

Notes from Presentation by Dr. Joshua Cohen of Cohen Psychological Health Providers

Pyle Counseling Advisory Committee, March 15, 2018

Please note: these notes were compiled by a parent during the presentation to capture some of the comments by Dr. Cohen and other parents in the room; this document is intended as a helpful supplement to the presentation slides, but is not comprehensive and was not written or reviewed by Dr. Cohen.

Marijuana Use (slides 2-8)

- Blowing up around the country
 - Lots of kids think they know a lot about weed, but have misinformation – they perceive it as safe because it’s now sold legitimately
 - Use is starting at younger and younger ages
 - Available with ease – simple to get it
 - Generally, the earlier you start, the more you will use later
 - *Parent question: Do regular users stabilize? Can they build up a tolerance to the effects of the drug?*
 - Yes, but they still get high.
- Most kids think marijuana use isn’t harmful
 - Especially true lately with legalization; “society says we should make this legal” so they think it’s okay. They don’t factor in that the laws are for people over 21, not for teens.
 - Brain development continues into early 20s; for individuals with ADHD, brain development continues into their late 20s
 - No big gap between genders in marijuana usage, but does see higher usage rates among kids with ADHD
 - Brain develops from the bottom to the top and the back to the front; the part of the brain that makes higher-level decisions is top-front, which is the last part of the brain to develop
 - On Wisconsin card sorting test, subjects who used marijuana before age 16 demonstrated diminished ability, even decades later
- Marijuana is being used differently than when parents were teens–
 - Kids don’t smoke joints, they vape
 - *Parent question: What is Juul?*
 - Juul is a vape pen
 - Some pens you can re-load with different cartridges and re-charge the battery; with others, you buy it and get a set amount of uses (e.g. 200) before it’s to be disposed
 - DAB –
 - highly concentrated THC (active ingredient in marijuana) extracted from the bud – put in liquid and sucked out of vape – imparts a huge dose of THC
 - One person smokes at a time; each has his own vape
 - Butane from a lighter is used to extract THC – dangerous and toxic chemicals used to create
 - Can buy DAB/Wax in stores
 - Edibles – very big right now

- A dose of marijuana is about 10 mg – each gummy bear has 10 mg – easy to overdo it – guy recently told him he ate 12 cookies
 - When you eat it, you are ingesting entire amount – high lasts a long time and it’s very easy to (over)eat– kids will think they are ok to eat (more) pot brownies or gummy bears, but will be “baked” 6 hours later.
 - Danger: gummy bears and lollipops found and eaten by younger siblings
- *Parent question: Have you heard of marijuana laced with other things like fentanyl?*
 - Haven’t heard of much of that; have heard of heroin laced with fentanyl and other things.
 - In some stores – they sell very specific brands/types of marijuana – that’s less likely to be laced, but it’s not regulated, there’s no nutrition label or requirements
- Marijuana has changed, much more potent
 - The active ingredient that makes you high (THC) has grown from 3.96% in 1995 to 11.85% in 2014
 - Medical marijuana is different from marijuana
 - Dispensary in Rockville– Look at their descriptions (anxiety-crushing weed; couch-lock)
- *Parent question: Are kids getting marijuana at these stores?*
 - Legally, these stores are not allowed to sell to them

Other “popular” substances (slide 2)

- Alcohol – underage drinking is going down, but still a concern
- Adderall and Ritalin – can be crushed and snorted
- Benzos – Xanax, clonazepam (anti-anxiety meds) – highly addictive and highly reactive with other substances – if you take Xanax and drink or smoke weed, you will be much drunker/more intense high
- Synthetic weed- (Spice, 2K) –
 - plant leaves sprayed with a chemical; it is smoked – can be dangerous and mind-altering
 - legal in Maryland; illegal in some counties but legal in others – can buy in PG county

Opiates (slides 10-12)

- *Note: Dr. Cohen was asked to cover this section very quickly as we were pressed for time*
- Opiates -very bad!
- Found in your medicine cabinet because you had a root canal or back pain; you have it, or your kid’s friends’ parents have it; lots of availability in our community due to high rate of health insurance and prescription drug coverage
- Do not keep opiates! Keep an eye out for programs to dispose of them occasionally sponsored by pharmacies
- *Parent question: What conversations should you have with the parents of your kids’ friends? I’ve been asked before if I have a gun in my house. How do I ask them about presence of drugs?*
 - Adult to adult conversation; non-accusatory; inquisitive

- I know it's not uncommon for people to have pain meds in their house; my kid really likes yours and wants to spend time at your house.

