Drinking, Smoking and Vaping: Trends in Teen use and What Parents Can Do

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What We Will Cover:

• The data on current, actual rates and trends of teens substance use for nicotine, alcohol and cannabis
• Unique risks for teens with intellectual, learning, physical and psychiatric differences and special needs
• The current impact of COVID 19 and culture
• The tools parents already have to both help prevent substance use and intervene early
• Questions and answers
“Children need two things to be healthy and happy as they grow; to know that they are loved for who they are and that there are limits to their behavior.”

— Marie Fakkel, M.D.
(as quoted to a nervous, first time mother, circa 1986)
Risky Behaviors in Adolescents
The Teen Limbic System Influence
(technically, it’s a risk factor)
Adventures with Neuroscience
OR “It’s not Rocket Surgery”
The Prefrontal Cortex is not developed until age 25 or so

• The PFC is the seat of all the executive functions of the brain, i.e., logical analysis, time management, accurately guessing consequences, figuring out the most important or essential parts of an activity or project, etc.

• The PFC is the “brake” of the emotional brain, in teens, the brakes FAIL and the Limbic gas pedal keeps pumping!

• This is basically what makes them insane
Teens with Special Needs Have the same Overall Brain Development

- All teens have unique manifestations of LD, Psychiatric disorders, physical disabilities
- Some of the social factors that teens with special needs may struggle with can ALSO be protective of substance abuse risk
- Example: Teens who are in a subgroup of peers are often not involved in regular ‘parties’ selling or buying cannabis etc.
- There is not one single risk pattern for teens with special needs
There are Unique Risks for Teens With Executive Functioning Challenges

- Teens with ADHD are more vulnerable to risks if they are undertreated or untreated.
- Teens with processing issues also struggle with increased risks, they have even more trouble understanding cause and effects, consequences.
Teens with ADHD and other Executive Functioning disorders are at the highest risk of developing a Substance Abuse Disorder

- 38% of teens attending treatment for cannabis dependence have ADHD, many not previously diagnosed In one study only 4% were previously diagnosed (van de Glid, et., al, 2013)
- In a population of young adults receiving treatment for substance use disorders 40% were found to have ADHD
- Teens with ADHD are TWICE as likely to develop a substance use disorder as teens without executive functioning issues (Wilens, Marleton, & Bateman, et, al, 2011)
Adolescents with ADHD have multiple risks for Substance Abuse and dependence

“The presence of ADHD may affect the course of adolescent substance abuse in several ways: predicting earlier age of onset, longer duration of substance-use disorder, and progression of alcohol abuse to another drug-use disorder. Individuals with ADHD have been noted to have a shorter interval between the onsets of drug abuse and drug dependence. Such individuals are also at greater risk for treatment failure, as their disruptive behaviors interfere with treatment access and response.”

(Sullivan, Rudnick-Levin, 2001)
Epidemic rates of anxiety and depression in US teens rising significantly since 2005
Anxiety rates among teens have increased between 25-50% since the 1990s, peaking presently. (2021)
ER visits for severe psychiatric symptoms in teens have increased 25% + since the beginning of COVID 19 lockdown

We are seeing current rates of depression and anxiety at 50% in some teen populations
Past-Year Marijuana Vaping Holds Steady

Past-Year Marijuana Vaping

- 2017: 8.1%
- 2018: 19.1%
- 2019: 22.1%
- 2020: 19.1%

Daily or Near-Daily Marijuana Vaping Decreases Significantly Among 10th Graders

- 8th graders:
  - 2019: 0.8%
  - 2020: 0.7%

- 10th graders:
  - 2019: 3%
  - 2020: 1.7%

- 12th graders:
  - 2019: 3.5%
  - 2020: 2.5%
Marijuana Use Remains Steady

**Past-Year Marijuana Use**

- 2010: 11.4%
- 2015: 28%
- 2020: 35.2%

**Daily Marijuana Use**

- 2010: 1.1%
- 2015: 4.4%
- 2020: 6.9%

8th graders 10th graders 12th graders
Gradual Decline in Alcohol Use Slows

Long-term trend of decreasing alcohol use among all grades levels off.

