



Parent Source

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Creating a Healthy Future for our Adolescents with Substance Abuse Issues

From the staff...On the road to recovery

The staff at University of North Carolina -Greensboro Center for Youth, Family and Community Partnerships with the assistance of the Division of Mental Health, Development Disabilities, and Substance Abuse Services has been very busy since our last newsletter. The University's team of family members and professionals is assessing the available of qualified professionals that serve adolescents that need substance abuse treatment. The team is indentifying and developing trainings, curriculums, fact sheets and other resources that will help provide support to parents, youth, and professionals through information, education, and a connection to a support network.



One of our priorities is to bring the trainings and resources to parents, guardians, youth and providers where they are in their communities. Our approach is based on system of care principles or what we like to call a "system that cares" approach. This approach says we are all inter-connected. We need each other. Each of us brings unique skills to the team along with unique resources. Together with information, education, and a true partnership we can make a difference. The team wants youth in need of services and their parents or guardians and providers to understand the meaning of true informed consent. Informed consent needs to be a reality instead of a fantasy.

We hope you enjoy the newsletter and it brings you some new information as well as connects you to the bigger community of people that are dictated to the support and care of the adolescent that is caught up in the nightmare of addiction and their family.

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Teens, Drugs, and Violence

Teens who use drugs are more likely to engage in violent behavior, steal, abuse other drugs, and join gangs. But you, as a parent, are the most powerful influence on your teen when it comes to using illicit drugs.

Here are some tips to keep your teen drug-free and prevent delinquent behavior down the road:

1 Monitor your teen.

Know who your teen's friends are and make a point to meet their

parents. Know where your teen is and what he/she is doing during unsupervised time, especially after school between the hours of 3:00 p.m. to 7:00 p.m. The rate of violent acts committed during this period is nearly six times greater than the rate committed during nighttime hours (10:00 p.m. to 6:00 a.m.).¹

2 Be a role model to your teen. Teens join gangs for a variety of

reasons: some seek excitement; others are looking for prestige, protection, income, or a sense of belonging. But, research shows that teens who are engaged with their family or community are less likely to turn to drugs or violence. Set a good example for your teen by being a consistent, positive presence in his/her life.

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People, even more than things, have to be restored, renewed, revived, reclaimed, and redeemed; never throw out anyone.
Audrey Hepburn

Teens, Drugs, and Violence

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3 **Get your teens involved in after-school activities**, such as sports and volunteer opportunities. It is an excellent way to reduce the likelihood of them falling into negative behaviors. For ideas on volunteer opportunities, visit TheAntiDrug.com's Partner section.

1 Snyder, N. *Juvenile Offenders and Victims: 2006 National Report*. Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice (DOJ), 2006. URL: <http://www.ojjdp.ncjrs.org/ojstatbb/ds/chapter3.pdfnr2006/download>



Pot on The Teens Brains

Marijuana and **Depression**. Marijuana and **Suicidal Thoughts**. Marijuana and **Schizophrenia**.

Do we have your attention? As parents and caregivers, you probably never thought you'd see marijuana associated with these mental health problems ... but it is. New research is giving us better insight into the serious consequences of teen marijuana use, especially how it impacts mental health.

Today's teens are smoking a more potent form of marijuana and starting use at increasingly younger ages during crucial brain development years.¹ There is plenty of evidence indicating the ways pot impedes, even changes, the mental health of adolescents. In fact, those changes in the brain are similar to those caused by cocaine, heroin and alcohol.² The overall impact that pot has on the brain can have long term consequences, and it's up to you to influence your teen's life when it comes to drugs.

Depression

Weekly marijuana use increases the risk of depression later in life. Research shows people who were not depressed and used marijuana at the beginning of one study were four times more likely to suffer from depression at follow up.³ Those who were depressed, but did not use marijuana at the beginning of the study, were no more likely to use it at follow up. This figure is higher in teen girls. Female marijuana users, with no predisposition for depression or anxiety, are five times more likely to be depressed at 21 than non-users.⁴

Suicidal Thoughts

Marijuana can also be linked to suicidal thoughts. A study based on data from the National Household Survey on Drug Abuse found that teenagers 12 to 17 who smoke marijuana weekly are three times more likely to have thoughts of committing suicide.⁵ The same study linked increased anxiety and panic attacks to past year marijuana use.⁶

Schizophrenia

Several studies have documented marijuana's link with symptoms of schizophrenia and report that cannabis is an independent risk factor for schizophrenia. Heavy users of marijuana at age 18 increased their risk of schizophrenia later in life by six times.⁷ Further reports have found marijuana use increased the risk of developing schizophrenia among people with no prior history of a disorder, and that early use of marijuana (age 15 vs. age 18) increased the risk even more.⁸ In addition, youth with a personal or family history of schizophrenia are at an even greater risk of marijuana-induced psychosis.⁹

Let your teens know you don't want them using marijuana. Their mental health may depend on it.

