

Empowering Parents: Creating an informed and engaged community to identify and intervene with teen substance abuse



Clair Raujol, Multnomah County
Joshua Furtado, Western Psych

Mary Krogh, PPS Coordinator of Substance Use Supports
Kate Allen, school social worker

But first, special thanks to our sponsors...

- Cleveland HS [Wellness Team](#) - join us for monthly meetings to discuss and promote wellness amongst students, staff, and parents - mtgs currently held the first Wed of the month in Rm 211 from 3:30-4:30.
- Current co-facilitators are social worker Kate Allen and teacher Sean Murray - Wellness team will be recruiting for new parent (and/or staff) facilitators to take over the good work for the 2020 calendar year.
- Cleveland HS PTA - monthly meetings typically the third Wednesday of the month at 7pm - for more info go to: <https://www.chspdx.org/>
- A grant from Regence for their generous support of tonight's program.



AGENDA

6:30 Dinner and conversation

7:00 Program:

Introductions and ground rules

Data and facts about vaping, marijuana and Rx drug use with Q & A

Typical vs troubled teen behavior and how to engage your teen in conversations

Scenarios and discussion

Resiliency and resources



What are the numbers?

Oregon Student Wellness Survey - Multnomah County			
Past 30 Day Use	Grade 6	Grade 8	Grade 11
Had at least one drink of alcohol	4.9%	15.6%	29.7%
Binge drinking	1.0%	5.63%	14.6%
Used marijuana	2.0%	8.8%	24.0%
Used an e-cigarette or vape-pen	--	6.1% (2017 data)	18.4%
Used Rx drugs without Dr.'s orders	1.3%	4%	5.1%
All other illicit drugs (combined)	1.0%	2.3%	3.7%

7.3 Parents Feel It Would Be Wrong or Very Wrong

Table 39: Parents Feel It Would Be Wrong or Very Wrong to...

	Grade 6 County %	Grade 8 County %	Grade 11 County %
Smoke cigarettes	96.6	97.0	96.7
Smoke e-cigarettes, vape-pens, or e-hookahs*	–	–	90.0
Have one or two drinks of an alcoholic beverage nearly every day	95.0	95.0	93.6
Smoke marijuana	96.1	92.6	83.0
Use synthetic marijuana, example: K2, Spice*	–	–	95.6
Use prescription drugs not prescribed to you	96.5	96.6	96.9

• Percentages exclude missing answers.

* Only 11th graders were asked this question.

Big Village Priority:

- Increase youth perception of their parents views on underage marijuana use
- Interested in getting involved in developing parent driven campaign? Join the Big Village coalition!

Bigvillagepdx.org



bigvillage

During the past 30 days, where did you get the alcohol or marijuana you used?

	Grade 11	
	County %	State %
I did not drink alcohol during the past 30 days.	68.2	69.0
At a party	13.1	11.5
Friends under 21	12.1	9.3
Friends 21 or older	7.1	8.4
A brother or sister	3.2	3.0
A parent	7.5	8.0
A store or gas station	3.1	1.8
Liquor store	2.3	1.6
Bar, night club or restaurant	1.2	0.8
Took it from home without permission	4.7	4.8
By asking a stranger to buy it for me	1.8	1.5
I got it some other way	5.2	6.4

• Only 11th graders were asked this question.

	Grade 11	
	County %	State %
I did not use marijuana during the past 30 days	74.3	78.6
A public event such as a concert or sporting event	0.9	1.0
A party	6.5	4.9
Friends 18 or older	10.1	7.6
Friends under 18	14.6	10.5
A family member	5.3	4.4
A medical marijuana cardholder or grower	2.7	1.8
I gave someone money to buy it for me	3.7	2.9
I grew it	1.2	1.2
I got it some other way	5.5	5.4

• Only 11th graders were asked this question.



