ALCOHOL, MARIJUANA, AND TEEN SELF-MEDICATION

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MY HIGH SCHOOL EXPERIENCE

• Drinking and smoking occurs at parties
• Peer pressure exists but it's easier to say no than you think...
• Noticing a difference in students who use
• A peer I knew freshman year...
REASONS TEENS MAY NOT USE/DON’T CONSIDER

• Choose not to use:
  • Thinking about future
  • Open and non-judgmental conversation with parents about these topics
  • Consequences of getting caught (Parents, losing privileges, etc.)

• Don’t consider:
  • Not often thinking about legal consequences
  • Impact on body
  • Believe in misconceptions
PEER EXPERIENCE

• Friends Experience
  • Out with friends in public
  • Mall security noticed they smelled like marijuana
  • Was charged with possession of marijuana

• Second Chance Program
  • Second Chance is a three-day substance use prevention and early intervention education program for Arlington middle and high school students who are caught for the first time at school or by the police in possession or under the influence of alcohol, marijuana, or other illegal drugs.

• Friends experience with Second Chance
  • The program was informative about impact on choices
  • Variety of different types of people
  • The charge was removed from her record
  • It impacted her but she did not completely change
ALCOHOL, MARIJUANA, & THE MENTAL HEALTH IMPLICATIONS

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REASONS TEENS USE

• To fit in: Many teens use drugs “because others are doing it”—or they think others are doing it—and they fear not being accepted in a social circle that includes drug-using peers.

• To feel good: Abused drugs interact with the neurochemistry of the brain to produce feelings of pleasure. The intensity of this euphoria differs by the type of drug and how it is used.

• To feel better: Some adolescents suffer from depression, social anxiety, stress-related disorders, and physical pain. Using drugs may be an attempt to lessen these feelings of distress. Stress especially plays a significant role in starting and continuing drug use as well as returning to drug use (relapsing) for those recovering from an addiction.

• To do better: Ours is a very competitive society, in which the pressure to perform athletically and academically can be intense. Some adolescents may turn to certain drugs like illegal or prescription stimulants because they think those substances will enhance or improve their performance.

• To experiment: Adolescents are often motivated to seek new experiences, particularly those they perceive as thrilling or daring.

1. Experimentation
   • User tries drug out of curiosity

2. Recreational use
   • Use is infrequent but the user seeks out the drug

3. Habituation
   • Use becomes a definite pattern

4. Abuse
   • Use continues in spite of impaired functioning.

5. Addiction/Dependence
   • Use increases in spite of impaired functioning
   • Physical and or psychological dependence

PERCEPTION OF RISK

• An adolescent’s perception of the risks associated with substance use is an important determinant of whether he or she engages in substance use.

• Contributors to teens perceptions
  • Lack of awareness/education/access to credible information
  • Influenced by media glamorization
  • Belief in myths or misconceptions
  • Caregiver or peer attitudes
MARIJUANA USE AND PERCEPTION

Figure 1. Past Year Marijuana Use and Perceived Risk of Harm of Occasional Marijuana Use Among 12th Graders, 1975-2011

Figure 2. Past Month Binge Drinking and Marijuana Use among Adolescents Aged 12 to 17, by Perceptions of Risk: 2011

- Past Month Binge Drinking
- Past Month Marijuana Use

<table>
<thead>
<tr>
<th>Risk of Having Five or More Drinks Once or Twice a Week*</th>
<th>Risk of Smoking Marijuana Once or Twice a Week*</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5</td>
<td>0.8</td>
</tr>
<tr>
<td>9.5</td>
<td>13.8</td>
</tr>
</tbody>
</table>

- Perceived Great Risk
- Perceived Moderate, Slight, or No Risk

* Difference between those perceiving great risk and those perceiving moderate, slight, or no risk is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2011 (revised March 2012).

IS MARIJUANA SAFE?

- Can overdose cause death?
- Cognitive degradation
- Cannabis (Marijuana) Use Disorder
- Motivation
- Psychosis

Marijuana and other drugs:
- Youth are “6 TIMES” more likely to use...
- “Opioid priming”? 

Social problems:
- Educational
- Home life
- Community

ALCOHOL FACTS

• Smoking and alcohol: 1st and 3rd leading causes of preventable death
• Annually, about 4,700 people under age 21 die from injuries involving underage drinking

Myths to address with youth:
• Adults drink, so kids should be able to drink, too.
  • A young person’s brain and body are still growing. Drinking alcohol can cause learning problems or lead to adult alcoholism.
• All of the other kids drink alcohol. I need to drink to fit in.
  • Most young people don’t drink alcohol. Research shows that almost 75 percent of 12- to 20-year-olds have not used any alcohol during the past month. “2/3 DON’T”
• I can drink alcohol and not have any problems.
  • If you’re under 21: It’s illegal. If caught, you may have to pay a fine, perform community service, or take alcohol awareness classes. Kids who drink also are more likely to get poor grades in school and are at higher risk for being a crime victim.

HABITUAL DRUG AND ALCOHOL USE INCREASES THE RISK OF...

- Developing mental health issues (depression, anxiety, psychosis, etc)
- Poor decision making and legal issues
- Poor academic performance, and or dropping out of school
- Becoming a victim of assault or rape
- Violence
- Unplanned pregnancies
- Infectious diseases (HIV & hepatitis)
SELF MEDICATING

The act of taking illegal drugs or alcohol in attempt to alleviate anxiety, stress, depression, or other mental health challenges

Examples:

• The depressed teen who uses marijuana to numb the pain
• The teen suffering from social anxiety who drinks to feel more comfortable in social situations
• The teen who struggles with panic attacks and takes benzodiazepines like Xanax or Valium in order to calm the symptoms or stop the attacks before they start
• The student with low energy and lack of motivation who takes Adderall or cocaine to increase their drive to get things done
RISKS OF SELF-MEDICATION

- Incorrect self-diagnosis
- Delays in seeking medical advice when needed
- Infrequent but severe adverse reactions
- Dangerous drug interactions
- Incorrect manner of administration
- Incorrect dosage
- Incorrect choice of therapy
- Masking of a severe disease and risk of dependence and abuse.

