

# Talking to Your Kids About Drug/Alcohol Use

## Youth Drug & Alcohol Trends



Lake Washington High School PTSA  
May 18, 2016

YES - non-profit agency who provides MH and SA services to 6-24 year olds and their families in Redmond, Kirkland, and Bellevue. I was asked to speak to you all as a result of the increase in student deaths we have had in the district in hope of providing some education around the newest trends in teen drug use and provide some tips on how to detect these problems in your child and how to talk to them about these issues.



I am a mental health and D/A counselor, PI in LW, ICS– support students, staff, families, educate; confidentiality statement! At Bellevue office, RA's

Run Prevention Group – hosting the DUI assembly this Friday. Hope this will be a good opportunity to talk with these issues with your kids before the summer starts and they have a lot more free time

## Today's topics

- Statistics and drug trends
- Dangers of combining substances
- How brain is affected by drugs
- 5 most common drugs in community
- Signs and symptoms of use
- Starting the conversation
- Where to go for help



We're seeing this across our community in schools

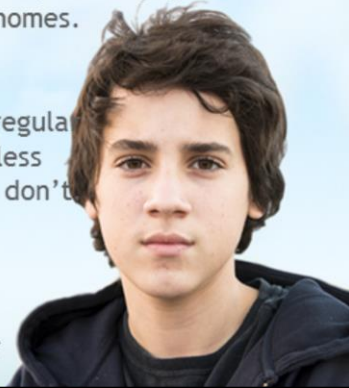
9 PI's in Bellevue and LW school district – information gathered from across this district.

## National Statistics

- 10% of teens report that they have attended a rave, and ecstasy and other drugs were available at more than two-thirds of these raves.
- 63% of the youth who drink alcohol say that they initially got the alcohol from their own or their friend's homes.
- Teenagers whose parents talk to them on a regular basis about the dangers of drug use are 42% less likely to use drugs than those whose parents don't.

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"ADASK" Alcoholism and Drug Addiction Statistics, Trends, and Costs. 2004. 30 May 2005 <http://www.ni-co.org/statistics/trends.htm>  
"Teen Substance Abuse" CDCADA, 9 March 2005. 28 May 2005 <http://www.cdca.org/statistics/teens.htm>  
"The Teen Drug Scene" Diabetes Forecast: The Teen Drug Scene. 2005. 30 May 2005 <http://www.findarticles.com/pl/articles/mi/m08771a35a/ai94129994>

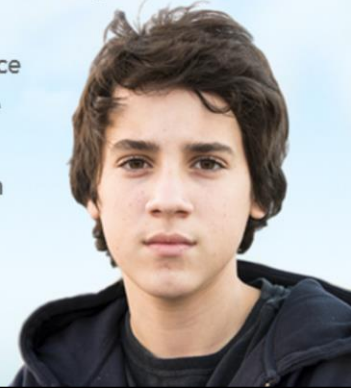


\*more than half are getting it from home or their friends are coming into your home and taking it

Talking about it significantly decreases the likelihood that your teen will use

## Regional Statistics

- In 2014 in Washington, among 16-20 year olds that died, the proportion of heroin-only drug-caused deaths was 55 percent
- In the Healthy Youth Survey (2014) for King County 12<sup>th</sup> graders:
  - 70% reported drinking alcohol at least once
  - 43% reported marijuana use at least once
  - 40% reported drinking in the last month
  - 26% reported marijuana use in last month



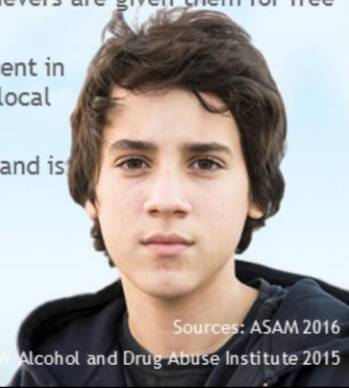
\*Every couple years district gives HYS

## Opiate Use in U.S. and Washington

- In 2014 in U.S., 467,000 adolescents were current nonmedical users of pain relievers, with 168,000 having an addiction to prescription pain relievers
- An estimated 28,000 adolescents had used heroin in the past year, and an estimated 16,000 were current heroin users
- Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative
- Fatal overdoses linked to heroin surged by 58 percent in King County last year, fueling the steepest rise in local drug-caused deaths in 17 years
- Heroin in the region has a higher purity, potency, and is more deadly



Sources: ASAM 2016  
UW Alcohol and Drug Abuse Institute 2015

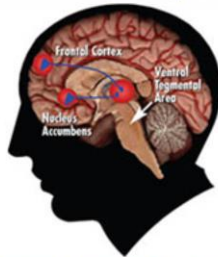


Epidemic in Kirkland, seattle, WA, nation

# How drugs affect the brain

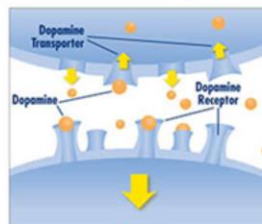
## DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

### Brain reward (dopamine) pathways



These brain circuits are important for natural rewards such as food, music, and sex.

