Adolescent Substance Abuse and Suicide

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Agenda

- What’s New With Youth Drug/Alcohol Use.
- Co-occurring Disorders and Trauma are more the norm!!
- Suicide and Substance Abuse.
- Questions/Answers.
Alcohol

- Alcohol remains the substance most widely used by today’s teenagers.
- Despite recent declining rates, seven out of every ten students (69%) have consumed alcohol (more than just a few sips) by the end of high school, and three out of ten (30%) have done so by 8th grade.
- In fact, over half (54%) of 12th graders and more than one seventh (13%) of 8th graders in 2012 report having been drunk at least once in their life.
Marijuana
Natural vs. Man Made

1% THC vs. 37.2% THC
Marijuana use among teens rose in 2015 for the fifth straight year. Daily marijuana use among high school seniors is now at a 30 year peak among high school seniors.

"Put another way, one in every fifteen high school seniors today is smoking pot on a daily or near daily basis," said Lloyd Johnston, the principal investigator of the study, "And that's the highest rate that we have seen over the past thirty years—since 1981."
Marijuana

- Much more available
- Much more potent
- Much greater negative effect on short-term memory, mood, leading to anhedonia and amotivational syndrome
- Correlation to school functioning, truancy, etc.
- What do we think???
Is Marijuana Addictive??

- What percentage of the population develops Marijuana Addiction, Abuse, Dependence, etc.??
  - NORML reported that “approximately 8% of marijuana users develop a pattern of abuse and dependence problems”.
    

- Research suggests that about 1 in 11 users becomes addicted to marijuana (Anthony, 1994; Lopez-Quintero 2011). This number increases among those who start as teens (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent) (Hall, 2009a; Hall, 2009b).
Synthetic Marijuana

- Spice is NOT Marijuana, it is a dangerous Hallucinogenic Drug!!

- Intentionally mislabeled as “herbal incense” or “potpourri”.

- Marked “Not for human consumption”.
Dangers of Spice

- Unregulated and Untested on Humans
- No long term studies, true effects are not known.
- It is physically addictive!!
- Very Dangerous.....One time use has resulted in death!!
- Flavors are added to it to make it more appealing to kids (Bubble Gum, Grape, etc.)
Synthetic Cannabinoids
• Spice
• K2
• Herbal Incense
Cannabinoid Compounds

- From 1984 to 2011, John Huffman and his team from Clemson created 460 synthetic cannabinoid compounds for test on lab animals.
- Shown promise in treatment of nausea, pain, inflammation, and some skin cancers.
- Of the many cannabinoid compounds that are now illegal, three bear his initials: JWH-018, JWH-073, JWH-200.
But What’s Miley Cyrus Have to Say About This....

- Miley Cyrus has standards when it comes to drugs.
- Weed, for instance, "is the best drug on earth," she told *Rolling Stone*.
- "And Molly, too. Those are happy drugs — social drugs. They make you want to be with friends. You're out in the open. You're not in a bathroom."
- How many Twitter followers did she have___?
Heroin
“Slamming” Heroin

- Basically placing Heroin on your finger and rubbing it into your gums.
- Get the effect fairly quickly through membrane, like smokeless tobacco.
- No smoke, no IV, no Runny Nose!!
- Popular with youth and can do it in School!!
- “Buttons”-Heroin placed in pill capsules sold for around $10.00
Percodan, Percocet, Oxycontin
Lortab, Lorcet, Vicodin
Suboxone

- A long-acting partial agonist that acts on the same receptors as heroin and morphine, relieving drug cravings without producing the same intense high or dangerous side effects.

- Approved in 2002 for dispensing in physician offices and pharmacies, the first time opioid replacement therapy could be given in privacy outside of a drug clinic.
Prescription Drugs

- Benzodiazepines
ADHD Prescriptions

- Amphetamine
So If There’s a Problem, What’s the Problem???

- “You have a Problem!”
- “You had Weed on you”
- “You tested positive”
- “You tested positive”
- “You blew a 1.8!”
- “Your failing school!”
- “Your parents are upset”
- “You got arrested”
- “I don’t have a problem”
- “I was just holding it for him”
- “They were smoking in the car”
- “My mom gave me a poppy seed bagel”
- “Has that been calibrated?”
- “Everyone fails Mr Hs class”
- “You’d smoke weed too if the were your parents!”
- “They’re always trying to get ME!!”
Houston….We Have a Brain Problem!!!

- Adolescent Brain Development
  1) Mid-Brain or “Old Brain”: The way-station for incoming sensory information on the way to the cortex.
  Mid-Brain is the SURVIVAL Brain
  What handles the next thirty seconds.
  Plays major role in how brain reacts to STRESS!!!
  Drugs and Alcohol can become SURVIVAL.
Adolescent Brain Development

2) **Pre-Frontal Cortex:**
It confers semantic content onto objects in the world.

Seat of the self and personality

Center for love, morality, decency, responsibility, spirituality

Conscious

If it is immature, it’s the neurobiological explanation for why teenagers show poor judgment and act before thinking.

