

Adolescent Cannabis Use WHAT PARENTS & OTHER ADULTS CAN DO?



Feb 2021
Dr Bobby Smyth



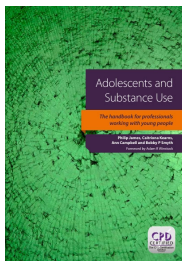
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Goals

- Remind ourselves of the potential harms
- Parenting strategies in primary prevention.
- Parenting in a social context which is increasingly 'pro-cannabis'.
- Parenting to promote positive changes when use is problematic.

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Adolescents and Substance Use: The handbook for professionals working with young people

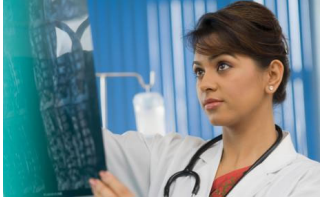


Nominated for Paediatric book of the year 2014 by BMA.
What the BMA said.....
"The book is well written and is an excellent resource to not only those from a psychiatry/child mental health background (CAMHS) but is actually a really good resource for all those working with adolescents, including paediatricians, paediatric nurses/A&E doctors"

<http://www.radcliffehealth.com/shop/adolescents-and-substance-use-handbook-professionals-working-young-people>

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Adolescent = 'Apprentice adult'



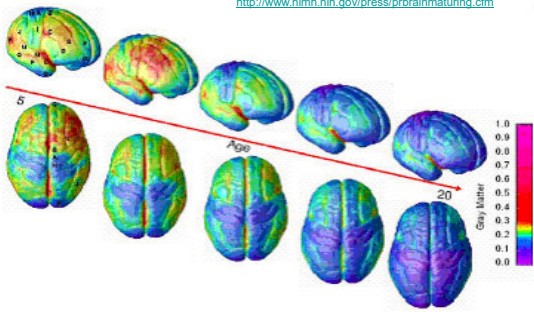
Confidence ↔ Competence
Rights ↔ Responsibilities

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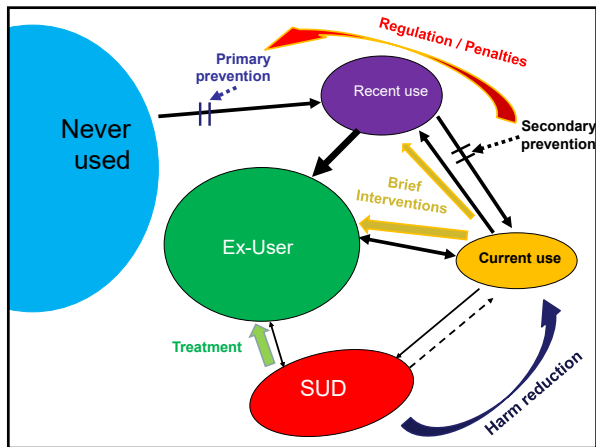
The Adolescent brain – a work in progress

Giedd et al, 1999, Nature Neuroscience, 2, 861-863

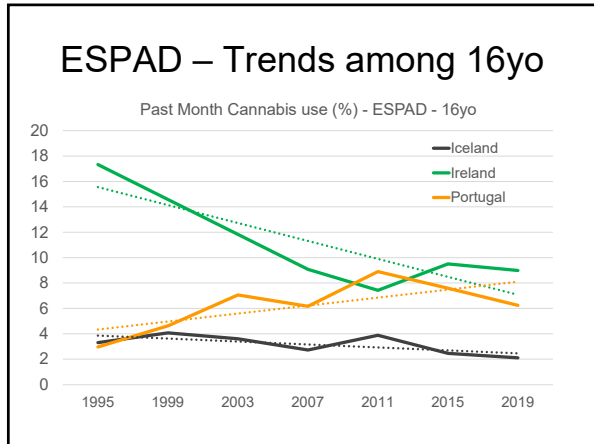
<http://www.nimh.nih.gov/press/prbrainmaturing.cfm>



