

Engagement Meeting



SUBSTANCE ABUSE AND EATING DISORDER PREVENTION

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DRUGS OF ABUSE AMONGST TEENS



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Vaping (nicotine) – “buzz” comes from the release of epinephrine (adrenaline). Because nicotine affects the development of the brain's reward system, continued nicotine vaping can not only lead to nicotine addiction, but it can also make other drugs, such as cocaine and methamphetamine, more pleasurable to a teen's developing brain.

Nicotine also affects the development of brain circuits that control attention and learning. Other risks include mood disorders and permanent problems with impulse control – failure to fight an urge or impulse that may harm oneself or others.

DRUGS OF ABUSE AMONGST TEENS

Cannabis vapes & edibles — gateway drug, dangers of synergistic effects, impact on cognition and coordination, stays in system for a long time if used chronically (as long as 2 months)

Delta-8 / hemp THC products — highly processed, sold in gas stations/online, legal loopholes, Hemp Vs. THC

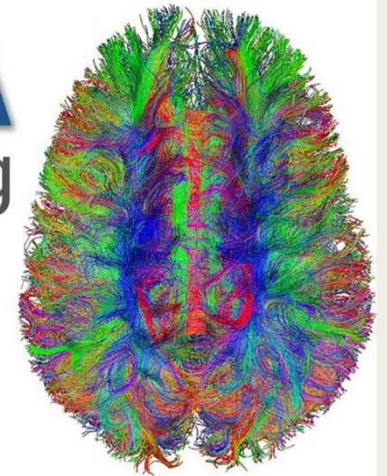
Nicotine pouches — contain nicotine, flavorings, and fillers - placed between the lip and gums - highly addicting, risks of accidental ingestion, risks to oral health, discreet

Bath Salts — synthetic cathinones- cheaper alternative to meth, cause extreme wakefulness, elevated heart rate- Despite their health risks, some of these drugs are sold legally in stores or online in small plastic or foil packages with the words, "Not for human consumption." In addition to "bath salts," synthetic cathinones are sometimes labeled as “plant food”, “glass cleaner”, or “research chemicals”. They are illegal in the US; however it can be sold online under the above names

NATIONAL INSTITUTE ON DRUG AND ABUSE

[Drugs A to Z | National Institute on Drug Abuse \(NIDA\)](#)

NIDA
Advancing
Addiction
Science *for*
50 years



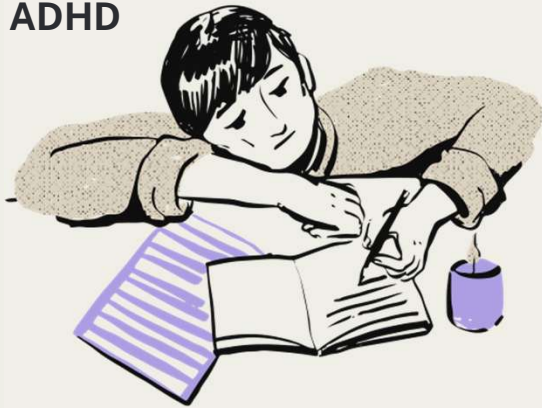
SIGNS AND SYMPTOMS

Many youth may show behaviors in adolescence that are indicative of substance abuse, but can also be considered normal behaviors while growing up. It is important to take notice if there are several signs happening at the same time, if they occur suddenly, and if the behaviors are extreme. The following behaviors in a youth might indicate drug or alcohol abuse:

- **Mood changes (temper flare-ups, irritability, defensiveness)**
- **Academic problems (poor attendance, low grades, disciplinary action)**
- **Changing friends and a reluctance to have parents/family get to know the new friends**
- **A "nothing matters" attitude (lack of involvement in former interests, general low energy)**
- **Finding substances (drug or alcohol) in youth's room or personal effects**
- **Physical or mental changes (memory lapses, poor concentration, lack of coordination, slurred speech, etc.)**
- **Sweet or fruity odors (vaping)**
- **Changes in eyes**
- **Throat clearing**
- **Sleep problems**
- **Mouth sores**

RISK FACTORS

- Poor impulse control
- Low harm avoidance
- Sensation seeking
- Lack of behavioral self-control/regulation
- Aggressiveness
- Anxiety
- Depression
- ADHD



- Low school commitment
- Peer rejection
- Transitions (new school, etc.)
- Deviant peer groups
- Low self-esteem
- Family history of SA
- Early onset of experimentation
- High family conflict



PROTECTIVE FACTORS

- **Positive academic performance**
- **School engagement**
- **High academic standards**
- **Good coping skills**
- **Healthy self-esteem**
- **Engagement in two or more of the following contexts:**
 - **School, athletics, peers, religion, employment, culture**
 - **Ability to make friends**
 - **Healthy peer groups**
 - **Consistent parenting**
 - **Positive problem solving**
 - **Emotion self regulation**



WHAT IS A PROTECTIVE FACTOR?

