

From Infancy to Adulthood: Smoke & Drug-free Children

Do you want your children
never to smoke
and
never to take drugs?

SUCCESS!



Test 13.8.17

David Beskine

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and
never to take drugs?

by
David Beskine

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ABOUT THE AUTHOR

David Beskine is a parent of twin boys in their early 20s at the time of publication. One is an officer in the Metropolitan Police, studying to be a detective, catch criminals and benefit society. The other is pursuing his dream of creating an innovation based upon computer programming, directly leading to the benefit of our wider global community. Neither has tried smoking or drugs. How this came about, in the midst of an epidemic of smoking and drug-taking in London, is explained in this book.

The author lives in London. For many years he organised campaigns for the Ramblers' Association, the voluntary body protecting and promoting public access on foot to the countryside. He was also vice-chairman of the Open Spaces Society, Britain's oldest national conservation organisation. The author had dozens of local and nationwide campaign successes, three of the most well-known being:

- Winning the long-sought statutory "right to roam" on foot over mapped open countryside in England and Wales in 2000
- The defeat of government proposals to privatise the Forestry Commission, the largest landowner in the UK, because of the lack of protection for the right to roam already allowed on its land, in 1994
- The statutory protection of public access to water-gathering grounds when the water authorities were privatised in 1989

In 2001, the author turned another interest and hobby - house renovation - into a full-time job. He recruited a team of highly skilled builders and founded a building company specialising in the renovation of older houses and flats in London. A member of the Federation of Master Builders, the author continues to date as chief executive of his building company.

In 2016, the author turned yet another interest - expertise built up by individuals and their contribution to the wider community - into a job by founding the publisher Fidelity Books. Fidelity specialises in knowledge, experience and expertise in topics covering individuals, families, home, work and the wider community.

Proposals for future publications are welcome from authors who have knowledge, experience or expertise which they have developed and wish to pass on to others.

INTRODUCTION

<p>In this book, the author is concerned with unlawful and so-called "recreational" drugs: not properly prescribed medical drugs.</p>

This is not a book about drugs. I know nothing about and have no interest in drugs.

This book does not contribute to the debate about which drugs are more addictive than others, nor whether some drugs are less harmful than others. I have nothing to say about the possibility of drugs being legalised, beyond being appalled and opposed.

As far as I am concerned, all drugs are harmful, as is smoking. There is nothing good about either: they are a curse upon humanity.

I wanted my children to grow up and live their adult lives without smoking and drugs. In this book I describe what I did.

I am not suggesting, recommending or telling other parents to do as I did, copy me or use the ten key points explained in this book. This book is simply saying that this is what I did and it worked for me and my children. I would be pleased to hear the views of other parents.

This book is based upon my experience. All information, ideas and points in this book are my sincerely held opinions and are not represented as scientific or verifiable fact or a guide to child welfare or upbringing.

All parents should rely upon their own judgment and common sense in deciding what to tell their children and at what age about smoking and drugs. This book describes in general terms my experience but does not claim to be a guide to bringing up other children nor should it be read or used as such.

DB
London, 2017

A CALL TO ARMS

Every parent who tries to prevent their children from smoking and taking drugs – whether successful or otherwise – is a hero. It is selfless. It is altruistic. It is aimed solely at helping our children, the next generation.

At times it feels like we are swimming against the tide. Smoking and drugs are widespread. Their use is often glamourised. However, we all know the truth: smoking and taking drugs are a curse on the children who do it. It is parents who care most and it is we who want to prevent the next generation from smoking and taking drugs.

This book shows how I brought up my children so they did not smoke or take drugs. It describes what I did with my children. It worked. It was easy.

I am not here to tell you, the reader and others, what to do. I am not in a position to promise other parents that if they do this, they are sure to get non-smoking and drug-free children. I have no evidence that if others copy what I did, they will get the same result.

What I can say is that my children have not smoked or taken drugs, unlike the apparent overwhelming majority of teenagers when their contemporaries. In this book, I am sharing my method with others. I used this method. It was simple and for me and my children it was successful.

Nobody knows how many children smoke or take drugs. Some do it on a regular basis and some have tried it occasionally. Neither is inevitable, not should it be acceptable.

Based on anecdotal evidence, hearsay and what my children, who attended a comfortable and mainly middle-class comprehensive school in London observed, it appears that perhaps 80% or more of teenagers try smoking or drugs at some point.

Of that 80%, about half become regular users of cigarettes or drugs before reaching 18 years of age.

If other parents desperately do not want their children to be in that experimental 80% or the ensuing half who become addicted, then like me, they will want to do something about it. They will want to bring up their children to be non-smokers and drug-free.

I have set out my system for bringing up my children so they neither smoked nor took drugs in this book. It consists of ten key points.

My ten points were used repeatedly during the upbringing of my children, but they were never programmed or scheduled. They were not delivered in doses at regular intervals. They were neither lessons nor lectures. They were never forced onto a reluctant audience.

I drew on the various key points as and when the opportunity arose. Throughout their childhood, I introduced material and examples whenever it seemed suitable.

Sometimes it would be nothing more than a quick remark of disapproval in the street when pointing out somebody who was smoking. At other times, it would be sitting at home and debating whether a particular pop star being interviewed on television, with slurred speech, strange intonation or half-closed eyes, was under the influence of drugs.

