

Adolescents and Drugs: What You Don't Know

Presentation by Ana Moreno, Family Recovery Specialists, Miami, FL
Presented at the 2012 Recovery Ministries of the Episcopal Church Gathering

Myths:

1. Substance abuse for adolescents/young adults progresses the same as for adults
 - a. Brain development is actively going on through age 25
2. Hormones drive the behavior
3. Treatment for adolescents/young adults should be the same as adults
 - a. Adolescents/young adults need much longer - going through recovery and natural development simultaneously

Primary Goal of Adolescent Development:

Developing the capacity for independent thought and action

Tasks:

1. Individuation: "I am separate from my parents"
2. Separation: "I have to separate from my family."
 - a. Thinking for oneself requires learning through the laws of consequences - need to figure things out on their own
3. Autonomy: "I have the right to self govern."
 - a. Stop accepting everything parents say just because they say so
4. Cooperation: Learn that if I am going to succeed in society I have to cooperate with other people.
 - a. They begin to see the big picture

Brain Development

Key Structures:

Prefrontal Cortex - area of "sober second thought" is the LAST part of the brain to mature

Amygdala - The emotional center of the brain. It is home to primary feelings of fear and anger. It develops early and is an area that the adolescent brain tends to rely on more heavily. The pleasure center is fully developed by age 14.

Note: Hardwiring of the brain and the frontal lobe development spans the years from 13 - 25.

Substances

Alcohol: most teenagers do not like the taste of alcohol. They drink to feel the effect

- This is the reason that a lot of alcohol poisoning happens amongst teens
- A lot of the alcohol comes from the home

- Waiting until 21 to drink reduces the chance of developing alcoholism by 90%

Marijuana

Note: In southeast Florida, marijuana use is currently more prevalent than alcohol

- The marijuana of today (17-35% thc) is not the same as in the 60's and 70's (2-35 thc)
- It is a hallucinogen
- Increasingly kids are developing psychosis and not all come out of it
- In 2012 290,000 were admitted to treatment for marijuana
- Effect
 - o Does not affect the brain stem
 - o It effects the frontal lobe
 - o It effects memory (can come back in time)
 - o Abuse decreases brain activity
 - o The decline in functioning is slow - may not be noticeable at first
 - o Not infrequently growers lace the water for the plant with other hallucinogens

Prescription Drugs

- The abuse of prescription drugs by adolescents is on the rise "candy for the new millennium"
- 70% of prescriptions come from the home
- Ritalin, Adderall, Xanxa, Oxycontin...adolescent will use anything - often at the same time
- Pharm-parties are popular- everyone brings prescriptions to the party and drops them in a bowl. The drugs are then taken by party goers without any knowledge of what they are taking.
- Oxycontin - Opiates - one of the most challenging addictions to treat. The high is so high that recovery requires the toleration of feeling depressed

Other drugs:

- **Ecstasy**- "the love drug"
 - o Kicks up the serotonin lever 100%
 - o Often mixed with highly addictive substances
 - o Opens "holes" in the brain - takes away the natural "feel good" and it never comes back
 - o It is extremely damaging to the brain
 - o "Mollies" - pure form of MDMA (the active ingredient)
- **Spice** - an incense that is smoked- "so called legal weed"

- Studies are finding that reactions vary widely : palpitations, delusions, major gastroenterological problems(throwing up blood)
- Only recently are we able to detect its use in tests
- Another variant is **bath salts** - alarmingly deaths are rising from their use - cause strokes and heart attacks
- **DMT**
 - Naturally occurring substance found in the brain when we dream and when we are dying
 - Synthetic DMT causes a strong hallucinogen experience - usually short term
 - Cannot test for it
- **Heroin**
 - Highest rate of relapse
- **Cocaine**
 - Often used by ADHD kids
 - Calms them down
- **2 C-E**
 - An experimental drug seeing increasing use amongst adolescents
 - Slow onset but results in a 10 - 12 hour trip

Addiction

- It is a developmental disease. It often starts early in adolescents and increasingly in childhood:

76% of addicts begin using between 12 -17

26% begin using between 18-25

5.5% begin using age 25 +

Characteristics of the Adolescent Patient

- Use multiple substances
- Dual diagnosis often applies: oppositional/acting out behaviors
- More family difficulties
- Very poor impulse control
- More likely than an adult to have had a suicide attempt

Society

- Increasingly there is no break from socializing - leads to no boundaries, everything is public
- Adolescents in this kind of environment don't learn how to self regulate
- Need adults need to help them by setting limits and teaching them

- *“the schools have become pharmacies – the kids are exposed to drugs every single day”*

Treatment

- Absolutely critical for the adolescent to develop a sober support group
- Need longer treatment program than adults
- The family: cannot just treat the adolescent. Need to involve and treat the family
- In the end the parents are still the strongest influence

What is a parent to do?

1. Educate yourself
2. Talk with your kids before they get to the age of experimentation
3. Know your children’s friends and their parents
4. Set clear limits about alcohol and drug use
5. Have consequences for violations and enforce those consequences
6. Be a role model
7. If you discover a problem, confront it