



## Opioid use among teens at historic low with vaping and marijuana on the rise

By Katiri Zuluaga

The National Institutes of Health (NIH) released its annual Monitoring the Future (MTF) survey results highlighting historic lows of cigarette, heroin and methamphetamine use and increases in vaping and marijuana use among adolescents. The study surveyed over 47,000 students in 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade in both public and private schools nationwide on their substance use and attitudes towards particular drugs.

### Opioids and Illicit Substances

Less than 0.5 percent of the nation's teens report using heroin or methamphetamine in the past year. A historic low of 2.7 percent of high school seniors reported past year misuse of the prescription opioid Oxycontin and only 2 percent reported past year misuse of Vicodin, the lowest level since its inclusion in the survey in 2002. 12<sup>th</sup> graders also reported they believe that these drugs are more difficult to access than they used to be. Use of cocaine, synthetic marijuana, and misuse of Ritalin and prescription stimulants all remain very low compared to previous years.

### Vaping and e-Cigarettes

Vaping has seen a rapid increase in use, with one in three high school seniors reporting they had used an e-vaporizer to inhale nicotine, marijuana or another inhalant in the past year. The survey data shows that most adolescents (51.8 percent of 12<sup>th</sup> graders, 59.2 percent of 10<sup>th</sup> graders, and 74.8 percent of 8<sup>th</sup> graders) believe that e-vaporizers contain "just flavoring." Among high school seniors who use e-vaporizers, more than 10 percent say they use it to inhale nicotine. The data shows that many teens who vape are first time nicotine users and there is evidence to suggest they may eventually transition to cigarette smoking.

### Marijuana

Marijuana use has remained relatively steady over the past five years among all ages surveyed, with 5.9 percent of 12<sup>th</sup> graders and 0.8 percent of 8<sup>th</sup> graders responding that they use marijuana daily. High school seniors are now more likely to use marijuana daily than smoke cigarettes, as only 4.2 percent of 12<sup>th</sup> graders smoke cigarettes daily, compared to 24.6 percent 20 years ago. Attitudes about marijuana have significantly changed over the past 20 years, with only 14.1 percent of high school seniors believing there is "great risk" in occasional marijuana use compared to 40.6 percent in 1991. Data also indicates that students in states where medical marijuana is prescribed are more likely to have vaped marijuana or consumed edibles when compared with students living in states that have not moved to legalize medical marijuana.

## Alcohol

Binge drinking among adolescents has steadily declined since 1997 among all surveyed ages, but appears to have leveled off in 2017. Binge drinking is defined by MTF as consuming five or more alcoholic drinks consecutively in the past two weeks. Past year use of alcohol among teens has remained consistent from last year's MTF results, with 55.6 percent of high school seniors reporting past year alcohol use in 2016 and 55.7 percent in 2017. Past month use rates have also remained consistent from 2016 to 2017.

## Marijuana: What parents need to know



Many people today learn about drugs while they are very young and might be tempted to try them. Teens say that marijuana (cannabis) is easy to get, and it tends to be the first illegal drug they try. Marijuana use is often portrayed as harmless, but the truth is that marijuana can be an addictive drug, especially for teens, that can cause serious risks and consequences.

As a parent, you are your child's first and best protection against drug use. The following is information from the American Academy of Pediatrics (AAP) about marijuana and how to help your child say "No" to drug use.

*Note: In most medical marijuana states, doctors can recommend medical marijuana for almost any condition. Though there may be some benefit of cannabinoids (the active ingredients in marijuana) use in adults with specific diagnoses, there have been no studies of cannabinoids use in children and adolescents. Also, all patients need to be aware that there can be side effects.*

### Marijuana Use Affects Health & Well-Being:

- **School:** Marijuana users often have a hard time thinking clearly, concentrating, remembering things, and solving problems. Frequent marijuana use often causes grades to drop. Regular or heavy users often lose interest in school and may quit.
- **Driving and physical activity:** Marijuana impairs judgment, complex motor skills, and the ability to judge speed and time. Those who drive or take other risks after smoking marijuana are much more likely to be injured or killed.
- **Sexual health:** Teens who smoke marijuana are more likely to take sexual risks and have unwanted or unprotected sex.

Long-term health: Teens' bodies and brains are still growing and maturing, so smoking anything, including marijuana, is not good for lung health. Marijuana use may also lead to addiction or mental health problems (i.e., depression, anxiety or schizophrenia). Regular marijuana use can alter normal brain development in adolescents.