“Protective factors are characteristics that may decrease the likelihood of experiencing adverse childhood experiences.”

THE FIVE GOALS OF DISCUSSING DRUGS AND ALCOHOL

1. Show you disapprove of underage drinking and drug misuse- 80% of young people age 10-18 say that their parents are the main influence over their decision to drink.
2. Show you care about your child's health, wellness, and success.
3. Show you're a good source of information about alcohol and other drugs.
4. Show you're paying attention and will discourage risky behaviors.
5. Build your child's skills and strategies for avoiding drugs and alcohol. Develop a plan to manage peer pressure, role play refusal skills, and have an "exit plan" or code word when they need to get out of a potentially dangerous situation



ABSTINENCE *vs.* HARM REDUCTION



HOW TO TALK TO YOUR CHILD ABOUT DRUGS/ALCOHOL

- **Shorter, more frequent discussions are more effective than one long discussion**
- **Talking in general builds a trusting relationship with your child and makes the more serious conversations easier - take opportunities in the car, while watching TV or at meals**
- **Make your views and rules clear - be open and honest about your views and rules about drugs and alcohol**
- **Remember the conversation goes both ways. Be open to questions and to hearing your child's point of view**
- **What are some of the tough questions?**

SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION

<https://www.samhsa.gov/substance-use/prevention/talk-they-hear-you/parent-resources>



WHY TALK ABOUT IT?

- **The stats show it . . .**
 - **About 10% of 12 year olds report having tried alcohol. By 15, that jumps to 50%.**
 - **Approximately 3,300 kids as young as 12 try marijuana each day. Additionally, about five in 10 kids as young as 12 obtain prescription pain relievers for nonmedical purposes. By the time they are seniors, almost 70 % of high school students will have tried alcohol, half will have taken an illegal drug, and more than 20 % percent will have used a prescription drug for a non medical purpose.**
 - **The sooner you start talking, the better.**
 - **Not talking about drugs and alcohol still sends a message. Kids need to know where you stand, and have a place to go for reliable information.**

FIND THE FACTS:

[Do You Know About
Marijuana? Talk With
Your Kids About the
Facts.](#)



PARENTING SKILLS TRAINING:

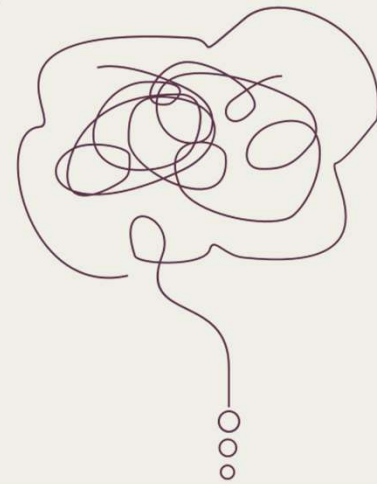
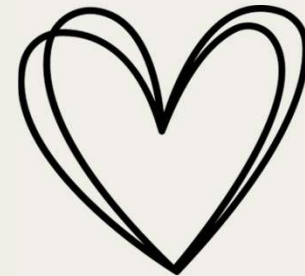
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Parenting Skills

This course is designed to help you understand why your child may be using substances and what you can do to help them make better choices. Among other skills, you'll learn how to have better conversations with your child and use behavior management techniques that can make a big difference.

While the examples used in this training are geared towards parents and caregivers of younger teens (13 to 17-year-olds), the skills can be applied to older teens and young adults.

EATING DISORDERS



EATING DISORDERS

Anorexia Nervosa

Bulimia Nervosa

Binge-Eating Disorder

ARFID-Avoidant/Restrictive Food Intake Disorder

OFSED: Other specified feeding or eating disorder

Orthorexia is not a diagnosis yet; involves obsession with healthy eating

Eating disorders have the second-highest mortality rate of any psychiatric illness, behind opiate addiction

RISK FACTORS - EATING DISORDERS

Individuals who use disordered eating tend to have high expectations of themselves coupled with high levels of self awareness. Since self expectancies are so high they become increasingly aware of perceived inadequacies which leads to negative emotional states that are very painful. Disordered eating becomes a mechanism to escape.