Role as a parent (slide 9)

- Kids will respect good information – they have likely done reading online, but they don't read past the first paragraph in articles – they think they know the facts, you have to help them see a bigger picture
- *Parent question: Does the county help students learn about this?*
 - Erika Huck answered: Yes, in the health curriculum in 8th grade. In addition, there are a variety of questions about how to handle concern about peers (suicide, substance, abuse, self-destructive behavior, etc) that are covered extensively in health curriculum
- *Parent question: what should parents say about their own drug use in their youth?*
 - Really tough question. No universal answer. One approach: be honest about use but also about consequences suffered, feelings of regret. Need to discourage use.
- Things to look for
 - Dropping grades can be an indicator, but not always a present symptom
- *Parent question: There is an impression that marijuana is less harmful than alcohol. What to say to kids that ask about which is better?*
 - Neither is good for teens.
 - The reason these substances get you high or drunk is because they break the blood-brain barrier. If you think about drinking as bathing your brain in alcohol, it's not a good choice.

Speaking to your Kids (slides 13-16)

- When you speak to your kids, if you accuse them, they will react badly
- Recommends being Inquisitive, having "hit and run" conversations
 - They will not engage in the moment ("Whatever!" with an eye roll) but they will hear you
 - You are opening a dialogue; "you can talk to me if you want to" "come to me if you have a concern"; they don't want you to do anything, they want to get it off their chest; They will be receptive when the time comes.
 - You can't have a conversation with your kid when they're high – doesn't work.
 - "I know what's going on. I know you're blazed. We're going to discuss this, but not right now."
 - Let them get worried. Let them get paranoid.
- *Parent question: how do I know if they're using marijuana? It doesn't smell the same anymore.*
 - It doesn't smell like a burning joint, but it may have a flavored smell that's still atypical in your household (cotton candy, pina colada, etc)
 - If you think you smell it, you probably do.
 - If they're really insistent they haven't used/aren't high, then they most likely are. Think about it: if you are accused of something outlandish, you dismiss it and move on.

- You do not need conclusive proof of drug use to act. You're the parent, they're the kid. This is not a court of law. You just need enough concern to act.
- *Parent question: What if I've heard something about another child using? What do I say to that other parent?*
 - Keeping it a secret is one of the worst things you can do.
 - I heard something, and because I care about you, I want you to know. I don't know if it's true or not, but if it were me, I'd want to know. I heard there was weed at your house and I thought you'd want to know so you can look into it.
 - I don't know you, but we have kids in common. My kids like yours and want to hang with your kids. I want to make sure that's okay. I've heard some things and I want to understand...
 - (not accusing, but asking)
- Be direct with your kids: "we have zero tolerance in our house. I don't want you drinking or getting high and I don't want you doing it anywhere. "
 - When the kid says, "but you did it as a teen?" Answer, "Yes, and I regret it."
- *Parent question: How do parents handle their own alcohol consumption in a way that doesn't make it seem okay to kids?*
 - I am an adult and my brain is fully developed, so I don't face the same risks as you. It's a big difference
 - *What about the kid who says, "I see you drinking to relax. I'm so stressed and I use it as a coping mechanism"?*
 - There are other things that work better. What can we do to reduce your stress that doesn't get you intoxicated? that's safer?
- *Parent question: If I catch my child, how do I balance punishment/consequences with keeping the lines of communication open?*
 - I'm glad you ultimately did the right thing. I'm glad you called me.
 - We need to have a conversation about you getting high. That was a bad decision. I'm going to be open and honest and I want you to be the same.
 - Go get your pipe and whatever weed you have left and bring it to me.
 - I have to react – I'm a parent. It's my job.

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Citations:

- Gruber, S. (2018). Clearing the Smoke: Assessing the Impact of Marijuana Use. Presented at Treating the Addictions Conference offered by The Department of Psychiatry Cambridge Health Alliance Physicians Organization. March 2-3, 2018.

- ElSohly, MA., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., Church, JC. (2016). Changes in Cannabis Potency Over the Last 2 Decades (1995-2014): Analysis of Current Data in the United States. [Bio Psychiatry](#). 79(7): pgs. 613-619.

Adolescent Substance Use: What Parents Should Know

Pyle Middle School Counselors & Parents
March 15, 2018

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Which drugs are teens using? How do they use them?

