 60% of all crashes involving younger drivers are linked to distracted driving.



WATER AND BOATING SAFETY FOR TEENS

According to [healthychildren.org](https://www.healthychildren.org), sponsored by the American Academy of Pediatrics:

ADOLESCENTS (15-19 YEARS OLD) HAVE THE 2ND HIGHEST FATAL DROWNING RATE OUT OF ANY AGE GROUP. ONLY TODDLERS (AGES 12-36 MONTHS) HAVE A HIGHER RISK.

The risk of drowning for adolescents likely increases for a number of reasons, including:

- Teens are more likely to overestimate their skills and underestimate dangerous situations. Although they often lack experience, adolescents tend to feel invincible. The [part of the brain](#) that controls complex decision-making and impulse control is still developing at this age, making teens more likely to take risks. In addition, teens typically feel like they are being judged by their peers and may try to keep up with them or impress them even if they don't have the swim skills and experience.
- Drinking and drowning dangers. The [risks of substance use](#) become a bigger factor during adolescence. About [two-thirds](#) of students have tried alcohol by 12th grade, for example. Research shows [alcohol](#) is a leading risk factor in drownings; drinking alcohol while swimming or boating is a major cause of [30-70%](#) of recreational water deaths among U.S. adolescents.

MASSACHUSETTS UNDERAGE DRINKING LAWS

- Person under 21 years of age purchases/attempts to purchase/makes arrangements for another to purchase/uses fake I.D. to purchase alcoholic beverages for self or another.
Penalty: License suspended for 180 days, \$300.00 fine. MGL ch. 138 § 34A
- Minor in possession/transport/carry alcoholic beverages.
Penalty: Maximum \$50 fine, first offense, maximum \$150 fine second and subsequent offense; license suspended for 90 days. MGL ch. 138 § 34C
- Contributing to the delinquency of minor.
Penalty: Maximum 1 year prison; \$500 fine; or both. MGL ch. 119 § 63
- Sale, delivery, furnishing alcohol to person under 21 years old.
Penalty: Maximum prison term 1 year, maximum \$2,000 fine; or both. MGL ch. 138 § 34
- Operating Under the Influence of Alcohol. (OUI)
Penalty: Penalties range from first offense/alcohol program and license suspension to subsequent offenses/imprisonment and license suspension. MGL ch. 90 § 24P
 - Under 21 years of age, refusal of breathalyzer or reading of .02 or greater, results in immediate 180 day suspension. There is a 1 year suspension for people under 18.
 - Impoundment of defendant's vehicle for 12 hours following a refusal, plus the costs of towing, storage & maintenance of the vehicle. MGL ch. 90 § 24 (f)(iii)
 - Age 17-21 first offense with Blood Alcohol Count (BAC) .20 or greater, 14 day Second offender in home Driver Alcohol Education Program required. MGL ch. 90 § 24D
- OUI motor vehicle (MV) homicide.
Penalty: Maximum prison term 15 years, maximum \$5,000 fine; license suspension 15 years first offense, coupled with a prior OUI conviction or a subsequent offense MV homicide. MGL ch. 90 § 24G
- OUI serious bodily injury.
Penalty: Maximum prison term, 10 years, maximum \$5,000 fine. MGL ch. 90 § 24L
- Manslaughter by motor vehicle (MV).
Penalty: Maximum prison term 20 years, 5 years minimum mandatory jail sentence; maximum \$25,000 fine; license loss 15 years to life. MGL ch. 265 § 13½

See page 18 for "Marijuana Consequences in Massachusetts" by Law Enforcement Dimensions and Attorney John Sofis Scheft.

MASSACHUSETTS SOCIAL HOST LIABILITY

"THE KIDS ARE GOING TO DRINK ANYWAY, SO WHY DON'T WE PROVIDE A PLACE IN OUR HOME FOR THEM WHERE THEY CAN BE SUPERVISED?"

Good intentions aside, this approach may subject both parents and teens to criminal penalties and civil liability. If teenage alcohol consumption has taken place at a supervised party and the teenagers have left the home, the "social host's" responsibility does not end.

“WILL I BE RESPONSIBLE FOR UNDERAGE DRINKING EVEN IF I AM NOT AT HOME OR AT THE PLACE OF THE EVENT?”

YES! The Social Host Liability Law applies anytime you believe a party will take place at your home or any place that you have control over. Social Host Liability Law places responsibility on the person who allows minors to possess alcohol. The intoxicated person remains responsible but now shares responsibility with the host who provided the alcohol.