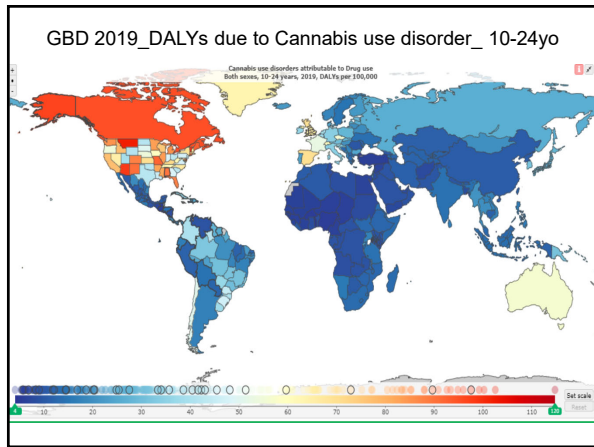
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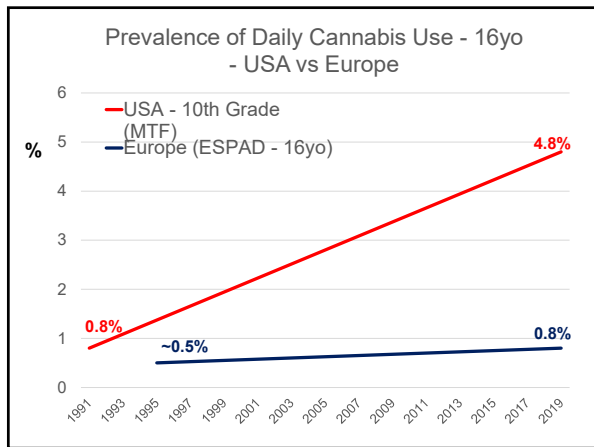
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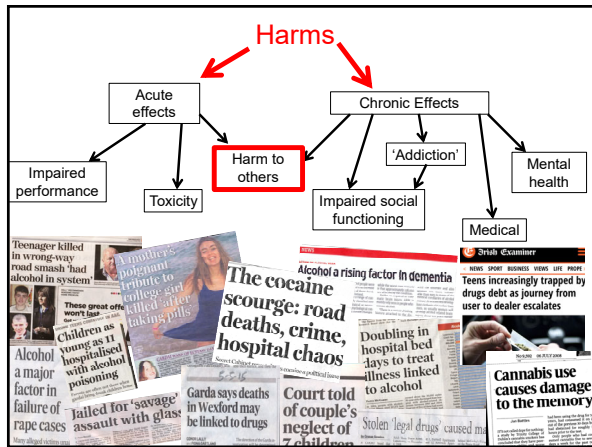


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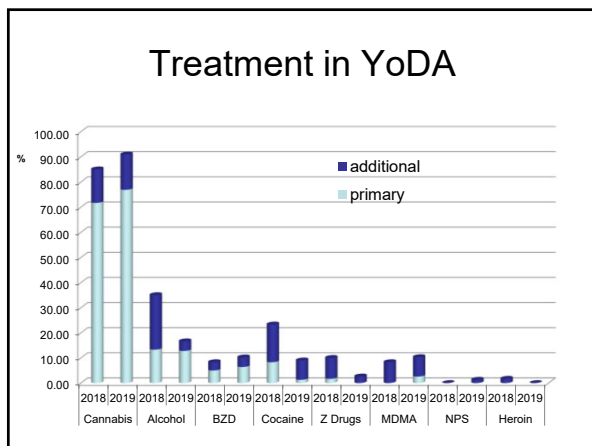
Daily use

- MTF 2020 says 4.1% of US teens across 8th to 12th grades are using cannabis daily
- That's 850,000 children using cannabis daily now, (600,000 more than if rate same as 1991).
- Why the silence?
 - ?? Drowned out by legalization campaigns
 - ?? Overshadowed by opioid epidemic

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Original Article
Journal of Addictions Nursing • Volume 30 • Number 3 • 211-218 • Copyright © 2019 International Nurses Society on Addictions

"Debt on Me Head"


A Qualitative Study of the Experience of Teenage Cannabis Users in Treatment
Philip David James, MSc O Catherine Comiskey, PhD O Bobby P Smyth, PhD



"It was a tough time for me, I didn't really want to accept it all. I was going through a stage of where I knew it was bad and I didn't know how to really stop, I came to the conclusion that I was obviously full on addicted to it." Andrew, 16yo

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"...you just kind of have to realise you are just ruining your own life 'cos I really was ruining my life like I wouldn't go to school, I would just sit in and put debt on me head and get just stoned. I didn't care about anything except smoking grass..." Fiona, 16yo



Dr Bobby Smyth PhD Nov 2019

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ORIGINAL ARTICLE
OF YOUTH USING SUBSTANCES AND HOW THIS IT
J Child Adolesc Psychiatr Nurs. 2020;1-6.

