Adolescent Substance Use: Anticipatory Guidance

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## What drugs are teens using these days?

<table>
<thead>
<tr>
<th></th>
<th>USE (%)</th>
<th>Lifetime</th>
<th>Past 30-days</th>
<th>USE (%)</th>
<th>Lifetime</th>
<th>Past 30-days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (any)</td>
<td>70.0</td>
<td>40.0</td>
<td></td>
<td>Amphetamines</td>
<td>12.2</td>
<td>3.7</td>
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<tr>
<td>Alcohol (been drunk)</td>
<td>51.0</td>
<td>25.0</td>
<td></td>
<td>Inhalants</td>
<td>8.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Any drug</td>
<td>49.9</td>
<td>25.2</td>
<td></td>
<td>Hallucinogens</td>
<td>8.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td>45.5</td>
<td>22.6</td>
<td></td>
<td>Cocaine</td>
<td>5.2</td>
<td>1.1</td>
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<tr>
<td>Any drug other than MJ</td>
<td>24.9</td>
<td>8.9</td>
<td></td>
<td>Narcotics</td>
<td>13.0</td>
<td>3.6</td>
</tr>
</tbody>
</table>


Alcohol is by far the substance most commonly used by teens (& adults). Use is so common that even heavy or binge alcohol use often does not alarm parents. Risk-taking is normative for adolescents, and alcohol use is a common means of teen risk-taking. Heavy, recurrent &/or binge alcohol use are all particularly risky and may indicate an alcohol use problem.

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Adolescents are not small adults; their brains are not fully mature. The frontal lobes - responsible for "executive functions" like decision-making and impulse control - are still maturing during adolescence. This process is not complete until well into the 3rd decade of life.

The still-maturing adolescent brain is much more vulnerable than an adult’s to alcohol’s neurotoxic effects and addiction. Earlier onset of alcohol use is more likely to lead to alcoholism. Heavy drinking decreases teen alertness less so than in adults, so teens more often engage in additional risk-taking, and thus experience more alcohol use associated injury and acute problems.

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More than 75% of teen deaths in the US are due to unintentional injury (mostly motor vehicle crash related), homicide and suicide; all considered preventable. Alcohol and/or drug use contributes to about 40% of these deaths. Most teens who die related to their own alcohol or drug use, are not addicted.
Drinking at home is NOT safe.

Well-intentioned parents have provided alcohol to their teens and their teens’ friends, believing that drinking at their home is ‘safe.’ Unfortunately, teens tend to drink to excess with more than 90% of alcohol consumed during binges. Because teens stay relatively alert even with high blood alcohol levels, risk increases because they wander around, get lost, fall, swim, dive, drive, get hit by a car, pass out, vomit, etc. Having an adult in the house does not protect teens or adults from serious consequences.

In fact, most states have “social hosting” laws that hold parents responsible for teen alcohol use under their supervision and for any resultant injury to the teen or others.


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Doctor drank with teens
Celtics physician testifies at Cohasset party trial

By Bill Archambault
The Patriot Ledger

QUINCY — The team doctor for the Boston Celtics has testified he played a drinking game with his son and other teens at a Cohasset graduation party also attended by a youth who died in a drunken driving crash.

The doctor, called as a witness at the trial of John Scheller, was testifying at the second day of the jury trial that during the party he played a game involving cups of beer and a ping pong ball with his son, Matt, 18, a Thayer student, and two

Mother charged with buying beer
2 teens who attended party drowned

By Gary Susswein
The Patriot Ledger

PLYMOUTH — A South Plymouth woman who allegedly provided beer for her 17-year-old son’s party has been charged in relation to the drowning deaths of two teenagers who attended that party. It is the third time this summer that local residents have been criminally charged with giving alcohol to minors.

Roxanne Pulsifer, 36, of Sandy Beach Road faces 10 counts in district court of distributing alcohol to persons under 21 and six counts in juvenile court of abetting and aiding the delinquency of persons under 21.

Earlier this summer, a 21-year-old Duxbury woman was charged after she allegedly served beer at a post-prom party in June. And a 47-year-old Cohasset man was charged with providing beer to a Marshfield teenager.