I did not warn my children just once that at some point they would be offered cigarettes and drugs by so-called friends while still of school-age: I told them many times, spread over the course of their childhood. The message sank in and became part of their psyche, part of their awareness of the problems in life that have to be dealt with as they grow up and grow older.

It was like teaching table manners or road safety to children. As parents, we do not simply tell them once and never again. We have to tell them again and again, then wait a few years (or months!) and tell them all over again. Teaching them how to cross roads safely seemed, at the time, an endless task. It had to be taught to them and then taught again a few years later and then again after that. These valuable lessons from parents on good upbringing are not delivered on a one-off basis, never to be repeated. They are told over and again, in different ways, as children grow older.

So it was with my ten key points. I used them over and again, but in different ways at different times. I never sat the children down and embarrassed them with having to deal with a “facts of life” conversation. Instead, I used examples and ideas from the ten points in a spontaneous and natural way as and when the opportunity arose.

The core aim was to work the key points into the character of the children. I brought them up in such a way that when smoking and drugs were presented to them in reality, they would decide for themselves that they wanted nothing to do with either. This was the aim all along. I wanted my children to make their own decisions not to smoke or take drugs. This was the only way I could have confidence that their decisions would be permanent and sustainable.

It would not have been sufficient to persuade the children to resist smoking and drugs just to please dad. The challenge was to ensure that they themselves actually wanted nothing to do with smoking and drugs. I wanted to make sure, as far as possible, that they themselves ended up with their own inner feelings and motivation to remain free of smoking and drugs - hopefully for life.

I do not believe it is possible to brainwash children, nor desirable to try. I have never toyed with aversion therapy: getting children to hate something by making them feel uncomfortable. What I wanted all along was for them to make a free, happy, willing and conscious decision never to take drugs or smoke, not to manipulate or trick them into that position. My assumption was that if you try to manipulate or trick children, they will soon work it out. They would react against it and then parents would get the opposite result to the one for which they hoped.

I do not believe in telling other parents that they should do as I did. Each parent decides for themselves what to say to their children and how to bring them up. That is part of the pleasure of being a parent. None of us wants to be bossed around and told how to deal with our own children. But what I can say is that this is what I did and it worked. And it was easy.

I have always been sceptical of claims by others that they have found a secret method or solved a problem hitherto insoluble. It is of course possible, but I think most people are like me and have a healthy dose of doubt over claims by others to have achieved the seemingly impossible.

I would never say to other parents that if you do what I did, you will definitely succeed in preventing your children from smoking and taking drugs. But it is safe to say that I did stop my children; this is how I did it; and others are welcome to think about it and consider my ten key points as they see fit.

All parents have to use their common sense and judgment in talking to their children. Parents are best placed to know what to say to their own children and when to say it. I used my method with the ten key points in ways that were amusing, encouraging, enlightening and life-affirming. I was always positive with the children and I wanted to boost their self-confidence. I wanted to build their strength of character. I armed them with the mental fortitude to resist pressure from others to try smoking and drugs.

I dipped into the ten key points over and over again to help my children come to their own decision not to smoke or take drugs. That was my aim and inside me, by gut feeling, I knew that the only way to ensure they never smoked and never took drugs was to get them to make the decision for themselves.

My ten points amounted to a programme, delivered over many years and in different ways, to help, encourage and lead my children to decide for themselves that they would never smoke and never take drugs. Only if the decision came from them, willingly and knowingly, would I feel any guarantee that it would be successful.

It is possible that my ten points are not the only ones that can be used with children to help produce the decision from within them never to smoke and take drugs. It is possible that other parents might find better ways. I intend to produce a further edition of this book and will be pleased to include the experience and comments from others.

Please email me your experience of preventing children from smoking and taking drugs, successful or otherwise, or any opinions you have about my ten key points. Many parents want to read about and learn from the experience of others.

In future editions we can probably find ways to improve the ten points. I am not an expert. I just did my best and every parent's view is just as valid as mine. Please send me your views and ideas and I will do my best to include all comments.

I did it – I used the ten key points as explained in this book – and my children, 21 years of age at the time of publication, have never smoked or tried drugs.

This is a blessing and one of the most fortunate things that could happen.

I can only wish the same luck and good fortune on other parents. I hope you too find success – please do email me and let me know.

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**Do you want to share your experience
of trying to prevent children smoking and taking drugs?**

Do you have comments on the author's ten key points?

Do you have suggestions of your own?

The author would like to hear from you about your experience

**All comments and suggestions will be considered for inclusion
in the next edition of this book
(without identifying you or your children of course)**

Please email the author:

info@FidelityBooks.co.uk

KEYPOINT 1

Making a mockery of smoking and drugs

From the early days of my sons' childhood, I mocked adults who smoked or took drugs. I planted a clear idea in the mind of my children: smoking and taking drugs made people look silly or stupid. They looked ridiculous. They were figures of fun.

The children would, from infancy onwards, associate smoking and drug-taking with ridicule, distaste and disrespect.

Of course I had to be discreet and sometimes subtle, but all parents pass knowledge, belief and experience onto their children. I discreetly indicated people in the street or other public places who were smoking and gently laughed. I told the infants how silly the smoker looked with a cigarette hanging out of their mouth.

The children learned from infancy onwards that their parents laughed at smokers. Smokers were figures of fun. They were subject to ridicule. Smokers did not get respect. Smokers were not cool.