Individuals with eating disorders are known to have challenges recognizing, expressing and describing emotional states, and have increased suppression of both positive and negative emotions.

Deficits in the ability to recognize, integrate, and express emotions are often central to disordered eating, and individuals will often report feeling disconnected from emotions.

Reduced awareness of emotion is more common in Bulimia, emotional avoidance is more common in Anorexia.

WARNING SIGNS

- **Dramatic weight loss**
- **Dresses in layers to hide weight loss or stay warm**
- **Is preoccupied with weight, food, calories, carbohydrates, fat grams, and dieting**
- **Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)**
- **Makes frequent comments about feeling “fat” or overweight despite weight loss**
- **Complains of constipation, abdominal pain, cold intolerance, lethargy, and/or excess energy**
- **Denies feeling hungry**
- **Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food**
- **Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics**
- **Appears uncomfortable eating around others**
- **Develops food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive chewing, doesn't allow foods to touch)**
- **Skips meals or takes small portions of food at regular meals**
- **Disappears after eating, often to the bathroom**

WARNING SIGNS

- **Any new practice with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)**
- **Fear of eating in public or with others**
- **Steals or hoards food in strange places**
- **Drinks excessive amounts of water or non-caloric beverages**
- **Uses excessive amounts of mouthwash, mints, and gum**
- **Hides body with baggy clothes**
- **Maintains excessive, rigid exercise regimen — despite weather, fatigue, illness, or injury — due to the need to “burn off ” calories**
- **Shows unusual swelling of the cheeks or jaw area**
- **Has calluses on the back of the hands and knuckles from self- induced vomiting**
- **Teeth are discolored, stained**
- **Creates lifestyle schedules or rituals to make time for binge-and-purge sessions**
- **Withdraws from usual friends and activities**
- **Looks bloated from fluid retention**
- **Frequently diets**
- **Shows extreme concern with body weight and shape**

WARNING SIGNS

- Frequent checking in the mirror for perceived flaws in appearance
- Has secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Purges after a binge (e.g. self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, fasting)
- Body weight is typically within the normal weight range; may be overweight
- Extreme mood swings

NEXT PAGE

Physical signs of eating disorders . . .

PHYSICAL SIGNS OF EATING DISORDERS

- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities — missing periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low white and red blood cell counts)
- Dizziness, especially upon standing
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin
- Dry and brittle nails
- Swelling around area of salivary glands
- Lanugo- growing fine soft unpigmented downy hair on body

THE IMPORTANCE OF COPING SKILLS

Remember, individuals suffering with addictions and eating disorders are in a great deal of emotional pain.

VALIDATE all emotions are valid, behavioral responses are a different story.

Marsha Linehan's Biosocial Theory — Marsha Linehan developed a set of skills called DBT. Her theory states that some individuals are biologically predisposed to more intense emotional responses, based on high emotional sensitivity, high emotional reactivity, and slower return to baseline. Coupled with an invalidating environment, individuals can develop issues with emotion regulation.

- **Window of Tolerance**
- **Mindfulness**
- **Emotion Regulation**
- **Distress Tolerance**
- **Interpersonal Effectiveness**

BODY IMAGE

The most common body image distortions:

- **Beauty or Beast** — Thinking about physical appearance in extremes (ie: I'm either at a perfect weight, or I'm fat)
- **Unfair-to-Compare** — Comparing yourself to others, or an unrealistic standard
- **The Magnifying Glass** — Focus on one aspect of your appearance that you dislike and exaggerate it
- **The Blame Game** — Concluding that an aspect of your appearance is responsible for some disappointment in life
- **Mind Misreading** — Assuming other people see you negatively (Dartmouth experiment)
- **Misfortune Telling** — Predictions about how your appearance will negatively impact your future
- **Beauty Bound** — Thoughts that you cannot do things because of your appearance (ie, can't go to the beach until I lose weight)
- **Moody Mirror** — You start with a negative feeling about something else, and it gets taken out on body image

Thank you!

SOURCES

NIDA- NATIONAL INSTITUTE ON DRUG ABUSE

SAMHSA- SUBSTANCES AND MENTAL HEALTH SERVICES

ADMINISTRATION

NEDA- NATIONAL EATING DISORDER ASSOCIATION

YOUTH.GOV