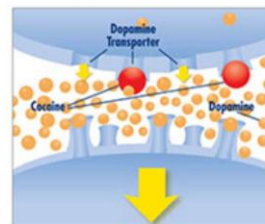
### Drugs of abuse increase dopamine



FOOD

Typically, dopamine increases in response to natural rewards such as food.

When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



COCAINE

During adolescence— brain undergoes transformation. Portions that govern impulse control go dark, reward and motivation become more sensitive and powerful. Why teens are more vulnerable to exploring D/A.

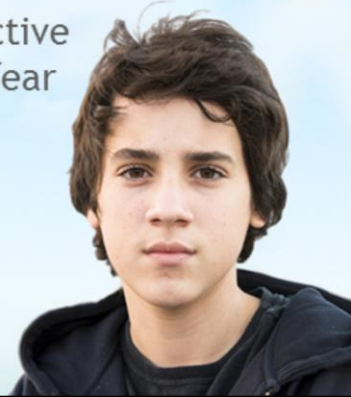
Brain is designed to send out deep cravings for action when something desirable is at play, reigning in impulses aren't active yet. Likely to act on any suggestion that comes along rather than thinking about the consequences.

Explain dopamine and how drugs stimulate the same brain areas as sex and food. — body's reward activator — controls pleasure center and encourages thrill-seeking behaviors.



## Progressing from use to abuse

- Brain attenuates to signals of reward
- Spike in release of pleasure chemicals released
- Think in present and not in future
- Use becomes a quick and effective way to manage emotions and fear



Since brains are attenuated to signals of rewards- might take drugs repeatedly as they cant combat cravings. Use to abuse to easy and high doses may do irreparable damage to brain cells.

Drugs can cause a spike in release of chemicals the brain releases in response to pleasure. In response, the brain begins to react with decreased frequency to any source of pleasure – only feel happy when they're high.

Teens might not perform well on tests involving memory or recall and struggle to regulate their emotions. Hard to set aside current pleasure for future gain, may not plan for future at all.

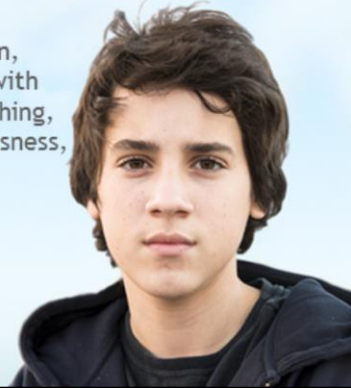
Teens use the primitive area of brain that emphasize emotion and fear and get stuck here, hard habit to break

Brain remembers rewards so it's a quick and effective procedure for them and then they become hardwired rules



## Combining alcohol w/ other substances

- Depressants (\*Xanax, Valium) combined with alcohol have a synergistic effect with lethal consequences, with rapid onset of dizziness, stumbling, memory loss and potential death
- Stimulants (e.g., Ritalin, Adderall, Concerta) combined with alcohol conceal alcohol's effects - can't gauge their level of intoxication; result in over-consumption
- Prescription opiates (e.g., Vicodin, OxyContin, Tylenol 3 with codeine, Percocet) combined with alcohol can result in slowed or arrested breathing, lowered pulse and blood pressure, unconsciousness, coma, and potential death.



\*Don't combine alcohol and other drugs – period! THC and alcohol –feel it gives them a more intense high, but really they go beyond their tolerance and don't know how drunk they are (alcohol first then THC), increase chance of alcohol poisoning. Mixing alcohol with prescriptions is one of the most dangerous forms of concurrent drug and alcohol abuse. Some of the most commonly abused prescriptions are powerful sedatives such as Xanax, Ambien, Valium, and Nembutal. When one sedative is ingested with another, this can severely compromise the central nervous system, slow down response time, and induce extreme nausea, coma, and death.

## Prescription Drugs

- Xanax, Vicodin, Oxycontin, Oxycodone
- Only safe when taken as prescribed as they can be as dangerous and addictive as “street” drugs”
- Getting drugs w/o a prescription is illegal
- Pain killers and anti-depressants at greatest risk for overdose



Check your own home. Kids friends will probably go through your medicine cabinet.  
Money made off few pills

## Prescription use to heroin Dangers of changing route of administration



-Opioids (oxycontin and Vicodin) treat moderate to severe pain, attach to opioid receptors and produce feeling of well-being. With repeated opioid use (prescription or heroin), production of the body's own pain relievers are inhibited (why withdrawal – physical reaction to the cessation of an addictive substance - feels so painful-the body can't cope with the pain).

