

FAMILY HEALTH

ADOLESCENT DRUG USE

By Teena Price

Adolescence is a period of great change in a child's life. On top of the numerous emotional changes, adolescence marks a very important period of brain development and maturation. Drug and alcohol use at this time can have far reaching effects on brain development, many of which researchers are still trying to understand. For most parents this is a difficult and often sensitive topic, as many of us may have personal experience, or have seen family members or friends who have been directly affected by drug and alcohol use.

In order to understand the nature of drug addiction, and to determine what we can do, as parents, to prevent our children from experimenting with drugs, I spoke with Jon Daily LCSW, CADC II. Jon is the founder and Clinical Program Director of Recovery Happens Counseling Services in Davis and Fair Oaks, California. Jon co-authored the 2006 book "How to Help Your Child Become Drug Free". Currently, he instructs a graduate school course on chemical dependency for the University of San Francisco. In addition to training counselors, developing programs, and counseling adolescents, young adults, and their families, Jon provides presentations to schools, parents groups, and community forums.

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Adolescence is crucial period of brain development in regards to exposure to drugs. Normal brain function requires the use of neurotransmitters. Neurotransmitters are chemicals produced by the body, and include: serotonin, GABA (gamma aminobutyric acid), norepinephrine, and dopamine. As their name suggests they transmit signals between cells in the brain, and their normal balance is crucial for normal brain function. Jon states, "during

adolescence, the brain is still growing and developing. It starts to bloom and fire neurons again, and reorganization occurs. The brain needs drugs (neurotransmitters) to regulate this. When people put street drugs into their body, the brain doesn't see it as street drugs. It thinks of it as neurotransmitters coming from the environment. So it tones down the production of its own endogenous neurotransmitters.

"Over time if this (down production of neurotransmitters) continues, and the young person stops using drugs, the brain just doesn't start up firing those chemicals again. Now there is an imbalance in the brain chemistry, which creates a craving and affects that person's behavior. They seek the drug, and get high, which fulfills that missing brain chemistry, the brain goes back to balance and they feel normal again. That is the cycle that starts to occur." This cycle is the foundation for the development of addiction.



Some of the new varieties of Marijuana seen currently
(Photos courtesy of Jon Daily)

Additionally, "if young people are using drugs, they are 2-5 times more likely to develop a psychiatric disorder in their lifetime. There are studies with Marijuana that show it is an addictive substance, although not everyone gets addicted to it. In New Zealand they have more adolescents using drugs than in our country, as a percentage. Studies from there in the last 6-7 years reveal adolescents having psychotic breaks, and what looks like schizophrenia as a result of marijuana use at a young age." Jon indicated that researchers are not clear if those people with the gene for schizophrenia have the gene activated by drug use; or if the drug use caused the primary brain dysfunction and development of schizophrenia.

DEVELOPMENTAL PATHS FOR ADOLESCENTS:

1. Development of their identity and mastery of a skill (sports, arts etc).

“There is a need to belong and be accepted by your peer group, which drives young people to do whatever they can to keep their peers close to them. They are insecure, they struggle with social skills.

“If they knock on the door of peers in the drug culture, the response they get is ‘we love you, come on in, let me introduce you to everybody, come back next week.’ That love, acceptance, and belonging is one of the hooks. Socially they can get some of their needs met pretty quickly by using drugs. They are superficial relationships, and not healthy relationships, but they feel good for the moment.”

2 Experiencing a broader range of emotions and more depth to each individual emotion.

“One of the developmental tasks for adolescents is to be able to identify what they are experience, feel it, express it, turn to others to talk about it/make it go away, find other activities to self soothe and cope, and move on. If that developmental path isn’t met, then that creates arrested development. You stay at that emotional age until you work through it, develop more skills and move on. So one of the problems for young people, is that the younger you are when you start using, the impact on emotional growth and development, and arrested development occurs because of the drug use.

“Young people often feel bored or anxious, which is normal behavior in the second half of adolescence. Does he/she like me? Can I ask them out on a date? Do I have the skills to get my drivers license/get a job? Do I have what it takes to succeed in this life after high school? In the first half of adolescence there is a lot of immediate gratification, such as video games, playing with friends.

“If young people use drugs or alcohol to make this anxiety go away, it psychologically and emotionally takes the edge off, and they feel more relaxed and better. This is one of the hooks. Drugs take the edge off of the more intense emotions, and allows connections with social groups right away.”

TALK TO YOUR CHILDREN, COMBAT THE AGE OF ONSET OF INTOXICATION

The top 2 variables for development of addiction:

1. Age of onset of intoxication
2. Genetics

“The data is pretty clear. The younger you are when you first start using drugs, the more likely you are going to have a diagnosis of drug or alcohol addiction in your lifetime. The top 2 variables for who is going to have addiction are genetics and early onset of intoxication. People debate which is number one. I personally think that age of onset is number one.”