SPECTRUM OF USE

1. Experimentation
   • user tries drug out of curiosity

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Place your thumb in the middle of your palm as in this figure.

Now fold your fingers over your thumb as the cortex is folded over the limbic areas of the brain.
IMPACT ON THE BRAIN

- **The brain stem** is in charge of all the functions our body needs to stay alive—breathing, moving blood, and digesting food. It also links the brain with the spinal cord, which runs down the back and moves muscles and limbs as well as lets the brain know what’s happening to the body.

- **The limbic system** links together a bunch of brain structures that control our emotional responses, such as feeling pleasure when we eat chocolate. The good feelings motivate us to repeat the behavior, which is good because eating is critical to our lives.

- **The cerebral cortex** is the mushroom-shaped outer part of the brain (the gray matter). In humans, it is so big that it makes up about three-fourths of the entire brain. It’s divided into four areas, called lobes, which control specific functions. Some areas process information from our senses, allowing us to see, feel, hear, and taste. The front part of the cortex, known as the frontal cortex or forebrain, is the thinking center. It powers our ability to think, plan, solve problems, and make decisions.

PROTECTIVE FACTORS

• Positive relationships
  • Parental/caregiver support
  • Peers

• Involvement
  • School
  • Extra curricular
  • Community

• School/community drug prevention programs and policies
LEGAL CONSEQUENCES

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Probation Officer and Substance Abuse Counselor
ALCOHOL AND DRUG RELATED CASES

- Marijuana
- Alcohol
- Occasionally Cocaine, and Prescription drugs (Adderall, OxyContin, Vicodin).
MISDEMEANOR VS FELONY

What's the difference?
THE DIFFERENCES BETWEEN A FELONY AND A MISDEMEANOR

• It is the severity and punishment of the crime.
• Can be committed to Department of Juvenile Justice
• **IF YOU HAVE BEEN CHARGED AND FOUND GUILTY OF A FELONY, IT REMAINS ON YOUR RECORD AND WILL FOLLOW YOU ON TO YOUR ADULT LIFE.**
• can hinder you from getting into certain colleges and receiving financial aid
• Examples of felonies are Grand Larceny, Robbery, Selling Illicit Drugs
• Examples of misdemeanors are Petit Larceny, Simple Assault, and Possession of Alcohol.
FELONIES & MISDEMEANORS FOR ALCOHOL AND DRUG RELATED OFFENSES

- Substances are placed in their respective schedules based on the drugs abuse or dependency potential.
- DEA Schedule:
  1. Schedule I- Marijuana, LSD, Ecstasy, Cocaine, Heroin,
  2. Schedule II- Adderall, Percocet, Ritalin, Vicodin, Oxycodone
  3. Schedule III- Tylenol with Codeine
  4. Schedule IV- Xanax, Valium, Tramadol
  5. Schedule V- Robitusin AC

- The amount and type of substance determines whether the charge is a felony of misdemeanor. (Possession of Schedule I, Possession with intent to Sell or Distribute Schedule I or II- Felony, Possession of Schedule III, IV, and V - Misdemeanor)
CONSEQUENCES FOR HAVING SUBSTANCES ON SCHOOL PROPERTY

• Possession with intent to Sell or Distribute on School Property is a felony
• Students who are prescribed medication by a doctor need to check it in with the school nurse otherwise they run the risk of being charged with a drug related offense in school grounds.
• Consequences for being charged with a felony could lead to a suspension, and/or expulsion from school.
WHAT HAPPENS WHEN A CHILD IS CHARGED WITH AN ALCOHOL OR DRUG OFFENSE

1st time offender
1. Case can be diverted (handled informally instead of going to court)
2. Referred to the Second Chance Program.
3. Upon successful completion of the program the matter can be resolved in lieu of going to Court.

Criteria for Non-Diversion Cases (Court Hearing)
1. Uncooperative youth or parent
2. Parents request a more punitive measure
3. Individual was or has been court involved in the past.
4. Already completed the program
5. Individual is at a moderate to high risk of having a substance abuse problem
6. Violent offenders
OTHER CONSEQUENCES

- Supervised Probation
- Substance abuse evaluation and follow recommendations
- Loss of License - 6 months or more
- Community service
- Court costs
- Random urine screens
SIGNS THAT SOMEONE MAY BE USING SUBSTANCES

• Red or glassy eyes
• Dizziness
• Slurred Speech or Impaired Coordination
• Low motivation level
• Lack of interest in activities
• Unusual appetite
• Strange odor on clothing or alcohol on the breath
• Drug paraphernalia (pipes, rolling papers)
• Acting silly for no apparent reason
SERVICES

- School substance abuse counselors (available at the middle and high schools)
- Substance abuse education
- Substance abuse treatment (individual and group therapy) at Department of Human Services
- Substance abuse treatment through your insurance provider
- Intensive Outpatient Treatment
- Residential Treatment
MENTAL HEALTH RESOURCES

• Department of Human Services Child and Family Behavioral Health Services:
  • 703-228-1560

• Crisis Link:
  • Call: 703-527-4077
  • Text: 85511

• CR2
  • 844-N-CRISIS

• Suicide Prevention Alliance of Northern Virginia
  • http://www.suicidepreventionnva.org/