#### How Marijuana is Used:

Dried marijuana plant material is usually rolled with tobacco into cigarette *joints* or cigar blunts and smoked. Some users mix it in food or brew a tea. Other drugs like PCP (phencyclidine) or crack cocaine can also be added to the joint, increasing the dangers from use.

#### Marijuana is an Addictive Drug:

Just like with alcohol, nicotine, and other illicit drug use, children who smoke marijuana can lose control over their use and become addicted. Many people overlook marijuana addiction because its withdrawal symptoms are not prominent or may not be present at all. However, withdrawal is only one symptom of addiction.

Teens who are addicted to marijuana likely smoke several times a week or more. Although most believe they are in control and can quit at any time, most can't. Those using marijuana heavily often perform poorly in school or sports, lose interest in hobbies, and develop interpersonal problems with family and friends. Teens continuing to use marijuana into adulthood tend to have lower job achievement and less stable families than their siblings who don't use drugs. As with alcohol, the younger a person is when starting marijuana use, the more likely she will become addicted.

#### Signs of Marijuana Use:

Recognizing the signs of drug use is the first step in getting help for your child, but some signs are vague. Consider marijuana or other drug use if your child:

- Spends less time with family and friends and more time alone or away from home
- Often seems moody or irritable
- Begins to skip classes, often shows up late for school, or has a drop in grades
- Buys things like CDs and T-shirts with pro-marijuana messages or symbols
- Loses interest in hobbies
- Comes home high (talkative, giggly, red or glassy eyes) or goes straight to his room
- Smells of marijuana
- Possesses drugs or drug paraphernalia



## What Parents Can Do:

Take these steps to help prevent your child from becoming interested in using marijuana or other drugs.

- Set high expectations and clear limits. Instill strong values. Let your child know that you expect her not to use drugs. Teach her healthy values that are important to your family and to use these values when deciding what is right and wrong.

Talk with your child about the dangers of drug use, including marijuana. Young people who do not know the facts may try drugs just to see what they are like. Start talking with your child at an early age about the dangers of drug use. Encourage him to ask questions and tell you about his concerns. Be sure to really listen. Do not lecture or do all the talking. Ask what he thinks about drug use and its risks.

- Use teachable moments. Discuss car accidents and other tragedies that are caused by drug use and are in the news or your child's life.

Help your child handle peer pressure. Peers and others can strongly influence young people to try drugs. As a parent, your influence can be even stronger in helping your child learn to be confident, make healthy choices, and resist unhealthy peer pressure. Tell her that it is OK to say "No!" to risky behaviors and mean what she says. Help her find and spend time enjoying positive interests that build self-esteem.

Help your child deal with emotions. Especially during the teen years, many young people face strong emotions for the first time. Teens sometimes get depressed or anxious and might consider drug use to try to escape these feelings and forget problems. Explain that everyone has these feelings at times, so it is important for each person to learn how to express his feelings, cope with them, and face stressors in healthy ways that can help prevent or resolve problems.

- Set a good example. Avoid using tobacco and illicit drugs. Minimize alcohol use, and always avoid drinking and driving. Be a good role model in the ways you express, control, and relieve stress, pain, or tension. Actions do speak louder than words!

Get a professional evaluation. If you think your child is using drugs, tell your child's doctor your exact concerns. Your child's doctor can help.

## **The Teen Vaping Trend – What Parents Need to Know**

With the recent Monitoring the Future Study release indicating that nearly one in three 12th graders reported using a vaping device in the past year, it's imperative that parents are informed of the potential dangers that can result from vaping.

What is Vaping?

Vaping is the act of inhaling and exhaling the aerosol, often referred to as vapor, produced by an e-cigarette or similar device. It's become more popular among teens than regular cigarettes, especially given that vaping devices can be used for anything from flavors like mango, mint or tutti frutti, to flavorings containing nicotine or THC, the chemical compound in marijuana that produces the high.

## What are the Risks?

There are several risks to vaping for teens. Below are three major ones for parents to be concerned about:

Vaping is often marketed to kids, downplaying the dangers.

