
Parenting for Prevention

Student Assistance Services Corp., 660 White Plains Road, Tarrytown, New York, 10591, May, 2017

Awareness and Action

One of the challenges associated with mental health issues and teenagers is that sometimes the behavior of teens may appear to be irrational and unpredictable but that could also be “normal” for the adolescent years. The challenge for parents is to determine what is “normal” and what is a cause for concern.

Organizations like National Alliance on Mental Illness (NAMI) are trying to increase the awareness of parents and students about the way mental illness may appear in a young person. In addition NAMI is also a resource for information and referrals about mental health professionals and organizations that can help a family deal with a mental health challenge in a child.

Additional concerns need to be considered when a teens with mental health issues use alcohol and/or other drugs to self-medicate their illness. This puts a child at further risk and indicates a need for more specialized intervention. The term co-occurring disorders describes the situation when a teen with mental health issues also has substance abuse issues.

Patricia Murphy Warble, MSW, CPP

May Is Mental Health Month

During a walk in May, many Westchester residents will see ribbons tied around trees in many of our communities that say NAMI on them. These ribbons are put there to raise awareness for NAMI, the National Alliance on Mental Illness which is the nation’s largest grassroots organization dedicated to building better lives for the millions of Americans affected by mental illness.

Understanding the scope of mental illnesses and their treatment is central to the mission of the National Institute of Mental Health. Research on mental health shows that mental disorders are common throughout the United States, affecting tens of millions of people each year, and that, overall, only about half of those affected receive treatment..

Many of the individuals who are diagnosed with a mental illness also have a substance use disorder. The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders or as having a dual disorder. According to SAMHSA’s 2014 National Survey on Drug Use and Health, approximately 7.9 million adults in the United States had co-occurring disorders. The SAMSHA survey also shows that among adolescents entering substance abuse treatment, 62% of males and 83% of females have an emotional disorder.

People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. The defining characteristic of a dual diagnosis is that both a mental health and substance use disorder occur simultaneously. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity and both mental and substance use disorders can have biological, psychological, and social components. In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because of the lack of knowledge and skill of the treatment provider.

By far the most common issue connecting mental illness and substance abuse is the intention of a person to medicate the mental health symptoms that they find disruptive or uncomfortable by using alcohol and other drugs. This scenario is particularly dangerous when it involves a young person as their brain is still developing into their early twenties and is vulnerable to addiction.

Aggregate data from 2014, collected from Westchester communities shows that the most common drugs that are used by teens in our area are alcohol and marijuana. Therefore, it is not surprising that those are the

most frequently used drugs by teens with a co-occurring disorders.

Estimated rates, according to the www.youth.gov website, of co-occurring mental illness among adolescents with substance use disorders range from 60 to 75%. Data from the Substance Abuse and Mental Health Services Administration (SAMSHA) collected in 2010 found that young people who had experienced a major depressive episode in the past year were twice as likely to use alcohol or other drugs for the first time than those who did not suffer from depression. The depressed teen may also use marijuana to numb the pain to feel better.

The SAMSHA data also indicated that some of the other common co-occurring mental health disorders among teens include conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder anxiety and posttraumatic stress disorder. In addition anxiety and panic disorders are also frequently found in teens.

The teen suffering from anxiety may drink to feel more comfortable in a social situation. Or that same teen could be using marijuana to “chill-out” and feel relaxed and calm.

Teens with conduct issues may be attracted to alcohol and marijuana to feel more normal and not so angry or upset.

Kathleen Nadeau, PhD who is the director of the Chesapeake ADHD Center of Maryland is an expert in substance abuse patterns and ADHD. Dr Nadeau confirmed the large body of research that concludes that stimulant medication has NOT been shown to be a gateway drug for illicit drug use.

However, there are connections between ADHD and substance abuse for teens who are not properly medicated, monitored, and/or given educational and social supports when needed. Some have poor impulse control, poor sleep patterns, stimulation craving, risk-taking tendencies, anxiety and depression. With this profile, these students have a tendency to look at substance use as helpful and/or exciting which can also lead to self-mediation if they are not prescribed medication.