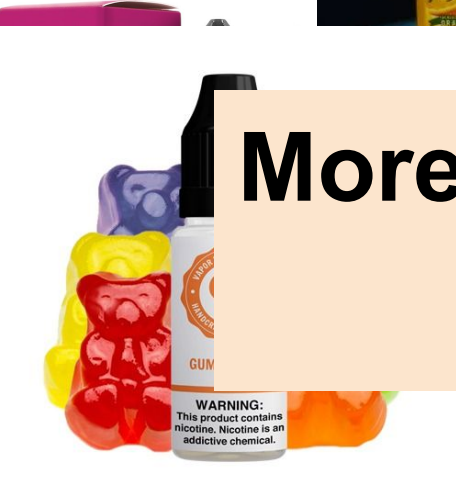
Vaping

Designs



Flavors

**More than 7,700 unique
flavors**



What's in there?

What is **E-JUICE** / **VAPE JUICE**?

E-juice or vape juice is the fluid used in vaporizers to create vapor.

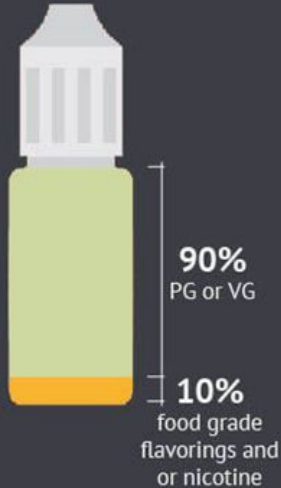
E-juice or vape juice comes in a variety of flavors and nicotine levels. Including zero nicotine options.

E-juice or vape juice is made of propylene glycol (PG) or vegetable glycerin (VG), food flavoring, water and comes with or without nicotine.

The food grade flavoring is the same as flavorings used in products like ketchup, ice cream and salad dressings.

Propylene glycol (PG) and vegetable glycerin (VG) are used to help distribute the flavor and nicotine throughout the liquid.

E-juice and vape juice is primarily...



Veppo

1. DIACETYL.
CAUSES POPCORN
LUNG.

2. ?



Vaping in the news

- CDC reports nearly 1,479* cases and 33 deaths from vaping-related lung injury.
- OR: 12 cases, 2 deaths
- See back table for cessation resources
- Oregon Court of Appeals: Granted a temporary stay on OHA's ban of flavored vaping products. Ban still in effect for THC (OLCC) products.

Oregon has temporarily banned flavored vaping products

Among Oregon high school students who use e-cigarettes exclusively, **nearly 90 percent** use flavored e-cigarette products.

Help us keep youth from being exposed to the health risks of vaping.

Have you seen someone selling flavored vaping products? Report them at healthoregon.org/vaping.



For **flavored marijuana vaping product** complaints, please email the Oregon Liquor Control Commission at marijuana@oregon.gov or call **1-800-452-6522**