Journeying with fear: Young people's experiences of cannabis use, crime and violence before treatment entry

Catherine Comiskey¹ | Philip James² | Bobby Smyth³

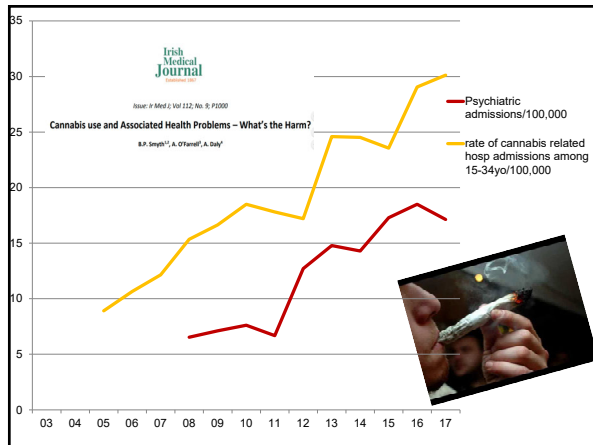
- "...as soon as I smelled it, my Da came straight into my head because that smell was always used to associated with him, ..."
(male, aged 17, using 4–5 years)
- "I always had me Ma and Da fighting because like if I didn't have a joint all the time, I would be snappy and I would be shouting at ya and I would be screaming like and I just wouldn't be me, its like it turns you into someone you are not."
(Female, 17yo, using 4 years).

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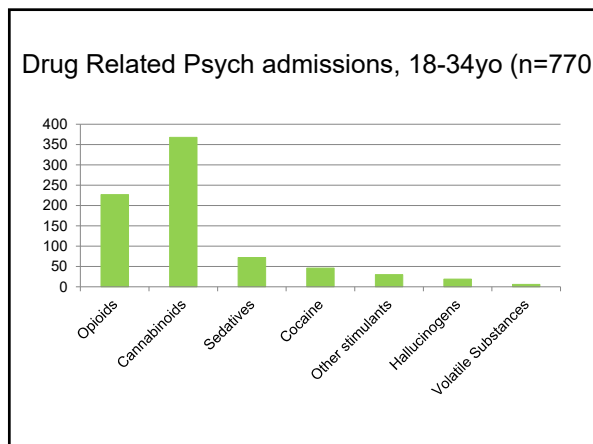
"Our family's life has been turned upside down and all because of these stupid drugs. it's like living in hell when are son is smoking this drug. he gets very violent and has wrecked are house on numerous occasions. Our ten year old son is very fearful of his brother and this is not right.", Jane, Mother of client.



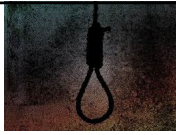
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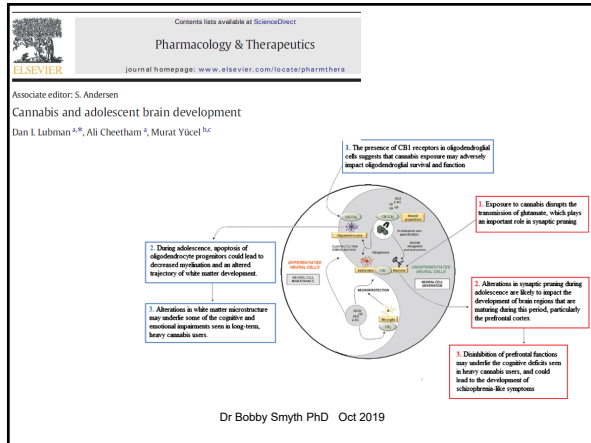


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"My son smoked cannabis everyday, he was 20 when I found him hanging. I have blamed myself ever since.....my son.. changed since he start using ..it was around when he was 14/15 years of age.. things went missing, I had to pay various amounts of bills for him, from 650 down little as 25,to keep him safe.. He was a kid that suffered with anxiety from a young age, but cannabis seemed to heighten this, but worst of all, it was like it was a life or death situation unless he had it, also he had a divine right to have it.."