Drugs Frequently Seen in MoCo

- **Marijuana**: **Smoking** (Bud/Flower, Vape, Wax/DAB); **Edibles** (Brownies, Lollipop, Gummies)
- **Opioids (pills & heroin)**: **Oral, Snort, Smoke, IV**
- **Fentanyl**: **Smoking, Transdermal, Oral**
- **Alcohol**: **Drink (2016 reports shows decline in underage drinking)**
- **Adderall/Ritalin**: **Snorting & Oral**
- **Benzodiazepines**: **Snorting & Oral**
- **Synthetic Weed**: **Spice, 2K**

Marijuana Gummy Bears



Marijuana Lollipop



Teens' thoughts about marijuana

- Recent report shows that 6% of HS seniors report using marijuana daily
- Another reports shows that 16% of 8th graders have used illicit drugs in the past year (probably mostly marijuana) and 1.2% daily use (2010)
- Also, 71% of HS seniors reported that regular marijuana smoking is not harmful and is no big deal
 - Is this true? Is it harmful?

Effects of Marijuana on the young brain

- Brain development takes place until we are in our early/mid-20's
- The last part of the brain to fully develop is the area responsible for decision making, impulse control, higher level thinking
 - This means that younger brains are more vulnerable brains because they are more underdeveloped and have more growth to go through

Effects of Marijuana on the young brain, Continued

- It has been shown that kids who start using marijuana when 16 or younger look different in adulthood than those who start using marijuana after they are 16 years old
- Starting young decreases functioning in attention, processing speed, memory, and decision making abilities

Starting young also . . .

- When they become adults, young marijuana users were ultimately found to use more often and larger quantities than those who start later
 - Nearly twice as often per week
 - Nearly 2.5 times more in quantity
- The amount of THC (active ingredient that causes the high) in today's marijuana is different than it was before:
 - 1995 THC 3.96% 2014 THC 11.85% 199% increase
- The amount of CBD (non-high ingredient used in medical marijuana)
 - 1995 CBD 0.28% 2014 CBD 0.15% -46% decrease

Take Home Message

- Kids think getting high on marijuana is safe and no big deal **AND THEY ARE WRONG!**
- **The younger they start, the bigger the problems**

Shift to Opiates:

How does teen substance abuse typically start?

- It starts with **USE** that can lead to substance **abuse**
- Home medicine cabinet
 - Dad's back surgery, kid's wisdom teeth surgery, broken arm
 - Sleep issues, general anxiety Rx, Greif & loss...Rx is common
- Friends' home medicine cabinets
 - Search and steal
- The new "Silk Road"
 - Online pills, fentanyl patches
- Opiate pills can easily turn into heroin use due to supply & cost

Need to be clear!

- Opiate abuse is alive and well in MoCo!
- Affluent communities have insurance and doctors who trust their patients
- Insurance means we see the doctor: Trust means Rx get written
- This means we have Oxycodone, Percocet, Vicodin, Codeine in our medicine cab
 - Benzodiazepine's too (Xanax, Klonopin, Clonazepam)

Opiates

The Most Commonly Abused Opiates



HEROIN

MORPHINE

CODEINE

FENTANYL

MEPERIDINE

OXYCODONE

HYDROCODONE/DIHYDROCODEINONE

HYDROMORPHONE

OXYMORPHONE

What to do?

Talk to your kids!

- Have **non-accusatory, open** conversations
- Be **inquisitive & succinct**; “Hit & Run”
 - **Parent**: “your going to a party tonight?”
 - **Kid**: “Yeah”
 - **Parent**: Do you know who will be there?
 - **Kid**: Nooooo ah
 - **Parent**: Ok. Be smart, use your head, and have fun. I’ll be here if you need anything
 - **Kid**: Whatever!
- Next Day: **Parent**: Good party?
 - **Kid**: It was ok
 - **Parent**: Good. You know, I assume party’s will get different as you get older...you can ask me stuff if you want to
 - **Kid**: OMG you’re soooo weird

A day later ...

- **Parent:** When you were out the other night, was anyone partying?
- **Kid:** What do you mean, partying?
- **Parent:** Drinking, smoking?
- **Kid:** I don't know! Why?
- **Parent:** Just wondering. You know, stuff happens
- **DONE!**

Possible signs of use

- Changes in friend group
- Changes in common behaviors
- Changes in grades (*sometimes*)
- Missed classes
- Hostile/angry attitude
- Unusual sleep and eating patterns

What you can do?

- Do not avoid the issue!
 - Check texts because that's how kids communicate
 - If you think you smell it, you probably do!
 - If you want to take another step, urine screen (CVS, Walgreens, etc.)
- Talk to your kids!
 - Discuss your concerns
 - You do not need proof...they will not admit but this is not court
 - Be clear about your expectations

Therapy or more? Different levels of therapy for substance use/abuse

- Out patient therapy: My office, weekly apt.
- Intensive Out Patient (IOP): After school, multiple times per week, group and individual therapy.
 - NorthStar Academy
 - Potomac Pathways
 - Kolmac Clinic
 - Suburban
- Therapeutic Placements: My office
 - Wilderness, Residential Treatment, Therapeutic Boarding School

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