When the children were older, I discussed drugs with them and how stupid it looked when adults took drugs. This did not require a serious or formal conversation. It was mentioned, alluded to, remarked upon countless times. It was gently worked into the psyche of the children and became part of their core and ingrained knowledge: people look stupid when they take drugs.

An excellent example and source of much mirth, was the phenomenon of adults pushing white powder up their nose. All children will find this ridiculous and as funny as a comedian slipping on a banana skin. It was straightforward to mock those who put cocaine powder up their nose.

It is not difficult to convince a child of the appropriate age how comical it is for an adult to push white powder up their nose. And the truth is, it is funny. It really is. Perhaps those who take drugs via their nose might think it is socially acceptable, but it is not. It is only because they get together with like-minded people and they all tell each other it is OK to push white powder up their nose. They deceive themselves with a shared delusion of what is socially acceptable.

However, for a child who thinks a circus clown with over-sized feet is hilarious, it will be natural to laugh at an adult who puts white powder up their nose. It is such a silly thing to do. Children can decide for themselves from an early age that it is unpleasant, undesirable and ridiculous. They will probably never want to do such a thing.

I once visited the home of a client who had an unfortunate white-powder habit. One day he emerged from a private room with the powder around his nose. It was clear what he had been doing. This was a good example to tell my children: to invite them to join the mocking of this silly (and rather wealthy) man pushing white powder up his nose in a private room and how ridiculous he looked. Which of course he did.

I always kept things on a light and amusing level. I did not go over the top as that risked the children reacting against me. This was not difficult to achieve because it really is ridiculous to push white powder up one's nose. Children can draw their own conclusion.

It was the same with smoking. To smokers perhaps and to the smoking lobby with certainty, it might be desirable to be "Marlborough Man". But to the rest of us, it is utterly stupid to wrap a plant in paper, set it on fire and let it hang in a droopy way from your lip while you suck in the smoke. There is no problem at all in enlightening children as to the reality of this absurd activity.

While making fun of smokers and drug users, I never lectured, moralised or became zealous. Instead, I gently mocked and quietly laughed. I encouraged my children to see what was actually the truth, literally in front of them. It really is silly to push white powder up one's nose.

The same goes for cigarettes. It really is silly to put burning tobacco in your mouth and suck in the smoke – it truly is! I tried to get the humour right, so the children saw how silly and comical it all was.

This started at a young age and continued throughout their childhood. Sometimes it would be just a small "tut-tut" or a quick smirk, a mocking nod or a sigh of deprecation. Other times there would be an explanation of the humour of the situation: explaining why the smoker looked so silly, with the cigarette in their mouth, sucking in the smoke and not deserving parental approval and respect.

The message was always the same, consistent and ever present: smoking and drug-taking made people into figures of fun. What they are doing does not deserve respect. This became deeply ingrained in the children and will hopefully endure for their entire lives.

KEYPOINT 2

Injecting drugs with a dirty syringe is revolting

As is shown on television and in films, heroin is taken by boiling it on a dirty spoon over a flame and then injecting it with a dirty syringe. This is truly revolting and sickening. As a spectator seeing it on television, it gave me a good opportunity to explain to my children how unpleasant it was. And it really did look unpleasant!

I never found any need to moralise or preach to my children about injecting drugs. All they had to be told were the facts and see for themselves how it was depicted on television and in films. Generally there was a half-unconscious person with scabs and scars, half-starved and spotty, unwashed and smelly, sitting on a dirty mattress in a dirty room, boiling heroin on a dirty spoon.

I used images as above, popping up on the television screen, as a way of explaining on an emotional level how revolting the process was of injecting drugs. This was not related to the logic and harm of drug-taking. It was about the physical revulsion of using a dirty needle and syringe to put a horrid substance into someone's body and the atmosphere that goes along with it.

I let my children know that dirty needles spread diseases which were entirely separate from the harm caused by drugs such as heroin. HIV/AIDS and hepatitis are the most common blood-borne diseases which injectors can and do catch. I let my children know that most – if not all - injectors will get a serious, nasty and possibly fatal illness from the dirty needle and dirty syringe.

The entire act of injecting with a dirty needle and dirty syringe had to be explained as a revolting act – which it is. There was no need to go over the top in this and risk an adverse reaction. It did not in fact need to be overly-explained: it really is revolting and disgusting and my children only had to be told in a nice, mild and modest way to get the message.

I repeated it a few times in a light-hearted way over an extended period of time so the message firmly sank in and took root. The children learnt how disgusting drug injecting is. That brought with it the feeling that they would decide for themselves that drugs were, generally, a bad thing.

KEYPOINT 3

Focus on the first time:

never try cigarettes or drugs at all -

not even once!

The real key to preventing my children from smoking and taking drugs was to persuade them never to try it, not even once. The logic of this was inescapable. If somebody never had a first cigarette, they could never have a second, third, fourth or become addicted. If somebody never tried drugs for the first time, they could not have a second, third or fourth time or become addicted.

This might seem simplistic, but in its simplicity was the key to its success. If I could persuade my children never to try that first puff on a cigarette, then I would have achieved a lifetime's ambition of preventing them from smoking. They only had to avoid the first time to guarantee a lifetime free of addiction.