1. El Sohly, M.A. University of Mississippi Potency Monitoring Project, 2004
2. Marijuana: Facts Parents Need to Know, Revised, NIDA, November 1998
3. Bovasso, G.B. (2001), Cannabis abuse as a risk factor for depressive symptoms. *Am J Psychiatry* 158, 2033-2037
4. Patton, G.C., Coffey C, Carlin J.B., Degenhardt L., Lynskey M., Hall W. (2002) Cannabis use and mental health in young people: cohort study. *BMJ* 325, 1195-1198
5. Greenblatt, J. (1998), Adolescent self-reported behaviors and their association with marijuana use. National Household Survey on Drug Abuse, 1994-1996 SAMHSA
6. Ibid.
7. Andreasson, S. et al. Cannabis and schizophrenia: A longitudinal study of Swedish conscripts. *Lancet*, 26: 1483-1486, 1987
8. Arseneault L., et al. Causal association between cannabis and psychosis: examination of the evidence. *British Journal of Psychiatry*, 184: 110-117, 2004
9. van Os et al. (Dec. 2004) Prospective cohort study of cannabis use, predisposition for psychosis, and psychotic symptoms in young people, *British Medical Journal*, 330 www.theantidrug.com/drug_info/mjmh_overview.asp



Enabling— Is Not Helping!

It is so hard to embrace what is helpful and what is not helpful when working with someone you love and trying to help them get sober. When in the midst of a struggle for someone's life it is easy to cross the line from caring to enabling. Many people don't really understanding what enabling is. We see it in others but not in ourselves. Below is some information on enabling. We all do it, but for our loved one to get better we need to control the only thing we can. That is ourselves and our behavior. We need to stop enabling people to stay addicted.

'Enabling is a term used in 12 step recovery to describe the behavior of family members, or other loved ones, who rescue an alcoholic or drug addict from the consequences of their own self destructive behavior. It also relates to rescuing anyone who is caught up in any of the compulsive and /or addictive self destructives behaviors that are symptoms of codependency: gambling; spending; eating disorders; sexual or relationship addictions; inability to hold a job; etc."

"A person who is acting out self destructively has no reason to change if they do not ever suffer major consequences for their behavior. If they are rescued from consequences, they are enabled to continue practicing their addiction. 1

The following is enabling behavior: If you want to help the chemically dependent person you must stop the enabling

Faulty reasoning: Expecting the person to be rational; expecting him/her to control the drinking;

believing the promises; believing you are t blame for the drinking.

Justifying: Agreeing with his/her rationalizations: "The job puts a lot of pressure on the person.

Minimizing: "Plenty of people are worse off; "Last night wasn't so bad." Covering up; protecting his image; putting on a smile for the relatives and neighbors; telling the child, friends, grandparents, teachers, employer he/she has the flue.

Blaming: Criticizing, lecturing, threatening, dumping, accusing.

Taking over: Assuming his/her responsibilities; unable to let go because "everything will go to pieces" and "somebody has to do it."

Avoiding: Using tranquilizers, food, work to escape stress.

Controlling: Canceling social events that might result in excessive drinking; pouring alcohol down the sink or hiding it; pleading with him/her to prove his love by stopping drinking.

Rescuing: "I couldn't let him sit in jail all night."

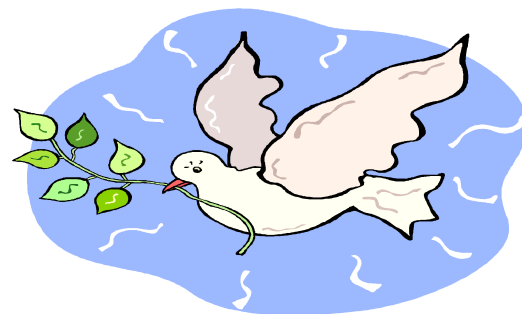
Enduring: Keeping feelings inside (loss, hurt, rejection, anger, failure); allowing fear to immobilize you ("This may be bad, but it's better than being alone"); Where would I go?"