With lots of flavors available for vaping liquids, as well as the variety of colors and devices available that charge just like cell phones, it's clear that vaping products are often marketed to teens. One of the slang terms for vaping, known as JUULing ("jeweling"), comes from the JUUL brand device that looks more like a flash drive as opposed to an e-cigarette. Vaping is also often sold as a "safer" alternative to cigarettes, and some teens are under the false assumption that because e-cigarettes don't contain tobacco they're safe.

Vaping chemicals used in the liquids can be more concentrated and dangerous.

Inhaling from a vape pen or e-cigarette, especially in the case of one containing nicotine or THC, can enhance a drug user's high and can amplify a drug's side effects. Vaping is also very new and there are literally hundreds of brands, so there's not a lot of firm information about what chemicals might be in what vape liquids. But even beyond nicotine and THC, synthetic chemicals that make up these liquids – including "herbal incense" like spice and synthetic marijuana – expose the lungs to a variety of chemicals, which could include carcinogens and toxic metal nanoparticles from the device itself. Not only could these chemicals make their way into young lungs, causing irritation and potentially "smoker's cough," but they could also damage the inside of the mouth and create sores.

Vaping may make the transition to cigarette smoking easier in adolescence.

In a meta analysis of six studies, the findings concluded that the risk of smoking increases four times if a teen vapes versus a teen that does not. In another study of more than 2,000 10th graders, researchers found that one in five teens who reported a regular vaping habit at the start of the study smoked traditional cigarettes at least three times a month by the end of the study period. Another 12% of routine vapers smoked at least one day a month. By comparison, less than 1% of students who didn't try vaping reported smoking even one day a month at the end of the study.

## What Can Parents Do?

Make it clear to your son or daughter that you don't approve of them vaping or using e-cigarettes, no matter what.

If you think your son or daughter is vaping, take a deep breath and set yourself up for success by creating a safe, open and comfortable space to start talking with your son or daughter. As angry or frustrated as you feel, keep reminding yourself to speak and listen from a place of love, support and concern. Explain to them that young people who use THC or nicotine products in any form, including e-cigarettes or vaporizers, are uniquely at risk for long-lasting effects. Because these substances affect the development of the brain's reward system, continued use can lead to addiction (the likelihood of addiction increases considerably for those who start young), as well as other health problems.

You want your child to be as healthy as possible. Find out why vaping might be attractive to your son or daughter, and work with him or her to replace it with a healthier behavior.

## Is It "Just Experimenting"?

We immunize. We require seat belts in the car and helmets while biking. We insist on sunscreen. We do everything we can to prep our kids for high academic performance. We do just about everything we can to ensure that our kids are healthy, safe and primed for success. So why when it comes to drinking alcohol or even smoking marijuana, are so many parents inclined to shrug it off as "a rite of passage" or "just experimenting?"

"It's just a phase. He'll grow out of it."

While parents are aware of the inherent risks of their child or teen using drugs or alcohol – that is, that it can result in negative consequences like car accidents, personal injury and in some cases may even lead to addiction – the hope is for their own kids to sail through the teen and young adult years unscathed.

So what's missing from this picture? Understanding brain architecture and the risks of substance use to brain development.

Everyone agrees that substance use has an impact on behaviors, but little is discussed with respect to the impact on the brain. In the same way we've come to recognize the negative consequences that a mother's drinking or smoking can have on a developing fetus, research has progressed such that we now know there are distinct risks to teen brain development with substance use.

Consider the construction of a house as a metaphor for how the brain develops. First the foundation is poured, followed by framing, wiring and plumbing over the course of time. The brain develops in a similar way, with the foundation being laid in the early years before birth and into the early years of childhood. Adolescence is another time of rapid brain development where the brain's framing and wiring become more efficient and the brain develops skills to focus, prioritize and problem-solve. The brain is not fully developed until a person's mid-20's, making it more vulnerable to the impact of drinking and drug use.

Alcohol and other drugs can damage the brain's wiring, increasing the likelihood of learning difficulties and health problems in adulthood. Just as a house is still functional with a cracked foundation and faulty wiring, so is the human brain, but neither is optimal.

For some teens, this can show up as anxiety or depression later in life, a lower GPA than expected, taking longer to finish school or dropping out altogether in high school or college. Teens who are more vulnerable to "faulty wiring," typically have certain risk factors which make them more likely to develop a substance use disorder. These risk factors include:

- Family history of problems related to substance use
- Underlying mental health problems
- Trauma
- Bullying
- Impulse control problems



So what can you do, especially in a culture where drinking and drug use is so common?