Every smoker and every drug addict in the world have one thing in common: they all began by taking a first step. Every smoker began their habit by having a first puff on a cigarette: putting the cigarette between their lips and into their mouth for the first time. It was this first step, this first puff, this first try of a cigarette that was the focal point of my campaign to prevent my children from smoking.

As a parent, I did not have to persuade my children not to become smokers. I did not have to persuade them not to spend their life smoking. I did not have to set out a major lifetime goal for them. I only had to persuade them to resist one small, unimportant and insignificant step: do not have that first puff. Do not try a cigarette for the first time. It was that first time which had to be resisted, not the notion of a lifetime habit.

The importance of focusing on the first puff of a cigarette or the first attempt at drugs was that children could relate to this and it was on their level. Children are not really interested in the long term: they look at the day, hours and minutes in front of them.

My children understood this point about avoiding the first try with a cigarette or drugs. They focused on that first time, not what it might or might not lead to later.

I always directed my efforts at discouraging my children from having that first try of a cigarette or drugs. If they would decide not to try for the first time, then I would have achieved my aim. There was no need to consider the long term with children when it came to smoking and drugs: all that mattered was that they never tried once, that first time.

KEYPOINT 4

**Prepare them -
one day, friends will offer them drugs**

Long before it happened, I talked to my children about how drug-taking by children starts. I explained that drugs are offered free of charge by so-called friends and that when the user wants more, they have to pay for them.

This is the long-established method by which children – mainly teenagers – get hooked on drugs. First the drugs are given freely, then they have to be paid for.

By warning my children that drugs would one day be offered to them free of charge, I built up their self-confidence and their strength of character. I made them feel that they were the clever ones, knowing that this will happen one day and them being prepared to counter it.

The children worked out for themselves as a result of what I told them that it was the silly child who did the offering of drugs; the clever child who knew how to refuse. I did simple and funny role playing games at home, so they could play at refusing drugs and get parental praise for doing the right thing.

We repeated this game several times, when they were young, with lots of parental praise for doing the right thing. The children learnt automatically how to refuse when urged to try drugs by friends. They also felt good about doing so.

The children learnt that it is high status to refuse drugs – not even one small puff or test – and low status to offer them. It was the clever child who never tried drugs and the fool who did the offering.

The point of the role playing was to enable the children to receive parental praise for doing the right thing and for this to become embedded in their minds at an early stage, long before it would happen in reality. They realised how happy they became, via parental praise and perhaps some small rewards, by refusing the offer of free drugs.

Years later, all the predictions came true. The children would come home in the afternoon bursting with enthusiasm to tell the story, proudly and heroically recounted, of how they refused to try drugs. The more they were urged to try drugs, the more resilient their refusal became.

They beamed with pride that they could so easily refuse the offer of drugs, while a large proportion of their schoolmates succumbed to the temptation. They felt good about refusing. Their self-respect was greatly increased and their confidence at predicting and dealing with problems was enhanced.

I even received comments from the children along the lines of “Dad, do you remember what you said would happen one day? I’m so glad you warned us, it was just like you said”. I think that is as close as a teenager will get to acknowledging their parents are right about something!

When I was a teenager in the 1970s, my mother worked as secretary to a consultant psychiatrist in the adolescent wing of a London psychiatric hospital. She typed up the patients’ case notes and time and again they had the same story. There was in fact only one story, which sadly they all shared.

I heard how “friends” would offer drugs at school or a party and encourage others to take them free of charge, just to experience them. They got the drugs free once or twice, then paid a little and then paid more – by which stage they were hooked and a regular customer.

Teenagers have to pay dearly for drugs. Some teenagers come from wealthy families and can afford the drugs. Others resort to crime in order to fund their habit: petty theft, breaking and entering or other forms of street crime.

Yet others will foolishly attempt to start dealing drugs themselves to fund their habit. They will find themselves in direct competition with organised drug gangs which are ruthless in the use of physical assault and knives to see off competition.

The last resort, and every parent’s nightmare, is teenagers turning to prostitution to fund their drug habit. However I never felt it appropriate to mention this to my children.

The “friends” who freely offer, then sell the drugs, are themselves doing it for one of two reasons. Sometimes, they are selling drugs in a misguided attempt to fund their own habit. It is vital for them to recruit new users as clients in order to support their own drug-taking habit. They are however living on a knife-edge, with the police on one side and organised drug gangs on the other, both trying to stamp them out.

Alternatively, the drug-pusher is a member of an organised gang and is their front-line salesman, but not necessarily a drug user. They are seeking new clients. Their job is to find new users and build up the client base. The pushers in some gangs might never take drugs themselves: their interest is purely commercial, rather than trying to fund their own habit.

Either way, I explained to my children that distributing drugs is a business. They are given away freely just to sign up new customers. It is not the act of a friend to give out free samples: it is a cynical way of getting new customers.

I had to explain to the children that it was probably inevitable that they would be offered drugs free of charge while a teenager in London. They had to be educated about this: it would happen to them one day, so they had to be prepared how to deal with it.

What mattered was that they would be ready and able to say “No” when offered drugs to try free of charge.

I repeated this message from time to time as they grew up and grew older. It was part of preparing them for the outside world: warm, safe and secure at home, but being made aware of some of the dangers that lurked outside.