Average age of maturity?_______
Adolescent Brain Development

3) **Nucleus Accumbens:**
It directs motor behavior.
Is responsible for how much effort we will expand in order to seek rewards, “Pay Offs”. If it is immature, adolescents will lean toward activities that require little effort, yet produce high “Pay Off”, like video games, drugs, etc.
Adolescent Brain Development

4) **Amygdala**: It integrates our emotional reactions to pleasurable and aversive experiences. Lights up for FOOD, SEX, SURVIVAL. Lights up for cues to using and for using drugs. As it develops, two distinct behavioral effects tend to occur:

   - Teenagers react explosively to situations rather than calm.
   - Teenagers have a propensity to misread neutral facial expressions as being angry/disappointed.
Adolescent Development

- Adolescence is a 10-20 year period of transition from dependence to independence.
- Normal Adolescence is characterized by:
  - Increase in conflicts with family members
  - Desire to be with one’s friends
  - Resistance to messages from authority
  - Irritability
  - Risk taking
  - Proclamations of sheer boredom

(Ken Winters, Ph.D., 2007).
Adolescent Co-Occurring Disorders

- Reported rates of co-occurring PTSD and substance use in youths range from 25 percent for males to 75 percent for females (Kaminer, 2004).
- Associations with sub-clinical trauma also have been noted in research studies as risk factor, frequently associated with youth engaged in substance abuse treatment (Dennis, 2004.)
- If you understand trauma, you understand substance abuse issues!
- Depression, Anxiety, Bipolar, ADHD, etc.
Lateral Ventricles Measures in an 11 Year Old Maltreated Male with Chronic PTSD, Compared with a Healthy, Non-Maltreated Matched Control

(De Bellis et al., 1999)
Suicidal Thoughts

- Suicidal thoughts are often a symptom of depression.
- The presence of suicidal thoughts may tell us that the depression is increased in severity or intensity.
- Children and adolescents don’t always volunteer that they are having suicidal thoughts so asking them these questions is appropriate.
Suicide

- 41,149 suicides in the US in 2013
  - This is the equivalent of 113 suicides per day
  - One every 13 minutes
  - More than 395,000 people with self-inflicted injuries are treated in emergency rooms each year.

- Every day there are approximately 12 youth suicides.
- Every 2 hours and 11 minutes, a person under the age of 25 completes suicide.
- Rates much higher in patients with mood disorders.
- More than 90% with co-morbid psychiatric disorder.
What do the Statistics tell us!!

- For every completed suicide by youth, it is estimated that 100 to 200 attempts are made.
- Based on the 2015 Center for Disease Control Survey:
  - 17.0% of students had seriously considered attempting suicide in the past 12 months (22.4% female and 11.6% males).
  - 13.6% of students had made a plan for how they would attempt suicide in the previous 12 months.
  - 8.0% of students had attempted at least one time during the 12 months prior to the survey.
Warning Signs of Suicide

- A previous suicide attempt.
- Current talk of suicide, or making a plan.
- Strong wish to die or preoccupation with death.
- Increase alcohol and/or drug use.
- Recent suicide attempt by a friend/family member.
Alcohol/Substance Abuse in Youth and Suicidality

Adolescents with alcohol abuse/dependence nearly 7 times more likely to attempt suicide than others.

Alcohol abuse predicts eventual suicide in 5 year follow-up of hospitalized attempters.

Recent alcohol ingestion common in suicide, at 33.4%, with 20.0% positive for opiates. (Center for Disease Control, 2015).
Risk Factors for Suicide

- Negative Personal History
- Psychopathology and Negative Personality Attributes
- Social and Interpersonal Isolation & Alienation
- Parent Psychopathology
- Family Dysfunction
- Availability and Accessibility
Family and Interpersonal Stress

- Interpersonal conflict/loss is most common precipitant of completed suicide (Martunnen et al., 1993).
- Interpersonal conflict/loss and legal/disciplinary problems relate to suicide attempts.
- Family loss/instability is nonspecific predictor of suicidality
Protective Factors

- Contact with a caring adult!!!
- Sense of connection and participation, especially with sober, supportive youth/adults.
- Positive self-esteem and coping skills.
- Again, access to care for depression, trauma, anxiety, substance abuse, etc.
Myths About Suicide

- Asking about Suicide may cause Suicidal Behavior.
- Most attempts are impulsive acts without forethought.
- Those who attempt Suicide get medical treatment.
- Suicide attempters leave suicide notes
- Parents know if their child is suicidal
- (Reynolds, 1988).
Engagement

The quality of the relationship more potent predictor of outcome than theoretical orientation, experience level, or professional discipline (S. Miller).

- Client perception of the relationship a better predictor of outcomes than therapist’s perception.
- Assist adolescent with focusing on ONE thing that will be beneficial for them by coming to see YOU!
- Try to target something positive as a “pay-off” that is as emotionally meaningful as their drug and alcohol use.
LEVEL OF CARE DETERMINATION:

- Primary prevention.
- Early intervention.
- School Based Interventions.
- Traditional Outpatient/Intensive Outpatient (IOP).
- Psychiatric Evaluation
- Partial Hospitalization (PHP)/Day treatment.
- Inpatient Treatment.
- Residential Treatment.
Questions, Comments, Concerns??!!

- Thank You!!
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