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THE IRISH TIMES
Tuesday, August 8, 2017

Family

We are living in fear of our 15-year-old son

Ask the expert

Declan Coogan
Queries: health@irishtimes.com

I have been putting off writing about this for a year or so. But we're at the end of our tether. We have three children, all boys, aged 17, 15 and seven. We have never had any trouble with any of the boys growing up. Our children are well liked and people tell us how lucky we are. And we are – to an extent. The trouble starts once we discover that our 15-year-old son has been living in fear. He wakes the next day in front of us. He makes constant demands for money and for lifts from

of problem often because they think they are the only ones living with it and because they feel hopeless.
Sometimes practitioners working with children and families are unsure about how best to address parents because it seems to be a relatively new problem and because there is no clear pathway for help at all.
Sometimes other family members want to help when they hear about but offer the kind of assistance parents wouldn't like and which would do more harm than good in trying to reach the child at home.
Conflict between parents and children is expected as part of child development, but when it becomes chronic and persistent, it can be a sign of a more serious problem. Some children with fear are living in fear. He wakes the next day in front of us. He makes constant demands for money and for lifts from

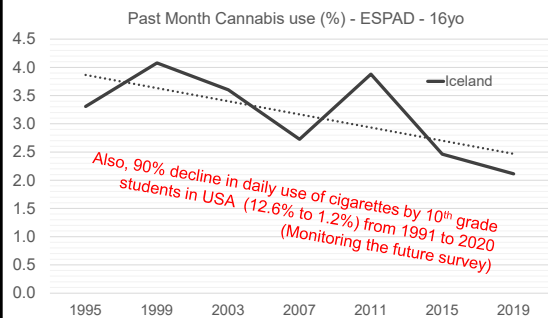
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Summarising potential risks & harms

- 'Damage' to brain development – Possible Long term IQ decline
- Reduced ability to learn while using regularly
- Increased risk of later drug problems
- Increased impulsive & risky behaviour
 - Accidents & injuries (even death)
 - Social misadventures
- Unpredictable medical adverse event (e.g. Seizures, vomiting, cardiovascular issues)
- Unpredictable impact on mood – increased risk of depression, DSH
- Increased risk of both aggression & being victim of violence
- Other things getting squeezed out of the diary (sport, hobbies)
- Less money
- Possible negative impact on relationships with family, friends
- Hampers acquisition of healthy coping skills
- Lose ability to "have fun" sober.....

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Change can happen!



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Learning from success of others - Iceland.....

From 1998 to 2014 – teens-
 Past month drunk- 42% to 5%.
 Daily smoking - 23% to 3%
 Cannabis lifetime use 17% to 7%
 Sports participation - 23% to 42%
 14-16yo who Spent considerable time with their parents - 23% to 50%
 % of 14-16 years old outside after 10 pm - 53% to 23%.



How was this achieved?

1. "Curfew" on 13-16yo can't be outside unaccompanied after 10pm (12pm in summer)
2. Prohibited sales of tobacco to minors and alcohol to anyone under 20.
3. Alcohol is only sold in state-run stores and taxed at more than 80 percent.
4. €300 per child 6-18yo to pay for extra-curricular activities, including sports.
5. Ban alcohol advertising and sports sponsorship
6. **Build expectation that parents spend more time with their teenagers**

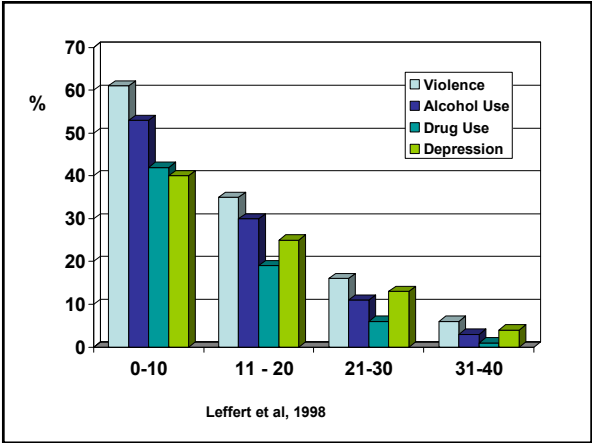
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Promoting resilience

Assets Approach

www.search-institute.org/assets

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Internal Assets

- **Commitment to learning**

21. **Achievement motivation** - Young person is motivated to do well (at school).

