New Findings on Harnessing Parents' Potential to Reduce Adolescent Substance Use Risk

Kathleen Meyers, PhD
Senior Scientist
Project Director,
Rural Communities Opioid Response Program - Evaluation
JBS International, Inc.
After attending the session, participants will:

1. Understand parenting practices and behaviors that are protective.

2. Learn what monitoring, rule setting, and follow-through really means and how to implement them so they work.

3. Learn the signs and symptoms of substance use, how to talk about them should they occur, and what to do about them moving forward.
What we’ll answer to get ready to address learning objectives

Is “use” really that important?

Should I care about marijuana?

What about vaping?
Is “use” really that important?

To answer, we need to understand the adolescent brain.
Developmental Vulnerability

Earlier: Limbic system
- Emotions
- Social info
- “GO”

Later: Prefrontal cortex
- Deliberative thinking
- Logical reasoning
- Planning ahead
- Weighing costs and benefits
- Regulating impulses
- “THE BRAKES”
Behavioral Translation

Preference for...
• Physical activity
• Exciting, novel, and rewarding activities

Less than optimal…
• Control of emotional arousal
• Consideration of (negative) consequences

Greater tendency to…
• Be attentive to social information
• Take risks and show impulsiveness
Wired to encourage life-sustaining and healthy activities through the release of dopamine

Highly motivated to pursue pleasure
Judgment and decision-making limited
Flood the brain w/ dopamine
Reinforce the neural links

DEVELOPMENTAL VULNERABILITY FOR A SUBSTANCE USE DISORDER (SUD)

AOD=alcohol and other drugs
DEVELOPMENTAL VULNERABILITY = BIGGEST DEVELOPMENTAL RISK PERIOD FOR AN SUD

Volkow, Baler, Compton, Weiss, 2014
Age at tobacco, alcohol, and cannabis dependence per DSM IV

Is “use” really that important?

YES
Should I care about cannabis?

Cannabis Research Update
Cannabis and Cognitive Impairment

• IQ measured age 13, 38; N=1037
• MJ use measured age 18, 21, 26, 32, 38
• IQ decline associated with regular use and dependence, dose response related to persistence

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some use</th>
<th>1 wave</th>
<th>2 waves</th>
<th>3+ waves</th>
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</thead>
<tbody>
<tr>
<td>Regular use</td>
<td>+1</td>
<td>-1</td>
<td>-3</td>
<td>-2</td>
<td>-5</td>
</tr>
<tr>
<td>Dependence</td>
<td>+1</td>
<td>-1</td>
<td>-2</td>
<td>-3</td>
<td>-6</td>
</tr>
</tbody>
</table>

• No difference with controls for education, recent use, other substances, schizophrenia
• Adolescent onset worse, -8 points for 3+waves

Meier et al. PNAS. 2011
Cannabis and Psychosis
Prospective exposure cohort study

- 10 yr. prospective cohort of 1923 youth (14-24 at baseline)
- Examination of change over 3 time points

Kuepper et al British Med J. 2011

OR = 2.2
OR = 1.9
Concomitant Issues / Consequences

- Internalizing and Externalizing Disorders
- Poor School Performance
- Perpetrator/Victim of Bullying
- Justice System Involvement (Domestic Violence) (Maltreatment)
Addiction (in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who are daily users)

Altered brain development

Cognitive impairment, with lower IQ among those who were frequent users during adolescence

Increased risk of chronic psychosis disorders (including schizophrenia) especially in pre-disposed

Volkow, Baler, Compton, Weiss, 2014
Identifying and intervening with risks and early use can offset the consequences resulting from neuroplasticity of the adolescent brain

Interrupting the progression to cannabis use disorders and other substance use disorders is critical

Broad-based, diverse consequences exist and include:

- Cognitive consequences of use
- Psychiatric consequences of use
- Psychosocial consequences of use
What about vaping?

Vaping Update
Vaping

Some e-cigarettes look like USB flash drives, pens, and other everyday items making them easy to hide.

Approximately one-third of U.S. middle and high school students who have ever used an e-cigarette reported using marijuana in the device.

Inhaling marijuana from a vape pen intensifies the user’s high leading to an increased chance of addiction, enhanced side effects, lung disease.