-Intensify use by taking it other ways. I.e., extended release oxycodone is released slowly after taken orally (minimizes the euphoric effects). People may want to crush them and snort or inject them to increase the euphoria.

-Dangerous b/c all the medicine is released at one time if taken in higher doses over long periods.

-Increase in tolerance (higher dose to get the same effect) leads to body being less responsive to the drug over time.

-High risk of overdose during a relapse after a period of abstinence. Lethality is not in withdrawal, it's in overdose and combining them with alcohol and other prescriptions. – can die or go into coma on 1<sup>st</sup> use!!!

-Withdrawal – not deadly, within a few hours after drug taken; restlessness, muscle and bone pain, insomnia, vomiting, cold flashes

-Transition to abuse of heroin because it's cheaper and easy to obtain than prescription opioids

Naloxone – blocks/reverses the effects of opiates, used to treat OD's in emergencies-

someone properly trained in injecting can do it-EMT or family member-slow/stopped breathing – give the injection!

\*Good Samaritan Law – parents turned it into a law that anyone who calls 911 about an overdose will not be charged if they are intoxicated or possessing it. Every kid call 911 at a party-no more drive by drop offs at ER.

# Vaping/Dabbing

- E-Cigarettes/Vaping

- Produce flavored nicotine vapor resembling tobacco smoke
- Not regulated by FDA, contain carcinogens, metal particles, toxic chemicals

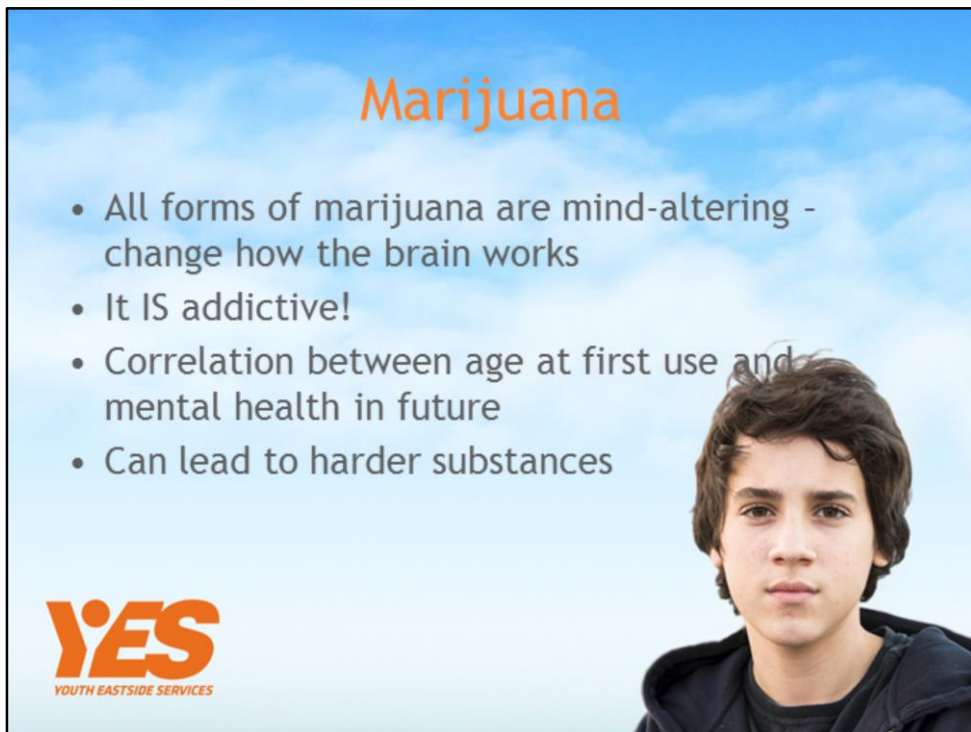
- Dabbing/Hash Oil

- Inhale vapors by extracting oil
- Higher concentration of THC



E-Cigs – A vape pen creates an inhalable vapor with a small inner coil that slowly heats, creating a vapor that is inhaled. serve as intro to nicotine, don't help with smoking cessation, long term consequences unknown. Water-soluble synthetics are easily converted into liquid concentrate that can go into the device cartridges and be vaped just like nicotine and other legal substances. It makes it nearly impossible to tell what is inside someone's vape. It could be nicotine, marijuana concentrate, or fruit-flavored, nicotine-free "e-liquid," popular among kids

Dabbing – Inhaling the vapors from a concentrated form of marijuana made by extraction using butane gas/hash oil. Much higher concentrations of THC. 5x stronger than a joint. Risk of explosions, torch the pipe



**Marijuana**

- All forms of marijuana are mind-altering - change how the brain works
- It IS addictive!
- Correlation between age at first use and mental health in future
- Can lead to harder substances

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A photograph of a young man with dark, wavy hair, looking directly at the camera with a neutral expression. He is wearing a dark jacket over a black shirt. The background of the poster is a light blue sky with soft white clouds.