**Binge Drinking***

*5 or more drinks in a row in the past two weeks

**Past-Year Alcohol Use**

8th graders

10th graders

12th graders

* NIH National Institute on Drug Abuse

drugabuse.gov
Rates of Alcohol Abuse

- 4.5% of 8th graders are binge drinking
- 9.6% 10th graders are binge drinking
- 16.8% of 12th graders are binge drinking
But it is a rite of passage- Liz we have to learn how to drink before college!
Alcohol’s Effects on the Teenage Brain

(Brown, 2002; Wuethrich, 2001, 2013)

- Adolescents with a history of binge drinking have:
  - A reduction in the functioning of the Hippocampus (50%)
  - A reduction in brain activity during memory tasks
  - An increase in brain activation when shown alcohol images, or actual alcohol
Emerging Risks — THC used in increasing doses by teens

- Dabs or Wax
- THC content is 60 – 90% in these products and they are easily purchased and concealed
High School Students Use of Cannabis (MTF NIDA 2020)

Past year use of cannabis -
- 10\textsuperscript{th} grade = 28.8%
- 12\textsuperscript{th} grade = 35.7%

Lifetime use of cannabis =
- 8\textsuperscript{th} grade 11.8%
- 10\textsuperscript{th} grade = 33.3%
- 12\textsuperscript{th} grade = 43.7%

In affluent areas of CT the rate of use by 12\textsuperscript{th} grade is over 70%!
Rates of Use of “Vaping marijuana” in Adolescents

Monitoring The Future 2020

Last 30 day use of ‘Dabs’ or ‘carts’ (Vaping THC) increased from 4.9% in 2017 to 14.0% in 2019 in 12th graders, a 3-fold increase.
‘Vaping” cannabis concentrates (MTF, NIDA 2020)

Lifetime use of ‘dabs’

• 10th graders= 22.7%
• 12th grade= 27.9%
• 4% of 12th graders vape concentrates DAILY
The impact of high THC products on the teen brain

• Rapid addiction potential
• Triggers psychosis, mood disorders in vulnerable teens at a high rate
• There are true physiological withdrawal symptoms when a teen stops high potency THC- Cyclical vomiting syndrome, extreme insomnia, no appetite, “rebound” anxiety and depressive symptoms
• Only anecdotal and reporting data on these phenomena in the literature- the problem is too new....
The Hard Data on Teenage Brains on Weed

“Persistent Cannabis users show neuropsychological decline from childhood to midlife.” Miler, Caspian Ambler et. Al., PNAS, 2013

Longitudinal study, 42 years in the making, followed a large cohort of subjects from birth to age 38

The study has proven that early use of cannabis in adolescents has a dose and age related impact on cognition, memory that can be permanent AND can translate to a 8 – 10 point DECREASE in IQ at adulthood.

If subjects stared using cannabis AFTER adolescence they DID NOT show the same cognitive declines, and cognitive declines IMPROVED if they ceased use.
Several very well-designed studies have demonstrated an ‘interactive’ relationship between use of cannabis in adolescence and depression and suicidality

- The proverbial “chicken and egg” problem appears to have been ‘solved’ by several excellent studies.
- Weed when used to ‘self medicate’ can make depression initially “better” but then exacerbates depressive symptoms, including an increase in suicidal thoughts.
- Weed CAN CREATE depression and SUICIDALITY in teens who smoke even when they had NO previous symptoms.
And then there is “Vaping”.....

JUUL Starter Kit $37.49
The Good News About Vaping

• It appears that many teens have gotten the message about liquid nicotine being addictive and harmful
• Rates of vaping have stabilized and reduced, there is more peer influence to quit
• Parents are key!
Internal Peer Pressure: Teens Will Assume they will be rejected or excluded if they do not mimic the behaviors of the group.
All Adolescents Seek to be Part of Peer Groups

- Part of the incentive to “risky” behaviors is peer affiliation
- Some teens will lie and “brag” about the extent of their substance involvement to fit in
- Peer pressure is internal, teens falsely believe they will be excluded or mocked for not drinking or using cannabis
Could social media be contributing to the rise in adolescent depression and anxiety?  

Yes (Hunt, Mark, Lison & Young, 2018)

“If you compare yourself to others, you may become vain and bitter; for always there will be greater and lesser persons than yourself.”