I SHOULD ASLO care about vaping…

Can deliver marijuana and other substances

Increases risk for an SUD

Increases risk for lung disease
Adolescent USE is important to prevent and identify but especially due to developmental vulnerability making adolescence the risk period for development of an SUD.
Marijuana use and vaping are NOT benign.

Development of SUDs, school drop-out, justice involvement, psychosis, cognitive decline and lung disease can – and do – result.
We’re ready to address the learning objectives.
Let’s Turn to Parenting Practices

Learning Objectives:

Understand parenting practices and behaviors that are protective.

Learn what monitoring, rule setting, and follow-through really means and how to implement them, so they work.
What can parents do?

Delay initiation...

Delay risk for an SUD
What else can parents do?

Delay regular use...

Delay risk for an SUD
Anything else?

Intervene early if misuse is detected
What Parents Can Do To Delay…

Check-in and check-up

Question, model, monitor and supervise

Combine zero tolerance with accommodation of normative experimentation

Communicate and negotiate
Be observant
Avoid yes/no questions

That on-line gaming group sounds fun. Who else is in your group?

I notice you don’t seem to have much homework. What tests are coming up?

Listen to answers, watch body language
Check-in
About “Feelings”

Check yourself FIRST

Are you in a place where you can respond?

What are you “modeling”?

You have to manage your emotions before you can respond to theirs.
Check-in

About “Feelings”

Be observant

Ask and listen rather than assume
• That sounds stressful, was it?

Choose the right time

Be prepared
Check-up = Monitoring

Be clear about

- Expectations (for behavior)
- Actions (taken to monitor)
- Responses (to rule infringement)
Respond to your check-in

Provide a safe space
- Keep your cool
- Be an active listener
- Validate feelings

Instill a sense of self-sufficiency
- Provide examples of positive self-talk
Check-up
Expectations / Rules

Rules and expectations must be clear with no loopholes

Negotiations and flexibility are critical

Explanations should accompany rules

Have a conditional amnesty policy
Specify consequences

Negotiations are critical

Allow natural consequences to occur – don’t rescue

Combine zero tolerance with accommodation of normative experimentation
Check-up
Monitor and Supervise

Know the circle

- Friends, boyfriends, girlfriends
- Parents of friends
- Anyone who can influence

This also allows you to monitor friendship changes which can be a marker for use
Know slang terminology especially for drugs

- Keep an ear out

- Visit local websites https://www.banyanboca.com/slang-glossary/

- Keep a log
Check-up Monitor and Supervise

Monitor WHAT?

Where they go
• Physically
• On-line

What they are doing

Who they are with
• What adult will be present in the house

Increase or decrease based on behavior
Monitor and Supervise

How they are sleeping

How often they are working
  • Is there adult supervision at the job

How they are spending money

Monitor WHAT?

Increase or decrease based on behavior
Check-up
Monitor and Supervise

Monitor HOW?

Text messages

Phone
  • Planned (them to you)
  • Unplanned (you to them)

Friends’ parents

Physical Checks (e.g., phone, computer, on-line presence)

Increase or decrease based on behavior
Deliver Consequences

Be consistent

Combine zero tolerance with accommodation of normative experimentation
65% of parents worry their teen spends too much time in front of screens

% of U.S. parents of teens who say they worry ___ about their teen ...

<table>
<thead>
<tr>
<th>Issue</th>
<th>A lot</th>
<th>Some</th>
<th>NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending too much time in front of screens</td>
<td>33</td>
<td>32</td>
<td>65</td>
</tr>
<tr>
<td>Losing ability to communicate in person</td>
<td>28</td>
<td>35</td>
<td>62</td>
</tr>
<tr>
<td>Sharing too much about their life online</td>
<td>28</td>
<td>33</td>
<td>61</td>
</tr>
<tr>
<td>Being harassed or bullied online</td>
<td>27</td>
<td>32</td>
<td>59</td>
</tr>
<tr>
<td>Sending or receiving explicit messages</td>
<td>28</td>
<td>29</td>
<td>57</td>
</tr>
</tbody>
</table>

Note: Respondents who did not give an answer or gave other responses are not shown.
Source: Survey of U.S. parents of teens ages 13 to 17 conducted March 7-April 10, 2018.

