CRITICAL CONVERSATIONS
Encoding Productive Parent-Child Dialogues on Substance Use
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Three rough categories of substance experience:

- Use: not regular, does not interfere with daily life
- Abuse: greater use, some harm and risk, problems with friends and family; but can recover from these problems
- Dependence/Addiction: crosses the line from discrete negative consequences to negative impact on life in general; compulsive use and loss of control
    - Use is out of the control of the user
    - Areas where suffering may occur include family life, work, and social functioning

How does Los Gatos fit into the national picture of substance use? Difficult to say because

- Data collection relies on self-reporting; teens are notoriously poor reporters (are concerned their identities will be exposed)
- Different reporting agencies use different methods and groups
    - Monitoring the Future samples grades 8, 10, 12 (monitoringthefuture.com, click on *2013 Overview: Key Findings on Adolescent Drug Use*)
    - Healthy Kids in Los Gatos samples grades 9 and 11
- General conclusion: **Los Gatos teens are probably on a par with national statistics**
- Since 1993, the use of fake IDs has declined, but parents' providing alcohol to underage teens has increased: Was 9.3% in 1993, is now 25-30% (2013)
- Alcohol (#1) and marijuana (#2) are the drugs of choice. 64% of LG juniors have tried alcohol; 45% of LG juniors have tried marijuana
- 67% of freshmen never drink or use; 36% of juniors never drink or use

When the perceived risk of use is higher, use decreases; as we approach almost certain eventual legalization, it will be interesting to watch what happens to use

DR. JOHN MENDELSON, M.D., Senior Scientist of the Addiction & Pharmacology Research Laboratory at the California Pacific Medical Center Research Institute. Dr. Mendelson conducts research on the human effects of commonly abused drugs and develops new treatments for addiction. He is also the father of two teenage boys and understands the difficulties parents and emerging adults have in understanding the risks for developing addiction or other complications of drug use. His presentation to the parents was essentially the same as his presentations to the sophomores at LGHS.

WHAT EMERGING ADULTS NEED TO KNOW ABOUT DRUGS: FACTS TO HELP ASSESS RISKS

Disclosures: Dr. Mendelson receives funding for his research from NIH. He also receives funding from pharmaceutical companies for developing new treatments. He has given

MDMA (ecstasy), meth, opiates, alcohol, cocaine, marijuana, and hallucinogens to humans to study and report on the effects of drugs on people.

Talking With Your Kids/Parents

- Be open, honest, and genuine. Teens: Expect to disclose your drug use. Parents: Expect that you may be asked about your own drug use at your child's age.
  - Use your own comfort level with disclosures and your own values to decide what you want to share. Each parent may have a different view on this.
  - Deal honestly with what you do/did. Don't glorify it.
- Plan what you want to say, but avoid scripted speeches
- Use your usual styles and methods of communication
- **LISTEN**
- Teens: Ask your parents about family history of addiction. Parents: Share family history of addiction: **How has it affected the family and the addict?** (see later)
  - Only first degree relatives matter, i.e., your parents and your siblings (your teen's grandparents and aunts/uncles)
  - Risk is not absolute (see later)
- Don't pretend to know all the answers; you can learn together with your teen. Websites to check: nida.nih.gov, erowid.org, drugfree.org
- Share your big fears: e.g., life of an addict, poor grades/success in life, legal complications, risky friendships, death
- Don't reject all pushbacks. Support rational thinking, even if it's from your teen/mom or dad
- Start the conversations early (at least when heading into high school). Use opportunities that present themselves, e.g., health module in class brings up the subject and your teen is confused. "Here are some other ideas to think about."

Changes in Behavior (for the worse)

- First be sure it's drug-related. It could be due to other causes, e.g.,
  - Relationship problems: girlfriend, boyfriend, bullying
  - Emerging mental illness
  - Failing in school
- Teens should talk to parents, teachers, adults they trust when they are sober; parents talk to teens when they are sober
- Seek professional advice. Don't bet on a single episode or modality of treatment to work: plan for the long term. Low-key and local will work much better than sending away to camp for a month.

What Negative Consequences Work the Best?

Effectiveness	Consequences
68%	Getting in trouble with police/law
55%	Getting in trouble/suspended at school
44%	Getting suspended/kicked off a team

42%	Being grounded
42%	Losing electronic/internet privileges
41%	Getting kicked out of the house
37%	Getting yelled at
33%	Losing allowance
32%	Losing driving privileges

Why Don't Parents Talk To Teens About Substance Use?