— Max Ehrmann
Adolescents with Special Needs and Risk for Substance Abuse

• There are so many manifestations of teens with special needs, from mild intellectual disabilities, Autism Spectrum Disorder (ASD), physical disabilities and learning disabilities and sadly, a paucity of research on very specific manifestations of risk in subgroups.
Teens who become addicted to nicotine or weed almost always have pre-existing, underlying ADHD, anxiety or depression

- Many have extreme ‘rebound’ anxiety when they suddenly can not access nicotine
- Some teens exhibit extreme anger in nicotine with drawl
- Teens can not quit vaping unless the anxiety is addressed
- Teens in THC with drawl often have severe sleep, appetite and mood changes
Resilience and Independence

- We can not protect our children from adversities, life is centrally about facing and overcoming obstacles.
- We should help them walk through them from behind- allowing them to do the work, but being supportive of their ability to do so.
- In order to build resilience and independence we must accept that control is a DELUSION- our children will struggle and fail and that this is good!
- Teens with special needs especially MUST feels that their parents/caregivers believe they are capable of increased independence.
Given these risks, How do we ‘Positively Parent’?

“Keep your eyes on the prize.” Dr. Martin Luther King, Jr.

As parents we must understand that our job is to keep teens safe through logical and reasonable limits AND remember that they will make mistakes and these mistakes are necessary to learn and mature.

The best advice I can give?

Do not take your child’s behaviors/ anger/ “bratiness” personally!
Kids need Limits! Limits equal LOVE!

• They also will not say “thank you” until they are 25 years old. Can you hold on for that?
• We can not raise good, moral adults without limits and conflicts!
Research shows that teens’ brains develop faster and they behave better in homes with clear rules and boundaries AND lots of love and support.
Validating your Childs Feelings

- What is validation? It is a way of being with the people we love without judgement or reaction.
- We can validate our teens’ feelings or statements without agreeing or reacting
- We can validate with words, or physical gestures
- We can validate just by staying present
What is a “dialectic”?

The dialectic is the consideration of two positions, sometimes ‘polar’ opposites and creating a new position that may honor both opposites.

Logical Mind------------------------------------------Emotional mind

Wise Mind

Aggressive---------------------------------------------passive

Assertive

Selfish-----------------------------------------------martyr

healthy self care

A DBT dialectic for parenting/ recovery: “I am doing the best I can right now with my current skills and vulnerabilities AND I need and want to do better.”
The Dialectics of Parenting

• **Structure**—nurture
  
  Balance of both

• **Authoritarian**—permissive

• **Authoritative**

• The balance between different approaches and strengths is very important

• Parents often have ‘complementary’ styles and strengths and can learn to work together well
Tween & Teen Parenting 101: Lt. Colombo vs. Sgt. Friday

(John Knight, MD)
Best “Colombo” parenting lines

• “Help me understand...”
• “I may be the meanest Mother in the world, in any event, you may not go to the keg party.”
• “Let me talk to Mom (or Dad) or “What did Mom (or Dad) say?”
• Alternative “NO” phrases: “never the less, regardless, that may all be true, however...”
• “In any event...”
• Or “I need some time out. We will talk later. “ (then walk away)
The Seven “C”s of Influencing Teen Behavior

Nancy Rappaport MD

- Car
- Cell phone
- Curfew
- Cash
- Credit card
- Computer
- Console (gaming)
Ideas For Parents to Guide Teens with Special Needs

• There is a strong need for many teens with special needs to socialize and connect with peers
• The opportunities for teens to connect socially may have to be orchestrated by small groups of parents
• Each child is unique however in general, activities that engage teens in interests and entertainment are protective against risk
The Family Safety Contract

• A mutual agreement to base limits and rules on safety, rather than power struggles
• All rules are set in advance—before the actual crimes are committed
• Rules are logical and allow teens some freedom AND accountability
• Parents agree to be safe and accountable examples to their teens
The “Safety Password”

• Your child’s security blanket when the teenage “internal” peer pressure mounts
• Rehearse possible scenarios with your teen and how they can call you and use the “secret password”
• The idea of full “amnesty” if your teen needs help getting out of a tough situation
• Consider sharing stories of your own youth
Don’t Give Up!

- If your teen is not mad at you a few times per week, you may not be doing your job- Don’t you feel great now!!
- Work on having a sense of humor, you will need it, and they are funny and ridiculous!
- This too shall pass—in time your child will be secure in her separation and you may have a wonderful, renewed relationship
- Parenting with love and limits in this style is difficult in the short term, but PRICELESS is the long term
Wilton is unique in its rich palate of resources for parents and teens who may be facing risk

• Wilton Youth Council  https://www.wiltonyouth.org/
• Wilton Youth Services  https://www.wiltonct.org/youth-services
• SPED NET  https://spednetwilton.org/
Thank you for being “The meanest Parent in Wilton”!

For a copy of this PowerPoint, please email me at: Liz@Insightcounselingllc.com