PEW RESEARCH CENTER
Digital monitoring is more common for parents of a younger teen; moms are somewhat more likely than dads to police their teen’s online behavior

<table>
<thead>
<tr>
<th>Activity</th>
<th>Teen’s Age</th>
<th>Parent’s Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look through teen’s cellphone call records/messages</td>
<td>48 (15-17)</td>
<td>63 (Father)</td>
</tr>
<tr>
<td></td>
<td>72 (13-14)</td>
<td>62 (Mother)</td>
</tr>
<tr>
<td>Limit when/how long teen can go online/use cellphone</td>
<td>47 (15-17)</td>
<td>62 (Father)</td>
</tr>
<tr>
<td></td>
<td>71 (13-14)</td>
<td>61 (Mother)</td>
</tr>
<tr>
<td>Take away teen’s cellphone/internet privileges as punishment</td>
<td>48 (15-17)</td>
<td>62 (Father)</td>
</tr>
<tr>
<td></td>
<td>69 (13-14)</td>
<td>60 (Mother)</td>
</tr>
<tr>
<td>Check which websites teen visits</td>
<td>52 (15-17)</td>
<td>64 (Father)</td>
</tr>
<tr>
<td></td>
<td>67 (13-14)</td>
<td>63 (Mother)</td>
</tr>
<tr>
<td>Use parental controls to restrict which sites teen can access</td>
<td>45 (15-17)</td>
<td>54 (Father)</td>
</tr>
<tr>
<td></td>
<td>63 (13-14)</td>
<td>51 (Mother)</td>
</tr>
</tbody>
</table>

Note: Respondents who did not give an answer or gave other responses are not shown.

Source: Survey of U.S. parents of teens ages 13 to 17 conducted March 7-April 10, 2018.

PEW RESEARCH CENTER
Monitor and Supervise is NOT synonymous with being a helicopter parent.
Monitor and Supervise is NOT synonymous with “supervising” their use of alcohol or other drugs while at home.
TO HOST OR NOT TO HOST

MYTH VS. FACT
MYTH:
Providing alcohol to adolescents at home decreases the risk for continued drinking as adolescents get older, and subsequent drinking problems later in life.

FACT:
Adolescents whose parents provide alcohol at home are:

- 2.58 times more likely to binge drink
- 2.51 times more likely to demonstrate symptoms of an alcohol use disorder
- 2.53 times more likely to suffer from harm related to alcohol

Maggs, & Staff, 2018; Sharmin, et.al., 2017
MYTH:
Being ‘too strict’ about adolescent drinking during high school will cause adolescents to drink more when they leave home and do not have as much parental oversight.

FACT:
Adolescents who perceive their parents to be more permissive about alcohol use are MORE likely to misuse alcohol and other drugs.

Maggs, & Staff, 2018; Sharmin, et.al., 2017
MYTH:
Parents who serve alcohol to teenagers at home are under no legal jeopardy.

FACT:
Providing alcohol or other drugs to underage individuals is illegal with criminal and civil penalties.
Adults who are charged with this violation (misdemeanor of the 2nd degree) face a maximum fine of $500 and/or a maximum sentence of 60 days imprisonment.
A person who willfully and unlawfully sells or furnishes alcoholic beverages to a person who is not of lawful drinking age or who knowingly serves a person habitually addicted to the use of any or all alcoholic beverages may become liable for injury or damage caused by or resulting from intoxication.

Visit socialhost.drugfree.org
To Host or Not to Host Recap:

Supplying alcohol or drugs to sons/daughters

- Is NOT protective!
- Increases, rather than decreases the risk for continued misuse
- Is illegal with criminal and civil penalties
Communicate Do’s

Have ongoing conversations

Keep lines of communication open

Seize the moment

Be present and respectful

Listen

Give praise
Communicate
Don’t’s

Don’t lecture
Don’t be judgmental or condescending
Don’t catastrophize
Don’t over empathize
Don’t make it about you
Learning Objective:
Learn the signs and symptoms of substance use, how to talk about them should they occur, and what to do about them moving forward.
Behavioral Signs and Symptoms of Use and Substance Use Disorders