In the event, I totally underestimated the endemic nature of drug-taking in London and the extent of its penetration into the middle class world of the seemingly lawful London suburbs. I was of course vaguely aware of drugs. I had badly fallen out with one friend in the past who thought that the occasional use of marijuana was acceptable. I was also offered what looked like “grass” by a person of great influence, who henceforth was substantially diminished in my eyes. However, I thought drug-taking was on an individual, sporadic level: the odd person here and there.

How wrong I was. For children, drugs were widely available. They could be obtained on the residential streets in our middle class suburb, from dealers hanging around in shopping areas, dealers near schools or schoolchildren acting as agents for dealers. Drugs could be ordered by mobile phone for door-step delivery. Drugs could be purchased in pubs and clubs, at parties and raves, at concerts and many other venues where large numbers congregate.

It is impossible to know exactly, but it seems about half the children ended up trying drugs and some developed serious problems.

Sometimes we would drive through the neighbourhood and my children, in their late teens, would point to a wasted, thin, haunted and vagrant-looking person and name him or her. It was always a shock to realise that the innocent and friendly child I once saw at a junior school event aged 9 or 10, was now a drug-addicted drop-out with a wasted life, aged just 18.

There does not appear to be an effective strategy by central or local government to ensure that children are not drawn into trying drugs and acquiring a habit.

Drug-taking by teenagers was extensive and prevalent in the experience of my children. Youngsters are very vulnerable to being pressed to try drugs by friends when they are over the age of 11. If you can prepare them when younger, so they anticipate this happening and have a strategy already in mind, then they have a greater chance of resisting the pressure to try drugs handed out freely.

KEYPOINT 5

Drugs destroy family life

Becoming addicted to drugs destroys family life for teenagers. It also destroys other relationships and friendships as the addict becomes isolated in their own world and their behavior and personality change.

Many established addicts, from the middle-class marijuana apologists to those indulging in harder drugs, delude themselves that they are cool, clever, great, happy, fulfilled, socially acceptable etc.

Teenagers are the victims of drugs being made popular. As they develop the delusion that drugs are “cool” and become more embedded in it, so their normal family relationships break down. By the time it happens, it is obviously too late.

However when children are younger, they will be horrified at the thought that one day they might lose their loving family and all that is precious to them.

I pointed this out to my children as another consequence of taking drugs: it would lead to the end of family life. This arises from the delusion that drug takers inhabit, with only the addict not realising how much they have changed. It also arises from the need to raise money to pay for the drugs and from the departure from normal family life.

The end of family life was entirely separate from many of the other impacts the drugs might have, which are sometimes too vague or long-term for children to understand. Young children understand family life and happiness at home. They instinctively want it, want to hold on to it and want more of it.

I explained to my children that once addiction sets in, it becomes uncontrollable. Therefore the need to raise money to pay for drugs becomes the most important factor in the teenage addict's life.

Youngsters understand money. Money buys sweets and toys. Money brings nice things. My children understood that money was necessary for drugs and I explained that the need for the drugs is overwhelming. It drives the addict to do things which they would otherwise never do, as they absolutely have to raise relatively large sums to feed their habit. I never spoke of the final resort which some drug-takers are driven to – prostitution – as this is entirely inappropriate for children, as mentioned earlier.

This means in reality that addicted teenagers - or those whose well-off parents do not provide enough money to fund the drugs - will start by stealing from parents and home to raise money for drugs. Then steal from grandparents, uncles and aunts. Then steal

from friends and finally hit the last two choices: stealing from the wider public; or attempting the risky business of dealing in drugs themselves to fund their own habit.

For a young child, their feeling of love towards their mum and dad is unbreakable. So to be told that drug addiction meant they would betray their parents and grandparents was something of real significance. Their home life is something children would never want to lose, so drugs instantly in their mind became their enemy. Drugs are anti-family and anti-everything they value and want.

When children grow up and become adolescents it is a different matter. It is natural for them to spread their wings and want to leave home. However when they are younger, drug addiction means the destruction of family life, trust, love and relationships. In their mind, drugs really are their worst enemy, but not a direct and immediate threat. Something far off and in the dim, distant future. Something to be avoided at the time when it might one day arise. This is exactly the feeling that helps children decide for themselves that they never want to be involved with drugs.

I never presented this to my children in a threatening or unpleasant way. I did not blunder in and scare and threaten them with the loss of all they held dear. I put the message across in a much more subtle and careful way. I explained it in terms of other families, showing what happens to others, not making it personal to our own family or making them personally feel threatened.

The message was that drugs changed the user and they lose control. They do things which they would otherwise never think of doing. They are driven, they are compelled, they are forced by the drugs to sacrifice everything they value in order to fund their drug addiction.

This message should not be used to upset a child – I never upset my children. They were happy to be home with their family and they were happy to know that they were safe from these threats that affected other people.

Children want their warm, loving, happy home life to continue. Drugs and raising money to pay for them is a threat that needs to be seen off. Drugs are a threat to family life and far from scaring my children, they felt stronger and more secure knowing that they would not fall into the trap of giving up family life because of drug addiction and fund-raising.

KEYPOINT 6

Drugs are harmful and lead to brain damage

I explained to my children some of the impacts and effects of taking drugs, so they knew from their childhood that drugs were generally a bad thing. It was not necessary to go into too much detail. It was not necessary to educate my children in depth and to debate with them if this or that drug really was addictive or not.