For more information visit
healthoregon.org/vaping

Oregon
Health
Authority

Marijuana

Vaping devices for marijuana



Other forms of marijuana



Indica

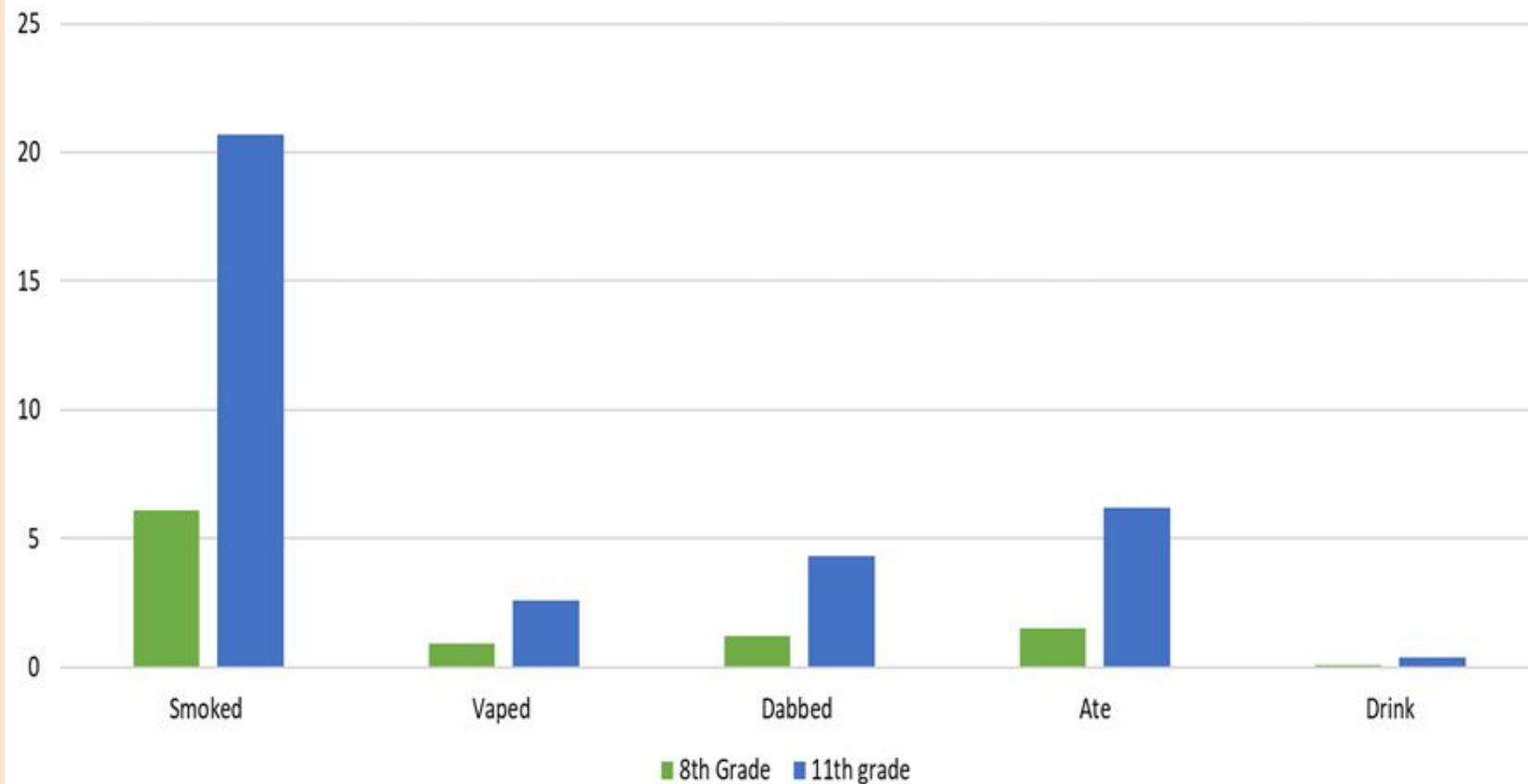
44 PRODUCTS VIEW ALL < >

Product Name	Rating	Reviews
Purple Hindu Kush	No reviews	
Chong's Choice: Do-Lato	5.0	Shango
Cherry Diesel	4.5	Terrapin Care Station
Strawberry Fields	5.0	Avitas
Wedding Cake	5.0	Kumba Hills Farms

42 PRODUCTS VIEW ALL < >

Product Name	Rating	Reviews
Narnia	5.0	SugarTop Buddery
Moon Puppies	5.0	7 Points Oregon
Swiss-Tsu	5.0	East Fork Cultivars
Purple Lotus	4.7	Lotus Family Farms

How did you use Marijuana



Mary Krogh, PPS Coordinator of Substance Use Supports:

Effects of marijuana on the teenage brain video

<https://www.youtube.com/watch?reload=9&v=FvszaF4vcNY>

Joshua Furtado, Western Psychological dual
diagnosis therapist and clinical supervisor



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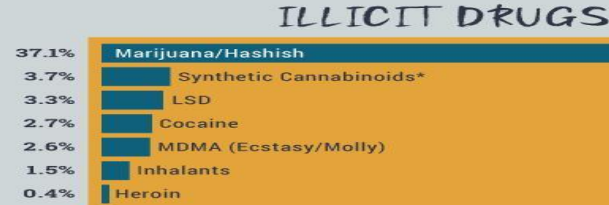
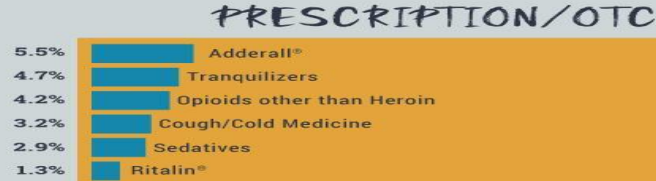
Cleveland High Family Training: Current trends and Rx drug use

Joshua A. Furtado,
LPC, CADC III

PAST-YEAR MISUSE OF PRESCRIPTION/OVER-THE-COUNTER VS. ILLICIT DRUGS



Past-year misuse of Vicodin among 12th graders has dropped dramatically in the past 15 years. Misuse of all Rx opioids among 12th graders has also dropped dramatically, despite high opioid overdose rates among adults.