- Ambivalence within themselves about substance use
- Fear that their kids "might do what we did"
- Lack of solid information

Myths

- **Substance use is a recent phenomenon. FACT:** Humans have always used drugs. All cultures across all times have had opportunities for substance use. Poppy seeds have been found in Neolithic burial sites. Stories of drunken Noah appear in the Bible.
  - What's changed?
    - ✓ Drug forms are amenable to commerce
    - ✓ Largest leisure/unemployed class ever
    - ✓ We care
  - Intoxication is a less expensive form of entertainment than others: a teen can get more hours of fun per $ from a bottle of Jack than the movies, eating out, etc.
- **Substance use will ruin your life. FACT:** It can, but most users don't suffer serious complications. 5-30% develop problems, including addiction
- **Intoxication is actually good for you. FACT:** It's not.
  - It's **never** a benefit medically
  - Some intoxicants are medicines, but that's not why most people use them
- **Addiction is voluntary. FACT:** 90% of people try substances; only 5% become addicts
- **There is such a thing as an addictive personality. FACT:** Psychotherapy works for sex-, shop-, and work-aholics, but does not help with substance abusers.
- **Substance addiction is not like other diseases. FACT:** Addiction is a chronic, relapsing condition, much like asthma, diabetes, acne, high blood pressure, Hepatitis C. There can be remission of symptoms and then precipitating events that bring it back in full force.
- **Treatment outcomes are terrible/Addicts are not interested in treatment. FACT:** Once addicts engage, they faithfully do what is required as part of their treatment.

Substance	% Compliance
Alcohol	40-70%
Opioids	50-80%
Cocaine	50-60%
Nicotine	20-40%

WE NEED BETTER TREATMENTS

Predictive Factors of Future Problems

- **Age of Initiation of Substance Use:** The younger you start, the more likely you are to have problems later

  (these are extrapolations from bar graph)

Age of 1st Use	% Dependent	% Abusing
14 or younger	15.1%	7.5
15-17	9.3	4.2
18-20	4.7	2
21 or older	2.6	2

- **Low Sensitivity:** Some people are less responsive to drugs. When they drink, they **feel** less drunk, even though their blood alcohol level might be high and they are actually impaired.
  - Because they can drink more with no ill effects ("macho drinkers"), they are more likely to develop a drinking problem; people with high sensitivity might feel strong effects with only one drink ("cheap date")
  - Level of sensitivity is genetic
  - How does this work? A person drinks (smokes, etc.) to achieve a desired response. A person who is a low responder will need to drink (smoke, etc.) more to achieve the desired effect of pleasure, etc.
  - This is tricky because even though a person is not "falling down drunk", coordination and judgment can still be impaired.
- **Family History:** Risk is 4 times greater if parents and/or siblings are alcoholics
  - Risk is not total, even if all 1st degree relatives are alcoholics
  - Maximum genetic risk is 60%, which means at least 40% is environmental (e.g., jobs, family economics, stress)
  - Practically, monitor your drinking and know what will tip you over. Many people in alcoholic families choose not to drink at all. Dependence comes first, then abuse.

What's Not as Important in Predicting Dependence/Addiction

- Peer pressure/peer group. It is actually a backwards concept that teens are pressured into behaving in certain ways. Actually, teens choose their peer group based on their own profile: Stoners find other stoners to hang out with.
- Drug-using environment. It doesn't matter if it's a crack house filled with users or a solitary place.
- Form of the drug. Crack and cocaine are the same thing. Beer is not safer than wine, which is not safer than hard liquor.
- Willpower
- Socioeconomic status
- Specific drug. Can become addicted to any psychoactive substance.
  - Some drugs are more dangerous at initiation: **MDMA, alcohol, heroin, morphine, and cocaine all have greater first dose mortality. High risk of addiction + high risk of mortality**
  - Other drugs have risks with regular use: Cannabis, alcohol, and cocaine are associated with traumatic injuries and death

    - Others are very dangerous with repeated use: Nicotine takes a long time to show the effects but they are highly lethal: 1 in 10 deaths worldwide
    - Drugs with lowest risk of addiction or death are LSD, psilocybin and marijuana