The point was to put across to them that drugs are evil, wicked and bad. Not bad in a way that will attract a rebellious teenager into trying something for themselves and defy authority, but bad in a way that leads to personal injury and destruction.

It was important that my children made their own decisions, made up their own minds, that drugs were bad and not for them.

A child will instantly and instinctively recoil from fire. They will not put their hand into a fire, but back away. They do not need to be taught this. They can make their own decision that fire is to be avoided. In the same way, I led them and helped them to make their own decision that drugs are bad.

One of the most effective discussions was how some drugs damage the growing brain of adolescents and that the damage is irreversible. No child will volunteer for brain damage. They therefore associated taking drugs with doing something that they personally disapproved of and did not want for themselves.

The brain damage can also involve mental illness, paranoia and schizophrenia. Again, this was something children really do not want. Even a rebellious child – which probably means all of them – will be repulsed by the thought of mental illness induced by brain-damage. They can therefore draw their own conclusion that the effects of drugs are something they want to avoid.

In this book, I am not listing specific drugs and their particular impacts. I am not an expert in this area and know no more than any other person who has had no contact with drugs.

I have no specialist knowledge, but then neither do most other parents. You do not need specialist knowledge to bring up children and prevent them from being drug addicts or smokers. It is not necessary to know the names of drugs, how they are classified, how strongly they are addictive and what effects they have.

What parents, in my opinion, should teach their children is this: all drugs are bad. No matter what drug a teenager starts with, once addicted, they can all end the same way. The end of the line is under-achievement: a wasted life, unfulfilled career, mental illness, brain damage or early death.

KEYPOINT 7

Point out people damaged by drugs

It is easy to fall into the trap of ranting and raging against drugs, but appearing all the time to be theoretical. “If drugs are so bad, then why can’t I see the harm which they cause?” a child will think. And it is to answer this question, or stop it arising in the first place, that I pointed to people who had been damaged by drugs.

It helped to show practical examples to children of the damage done by drugs. I pointed out real people who had been harmed by drugs. The children could then see for themselves the real damage. They did not have to rely on my assertion that drugs were bad. They saw the evidence. They saw the facts before them. They naturally arrived at the conclusion that drugs were bad.

Half – or more than half – the battle is won when children conclude for themselves that drugs are bad, drugs cause harm and drugs damage people: therefore drugs are not for them. This latter point is not a huge jump in thinking. It is a natural conclusion that children will draw for themselves.

The easiest and most common way to show the damage done by drugs was by studying television, when people were being interviewed and spoke in a particular way. Not just slow, but infuriatingly slow. Every word evenly paced with no emotion or rising and falling intonation, but an unfeeling monologue with no passion. The voice neither loud nor quiet and words spoken without emphasis. Their eyes sometimes slightly closed and their faces droopy and/or without expression.

This was not a normal way to speak, but seemed to be how some pop stars and some other so-called celebrities spoke. I pointed this out to my children and contrasted it with normal speech.

For example, when you listen to a newscaster deliver the news, a journalist carry out an interview or (most) politicians give a speech, they use sentences full of cadence, the voice modulating, rising and falling. There is even a rhythm sometimes to their words. They develop sentences and press forward, leading the listeners. They convey a lot of emotion in just a few words. However, when a seemingly drug-affected pop star or celebrity is interviewed, the contrast is so clear that you cannot fail to notice it.

When I pointed out to my children this contrast in speech patterns, they could hear it for themselves. They could see the emotionless face and eyes of the speaker. They could hear and see for themselves the lack of normality. After listening to a drug-affected pop star drawl away for a few minutes, I simply switched to a television news channel, BBC Radio 4 or LBC (a talk-radio station) and we heard how normal people speak.

Either way, it was a clear lesson to children. They could see and hear the damage done by drugs and draw their own conclusion: drugs were bad. They did not want to suffer these public and humiliating consequences.

There were other ways of showing to children the damage done by drugs, but the slow drawl of the pop star on television was one of the easiest and most effective. It was undeniable that they were not normal and it was hard to find a credible explanation for most of them other than drugs.

Another obvious and public demonstration of the damage done by drugs is encountered on the streets of our cities. The unfortunate people who spend most of their life on the street, some of whom have erratic behavior or are mentally ill. The odd people who have slipped through the safety net of what should be the welfare state.

Some drugs cause people to become paranoid or schizophrenic. These people generally cannot hold down jobs and can become homeless and uncared for. They are the people few want to look after. When you meet people living on the street, it is sometimes, but not always, clear that they have mental health problems.

Of course sometimes their problems can be caused by alcohol or other factors. But it was not hard for children to understand that many of those whom they might encounter on the street as homeless, vagrant or otherwise strange were suffering mentally from the effects of drugs, especially the younger ones.

Just as with the slow drawl of the drug-affected pop star, the strange, erratic and unpredictable behaviour of the drug-addicted homeless or street-dwellers carried a message: drugs are bad and unpleasant and do nasty things to people. And the effects cannot be slept or shrugged off. They linger and last, they eat away at the poor, suffering person and cause so much open and obvious damage.

I never sought drug addicts for my children to see. I think that would be unethical and immoral. However in the normal course of life, encountering them is unavoidable. In cities in particular, there are ill and damaged people and they are there in plain sight on the streets. They are neither concealed nor do they hide themselves. Some people choose not to notice them, but they are there for all to see.