1. Encourage your teen to delay, delay, delay when it comes drug and alcohol use.
2. Assist your son or daughter in engaging in healthy activities and social circles.
3. Teens are going to take risks, push boundaries and make mistakes. Help them find healthy ways to try new things, push limits and fail.
4. Many parents believe that using drugs and drinking is normal experimentation. Help your teen develop strong coping skills for life's stressors.
5. Model healthy behaviors. After a stressful day, instead of reaching for a glass of wine or beer, try going for a walk, deep breathing or other healthy relaxation techniques.
6. Acknowledge and positively reinforce decisions to not use drugs or alcohol.

If your child is "experimenting," it's time to start talking. Have a conversation about what he or she sees as the benefits of using alcohol or other drugs. Reasons for use often include thrill seeking, escaping boredom, social pressure to fit in, escape from problems or easing anxiety. Finding healthy alternatives that address her reasons and compete with substance use can move a teen in the direction of lowered use or abstinence.

### **Teenagers given alcohol by their parents more likely to be heavier drinkers, study says**

*By Will Ockenden*

Teenagers who are given alcohol by their parents are three times more likely to be heavier drinkers in their late teens than those from families which do not supply alcohol, a study has found.

Researchers have surveyed nearly 2,000 families about the drinking habits of parents and their children.

The study, which took place over a four-year period, also found that the teenagers who were given alcohol at home were more likely to obtain alcohol from other sources by year 10.

Professor Richard Mattick, from the National Drug and Alcohol Research Centre at the University of New South Wales, said many parents believed that introducing their children to alcohol could promote responsible drinking in later life.

"A lot of parents arguably or reportedly say they're doing it so they can teach responsible drinking," he said.

"But we're just finding that rather than moderating drinking, kids are drinking more.

"If their aim is to moderate their child's drinking, providing alcohol probably does the reverse."

Professor Mattick said there had been very poor data around the topic, and the findings of the study had not been anticipated by researchers.

"It's quite plausible that trying to get your kids to drink in a responsible fashion can be a great idea," he said.

"It's just the evidence suggests that if you are trying to moderate their drinking, giving them alcohol actually does the reverse.

"What we are seeing is the rates of drinking are three times [what] you would expect if parents didn't give alcohol.

"It is important that parents be aware we're not telling them what they should or shouldn't do, but they should be aware that if they supply alcohol to their kids they are three times more likely to have a child that's drinking whole beverages than if they don't," he said.

"And it shouldn't surprise us that a permissive attitude is one that makes the kids think that, 'Well it's OK to drink, so then, well, I can drink more'."

Australian Drug Foundation spokesman Geoff Munro said other studies had shown that the earlier people start drinking, the more harm it can do.

"The National Health and Medical Research Council states that young people should avoid drinking, and to put it off as long as possible, at least until the age of 18," he said.

"They are still developing physically, emotionally, cognitively. Alcohol is a product designed for adults, and the research states that young people are best avoiding alcohol for as long as possible."

## Where youth get their alcohol

According to the 2016 National Survey on Drug Use and Health (NSDUH) a majority of current underage drinkers ages 12 to 20, who consumed alcohol in the past month, report the last time they drank alcohol it was either in someone else's house (51%) or their own home (35%). Additionally, 62% of these underage drinkers said they were with two or more people the last time they drank.

**Family and friends continue to be a leading source of alcohol for today's youth.** Among current underage drinkers who did not pay for the alcohol they consumed the last time they drank (70%) the most frequently cited source of alcohol was an unrelated person aged 21 or older (35%). Fifty-seven percent of current underage drinkers reported *family and friends* as their source for the alcohol they consumed – parents/guardians/other adult family member (25%), another underage person (18%), took from home (8%), took from someone else's home (3%).

**Influence of parents.** Despite being identified by youth as one of their primary sources of alcohol, hands down, parents are the most influential person or thing in a child's decision not to drink at all or not to drink on occasion.

Additional research from the Centers for Disease Control's 2015 Youth Risk Behavior Survey reported that 44% of students who reported past-month consumption said that they usually obtained the alcohol they drank by someone giving it to them; the prevalence of having someone give them alcohol was higher among females (49%) than males (40%).