Student in alcohol-induced coma dies
N. Andover man faces charges in death of girl who drank, fell

By Deesie Jadesa Vigne
GLOBE STAFF

NORTH ANDOVER — The owner of a home where a 17-year-old girl fell down a flight of stairs and died over the weekend after a binging drinking at a fraternity event died last night after being removed from life-support systems, police said.

Seann Krueger, 18-year-old from Orchard Park, N.Y., died at Beth Israel Deaconess Medical Center, according to Boston police Sergeant Mark Hill.

Police said Krueger had suffered a legal driving limit.

Hill said the department’s homicide unit now has jurisdiction over the case. At the request of the teenager’s family, hospital officials last night declined to comment.

Even before news of Krueger’s death, city officials said Phi Gamma Delta, the MIT fraternity house where the student collapsed after drinking during a pledge event Friday, could lose its Boston dormitory license.

When Boston police on Saturday night issued fraternity officers a violation for serving alcohol to a minor, it was the sec-
What can parents do to prevent their teens from using drugs and alcohol?

• Notice and praise healthy choices & healthy behaviors more often than criticizing or complaining about the teen.
• Express disapproval of alcohol/drug use, explaining the risks.
• Be a steady role model of healthy decisions and behaviors.
• Monitor school function and supervise homework completion.
• Help each child find their passion & connect with ‘community.’
• Use developmentally appropriate discipline and monitoring.


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Communication
**Communication Matters!**

- Research consistently indicates that family connectedness through communication is the leading protective factor against an adolescent using alcohol and/or other drugs.
- Open communication between parent and child about risk-taking and ‘difficult’ topics, such as substance use, is one of the best strategies for keeping adolescents from trying and using alcohol and drugs.
- Keeping alcohol in a locked cabinet is also an option.

Talking about drugs and alcohol can be difficult. Parents may feel like they don’t know what to say, or how or when to say it. Some parents are concerned about feeling hypocritical because they use alcohol or drugs now or did as a teen. Other parents feel as if they are nagging. The next few slides provide ideas about family conversations like this.


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Talk about Drugs and Alcohol

• Talk about alcohol and drug use frequently and in context.
  – Answer questions & look up the facts, if you don’t know them.
  – Teach children about reliable sources of information.
• Use “teachable moments” to start a timely conversation.
  – Talk in context with the news, media messages in movies, & ads
  – Discuss events in the world, the nation and your neighborhood
• Set a clear “no use” policy; express disapproval of use

One way to make points about drug and alcohol use is to use a media story, ad, movie or TV program example to open the discussion. Remember to convey a very clear message – You don’t approve of substance use! Remember to discuss healthy alternatives.


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Talk about Drugs and Alcohol

Avoid Using Scare Tactics.

“When faced with scare tactics in drug abuse prevention messages, some teens will feel a commitment (or a re-commitment) to stay away from drugs. Others will reject the message and either deny that abusing drugs is dangerous or deny that they will suffer the worst effects of drug abuse - “that won’t happen to me.” Some may laugh at drug abuse prevention messages that try too hard or are “over the top”...

....research shows what you probably already know: Teens recognize when they are being manipulated to think or behave a certain way.”

-- NIDA

Answer questions honestly and avoid exaggeration. Offer your opinion. Make it clear. Be realistic & respectful. Focus on safety and healthy choices. Even if it doesn’t seem evident, parents’ values are very important in teen decision-making.
Talk about Drugs and Alcohol

• One study found that when parents reveal their own substance use history, kids may **lower** their perceptions of risk from substance use.
  – Parents do not need to reveal their own substance use history or every detail of it.
  – If a parent did use drugs, they should not feel hypocritical for encouraging their children **not** to use drugs. Part of a parent’s job is to be older and wiser, and to help the next generation learn from their or others’ mistakes.
  – Parents should also not lie. If asked directly, a parent should answer honestly. Choose to reveal the use as a lesson & not as an intriguing event.

Parents who decide to disclose should tell their kids that they did use, but they regret it, or the problems they had, or know other people had. Parents are trying to help their children **not** follow the same path, take the same risks or suffer the same consequences or worse.


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Driving under the influence of alcohol and/or other drugs or accepting a ride from an impaired driver is DANGEROUS, yet COMMON. Parents are recommended to begin discussing “safe rides home” well before teens start going out on their own.