Risk Modifiers

- Organized activities may reduce risk
- DARE program (police tell kids how bad drugs are) has **no** effect on risk
- Most prevention programs have unknown effects

SOME TAKEAWAYS

- **The later your first use, the more protected you are from eventual dependence.**
- **Controlled use can quickly transition into uncontrolled use due to some precipitating stressful event or situation (e.g., exams, death in the family, family troubles, money troubles).**
- **Addiction is a chronic, relapsing condition.**
- **Relapse is normal.**
- **Long-term solutions are needed.**

RESOURCES FOR PARENTS:

LGHS- CASSY-408-354-2730x 510- Counselors M-F
CASA: casalg.org
Self Help- Alcoholics Anonymous: 1-408- 374-8511
Narcotics Anon- 408-998-4200; Al-Anon- 408-379-1051
Hotlines- Parent Stress Help Line for Referrals- 408-279-8228
EMQ Mobile Crisis-1-877-41-CRISIS (408-379-9085)
Parent Support Line- 1-888-220-7575
Dept. of Alcohol & Drug Services- 1-408- 272-6518
Websites- Parenting Continuum- parentingcontinuum.org
facebook.com/parentingcontinuum
drugabuse.gov   streetdrugs.org   drugfree.org

RESOURCES FOR TEENS:

LGHS- CASSY- 408-354-2730x 510-Counselors M-F
SAFE RIDES- 1-888-550-RIDE- Fridays 10pm -1am
Self Help- Alcoholics Anonymous: 1-408- 374-8511
Alateen/Al-Anon- 408-379-1051
Hotlines- EMQ Mobile Crisis-1-877-41-CRISIS (408-379-9085)
CA Youth Crisis Line- 1- 843-5200
Websites- Onyourmind.net- 1-650-579-0353
Reachout.com   teens.drugabuse.gov   drugfree.org

QUESTIONS FROM THE WEBSITE AND AUDIENCE

Q: At what age should I start talking to my child about substance use?
A: No later than the beginning of high school. Darin recommends starting the conversation by the end of 5th grade so that kids have some knowledge as they enter middle school, since we see kids using at those ages.

- Whenever your child expresses curiosity or interest; whenever your child initiates a conversation. If it's a young age, tailor it to the developmental stage of your child.
- If you notice behavior changes and can rule out relationship and academic problems

Q: What does Dr. Mendelson teach his sons about substance use?
A: Delay the age of first use; concept of low sensitivity; substance use is not cool; talk to us. They are not getting the complete story from their peers, internet. Tailor your discussion to your family norms.

Q: What are the "latest" substances? Morning glory seeds? Meth? Heroin?
A: Things will come and go in the community consciousness. Once a drug establishes itself, it doesn't go away, just stays in the background.

- **"Vaping"** using e-cigarettes is the same drug as nicotine, just a new format and delivery system without the tar and carbon monoxide. These can be used with control, but the amount of nicotine can vary widely. Some teens use vaping to reduce their cigarette smoking. On the flip side, teens who start "vaping" often convert fairly quickly to regular cigarettes, or at least use both.
- **Morning glory seeds** are hallucinogens; were used ritually by Aztecs beginning in the 1600s
- **Methamphetamine** was first synthesized in 1919. (Ephedra use is very ancient.) Kids coming up don't want to use the same drugs as older family members, so look for "new" ones. Use is on the downswing, but still active in rural communities. Amphetamine is a stimulant and the friend of menial workers and truck drivers, also professors and engineers on deadline. Some use can result in no sleep for days, then a psychotic episode with irreversible damage. 1-3% of high school kids use meth.
- **Salvia divinorum** (not the salvia we grow in our gardens) is native to southern Mexico and creates sensory distortions that are very unpleasant (often scary) but also shorter than other highs. The user becomes completely disassociated, sometimes turning into inanimate objects. Other hallucinogens, such as LSD and psilocybin mushrooms, give a trip that lasts hours.
- **Heroin** use has increased because the FDA, the DEA and physicians have tightened up on prescribing opiates (drugs like Oxycontin and Vicodin) for pain. When addicts cannot get prescription opiates, they transition to heroin. When opiates are taken orally, most of the dose is broken down by the liver with only 10-25% of the dose making it into the body. In contrast, when drugs are injected, 100% of the dose is available to affect the brain.

Q: What about my child diagnosed with ADHD? If she's medicated, is she more likely to become addicted to drugs?