Past-year use among 12th graders

STUDENTS REPORT LOWEST RATES SINCE START OF THE SURVEY

Across all grades, past-year use of heroin, methamphetamine, cigarettes, and synthetic cannabinoids* are at their lowest by many measures.


*Called "synthetic marijuana" in survey



NIH

National Institute
on Drug Abuse

DRUGABUSE.GOV



Between 2002-2012, Oregon teens rank:

- 3rd in past year marijuana use
- 5th in past month marijuana use
- 4th in past year cocaine use
- 7th in past year non-medical opiate pain reliever use
- 4th in past month binge alcohol use
- 2nd in past year illicit drug abuse or dependence
- 2nd/3rd high school drop out rates
- Oregon usually falls into the bottom 5 states regarding



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Prescription Drug Use

- Keep your prescription drugs in a locked cabinet
- Don't share your prescription drugs
 - They are prescribed based on your gender, weight, age, etc.
- Keep children's prescription drugs locked
 - Don't encourage or allow your child to take their medications to school
- Know the risks
 - Talk to your physician



Typical Pharmaceutical drugs of abuse

Uppers

- Adderall
- Vyvanse
- Ritalin
- Caffeine
- Pseudoephedrine
- Over the counter stimulants

Downers

- Xanax
- Ambien
- Ketamine
- Flexeril
- Soma
- Diphenhydramine
- Opioids

MDMA

(Ecstasy/Molly)

- 3,4-methylenedioxy-methamphetamine is a synthetic drug that alters mood and perception (awareness of surrounding objects and conditions). It is chemically similar to both stimulants and hallucinogens, producing feelings of increased energy, pleasure, emotional warmth, and distorted sensory and time perception.
- Adding to MDMA's risks is that pills, capsules, or powders sold as Ecstasy and supposedly "pure" Molly may contain other drugs instead of or in addition to MDMA. Much of the Molly seized by the police contains additives such as cocaine, caffeine, , ephedrine, heroin, ketamine, methamphetamine, phencyclidine (PCP), over-the-counter cough medicine (dextromethorphan), or synthetic cathinones ("bath salts").
- People who purposely or unknowingly combine such a mixture with other substances, such as marijuana and alcohol, may be putting themselves at even higher risk for harmful health effects.





MDMA (Ecstasy/Molly)

Risks (short term)

- Potential Acute Adverse Health Effects:
 - Marked rise in body temperature (hyperthermia)
 - Dehydration
 - Electrolyte imbalance
 - High Blood pressure
 - Involuntary jaw clenching and teeth grinding
 - Muscle or Joint stiffness
 - Lack of appetite
- Nausea
- Hot flashes or chills
- Headache
- Sweating
- Faintness
- Panic Attacks
- Loss of consciousness
- Seizures
- Kidney Failure
- Swelling of the brain



MDMA (Ecstasy/Molly)

Risks (Long Term)

- Arrhythmia (irregular heart beat) and heart damage
- Irritability
- Depression
- Impulsivity
- Impaired attention and memory
- Anxiety
- Aggression
- Sleep disturbances
- Concentration difficulties
- Lack of appetite
- Heart disease
- Decreased cognitive function

Kratom

- Kratom is legal and minimally regulated in most states, although DEA action may soon change this
- It is an opioid drug with significant abuse and addictive potential
- It is associated with tolerance and physical dependence, and with regular use staving off withdrawal becomes an additional motivator of continued use
- Although all risks are not known, and there is clearly some risk for toxicity, overdose and death, at this time it does appear to be safer than other opioids
- It is not a cognitive enhancer, and actually impairs learning and memory





Traditionally used to treat muscle pain, intestinal infections, coughing and diarrhea



Possible analgesic, antipyretic (fever), antidepressant, anxiolytic, antihypertensive, antiviral, antidiabetic, and appetite suppressing effects