The contract for life (available at www.SADD.org) is a tool that encourages teens and parents to strategize safe rides home. Parents assure their children that they will provide a safe ride home anywhere and anytime with no questions asked until ‘cooler heads’ prevail.
Social Media

- Monitor electronic communications and technology use. “Friend” your child on Facebook. Ask for his/her password. No Internet in the bedroom.
- Discuss social media permanence: A billboard to the world.
- Limit electronics - email, texting, “Google hang outs,” smart phones, etc.
- Reserve the right to read texts and Facebook posts. Tell your children to tell their friends not to send anything they wouldn’t want you to read.

Social media is part of modern life, and can provide teens a forum for healthy social interactions. Social media can also decrease daily reading, creative thinking, concentration and relaxation. Electronic media can increase exposure to risk through bullying, contact with strangers including sexual predators, identity theft, loss of “control” of messages released, and more. Talk to parents and teens about media risks, monitoring and limiting use, particularly at night when fatigue and impulsivity peak and most problems occur.
Conflict Resolution Skills for Parents & Teens

- Listen and be respectful
- Apologize
- Make a deal
- Ignore or resist ‘flaming’ the conflict
- Ask the other to stop arguing
- Wait and cool off (time out)
- Share the floor/take turns and hear each other out

Conflict between a parent and teen is normal and to be expected. Part of the “work” of adolescent development is undergoing the process of becoming an independent adult. Questioning authority and rejecting parental values are normal parts of this process as the teen’s personal identity takes shape over time. Continuing to communicate is key. Discussing which rules and limits can relax over time may reduce conflict. Use conflict resolution skills.
Monitoring
Know where your kids are and who they are with.

• Meet your kids’ friends and their parents.
• Assure “parties” and events are adequately adult-supervised and no alcohol is available.
• Ask “W” questions
  – What are you going to do?
  – Where?
  – With whom or who else will attend?
  – When will you return home?

While teens may balk at the questions, knowing where your kids are and what they are doing is an important part of parenting adolescent children. Don’t allow your children to go to unsupervised parties or events where teens might be drinking, using drugs, or engaging in other risk activities. Set a curfew and expect them to check-in with you frequently.
Parents are often unaware of their adolescent’s substance use, and tend to underestimate the extent of use. If a parent is aware of the use, there is a high chance that their teen has already developed a substance use disorder.
Non-specific Signs of Drug Use

- **Physical**: Changes in sleeping or eating habits, weight loss, glassy or red eyes, nasal congestion, headaches and flu-like symptoms.
- **Cognitive**: Memory impairment, attention problems, change in school functioning & decreasing grades, loss of interest in activities.
- **Social**: Changes in dress and grooming. Changes in friends and peer relationships. Isolation.
- **Psychological**: Mood swings, more arguments and aggression, depression, anxiety, panic attacks. Suicide attempts.
- **Behavioral**: Lying, truancy, runaway and delinquent behavior.
Monitor Medications

• **Set a good example.** Don’t share medications or take medications that are not prescribed for your use. Role model not using alcohol or taking a pill to express every emotion you have.

• **Discuss the misuse potential of medications.** Keep those medications in a safe place and monitor use.

• **Supervise all short-term medication use** (especially pain medications).

• **Oversee all long-term medication use** (such as stimulants). Teach your child to take medications exactly as prescribed.

• **Discard all unused medications properly and regularly.** Clean out the medication cabinet frequently.
Discipline
Parenting Styles

• **Authoritarian:** low warmth; high control
• **Indulgent/Permissive:** high warmth; low control
• **Disengaged:** low warmth; low control
• **Democratic:** high warmth; high control

A “democratic” parenting style in which parents are involved, monitor their children and maintain control while inviting them to discuss and participate in house rules is effective for limiting alcohol and drug use.
Principles of Discipline

• Limit the number of rules to key, non-arbitrary issues, usually safety-related, i.e. curfew, driving, no drugs/alcohol, firearms, etc.
• Offer choices whenever possible; all choices are safety-based.
• Negotiate the ‘less important’ or more arbitrary rules.
• Respect each other; respect teen privacy and confidentiality.
• Set clear rules and clear consequences for breaking them.

