Drug, Alcohol, and Tobacco Contract for Teens

Involve your teen in the process of setting up this contract. Their participation will contribute to their sense of ownership, accountability, and reinforce the contract terms.

Name of Teen: __________________________________________________________ Date: _____________

Teen Expectations:
The following are examples of rules involving drug, alcohol and tobacco use. Be specific, creative and clear in communicating your expectations for your child.

1. I agree to not drink any alcoholic beverage – beer, wine, hard liquor until I am legally of age.
2. Under NO circumstance will I accept a ride with anyone who appears to be or is under the influence of a drug(s). Instead I will stay where I am and call for a ride home.
3. I agree to not stash or hide drugs, alcohol or tobacco for any of my friends. If I do, I am guilty of possession of drugs, alcohol or tobacco.
4. I agree to come to my parent(s) for support if I am having trouble resisting peer pressure. As a result, I will not be punished for reaching out.

Teen Expectations:
1. I agree to monitor and/or observe my child’s behavior if I suspect any drug, alcohol or tobacco use.
2. I agree to check in with other parent’s if I suspect my child is using drugs, alcohol or tobacco.
3. I agree to call other parent’s to ask about supervision at parties.
4. I agree to address my concerns with my child if I suspect drug, alcohol or tobacco use.
5. I agree to seek outside support for my child if I am not effective in handling my child substance abuse problems.
6. I agree to listen and support my child if he or she comes to me with peer pressure issues or any other problems that could lead to substance abuse

If I violate this contract, then I will receive the following consequence(s):
________________________________________________________________________________________
________________________________________________________________________________________

If I follow this contract, then I will receive the following reward(s):
________________________________________________________________________________________
________________________________________________________________________________________

Teen Signature: __________________________________________________________ Date: _____________
Parent Signature: __________________________________________________________ Date: _____________

Terms of this agreement will be reviewed every ___________ (days, weeks, months) and changes made accordingly.