Their behaviour can be bizarre and strange and they should not be approached. But children look at everything around them and looking at these people is no different. My children looked and learned. They observed and drew conclusions. All I had to do was mention drugs and attribute some of the mental and behavioural problems to drugs. Drugs contributed to the downfall of these people. Drugs contributed to their obvious mental illness or abnormalities. Drugs were in part to blame for what was there on the streets of our cities.

KEYPOINT 8

Counter the arguments of apologists

My children learnt that the debate on drugs is two-way. Sad but true, there are apologists for drugs. There are those who will argue in favour of drugs. There are people who will put a positive spin on drugs. Whereas with some moral messages there is no ambiguity (such as teaching children to do the right thing, not to tell lies, not to steal etc), when it comes to drugs there is definitely a mixed message awaiting the unwary.

Some apologists come in the form of people who argue that not all drugs are the same. Not all drugs are addictive, they say. Some drugs are less harmful than alcohol, they say. Some drugs are just enjoyable and/or beneficial and do not cause harm, they say.

The reality on the street for children is that every single drug is harmful and addictive. There is no such thing as a harmless drug and my children became aware of this. They built up their resistance to the siren call of those who use the medium of modern communication to appear reasonable and moderate when in reality they are promoting drugs, deliberately or otherwise.

As soon as the drug apologists begin to argue their case in favour of some drugs, children are drawn into a debate and discussion. Is this or that supposed-fact correct or not? Which claim or counter-claim is the most reliable? Are there harmless drugs? Are there non-addictive drugs?

In response, I told my children to disregard the entire debate. We were accustomed to debating politics and the practical choices promoted and opposed by our leaders in government and their opponents. It is however a trap that awaits the unwary, which I warned against, to regard the so-called debate on drugs in the same way as any other political debate.

This is because the entire approach to promoting some drugs as non-addictive, less harmful, recreational, enjoyable etc is wrong and misleading. There is no such thing as a non-addictive and harmless drug in reality. Every drug leads to addiction and/or damage, no matter what the chemical effects of a particular drug in its pure and unadulterated form might, or might not, be.

When drug dealers sell drugs, they are not acting altruistically: they are motivated by profit and the need to build up a new, expanding and regular customer base. Drug dealers mix their own drugs, or buy them ready-mixed from suppliers in the chain above them. These mixes, blends or formulae are of course at the control of the drug dealers.

Drugs are blended and addictive drugs can easily be mixed with non-addictive. So whenever somebody takes so-called non-addictive drugs, they can be laced with many other substances to encourage addiction to that dealer's particular mix or formula, as

well as to the other drugs themselves that have been blended in. A user will not just get hooked on a certain drug: they will get hooked on the particular blend supplied by their particular dealer.

Addiction also comes about through escalation. First somebody tries one drug, then more of that drug, then more again, then a few other drugs and then one day they find themselves with a habit, dependency or addiction. The fine difference between the habitual drug-taker and the addict is irrelevant. For children, it all means the same thing: the user cannot stop.

I always pointed out to my children that there is no such thing as non-addictive drugs and that those who argue otherwise should be viewed with suspicion. Why are they saying it? What are they trying to achieve? What is their real motive?

There is also an entirely different approach to countering the arguments of those in favour of drugs, those who argue that not all drugs are the same and that some are non-addictive and harmless. It is a moral and ethical message. It is that the taking of drugs is wrong in itself, regardless of whether the drugs are addictive and harmful or not.

Children are open to ethical and moral debate and enjoy such discussions, in varying depths, at all ages: the ethical person knows something is wrong but the moral person does not do it. So, I asked, are drugs in themselves right or wrong?

Children are aware from an early age of the difference between right and wrong. The difference between thinking something is wrong and doing something that is wrong. They are keen to classify items within this “right or wrong” and “do it or not do it” framework. The debate about drugs enables them to use their own thinking and form their own opinion.

I noticed of course that children, especially as they get older, like to take contrary points of view to their parents. I found that in the drugs debate, this did not cause me a problem for the following reason.

When it came to the ethics and morality of taking drugs, I knew I was opposed to drugs in principle, but I could never fully explain why. I wanted my children to come to the same conclusion regarding ethical and moral opposition, but I was never able fully to formulate a coherent ethical and moral argument. There were plenty of practical reasons to be opposed to drugs, but it was not so easy to explain why comprehensive opposition had such an ethical and moral base.

I then found, as my children grew older and wanted to challenge their parent’s thinking and opinions, that they wanted to complete the conundrum: to beat their dad in debate by formulating why drugs were unethical and immoral, regardless of the degree of addiction. The children could delight in beating their father - which was for them the ultimate motivation for adopting parent-contrary points of view - by further refining and defining the reasons why all drugs were wrong, unethical and immoral.

KEYPOINT 9

The consequence of a criminal conviction for drugs

Taking drugs is not just a health, welfare, ethical and moral issue. I felt it was important to explain to my children, at the right age, that possessing and selling drugs was a criminal offence: a conviction for this could ruin the lives of those who did it.

A criminal offence has to be explained as more than a child being naughty or doing something wrong. A criminal conviction is a stain upon one's character. The fact of a criminal conviction – and even worse, it being drugs related – changes how other people will see the convicted criminal.

Children can and will understand this and they will not want to be regarded as a convicted criminal. Even more, they will not want to suffer the possible consequence of a drugs-related criminal conviction.

