

Talking to Your Teen about Drugs and Alcohol

When delving into a potentially difficult conversation, preparation is key. The steps for talking to your teen about drugs and alcohol can be divided into two categories: Preparation and action.

It's important to go into any situation with realistic expectations. Opening the forum for discussion is similar to tilling the soil and preparing the grounds for gardening. You're planting seeds with each conversation. Recognize that it's highly unlikely that one conversation will be enough to prevent or solve the issue. Talking to your kids about drug use is an ongoing, evolving effort, spanning over several conversations. By attempting to talk with your son or daughter, regardless of the efficacy of the conversation, you're showing that you're open to chat. You've created a safe space for them to openly discuss the topic, when they so choose.

Preparation

- Recognize and process your own discomfort with the situation. Don't let your uneasiness deter you from having crucial conversations.
- Educate yourself on teen substance use. Know the signs and symptoms. Coming in with knowledge results in your feeling more confident and prepared, and helps you provide facts, instead of judgements.
- Be prepared to answer questions about your own history and use. Gauge your thoughts and emotions beforehand, processing with someone else, and developing a plan for the "difficult questions".
- If you're co-parenting, acknowledge the importance of a unified front. All parties involved should be on the same page regarding acceptable and unacceptable behavior.
- Don't ignore gut feelings or instincts about your teen's behavior.

Action

- Be proactive. Don't wait until there is a problem to open up communication.
- Engage in the conversation from an open and nonjudgmental stance. Avoid meeting resistance with resistance.
- Ensure your teen that you're coming from a place of love and caring. You're concerned, not trying to get them into trouble.
- Ask your teen's input. Avoid lectures, shaming, and scare tactics. Conversations require two parties giving and receiving information in a genuine way.
- Provide praise for positive, healthy behaviors that you've noticed, communicating respect and interest in their lives. "Catch" teens doing well.
- Discuss the immediate consequences of substance use, instead of focusing on long term risks.
- Set boundaries in the conversation and be ready to enforce them. What are your family's rules about substance use? What are the consequences for violating a boundary?
- If your teen is using substances, try figuring out why. What are the motivating factors? Explore both the costs and benefits of using drugs, in order to minimize resistance? What other healthier behaviors could lead to the same payoffs? Before substance use is a problem, it's a solution.
- Educate yourself on treatment options. Come to the conversation with viable possibilities for treatment if necessary, instead of being vague or hypothetical. Individual therapy? Intensive Outpatient group therapy? Inpatient?

The Development of a Substance Use Disorder

Substance Use Continuum



- All mood-altering substances raise the level of the neurotransmitter dopamine in brain circuits, which controls reward and pleasure.
- The brain is wired to encourage life-sustaining and healthy activities through the release of dopamine. Everyday rewards during adolescence—such as hanging out with friends, listening to music, playing sports—cause the release of this chemical in moderate amounts. This reinforces behaviors that contribute to learning, health, well-being, and the strengthening of social bonds.
- Drugs, unfortunately, are able to hijack this process. The “high” produced by drugs represents a flooding of the brain’s reward circuits with much more dopamine than natural rewards generate. This creates an especially strong drive to repeat the experience.
- The immature brain, already struggling with balancing impulse and self-control, is more likely to take drugs again without adequately considering the consequences. If the experience is repeated, the brain reinforces the neural links between pleasure and drug-taking, making the association stronger and stronger.
- Soon, taking the drug may assume an importance in the adolescent’s life out of proportion to other rewards. The brain becomes reliant on receiving rushes of dopamine from an outside source, and slows its own, natural production of the chemical.
- Chronic drug use not only realigns a person’s priorities but also may alter key brain areas necessary for judgment and self-control, further reducing the individual’s ability to control or stop their drug use. This is why, despite popular belief, willpower alone is often insufficient to overcome an addiction. Drug use has compromised the very parts of the brain that make it possible to “say no.”

-National Institute on Drug Abuse https://teens.drugabuse.gov/sites/default/files/podata_1_17_14_0.pdf

DSM-V Diagnostic Criteria for a Substance Use Disorder

- Repeatedly unable to carry out major obligations at work, school, or home due to substance use
- Recurrent use of substance in physically hazardous situations
- Continued use despite persistent or recurring social or interpersonal problems caused or made worse by substance use
- Tolerance, as defined by either a need for increased amounts to achieve intoxication or desired effect, or diminished effect with continued use of the same amount
- Withdrawal, manifesting as either characteristic syndrome, or the substance is used to avoid withdrawal
- Using greater amounts or using over a longer time period than intended
- Persistent desire or unsuccessful efforts to cut down or control substance use
- Spending a lot of time obtaining, using, or recovering from using substance
- Stopping or reducing important social, occupational, or recreational activities due to substance use
- Consistent use of substance despite acknowledgment of persistent or recurrent physical or psychological difficulties from using substance
- Craving, or a strong desire to use the substance

Mild: 2-3 symptoms

Moderate: 4-5 symptoms

Severe: 6+ symptoms