Self-treatment for opiate and alcohol withdrawal and chronic pain



“Legal high”



Sold as a “nonaddictive” treatment alternative for pain

Uses

Subjective Effects

- Small doses produce “cocaine-like” stimulation while larger doses cause “morphine-like” sedative effects
- Doses of a few grams of dried leaves lead to invigoration and euphoria within about 10 minutes and last up to a couple hours. Users report increases in productivity, alertness, sociability, and sometimes libido.
- Doses of 10 – 25 g of dried leaves can produce sweating, dizziness, nausea and dysphoria, but then calmness, euphoria and a dreamlike state for up to 6 hours.



Findings suggest the adulteration of commercial Kratom products



This is likely to increase the abuse liability, addictive potential, tolerance, and toxicity of the currently legal product.

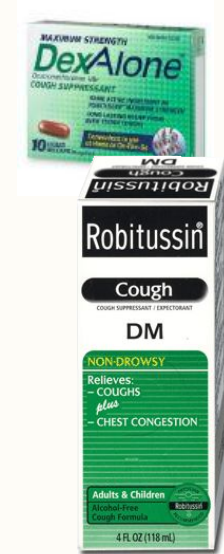



Authors suggest this finding provides more support that regulatory oversight is needed over Kratom-containing supplements

Implications

DextromethorphaN

- Common agent in over-the-counter cough and cold medications
- Approved by the FDA in 1958
- Sold as tablets, capsules, lozenges and syrups
- Often in combination with other ingredients: analgesics, antihistamines, expectorants
- Readily accessible and affordable





why are teens abusing dxm?

- Euphoria and hallucinations
- Commonly available over-the-counter
 - *Legal*
 - *Relatively inexpensive*
- Easy to fool parents
- Lacks the stigma of a 'drug of abuse'
- False perception that use is safe
- Widely advertised on the Internet, many guides



Questions?

Stretch break and Q & A:

It's time for questions for our panelists!

Please take a minute to submit your confidential questions in the baskets on your tables...



Questions for the panelists:

Q&A

Q1: Why aren't you doing these talks at Middle School?

A1: This program is funded by a grant, and there is not enough funding to provide it to all middle schools. Families from the feeder middle schools are welcome to attend the event at the high school and information was sent to the middle school counselors to welcome middle school parents' attendance.

Q2: Did money get allocated for youth marijuana use prevention education when it was legalized?

A2: Not much, There are a couple of campaigns that have been funded. Teen campaign: [Stay True To You](#), Parent campaign: [Talk With Them](#).

Q3: What do I talk about with a teen taking Adderal/Ritalin?

A3: Talk with their doctor, talk about the effects and why they are taking it, work on improving coping skills and stress management. Also make sure that your teen with the prescription does not have access to large quantities of their pills, so there is less temptation to distribute them to others.

Questions for Panelists (2):

Q4: What are the current street name for marijuana that teens are using?

A4: Weed, tree, butter, not really using grass or pot anymore

Q5: Can minors get a medical marijuana card?

A5: No. You must be 18+ but even at that age it is not recommended by the American Medical Association.

Q6: How do I talk to my kids?

A6: Set limits and expectations, have open and honest conversations, ask them what they are experiencing and why they are using, recognize that they are experimenting, ask them about their values.

Q7: When does school get involved?

A7: If a student is visibly high or drunk at school, they will be brought to the office. They will receive a level A citation which will require that parent and child attend 6 hour Insights class. If a parent or teen seeks out the help of a counselor or support staff at school, they are exempt from the discipline action. They can get an assessment and support from the school.

Questions for the panelists (3)

Q8: How do I motivate my child to keep them from using?

A8: They need boundaries, bonding, and monitoring. Boundaries: let them know your expectations, and set clear consequences.

Bonding: they should have 3 adult role models they feel comfortable talking to. They should have time to bond with nature, with animals. Monitoring: you should know who their friends are, what's happening, and be engaged with them.