A: Many meth addicts are people with untreated ADHD. The drugs used to treat ADHD are a different chemical composition of meth. Meth = methamphetamine; Adderal is methyphenidate. The "meth" component is the sam; the other chemicals, the delivery method and the side effects are very different.

- Untreated ADHD increases your chances of becoming addicted to other substances because there is a need to calm the body and mind that is not being met. Once medication (treatment) is provided for ADHD, the chances of becoming addicted to other substances normalize; and if treated with a stimulant, the risk of addiction to amphetamine won't increase. Proper medical treatment of ADHD helps ensure that the person won't try to self-medicate with meth.

Q: If you think you or a family member is one of the 5%, what do you do?

A: Talk about it; monitor use closely; establish consequences; get the facts; use resources; **get help and support for yourself and family**

Q: If the shift from controlled substance use to uncontrolled dependence is rooted in stress, how do I help my teen de-stress?

A: Failing in relationships and school are big stressors and are indeed pathways to more serious use. Exercise, meditation/breathing exercises are good long-term methods to de-stress. But be aware that marijuana is known by teens to provide short-term relief from stress, and once they try the "quick and easy" way, it will be harder to get compliance for slower, less interesting de-stressors.

Q: One person with addictions can unbalance a family. What can we do about it? How do we support this person and not let it take over our lives.

A: Indeed, the family structure and all members suffer when one member is battling addiction. Get information and support. Don't let yourself get overwhelmed—as in the airplane, put your own mask on first (admittedly difficult to do). Use community resources, support groups (Al-Anon, for example). Be sure to make time to spend with family in ways that does not revolve around the addict.

Q: Should I always have my teen call me if he is using and needs a ride home without fear of punishment?

A: Yes, absolutely, say you want to hear from him. And no, there can be no promise there won't be negative consequences, but that discussion comes after he is safely home.

- So as to not scare him off from calling next time, you can tell him that he will be in less trouble if he calls you than he will be if you find out some other way—if he gets in a car and drives drunk or rides with a drunk driver, he will be in so much more trouble.
- Consequences should be based on your family values and integrated with your standard approach to discipline.

Q: When I was in high school I was the victim of sexual assault after a party where I'd had too much to drink. This is something I worry about for my daughter and for all our young girls. We hear about this happening in the media, and about girls being bullied when they come forward. Should I share this experience with my daughter to personalize the dangers, or is it best to not share my personal experiences of underage drinking?

A: Are you a family in which a lot of adult personal information is disclosed? If so, share it but think it through first. Make sure you are ready to deliver the message in a healthy way: Tailor your message to what your daughter **needs** to hear, not what you **want** to say. The fine line is to not overly demonize behaviors ("all drinking leads to rape") nor to glorify them either. The message is taking responsibility for choices and behaviors.

Q: Our 16-year-old son expressed to us that his friends drink alcohol at parties on weekends and he would like to do the same. My husband thinks he should "teach" him how to drink responsibly and have a detailed contract for doing so. I disagree and prefer to take the stance of no alcohol or drugs. My husband feels this is not realistic, and I know it's not either, but "teaching him how to drink" just doesn't seem right either.

A: I don't recommend formal "teaching" but, rather, modeling behavior that is acceptable in your family. What is "appropriate" use for adults? For a 16-year-old? Why are they different? Walking through scenarios and predicting outcomes can be very useful for both parents and teens. First, though, it would be worthwhile for you and your husband to work through your own substance issues to understand how your experiences create biases and to come up with a plan you can both execute together.

- Side note: Remember that adults giving alcohol to under 21-year-olds is illegal. It is illegal for underage drinking to occur in your home, even if you are not there at the time.

Q: Is heroin use among teens increasing, or is it just that the media are reporting it more?

A: Heroin is being used more because governments and doctors are clamping down on the prescription opioid oxycodone (e.g., Percocet, Percodan, Oxycontin). When this was more freely and cheaply available, it was easy to get enough to get the desired effects. When pills are swallowed, only 25% makes its way into the bloodstream. So when availability declines and prices rise, heroin is a more economical high. Because it is injected directly into the bloodstream, 100% of it produces effects.

Q: How are teenage brains affected by drugs?

A: There was no time for a long discussion of this. As we now know, brains keep developing until about age 25 and teenage brains have more potential for damage by drug use BUT they also have more potential to recover. A little bit of good news to end on.