LEGAL CONSEQUENCES OF SOCIAL HOST LIABILITY

- Sale, delivery, furnishing alcohol to person under 21 years old.
Penalty: Maximum prison term 1 year, maximum \$2,000 fine; or both. MGL ch. 138 § 34
- Contributing to the delinquency of minor.
Penalty: Maximum 1 year prison; \$500 fine; or both. MGL ch. 119 § 63

This information is brought to you through collaboration with:

- Plymouth County District Attorney’s Office
- The Brockton Police Department
- Brockton Communities Mobilizing for Change on Alcohol: Health Imperatives

SOCIAL HOST LIABILITY - FAQs FOR STUDENTS

“I AM UNDER 21; DOES THE SOCIAL HOST LAW APPLY TO ME?”

Yes, the law states “whoever” furnishes alcohol to a person under 21, “whoever” means everyone.

“I AM HAVING A PARTY, BUT NOT PROVIDING ALCOHOL. IF SOME OF MY FRIENDS BRING THEIR OWN ALCOHOL, CAN I BE HELD LIABLE AS A SOCIAL HOST?”

Yes, the law extends beyond the actual supplying to simply allowing underage person to consume alcohol on the premises the host controls.

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“I AM HAVING A PARTY, BUT NOT PROVIDING ALCOHOL. IF SOME OF MY FRIENDS BRING THEIR OWN ALCOHOL, CAN I BE HELD LIABLE AS A SOCIAL HOST?”

Yes, the law extends beyond the actual supplying to simply allowing underage person to consume alcohol on the premises the host controls.

SUPPORT YOUR TEEN'S POST-CELEBRATION ACTIVITIES

REINFORCE SAFE DRIVING PRACTICES

- **Buckle Up:** As a passenger, ask that your teen always buckles up. If your teen is the driver, make sure they ask all passengers to buckle up before they start the car.
- **Remind them this is the LAW!**
- **No texting and driving.** If your teen is driving, ask them to put their cell phone away when driving. If they are a passenger, encourage them to speak up if the driver is texting while driving. They could volunteer to text for the driver.
- **Practice the driving route:** If your teen will be driving and if any location they are traveling to is new to them, take them on a test drive at night. Making a test drive at approximately the same time of evening when they will be driving will help your teen become aware of the route, road, and lighting conditions.



GENERAL SAFETY PRACTICES

- **Emergency Plan:** It is a good idea to establish a code word that your teen can text or use in a phone call to alert you that they need to be picked up right away. Take the time before the event to discuss this plan.
- **For Teens:** Make sure your cell phone is fully charged prior to the event and that you have a phone charger with you in case it is needed.
- **For Parents:** Have the cell phone numbers of all the teens (or their parents) attending the event with your child.
- **No alcohol, marijuana or any substance.** Do not consume an item if you are unsure what it is or where it came from.
- **Curfew:** Make sure your teen and friends they are with know what time each member of the group is expected home. Remind them all to allow extra time for dropping everyone off. Also remind any driver still on a Junior Operator License of the Night Restrictions which prevents driving between the hours of 12:30 AM and 5 AM (Commonwealth of MA Driver's Manual)



Marijuana Consequences in Massachusetts (revised 4/9/18)

Don't believe the hype. Legalization and medical marijuana are not invitations for youth use or adult misconduct. Know the facts . . .