- Change in circle of friends, activities, priorities, appearance
- Personality changes – secretive, deceptive, low motivation, low self control
- Use of eye drops, nasal sprays, breath mints, perfume/cologne, air fresheners, incense
<table>
<thead>
<tr>
<th>Physical Signs and Symptoms of Use and Substance Use Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Constricted Pupils</strong></td>
</tr>
<tr>
<td>Heroin</td>
</tr>
<tr>
<td><strong>Red Eyes</strong></td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
<tr>
<td><strong>Dilated Pupils</strong></td>
</tr>
<tr>
<td>Bloodshot Eyes</td>
</tr>
<tr>
<td>Weight Changes</td>
</tr>
<tr>
<td>Excessive Thirst</td>
</tr>
</tbody>
</table>
Getting ready to Communicate about a sensitive topic

- Prepare for the conversation
- Predict their response
- Know the facts
- Make sure there is enough un-interrupted time to have the conversation
Having the Conversation

- Keep it short
- Don’t interrogate
- Let them speak
- Don’t take the bait – control emotions
- LISTEN and validate
- Be clear about next steps
Next Steps

- Develop a contract
- Continue to monitor
- Follow-through with privileges and consequences
- Don’t rescue
- Re-negotiate
- Seek professional help
Monitor, secure, dispose alcohol, marijuana, and medications

For kids in treatment, may need to model abstaining behavior for them even though it’s an imposition.
<table>
<thead>
<tr>
<th>OVERARCHING RECAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADOLESCENTS</strong></td>
</tr>
<tr>
<td>• Rely on the support of adults but strive for autonomy</td>
</tr>
<tr>
<td>• Experiment and take risks</td>
</tr>
<tr>
<td>• Everyone does it, marijuana is a medicine</td>
</tr>
<tr>
<td><strong>PARENTS</strong></td>
</tr>
<tr>
<td>Negotiate</td>
</tr>
<tr>
<td>Negotiate rules, curfew, consequences, can start with options (this or that)</td>
</tr>
<tr>
<td>Balance</td>
</tr>
<tr>
<td>Balance zero tolerance with accommodation of experimentation (but not forever)</td>
</tr>
<tr>
<td>Educate</td>
</tr>
</tbody>
</table>
# FACT RE-CAP

<table>
<thead>
<tr>
<th>Use</th>
<th>Adolescent USE is important due to developmental vulnerability which makes adolescence the risk period for development of an SUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis and Vaping</td>
<td>Cannabis and vaping are NOT benign and should be taken seriously</td>
</tr>
<tr>
<td>Delay Use and Regular Use</td>
<td>When you delay initiation and/or delay regular use, the risk of substance use disorders decreases</td>
</tr>
<tr>
<td><strong>BE INVOLVED RE-CAP</strong></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Check in</strong></td>
<td></td>
</tr>
<tr>
<td>Check-in with your adolescent; have your adolescent check-in with you</td>
<td></td>
</tr>
<tr>
<td><strong>Check up</strong></td>
<td></td>
</tr>
<tr>
<td>Check-up on who your adolescent is with, where s/he goes, what s/he is doing</td>
<td></td>
</tr>
<tr>
<td><strong>Rules &amp; Consequences</strong></td>
<td></td>
</tr>
<tr>
<td>Work with your adolescent on developing rules and consequences</td>
<td></td>
</tr>
<tr>
<td><strong>Be Consistent</strong></td>
<td></td>
</tr>
<tr>
<td>Be consistent in their implementation</td>
<td></td>
</tr>
<tr>
<td><strong>Communicate</strong></td>
<td></td>
</tr>
<tr>
<td>Communicate often</td>
<td></td>
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</table>
## INTERVENE RE-CAP

<table>
<thead>
<tr>
<th>Be Aware</th>
<th>Know signs and symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss</td>
<td>Address it, specify changes you want to see</td>
</tr>
<tr>
<td>Contract</td>
<td>Develop and implement a contract</td>
</tr>
<tr>
<td>Get Help</td>
<td>Seek professional help</td>
</tr>
</tbody>
</table>
REFERENCES


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RESOURCES


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