Some teens may use drugs other than alcohol and marijuana. Teens with panic disorder often turn to benzodiazepines like Xanax or Valium as a way to calm themselves down or to stop panic attacks before they start.

A 2017 report commissioned by the National Academy of Sciences, Engineering and Medicine shows that there is evidence that heavy marijuana use, a long history of use and early use, and use of marijuana with a high THC content may all be risk factors that can trigger a first episode of psychosis and increase the risk of suicide attempts.

Studies conducted over the

past ten years have shown that marijuana use during adolescence can be a contributing factor to both triggering or worsening mental illnesses including schizophrenia. These same studies have shown that a young person with a predisposition of developing a mental illness may be more likely to use marijuana at an earlier age than other adolescents.

CODA Clubs

As awareness about mental illness grows, CODA, which is short for Co-Occurring Disorders Awareness, clubs are being started at many high schools in our area. The goals of CODA Clubs are to increase empathy for youth who have co-occurring disorders and to encourage students with mental health issues and substance use to seek help.

Some of these clubs began after Stephanie Marquesano, founder of *The harris project*, visited local schools and told the students about her son, Harris, who was diagnosed with anxiety when he was just three.

His mother said that this was an adolescent who was self medicating to deal with his mental health challenges, started smoking marijuana in middle school, and then progressed to other drugs in high school. He was in several rehabs, and sadly, at 19, he took pills, accidentally overdosed, and died.

It is important to know that in addition to the serious nature of the vulnerability of having a mental health challenges and using alcohol and other drugs to allay the difficult feelings, there is also the danger of accidental overdoses. According to the Centers for Disease Control, every day in the United States, 114

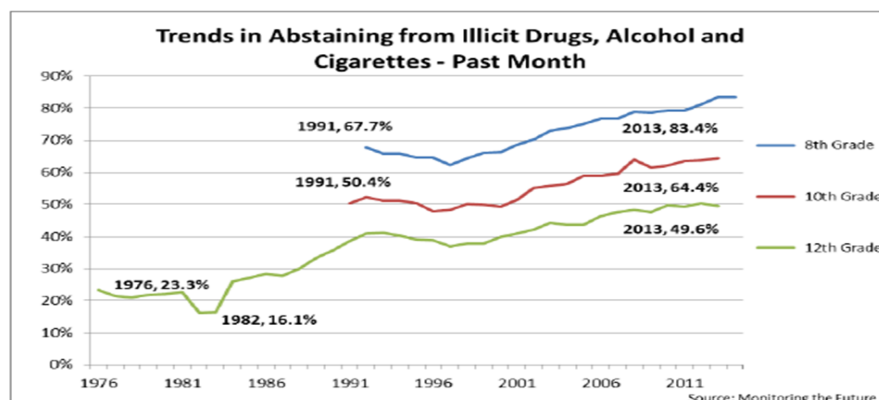
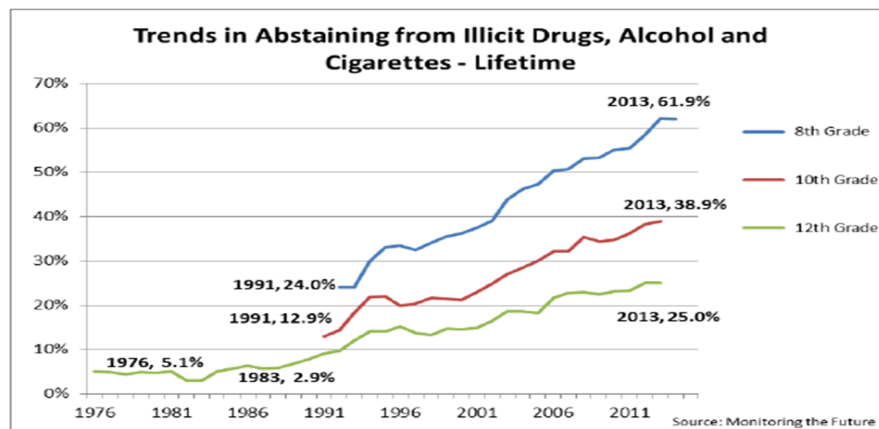
It's Time to Re-Think Prevention: Increasing Percentages of Adolescents Understand They Should Not Use Any Addicting Substances