Behavior	Law	Potential Penalty
Sell, or intend to sell, any amount of marijuana anywhere Only a business in possession of a CCC issued license may sell.	94C, § 32C	Immediate <u>arrest</u> & up to 2 years in jail, and/or fine up to \$5,000. ¹
Illegal gift is criminal distribution Legal gift=(1) age 21-to-21 transfer; (2) 1 oz (5 grams concentrate) or less; (3) for no value — e.g., barter, delayed, sham transaction; and (4) no advertising or promotion. 94G, § 7(a)(4).	94C, § 32C	Immediate <u>arrest</u> & up to 2 years in jail, and/or fine up to \$5,000. [Chapter 55 of Acts of 2017, § 52 warns that any gift of marijuana or products in conjunction with sale of another item is criminal.]
Sell, or intend to sell, paraphernalia to youth under 21 [This includes pipes, bongs, grow lamps or other devices.]	94C, § 32I	Immediate <u>arrest</u> & up to 2 years in jail, and/or fine up to \$5,000. [Actual sale to minor under 18 is a felony of up to 5 years in prison.]
Social host law Any person of any age may not intentionally supply, provide or allow (i.e., consciously aware of activity on property) marijuana, marijuana products or accessories (i.e., paraphernalia) to anyone under 21 for their or another's use. Only exceptions are child or grandchild on premises owned or controlled by suspect; or sale or delivery of medical marijuana pursuant to G.L. Chapter 94I.	94G, § 13(i)	<u>Arrest</u> for breach in presence; otherwise complaint application. Up to 1 year in jail, and/or fine up to \$2,000. [Note: <i>Comm. v. Kneram</i> , 63 Mass. App. Ct. 371 (2005) (offender may be a minor for social host violation). Also, 94G, § 2(b) prohibits any “knowing transfer” of marijuana, products or accessories to anyone under 21 with no qualifications or exemptions.]
Homemade marijuana concentrate No one may process marijuana with a flammable liquid or gas to create “dabs” or any other concentrate or product. Only exceptions are products made with alcohol <u>or</u> CCC manufacturing license. 94G, § 2(c).	94C, § 32C	Immediate <u>arrest</u> & up to 2 years in jail, and/or fine up to \$5,000. [Note: 94C, § 1 does not allow criminal prosecution of an individual who prepares a controlled substance for his own use only.]
Criminal cultivation of marijuana at any age • Even 1 plant is a crime if not at primary residence; or • If growing 13 or more plants at residence. 94G, § 7. [Note: Medical marijuana cultivation registration is arguably no defense to 13 or more plants because medical exemption allows only enough plants to grow 10 ounces or a 60 day supply continuously.]	94C, § 32C	Immediate <u>arrest</u> & up to 2 years in jail, and/or fine up to \$5,000. <i>Other civil cultivation offenses:</i> <ul style="list-style-type: none"> • Visible homegrow to naked eye from public place <u>\$300 civil ticket</u> and forfeit visible plants. 94G, § 13(a); • 1-6 plants at residence legal if adult [if 7-12, then <u>\$100 civil ticket</u> and forfeit excess plants. 94G, § 13(e)]; • 7-12 plants legal if at least 2 adults; may never have more than 12. • 1-12 plants at residence — if under 21, <u>\$100 civil ticket + education class; if not complete class & under 17, then delinquency. 94G, § 13(h).</u>

¹ For any potential jail sentence, if the youth is under 18, the sentence is served at a Department of Youth Services (DYS) facility, alternative placement, or through some probation arrangement. Minors under 18 are not sentenced to adult jails. Those individuals 18 and over are considered adults and may be incarcerated.

Behavior	Law	Potential Penalty
Operate under the influence of marijuana Medical marijuana and/or legal possession are no defense; no driver may be “high” to any degree that diminishes their ability to operate safely.	90, § 24	Immediate <u>arrest</u> & 2 years probation + education program + license suspension of <i>at least</i> 90 days and probably 1 year + fines and fees of <i>at least</i> \$500. <i>Comm. v. Gerhardt</i> , SJC September 2017 (“roadside assessments” may show driver’s lack of balance, reflex, and mental clarity as a result of marijuana).
Open container of marijuana in vehicle Open container: Any package with marijuana or marijuana products with seal broken <u>or</u> some contents removed or consumed found within passenger compartment (not trunk or locked glove box).	94G, § 13(d)	<u>\$500 civil ticket</u> may be issued to the driver and/or passengers of any age. ² [Odor, smoke or visible signs of use sufficient to stop vehicle. This law overrules <i>Comm. v. Rodriguez</i> , 472 Mass. 767 (2015).]
Possession of 2 ounces or less in private or public by youth under 21 ³ Physical <i>and</i> internal possession are covered – i.e., “being high” is enough.	94C, § 32L	If 18, 19 or 20: <u>\$100 civil ticket</u> . If under 18: <u>\$100 civil ticket + 4 hour drug class + 10 hours of community service</u> . ⁴ <i>If fail to complete</i> , then fine increases to \$1,000 and is assessed against parents too, plus case may be filed in juvenile court. See 94C, § 32N.
Criminal public possession of over 2 ounces at any age	94C, § 34	Immediate <u>arrest</u> & up to 6 months in jail, and/or \$500 fine.
Criminal private possession	94C, § 34	Immediate <u>arrest</u> & up to 6 months in jail, and/or \$500 fine. <i>Other civil offense:</i>
<ul style="list-style-type: none"> Under 21 criminal possession also if over 2 ounces in private; 21 and over may possess up to 10 ounces in their residence; 21 and over criminal possession if over 10 ounces in residence that was not derived from a legal homegrow. See 94G, § 7(a)(2). 		<ul style="list-style-type: none"> Over 1 ounce (from any source) not properly secured in locked container. <u>\$100 civil ticket</u> and forfeit unsecured excess. 94G, § 13(b).
Possession of any amount on elementary or secondary school property or at a school-related event	71, § 37H	<u>Suspension from school</u> and other conditions imposed by administration. This may be in addition to any other civil or criminal penalty allowed by law.
Public consumption or smoking marijuana where tobacco smoking prohibited 270, § 22 prohibits tobacco smoking in many public private areas — e.g., workplace, public buildings, restaurants, hotels, etc. May smoke in licensed marijuana bar.	94G, § 13(c)	<u>\$100 civil ticket</u> [Note: City ordinance enacted under 94C, § 32L may authorize arrest in presence for public consumption and \$300 fine. Town bylaw may not authorize arrest per Atty General, but may impose \$300 fine.]
Consumption on private property after being warned by owner or person in control	266, § 120	<u>Arrest</u> if still on the premises when officer arrives; otherwise complaint application. This is trespassing, penalized by up to 30 days in jail, and/or fine up to \$100.