24. **Bonding to school** - Young person **cares about her or his school.**

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• **Positive values**

28. Integrity - Young person **acts on convictions** and stands up for his or her rights.

30. Responsibility - Young person accepts and **takes personal responsibility**.

31. Restraint - Young person **believes it important not to be sexually active or to use alcohol or other drugs**.

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• **Social competencies**

32. Planning and decision making capabilities

33. Interpersonal competence - Young person has **empathy**, sensitivity, and **friendship skills**.

35. Resistance skills - Young person **can resist negative peer** pressure and dangerous situations.

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• **Positive identity**

37. Personal power - Young person **feels he or she has control over “things that happen to me”**.

39. Sense of purpose - Young person reports that **“my life has a purpose”**.

40. Positive view of future - Young person is **optimistic about his or her personal future**.

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External Assets

• Adult Support

1. Family support - Family life provides **high levels of love and support.**
2. Positive family communication - Teen and parent(s) communicate positively; teen **willing to seek parent's advice.**
3. Other adult relationships - Teen receives support from **3 or more non-parent adults.**

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• Empowerment

7. Community values

youth - Young person perceives that adults in community value youth.

8. Youth as resources - Young person is **given useful roles** in the community.

9. Service to others - Young person **serves in community 1 hour** or more per week.



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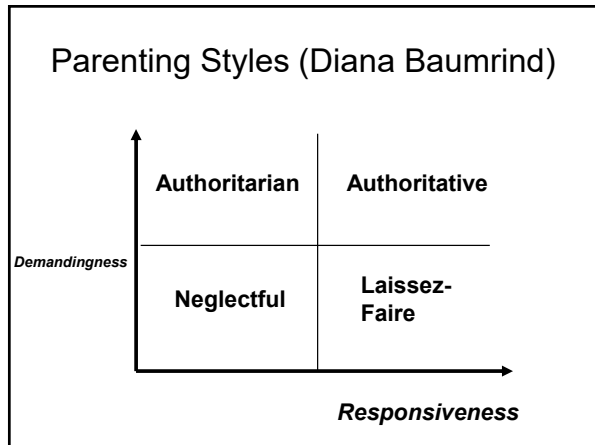
Boundaries and Expectations

11. Family boundaries - Family has clear rules and **consequences**, and **monitors** youth's whereabouts.
12. School boundaries - School provides clear **rules** and consequences.
13. Neighborhood boundaries - **Neighbours** take responsibility for **monitoring youths' behavior.**
15. Positive peer influence - Young person's **best friends model responsible behavior.**
16. **High expectations** – Both parent(s) and teachers encourage youth to do well.

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A trip down memory lane for those of you who are children of the 70s....

What sort of child do you want?

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Substance use by Adults?

14. Adult role models - Parent(s) and other **adults model positive, responsible behavior.**



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What about drinking or drug use at home?

- Is your drinking unhealthy?
- Do you drink as a reward to yourself?
- Do you model use of alcohol or drugs as a strategy to deal with stress?
 - “I’ve had a bad day. I need a drink”

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Substance use by other young adults at home.....



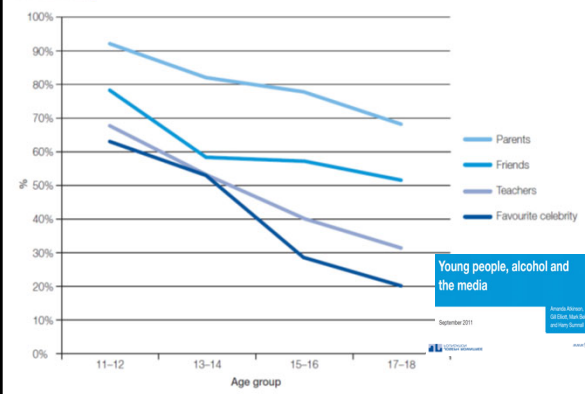
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No war stories!!



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Figure 4: Percentage of each age group who care what significant others think about their drinking



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Thinking specifically about alcohol & drugs.....

- Decide as parents what you think is acceptable
- If you draw a line, know why you have drawn the line there
- Decide upon consequences if behaviour falls short of expectations
- If you don't know much about drugs, find out more
 - Via older sons/daughters,
<https://teens.drugabuse.gov/parents>

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Ryan et al, 2010. Systematic Review

1. Parental drinking increases risk
2. Provision of alcohol by parents to their children increases risk
3. Presence of clear rules in the family home reduces risk
4. Parental monitoring of their children's activities reduces risk
5. Warmth and affection in the relationship between parents and children reduces risk
6. General positive communication between parents and children reduces risk

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If you decide to permit drinking..