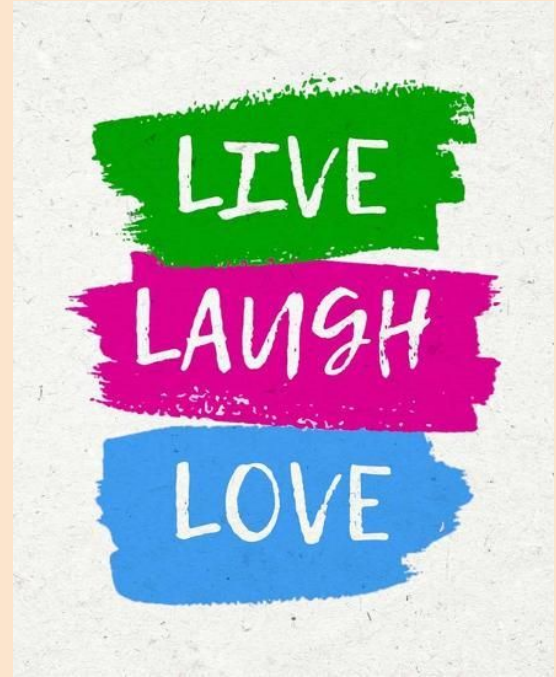
Q9: How does parent drug and alcohol use affect teens?

A9: Limit your use in front of kids. Have conversations with them about your boundaries. Clear the air about myths that vaping is not harmful and marijuana is natural so its fine to use.

How to know if your teen is in danger

Examine the impact of change

- Is your teen struggling:
 - In school?
 - In Social settings?
 - In daily activities?



Typical Adolescence	Warning Signs
Withdrawing from family to spend more time with peers	Withdrawing from friends, family and social activity
Wanting privacy	Becoming secretive, seems to be hiding something
Moodiness	Changes in mood or attitude that are drastic in length (<i>either very short or very long</i>). Paranoia, anxiety, fidgeting
Conflicts with parents/ authority figures	Resistance to any discipline/feedback.
Making “poor” choices (<i>from time to time</i>)	Difficulty thinking or keeping focus Decline in school performance “Fishy sounding excuses” or lying
Experimentation	Daily use, using when they should be doing other things, lying about use.

Tips for having the conversation

- Set realistic expectations: What do I want to get out of this conversation *today*?
- Location: Where will your teen feel safe opening up to you?
- Timing: Stress and distraction free
- Remind your teen why you love them and why you're concerned
- Listen more than you talk
- Be genuine
- Use humor



Clear the space in *your* head - make a grid

<p>1. Things that are concerning to me...</p> <p>Vaping</p> <ul style="list-style-type: none">• Afraid of news (illness and death)• Unsure if my Elroy has tried.	<p>3. Things I love about my teen...</p> <p>They're intelligent and curious</p> <p>They are caring for others</p> <p>They're patient</p>
<p>2. What evidence do I have that I need to be concerned?</p> <p>They love the newest technology and are always asking for new gadgets.</p> <p>They told me their best friend is using a vape.</p>	<p>4. How do I show my love (what is the evidence to my teen)?</p> <p>I attend their robotics championships</p> <p>We play catch</p> <p>I am involved at their school (although... they say they <i>hate</i> that).</p>

How to open a conversation



Use your grid!

Clair's example:

Elroy, have you seen on the news all of the stories about the injuries related to vaping? What do you think of all that? You told me last week your friend Pebbles started vaping. Have you ever tried it?

You know I love you. You are always up on the latest technology, and you always use sound judgement with new gadgets. I just want to make sure you know that I am scared of all the unknowns with this newer technology, the CDC hasn't figured out why people are so sick and dying. I also don't want you becoming dependent on any type of device. This goes for our cell phones and flying car too...

Scenarios

We have six different scenarios to choose from which range in severity from 1 (common) to 2 (concerning) to 3 (more concerning) - please move to the table that most interests you in helping work together as a parent team to brainstorm responses.

If you finish one scenario and would like to move to another table please do so!

Handouts on the tables contain key points to keep in mind to frame your response including a note about mental health.

Resources and Resiliency: Kate Allen Cleveland HS school social worker

- Resiliency research supports the use of the 40 assets for teens as protective factors:

https://filestore.scouting.org/filestore/pdf/40_Developmental_Assets_Search_Institute.pdf

- Resources at CHS
- Reading/listening lists (handouts),