Regardless of the source of alcohol, youth report access to alcohol is easy. According to the 2016 Monitoring the Future survey 85% of 12th graders, 71% of 10th graders, and 53% of 8th graders say it be "fairly easy" or "very easy" for them to get alcohol. On a positive note, despite reported ease of obtaining alcohol disapproval of binge drinking continues to remain high among all three grade levels (8th, 85%; 10th, 81%; 12<sup>th</sup>, 74%).

## The opioid crisis comes to the workplace

By Gillian B. White

Addiction to prescription pain medication has taken a staggering toll on America: According to one accounting, overdoses killed more people in one year than guns and car accidents combined.

Tens of thousands of Americans are dying each year from overdoses. It's a grim trend that has touched just about every aspect of life — even, as the latest figures from the Bureau of Labor Statistics indicate, work. While traffic accidents, homicides, and suicides are still the top culprits of on-the-job fatalities, deaths related to addiction are increasing at a rapid clip.

Last year alone, the number of workers who died at work because of drug- or alcohol-abuse-related incidents increased by more than 30 percent, to more than 200. While that number may seem small, it's evidence of how rapidly the problem is growing — less than five years ago, fewer than 70 people died from overdoses at work. Since 2012, the number of people dying from drug or alcohol related causes while on the job has been growing by at least 25 percent each year, according to the Bureau of Labor Statistics.

These deaths represents unspeakable individual tragedies. It also, in the larger picture, serves as a striking illustration of how America's addiction epidemic is changing the landscape of work.

Over the past few years, economists have struggled to explain why so many people appear to be dropping out of the workforce. The most telling measure of that is the labor-force participation rate — which measures the percentage of the population that is employed or actively looking for work — which now sits around 62.7 percent. That's low by historical standards. For example, between 1986 and 2001, labor-force participation grew fairly steadily, to between 65 and 67 percent. There are many theories about why this figure has been declining in the past decade or so: Automation, a lack of quality jobs, and an aging workforce are all thought to play a role. Still, the shortage of 25-to-54-year old workers—a group economists call "prime age" workers — particularly male ones, remains a big problem for the future of the labor market.



The economist Alan Krueger's work has shown that there's a striking relationship between these missing workers and increasing opioid addiction. According to an analysis done by Krueger, over the past 15 years, labor-force participation among prime-age workers has declined the most in U.S. counties where opioids prescriptions are the most plentiful. He is sure to mention that cause and effect aren't clear: It's hard to say whether addiction breeds joblessness, or vice versa. "Regardless of the direction of causality, the opioid crisis and depressed

labor force participation are now intertwined in many parts of the U.S.," Krueger writes.

The increasing number of on-the-job deaths due to addiction is evidence of this. While the opioid crisis is often cast as a problem that predominantly plagues the jobless, some studies show that around two-thirds of those who report abusing painkillers are still employed. On top of the devastating aftermath of injuries and deaths, this can also lead to a lot of workers not performing to their potential.

According to a survey from the National Safety Council, an advocacy and consulting group that studies safety practices, around 70 percent of employers have seen some impact of prescription drug use on their workers, from missed shifts and impaired work. And yet fewer than 20 percent of employers said that they felt prepared to deal with issues related to addiction, such as knowing how to broach the topic with workers or get them help. That's evidenced by companies' approach to addressing drug use: The companies that did report testing employees for drug use were much more likely to screen for marijuana (which has been legalized in many states) than synthetic opioids such as oxycodone or hydrocodone that are major contributors to the current wave of addiction and death.

According to the same survey, the vast majority of employers said that they would want to help workers struggling with addiction. And yet employers' most common response to suspected drug use was that it is an offense that merits dismissal. As the country tries to address the crisis, it's going to need to acknowledge how addiction touches many realms, including work and labor.



The Grand Forks Substance Abuse Prevention Coalition (SAPC) welcomes community members who would like to join our effort to reduce the harmful effects of alcohol, tobacco, and other drugs.

Next Meeting: 12-1 PM  
Tuesday, January 9th,  
at The 701 (33 S 3rd Street)  
Downtown Grand Forks

For information, please contact:  
Bill Vasicek 701-780-5939  
bvasicek@altru.org



**SAPC**

Grand Forks  
Substance Abuse  
Prevention Coalition

*The mission of the Grand Forks Substance Abuse Prevention Coalition is to prevent and reduce substance abuse among youth and adults; while promoting health and wellness across the lifespan.*