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² All civil tickets must be written on a city ordinance or town bylaw ticket. The law does not allow the use of a motor vehicle citation. 94G, § 13(g).

³ The possession of a valid medical marijuana card changes the rules related to possession significantly. See G.L. Chapter 94I and 105 CMR 725.000 et. seq.

⁴ We strongly suggest that communities offer the class and monitor the service requirement through their local diversion program or another drug prevention organization.

RESOURCES

CONTRIBUTOR RESOURCES:

1. **The Plymouth County District Attorney's Office** has brochures and resources available on many topics. To learn more visit: <https://plymouthda.com>
2. **Caron Treatment Centers** is a non-profit leading provider of drug and alcohol addiction treatment providing residential treatment as well as local Student Assistance Programs. To learn more visit: www.caron.org and www.caronsap.org
3. **Greater Boston Tobacco-Free Community Partnership - Bay State Community Services**
Mary Cole, MPH, CHES
Program Manager
1120 Hancock St. Quincy, MA 02169
617-471-8400 x 138
mcole@baystatecs.org
www.MakeSmokingHistory.org

UNDERSTANDING TEEN BRAIN DEVELOPMENT:

1. **National Institute of Mental Health** has a 10-page brochure entitled "The Teen Brain: Still Under Construction." Single copies can be ordered from the website, or to view the free pdf copy visit: <http://1.usa.gov/1CYu1Ss>
2. The drugfree.org site, a section on teens and typical teen behaviors. Video clips, including "A Parent's Guide to the Teen Brain." Visit: <http://bit.ly/2utDtkG>
3. **The Substance Abuse and Mental Health Services Administration** has a new campaign targeting the prevention of underage drinking entitled "Talk, They Hear You." Visit: <http://1.usa.gov/174BZJi>

PARENTING RESOURCES:

1. **Lock the Cabinet** provides information for parents about the dangers of teen prescription drug use and access from the home medicine cabinet. For information, prevention strategies, an interactive FACTS section and news visit: <http://bit.ly/No4f6G>
2. **Power to the Parent** is a Westchester County New York-based Prevention Coalition and they have created a Prom Safety Toolkit for Parents that can be accessed at: <http://bit.ly/1bGRiQ2>
3. **Marijuana Talk Kit** by DrugFree.org is a 20-page booklet available in English and Spanish. To access a copy visit: <http://bit.ly/1HX7WJN>
4. **Marijuana Prevention Toolkit** A Guide for Parents, Teachers and Adults, from Tacoma-Pierce County Health Department, 2018. Visit: <http://bit.ly/2Mj2uKK>
5. **X-Plan Concept:** family code word, to read about concept visit: <http://bit.ly/2mmlwm2>

6. Substance Use prevention. Visit: http://masstapp.edc.org/sites/masstapp.edc.org/files/PFS%202015%20Guidance%20Doc_FINAL_3-23-16.pdf

SUBSTANCE PREVENTION AWARENESS RESOURCES:

1. **Center for Adolescent Substance Abuse Research at Children’s Hospital**, view “15 Minutes to Save Your Teen’s Life” by Dr. John Knight: <http://bit.ly/HxMaA0>
2. The **drugfree.org** site has multiple community education programs such as PACT 360, Play Healthy, and Time to Act. There is even a program for grandparents titled Grandparents 360. To access please visit: <http://bit.ly/2HI0gCi>
3. **Vaping Concerns and Youth**
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html
4. Substance Use. Visit: <https://www.mass.gov/topics/substance-use-prevention>

VEHICLE SAFETY RESOURCES:

1. **ATT “It Can Wait.”** This website is devoted to a public safety campaign to heighten the awareness of the dangers of texting while driving. There are powerful videos, social media sharing links, ways to pledge to not text and drive and even a section with a simulator. To learn more visit www.itcanwait.com.
2. **Teen Driver Source: Research Put Into Action** is a program of Children’s Hospital of Philadelphia, Research Institute, Teen Driver Source “Parents as Role Models”. Visit: <http://bit.ly/2HZEvNg>
3. **Distracted Driving: New and Existing State Laws.** Visit: <https://www.mass.gov/service-details/hands-free-law>

TREATMENT RESOURCES:

1. **Massachusetts Bureau of Substance Abuse Services** provides the Commonwealth with prevention resources including a Helpline, 1-800-327-5050, publications, data, reports and more. To learn more visit: <http://1.usa.gov/1kYbDVo>
2. **Massachusetts Organization for Addiction Recovery (MOAR)** - link to guides that includes information on how and where to get help in MA. To learn more visit: <http://bit.ly/1MwvpS4>
3. **Addiction Recovery Management Service (ARMS)** at Massachusetts General Hospital specializes in supporting young people ages 14-26 year as they deal with their substance use and related problems. To learn more visit: <http://bit.ly/2kOMamo>

REFERENCES

JAMA Pediatrics, formerly (Archives of Pediatrics & Adolescent Medicine,) Volume 160, pages 739-746.
<http://bit.ly/1BwrrUp>

Alcohol Alert No. 67, Underage Drinking. <http://1.usa.gov/1wXGV5l>

Bonnie RJ and O’Connell ME, editors. National Research Council and Institute of Medicine, *Reducing Underage Drinking: A Collective Responsibility*. Committee on Developing a Strategy to Reduce and Prevent Underage Drinking. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press, 2004. <http://bit.ly/1MrrLa4>

National Highway Traffic Safety Administration, Traffic Safety Facts: 2016 Data-Young Drivers. Link: <http://bit.ly/2FtmBQh>

Center for Disease Control (CDC) Youth Risk Behavior Surveillance-United States, 2019. Link: <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2012). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [Cited 2012 Sept 28]. <http://1.usa.gov/1B4ioGC>

Insurance Institute for Highway Safety (IIHS). Highway Loss Data Institute Teenagers 2017. Link: <http://bit.ly/2WorRLV>

Levy, D.T., Miller, T.R., & Cox, K.C. (2003). Underage drinking: societal costs and seller profits. Working Paper. Calverton, MD: PIRE. <http://bit.ly/2Il20Go>

M.A.D.D. <http://www.madd.org/statistics>

Massachusetts Youth Risk Behavior Survey 2017 Results. Link: <http://bit.ly/2HuMT7T>

Juvenile Operative License information Massachusetts: <http://bit.ly/2lrnvSs>

Massachusetts General Laws: <http://bit.ly/2ll0nbq>

Miller J.W.; Naimi, T. S.; Brewer, R.D.; Jones, S.E. Binge drinking and associated health risk behaviors among High school students. *Pediatrics* 2007;119:76–85. <http://1.usa.gov/1GrvHpl>

Monitoring the Future Study, an ongoing study of attitudes, behaviors and values of U.S. Secondary and College Students: National Survey Results on Drug Use 1975-2017, “2018 Overview: Key Findings on Adolescent Drug Use.” Link: <http://bit.ly/2HSAZo5>

National Highway Traffic Safety Administration: <http://www.nhtsa.gov>

National Institute on Alcohol Abuse and Alcoholism <http://www.niaaa.nih.gov> ; A Parent’s Guide to Preventing Underage Drinking, The Governor’s Prevention Partnership <http://www.preventionworksct.org>

Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set. (2011). Substance Abuse Treatment by Primary Substance of Abuse, According to Sex, Age, Race, and Ethnicity, 2009. Available [Online]: <http://bit.ly/2k3Udrd>

University of Michigan Transportation Research Institute: <http://www.umtri.umich.edu>

U.S. Department of Health and Human Services. The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking, 2007. Link: <http://bit.ly/2WrtnwC>

The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking, A Guide to Action for Families.
The Surgeon General's Call to Action, What It Means to YOU. A Guide to Action for Families.
Link: <http://bit.ly/2UbCBQb>

Virginia Tech Transportation Institute: <http://www.vtti.vt.edu>

New MA Laws on Vaping and Tobacco Use
Greater Boston Tobacco-Free Community Partnership - Bay State Community Services
www.MakeSmokingHistory.org
Mary Cole, MPH, CHES
Program Manager
1120 Hancock St. Quincy, MA 02169
617-471-8400 x 138
mcole@baystatecs.org

Drinking and Driving
<https://www.cdc.gov/motorvehiclesafety/states/>

Vaping and Youth Statistics
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

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