The chemically dependent person will get help when he wants to. The thing that will make him want to is PAIN.

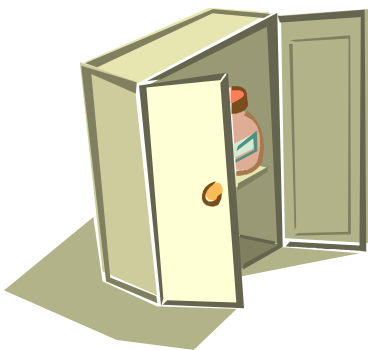
To avoid enabling behavior will not be easy. It will be very difficult, but it's the only way to help the person you love. You have tried everything else. Now try this. What do you have to lose?

- 1 Enabling and Rescuing verses Though Love;
http://www.joy2meu.;com/tough_love.htm
- 2 Don't "Enable" Your Chemically Dependent to Continue;
http://www.interventionhelp.com/enabling_an_addict.html

God grant me the serenity to accept the things I can not change, the courage to change the things I can, and the wisdom to know the difference.



[Study Finds Decrease in Parent and Teen Discussions on Drugs and Alcohol](#)



At a time when teens are faced with new threats from the intentional abuse of medicines, the number of frequent discussions between parents and teens about the risks of drug abuse has decreased significantly, according to a national study released today by the Partnership for a Drug-Free America.

The Partnership's 19th annual Partnership Attitude Tracking Study (PATS) represents a deep analysis into parental attitudes and behaviors towards teen drug use. It is the only ongoing national research study that delves into what parents are thinking and how they respond to the continual changes in the drug landscape. Since 1993, GfK Roper Public Affairs and Media have conducted the PATS study for the Partnership.

This 2006 PATS survey on parents confirms a 12 percent decline from 2005 in the frequent discussions (four or more) between parents and their teens about the dangers of drug and alcohol abuse (55 percent in 2005 down to 49 percent in 2006). Only half of parents, 54 percent, reported thoroughly discussing the use of drugs like heroin, cocaine and crack with their kids. Even more concerning is that a mere 36 percent of parents reported having in-depth conversations about abuse of prescription medications and only 33 percent have thoroughly discussed abuse of OTC cough and cold medicines with their teens.

More alarming is the misperception among many parents that the abuse of prescription (Rx) and over-the-counter (OTC) medications is safer than the use of illegal drugs. While a vast majority of parents are aware of new drug threats like teens' abuse of medicines, parents are not thoroughly covering the very real health risks of medicine abuse with their kids. On average, parents are a third less likely to discuss the risks of prescription and over-the-counter medicine abuse than they are to discuss the risks of drugs like heroin, cocaine, and crack with their teens. Released this week in New York, the 2006 Partnership Attitude Tracking Study surveyed 1,356 parents, with a deeper analysis of parents of teens, grades 7-12 (margin of error: +/-3.9 percent). Top-line findings from this nationally projectable tracking study show parents feel they need more help talking with their kids about living healthy and drug-free lives and understanding constantly shifting drug trends. For more information, visit www.drugfree.org.



Sign to look for if someone maybe having a drug or alcohol problem

1. Increased interest in drug or alcohol. Talking about the drug..
2. Owning drug paraphernalia
3. Large amounts of cash or always being low on cash
4. Drastic increase or decrease in weight
5. Slurred or incoherent speech
6. Withdrawal from other, frequent lying, depression, paranoia
7. Dropping out of school activities.

IS this behavior different for this person?

Adapted from "How can I help a friend with a drug or alcohol problem?"

A partnership between National Crime Prevention Council, National Sheriffs' Association, and Radio Shack

How to talk to a friend who's in trouble

1. Plan ahead what you want to say and how you want to say it.
- 2.. Pick a quiet and private time to talk.
3. Don't try to talk about the problem when your friend is drunk or high.
4. Use a calm voice and don't get into an argument with your friend.

For alcohol and drug abuse information and referral in N.C. please call

1-800-688 -4232.