Respect for burgeoning independence can minimize conflict around rules. Establish rules about the most important issues. Whenever possible, let your child choose or negotiate less important rules and limits. Teen: “I know it is one of my chores to cut the grass this weekend and you expect me to do it by Sunday, but I have other plans for that day, so is it OK with you if this time I do it Monday after school?”
Communicating after a rule transgression

- Present the facts: “You missed your curfew last night.”
- Listen to the explanation.
- Discuss: “I understand you lost track of time, but we expect you to be more responsible about your own safety, if you expect to keep going out with your friends.”
- Review and re-set rules: “Your safety is important. As your parents, we agree that your curfew will be reset one hour earlier for the next week.”
- Reward good behavior. Use positive statements, when possible. Set a time frame: “We hope that you will meet your curfew next week to show us that we can trust you to be responsible, and then your curfew will return to the usual hour the following week.”
Consequences and Contingencies

• Natural consequences are the direct result of breaking a rule.
  – Example: Failing an exam after inadequate preparation
• Logical consequences are related to a rule but set by a parent.
  – Example: Having driving privileges suspended after using alcohol.
• Contingencies are concrete rewards or punishments that are not logically tied to a rule, but can be used to modify behavior.
  – Example: Buying a gift for good academic performance.

Natural consequences are excellent learning opportunities; avoid protecting children from them. Logical consequences are a substitute when natural consequences do not occur. Positive contingencies modify behavior better than negative ones. Small, frequent rewards, even as simple as praise and encouragement from a parent, result in significant behavior change.
Lead by Example

• Parent behaviors of using, quitting or cutting back on tobacco, alcohol and/or other drug use provide powerful modeling for youth.
• Be aware of the ‘actions speak louder than words’ message.
• If you have concerns about your own alcohol or drug use, speak to your doctor for your own health advice. Include your family when making behavior changes.
• Quit tobacco use. Avoid substance abuse and medication misuse.
• Find a range of healthful means to express emotions without alcohol or drug use.
• If you use alcohol, keep use low. Never drink and drive. Never binge.


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Special Consideration

Narcotics and Inhalants

Many different psychoactive substances are abused and discussing each type is beyond the scope of this presentation.

Narcotics and inhalants deserve mention regarding teen use. Prescription narcotics have recently become one of the top drug classes abused by teens. Inhalants are more often used by younger teens related to cheap, easy access and difficulty in detection, but every use risks sudden death.
Inhalant use has higher case fatality rates than any other class of drugs. Opioid (heroin and oxycodone) use is second.

Narcotic opioid (pain medication) abuse

• Rates of narcotic opioid misuse are high and continuing to rise, related to changing prescribing practices leading to greater access over the past decade.
• Opioids are extremely addictive. Some say they became addicted after a single use.
• Many teens get pain medications from their own or friends’ home medicine cabinet.
• Teens addicted to pain medications may switch to heroin, which is cheaper.
• Opioid addiction is a chronic, relapsing medical (neurological) problem that requires ongoing medical care.

Parents should always monitor pain medication use in the home and properly dispose of all left over medication to prevent misuse or diversion.
Inhalants

- Many common household products can be abused as inhalants.
- Adolescents as young as 12 years of age often have a high prevalence of inhalant use.
- Peak inhalant abuse occurs at 14-15 years of age, younger than for any other drug of abuse.
- 13.1% of 8th graders report ‘ever using’ an inhalant in their lifetime.

Parents should be aware of the dangers of inhalant use, and the use by younger teens. Common household aerosols are inhaled, ranging from cleaning products, lighters, body sprays and whipped cream canisters.

Identifying Inhalant Abuse

- Constantly smelling fingernails, clothing sleeves, rag or bag
- Painting nails with magic markers or correction fluid
- Paint or stain marks on face, fingers or clothing
- Numerous butane lighters or volatile products (cleaning fluid, “Dust-Off,” body sprays) in the bedroom, backpack or locker
- Hiding rags, clothes or empty containers of the potentially abused products in closets, under the bed, in garage, etc.

Inhalant abuse can be difficult to identify because effects are short lasting and common household products, which do not normally cause suspicion, are used. Inhalants cannot be identified on drug tests. This list describes behaviors that strongly suggest inhalant abuse.