More teens in tx with primary diagnosis of marijuana dependence than for all other illicit drugs combined – many teens will argue it's not addictive

Higher rates of depression and anxiety when people use marijuana. Teens who started using marijuana before age 15 are more likely to suffer from depression and anxiety later in life. 40% increase risk of psychosis

Can lead to opiate use – brain reverts back to primal instincts of pleasure principles – I need this to survive and will do anything to get it.

Alcohol and nicotine, marijuana prime the brain for a heightened response to other drugs and are typically used before a person progresses to other, more harmful substances.

An alternative to the gateway-drug hypothesis is that people who are more vulnerable to drug-taking are simply more likely to start with readily available substances like marijuana, tobacco, or alcohol, and their subsequent social interactions with other substance users increases their chances of trying other drugs.



## Over-the-Counter Drugs

- Dex, robo [trip], Triple C's, SIZ-zurp
- DXM - ingredient in cough syrup
- Can be lethal if not taken as directed
- Signs - nausea, dizziness, hot flashes, hallucinations



DXM- Dextromethorpan

Abused among 15-16 year olds commonly

## Signs and symptoms of use

- Physical signs
  - Changes in eating habits
  - Poor coordination
  - Red, watery eyes; blank stare
  - Tremors, shaking hands
- Behavioral Signs
  - Drop in grades, skipping school
  - Loss of interest in activities
  - Chronic dishonesty
  - Change in friend group



Signs and symptoms of drug use in general.

- heard of students eating significantly more when high on heroin
- Risk of falling, stumbling

If your child shows any of these it doesn't mean they're using. Could be a result of adolescent stress.

## How kids avoid being identified

- Get on the good side of adults
- Stay stoned
- Act dumb
- Lie low
- Have multiple explanations for things
- Find a weakness in the system



-Some kids under the influence so much of the time the adults are accustomed to their lethargic and detached manner and consider it part of the students personality

-When students can't keep up with the school work because of drug use, they act dumb to get help or sympathy

-Never ask questions, never act out, never come to the attention of adults in any way

-"I'm just tired, my eyes are dry,"

Give examples – go to nurses office to sleep off high, wont go to therapy if P.O. or parent or school is following up with them about attendance

## Starting the conversation

- Encourage open and ongoing dialogue
- Gain insight into pressures they may be facing
- Gauge how they feel about drugs/alcohol in general
- Set clear boundaries for expected behavior



When kids don't feel comfortable talking to parents, they're likely to seek answers elsewhere, even if the sources are unreliable. Parents being educated can help correct any misconceptions kids have

No family is immune to the effects of drugs. Some of the best kids can end up in trouble even with proper guidance from their parents

Kids who have friends who use are more likely to try them themselves. Social isolation.

**What you can do**

- You are the most powerful influence on whether your child or teen chooses to use drugs
- Talk early and often about the risks
- Model healthy choices for your child
- Set clear rules against alcohol and drug use, and enforce reasonable consequences
- Reward positive and healthy choices
- Stay involved in your child's life: eat dinner together, know who their friends are, keep track of what they are doing

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Be aware of the signs and take action if you think your teen is using



Again, DUI assembly a good opportunity to bring this up. Also before summer time. Consistency! Both parents!

## Where can you turn for help?

- Youth Eastside Services provides these avenues for help/support to families:
  - Comprehensive assessment to determine what kind of help your child may need.
  - Education classes for parents/youth on effects of drugs, signs and symptoms of use, progression of use.





## Where can you turn for help?

- Individual and/or group therapy
- Parent education and support groups
- Community Support Groups such as NA/AA, CHANGES Parent Support Network ([www.cpsn.org](http://www.cpsn.org)), Al-Anon
- [StopOverdose.org](http://StopOverdose.org)
- <http://www.drugfree.org/resources>



Direct them to materials on table

Stopoverdose.org – good Samaritan law, where to get naloxone, places on eastside you can get it or ask PCP

**Telephone:** 425.747.4937

999 164<sup>th</sup> Ave. N.E., Bellevue, WA, 98008

Satellite offices in Kirkland and Redmond.

**Youth Eastside Services**





District ?s to me

School specific to Christina