The US National Survey on Drug Use and Health (NSDUH) obtains information on illicit drug use: including marijuana, cocaine, heroin, hallucinogens, inhalants, and the nonmedical use of prescription medications.

In 2009, the survey found that in youths aged 12-17 years of age, 10.0% were current illicit drug users. In youths aged 12-13 years of age, current alcohol use was reported in 3.5%, in 14-15 year olds this was 13.0%, and 26.3% in 16-17 year olds.

Interestingly, the survey found that among youths aged 12-17 years of age, those that “believed their parents would strongly disapprove of their using substances were less likely to use that substance than were youths who believed their parents would somewhat disapprove or neither approve or disapprove.” For example, past month use of Marijuana was 4.8% in those youths who believed their parents would strongly disapproved, compared with 31.3% in the second group.

Similarly, “rates of current cigarette smoking and past month binge alcohol use were also lower among youths whose parents always or sometimes helped with homework (7.5 and 7.4%, respectively) than among youths whose parents did not (15.7 and 15.6%, respectively).”

Many parents wonder about when the right time is to talk to their children about the dangers of illicit drug use. Jon advises that the most important job for parents is to

develop a strong, healthy relationship with your child from a very young age. He emphasizes, “good parenting starts from birth. The relationship between parent and child can be a buffering factor with regards to any genetic predisposition to addiction.

“That is where the work is in therapy. A balanced approach, with ‘tough love.’ The tough part is having clear expectations and boundaries around what is acceptable or not. For example, does the family value abstinence for all alcohol, drugs, and nicotine use. If you violate that, these are the consequences.

“The love part is that the parents need to be a resource for their child, the same way that they were when their child was 1 year old, 2 years old etc. Parents somewhere along the way forget and lose track of how hard it is to be a teenager, and how hard it is to be a teenager today. The child needs to have the experience that my Mom gets me, my Dad gets me. They can still have limits, as to ‘this is what we expect from you.’

“Parents need to be attuned, so that they are pretty savvy about knowing what is going on in their child’s emotions and mind. When that is occurring the parents are a resource for that child, to help them make sense of what is going on in their lives, and what is going on emotionally. If the parents are not the resource, then that’s where the problems occur. If the parents can’t ‘get’ them, then they’ll turn to drugs, drug dealers, and drug culture, which will all respond to their needs immediately, and the kid will have the experience of ‘well you get me’.

“The problem in our American culture is that too many parents are solution focused and goal orientated. They only see their child’s behavior and performance. So with a child using drugs, the parents see the drugs. A child that starts cutting on themselves, the parents see the cutting. This is all very superficial. Because that child was probably depressed for the last few years before they started cutting on themselves, and the child was probably struggling for a while before they starting using drugs. But still the focus is only on the exterior and not the internal. In the chase of all that [solution focused, goal orientated], we don’t value and place much importance on relationships and slowing down and really being in our relationships. I think that is what is missing for our youth today.”

Your children are likely to enquire about your own previous drug use when talking with them about the dangers of drugs. Jon advises parents to be honest about your previous drug use. “Where parents make the mistake in talking about their own previous drug use is to say ‘I get it, because I went through it too.’” Unfortunately, this fails to educate the child at all.” While the parent is trying to bond with the child, the child uses it against the parent – “i.e. ‘you used, so...’”

Jon states, “what I tell parents is that it is ok to talk about your past use, but to put the focus on why it is that you don’t use anymore. For example, the reason why you are not using anymore is because a consequence occurred, or that the use was going to get in the way of bigger and better things in your life. All the focus should be on why you don’t use anymore. ‘Yes I did’, takes about 45 seconds, and the next 15 minutes should be on how it affects relationships, school, legal, health (physical and mental), goals, motivation. That is more informative for the child.”



Photo courtesy of Jon Daily

Jon refers the majority of patients to rehab for Marijuana, and has had more die due to alcohol than any other substance. Unfortunately, “in the last couple of years, we have seen a rise in prescription drug use, more specifically Oxycontin use.” With the ease of access to prescription drugs, parents should discuss the dangers of nonprescription drug use with their children.

Curbing the age of onset of intoxication is an important topic for parents of children from all backgrounds. In fact, the majority of children Jon counsels are from “super educated, well to do, high achieving families.” Therefore, given the significant brain maturation that occurs in adolescence, and the risk of serious brain dysfunction with drug use, it is important for us, as parents, to cultivate a lasting relationship with our children, from a very young age.

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