- The drinking you see at home is likely to be an inaccurate reflection of the drinking which occurs out of home
- Alcohol is a wonderful camouflage for intoxication via other drugs
- It's hard to put the genie back in the bottle

- You must still decide where to draw the line

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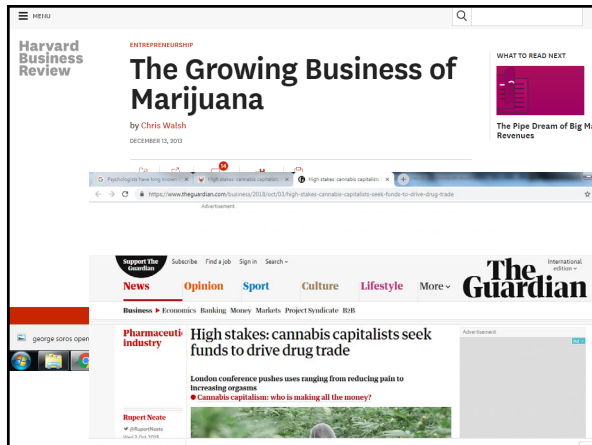
Talk to your children about your legitimate concerns

- Get their views on alcohol and drug use
- Stay calm
- Express your views -remember that you are coming from a position of concern
- Outline clearly your expectations
- Outline your desire to support them in having increasing autonomy and freedom, but that you will place increased restrictions on them if they demonstrate an inability to manage this degree of freedom, by making poor or unhealthy choices
- Accept their right to be irritated by your views and decisions.

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- Listen to their views and opinions
- Based on this discussion, agree expectations/consequences
- Monitor and affirm adherence to the agreed expectations
- Withdraw rewards &/or impose the agreed sanction if behavior falls short of expectations
 - If this happens, move on and don't hold a grudge

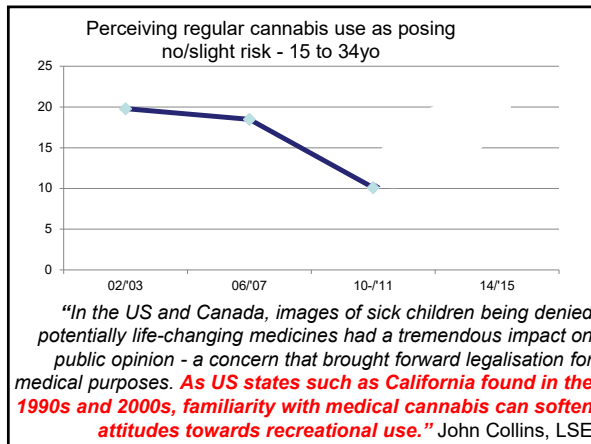
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Swimming against the tide

- Unified societal message regarding tobacco
- Some mixed messages about alcohol
 - Advertising / sports sponsorship
- Very mixed messages about cannabis
 - “medical”
 - Legalization campaigns require narrative about risks to be minimised.

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Family and the treatment process

- Better outcomes with parental involvement
- Living with shame, blame & anger - grief?
- Unified approach between parents
 - Separated?
- ACRA
 - Change/reduce own substance use
 - Develop positive communication.
 - ‘daily reminder to be nice’ for all involved.
 - Monitor their child’s whereabouts.
 - Actively support prosocial activities.

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Non Violent Resistance Handbook for Practitioners		Reclaiming authority & rebuilding connection
<i>Responding to Child to Parent Violence in Practice</i>		
<small>Declan Coogan & Eileen Lauster</small>		
Session 1: Commitment to NVR, Goals and De-escalation Skills	18	
Session 2: the Support Network	20	
Externalising the problem - the problem is the problem, not the child .	21	
Session 3: Increased Parental Presence	23	
Session 4: The Announcement	25	
Session 5: Acts of Reconciliation	27	
Session 6: Refusing Orders and Breaking Taboos	28	
Breaking Taboos	29	
Session 7: The Sit-In	30	

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Conclusions

- View teenagers are apprentice adults
- As they grow in competence, we give them increased autonomy
- Cannabis use by teens invites many risks into their lives
- Parents are the biggest single influence on teens
- Retain optimism – change is possible across society AND within families
- At all stages of potential journey into, through & out of cannabis use, BOTH communication / connection AND rules/expectations are important.

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