Children's ambitions – when they are not thinking of simply the next few hours – stretch to imagining and dreaming about the future. Younger children think about travelling to the USA to visit Disney World. Teenagers dream of glamorous jobs. They dream of travel around the world, prestigious university places, exciting careers and changing the world for the better.

So, I explained how such dreams can be ruined by a criminal conviction for drugs. For example, many employers will not want staff who are convicted criminals. They will not want to employ drug addicts or users. Some professions, such as banking, economics, insurance, accounting and law in the City of London, now pay substantial salaries and bonuses. These high salaries are known about by youngsters. It is obvious that a drugs-related criminal conviction will not go down well with such a future employer.

Travel to one of the most popular and dreamed about locations – the USA - can also be ruined by drugs-related criminal convictions. Children will never think of this unless they are told. Taking a holiday in the USA can be stopped by a conviction.

The USA will refuse entry to people convicted of a minor offence, even in the far past such as fifty years ago. The USA also says that “drug activity” will make a potential visitor ineligible for a visa. One conviction or one problem with drugs, and that is the end as far as the glamour, excitement and attraction of the USA is concerned: entry will probably be refused and that refusal can last a lifetime.

Other countries such as Canada, Australia and New Zealand are also strict in banning drug users/convicted criminals with Japan and China also not keen to admit them, but it is the USA that will really hit home with young people. As with many of the other key points, discussing this leads children to decide for themselves that taking drugs is just not worth it.

KEYPOINT 10

**Keep children off the streets -
make sure they have friends to play with at home**

The streets of London are a dangerous and risky place for children. Street life is not what it was one generation ago. Society has changed, perhaps not for the better, but it has nonetheless changed. When the writer was a young child in London in the early 1960s, it was normal to play outside in the street and to mix with all the children from the same street.

As young as four or five, I remember playing in the street (actually in the road itself!) both by myself and with many other children. There was no fear of traffic as there was so little of it in the quiet residential streets of north London. Adults and other children were not considered a menace.

However, now it is different. The fear of traffic and the many other problems which make young children vulnerable mean that many families do not let their children play unsupervised in the street.

For better or worse, as a parent I was the same and worried too much simply to let my children play unsupervised in the streets of London. The unforeseen consequence of careful and caring parents, not letting their children play in the street, was the placing of a question mark over the children who did play unsupervised in the streets.

I asked myself, what parents let their children out to play alone in the streets of London? In general, based on what my children told me, those who spent time hanging around on the streets were those who got into trouble and were disruptive.

It has become, unfortunately, a self-fulfilling prophesy. I did not want my children to go out and play in the streets in case they would not play with or meet other well-behaved children. And that in turn was because the parents of other well-behaved children would not let them out to play – because they were worried they would not mix with the right children.

Despite parental anxieties, my children really liked playing and mixing with other children. I therefore had to make sure they mixed with others and had plenty of opportunity to make friends and play.

The answer, and the last of the ten key points, was to make sure that children could come to our home to play and my children could go to other homes to play there, as well as regular trips to local playgrounds and parks with parental supervision.

By giving children the chance to play with others at our home, at theirs and in parks and playgrounds, I removed the temptation for the children to go out and play on the streets. And it is on the streets that they would have learned far more about cigarettes, drugs and other aspects of life than I would have liked.

As my children told me, based on what they learned from their peers, street life in London is pretty rough. Children generally join gangs. This is done in order to survive on the streets and to protect themselves against other gangs and groups of children.

Smoking, drug-taking (and much worse things) are common among street gangs. It is a very simple choice for parents in major cities: either let children join the street life which will drag down their development and well-being, or make sure they have plenty of opportunity to play with friends at home, visiting others or in parks/playgrounds.

Of course, it means that as parents we end up as taxi drivers, chaperones, play organisers and hosts. However that is the choice that has to be made. Either we invest the time in supervising the children and ensuring they have lots of opportunity to play, meet and mix; or we leave them to form their own relationships on the streets with the consequential involvement in the worst aspects of street life.

Making sure they have plenty of friends to play with at home and opportunities to visit other homes, parks and playgrounds is an important part of countering the drift into smoking and drugs.

**Do you want to share your experience
of trying to prevent children smoking and taking drugs?**

Do you have comments on the author's ten key points?

Do you have suggestions of your own?

The author would like to hear from you about your experience

**All comments and suggestions will be considered for inclusion
in the next edition of this book
(without identifying you or your children of course)**

Please email the author:

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ABOUT THIS BOOK

This book shows how the author, David Beskine, brought up his children in London amidst an epidemic of drugs and smoking with them neither smoking nor taking drugs.

David's system, which resulted in his children freely making their own decisions never to smoke or take drugs, is set out in the book. It was simple, easy and enjoyable.

David says "smoking and taking drugs are a curse upon children.

"I think all parents want their children to be smoke and drug-free.

"However, the vast majority of children seem to try smoking and drugs in London. Many then acquire an unfortunate lifelong habit.

"This book sets out, step by step, the system I developed and followed.

"My children are now in their early 20s and are totally smoke and drug-free.

"This book shows how I did it."

From Infancy to Adulthood: Smoke & Drug-free Children

Learn about the system used successfully by one parent to bring up children who never smoke or take drugs.

This book sets out clearly, step by step, how the system was applied. It led the children to make their own, willing, conscious decisions never to smoke or take drugs.

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