A recent national survey shows that among young people age 12 to 20 underage drinking and binge drinking have declined significantly over the past decade.(1) While the survey report does not speculate about the reason for this trend, it is the result of decades of cumulative widespread prevention messages coupled with concerns about alcohol-related motor vehicle crashes, alcohol poisoning, and sexual assault, and as well as increased alcohol taxes.(2)

In the last decade tobacco use has also declined among youth. This reflects the lasting national impact of the 1964 Surgeon General's report Smoking and Health(3)that was widely publicized and resulted in a law mandating warning labeling on all tobacco products. The report brought to the public's attention the devastating impact of tobacco use on health. The national anti-smoking campaign has been strident in labeling nicotine as "addicting" and smokers as "addicted."

Interestingly, use of illegal substances by adolescents has also declined. These three trend lines showing broad declines are significant. They cannot be explained on a substance-by-substance basis because the trend lines for alcohol, tobacco and other drugs are so similar. Instead this broad positive trend can be understood as part of a shared cultural learning initiated by the epidemic of substance abuse that exploded in the late 1960s and early 1970s. In the 50 years since the 1964 report on Smoking and Heath, there has been a growing awareness of the negative health and safety effects of addicting drug use. One of the contributors to this cultural learning has been the definition of alcohol and nicotine as "addicting" drugs. This connection has been reinforced by the federal government's descriptive terminology that linked alcohol to illegal drugs under the mantra-like phrase "alcohol and other drugs."(4)

New analysis of longitudinal data from the nationally representative annual Monitoring the Future study on substance use by high school students shows a remarkably strong and sustained trend of abstinence from the use of all addicting substances.



These data have been there all along but the analysis resulting in this finding is completely new. Among 12th graders, the percentage of students who never used alcohol, tobacco, marijuana or other drugs in their lifetimes rose from 2.9% in 1983 to 25% in 2013. The percentage of 12th graders who did not use any alcohol, tobacco, marijuana or other drugs in the prior 30 days rose from 16.1% in 1982 to 49.6% in 2013. Similar sizeable positive changes are reported for 8th and 10th graders who were first surveyed in 1991.

Problems with alcohol, tobacco, and other drugs remain gravely serious. However, this new evidence of an increasing percentage of American youth who choose not to use any of these addicting substances gives new hope for the future.

This finding has the potential to reshape all prevention strategies away from substance-specific health-promoting campaigns to a single focus that promotes no use by adolescents of any addicting substances. The use of any and all of these substances is unhealthy for youth and the use of all of these drugs is illegal. (The legal age for tobacco is 18, for alcohol 21, and in the states with legal marijuana, 21). Since nearly all substance use, and addiction, begins during the teenage years, prevention of any use during this time is singularly important. Lowering the substance use rates of youth today will be reflected tomorrow in lowering the adult rates of addicting drug use.

The new focus on one decision by youth not to use any addicting substances, including alcohol, tobacco, marijuana and other drugs, holds great promise of a stronger, clearer and more effective goal for public education and prevention.

Written By Robert DuPont, MD

1. Substance Abuse and Mental Health Services Administration. (2015, June 11).
- 2 Kauffman, G. (2015, June 16). Underage drinking is down: Are teens partying less? Christian Science Monitor
- 3 US Department of Health, Education, and Welfare. (1964).
- 4 National Institute on Alcohol Abuse and Alcoholism. (1993). The Alcohol and Other Drug Thesaurus: A Guide to Concepts and Terminology in Substance Abuse and Addiction.

Robert DuPont, MD

The preceding commentary was written by Robert DuPont, MD who spoke at the May Westchester Coalition meeting. His message was clear and compelling.

We need to keep teens from using the three gateway drugs. They are alcohol, marijuana, and nicotine.

As we struggle with the very serious opioid crisis in this country, Dr. Du Pont made the point that most opioid users begin their drug use with one of the three gateway drugs. Keeping teens away from these drugs will be a positive step to ensuring that their lives will not be impacted by the serious consequences of drug use and addiction.

Drug prevention is not drug by drug, rather it is about any and all drug use by youth. Prevention needs to support the primary goal of no use of any alcohol, tobacco, marijuana or other drugs to maintain the health of our young people.