

The Parent Information Network

A publication of HC DrugFree - a partnership of parents, schools, and County agencies
committed to reducing teen substance abuse



Issue 2

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TEENS USING DRUGS TO COPE

Mark D. Donovan, MA, LCPC, MAC
Therapist
Integrative Counseling

Frequently, when I hear teens, parents or even the media talk about why kids use drugs, I hear about family histories of addiction, or growing up in the wrong neighborhood, or lack of opportunities. While a family history of addiction does increase the likelihood of a teen becoming an addict as an adult, it does not accurately predict who will use or abuse substances.

The most frequent reason for drug use given by teens seems to be: "There's nothing to do around here." Of course, this logic doesn't hold up. Teens who want to be involved can and will find ways to be involved.

Another common explanation for teen drug use is the all-powerful peer pressure. I do believe this idea has credence. I know of only one teenager who knew no one else using marijuana, who didn't use for the first

time with a friend, and who set out alone to purchase marijuana for the first time from a complete stranger. Most kids do not act in a vacuum. Most kids say they used for the first time with a friend or with an older sibling - yes, an older sibling.

Interestingly, another reason many kids use substances is one that is rarely discussed - to hide feelings of anxiety, low self-esteem, or depression. It may also be referred to as "self-medicating." Unfortunately, many people assume that adolescents and adults exhibit depression in the same way. In fact, less than 10% of teens show depression in a manner consistent with adults. To fully explore these differences would likely take another, much longer article, but a brief description may be helpful. Most depressed adults appear sad or down. They don't want to get out of bed and may cry or become easily angered. Most depressed adults

don't feel good about themselves or their futures. Some may turn to substances in an attempt to "treat" these feelings.

On the other hand, most depressed teens are angry. They don't feel badly about

DON'T MISS

**A Very Personal Story
from one of our readers**

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themselves, because they believe that it is the adults in their lives who are creating their misery. Most depressed teens are

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TO THOSE WHO PRAY

Rev. Dr. Paul Chaim Schenck
Rector, Cummins Memorial
Reformed Episcopal Church

Parents often turn to spirituality to express their deepest concerns for their children. Praying for our children's safety and wellbeing can be a sturdy foundation for effective parenting, but prayer alone, without other tangible demonstrations of love and interest, will not be enough. Young people still list their parents above other people, including clergy, as being the most important influences in their lives. Therefore, parents must demonstrate, in an observable manner, that they are interested in their teenagers' lives.

There is a Bible verse that says, "Faith without works is dead." Taking time to talk

with a teen about her world - her enjoyments and anxieties, her interests and her dislikes - and carefully listening can be a truly spiritual experience.

I believe that the most effective prayer is what I call *intelligent prayer* -



prayer that is informed. If we know who are the important and influential people in our children's lives, who they keep company with and what activities they are involved in, and, if we provide guidance through rules, consequences, dialogue and honesty, then we can pray for them more effectively.

As a parent myself, I have found that some of the most intensely spiritual encounters with my children have been dialogues with them about the things most important to them. We might be tempted to preach - and sometimes preaching is called for, yet our sincere attention to our children's spheres - friends, activities and involvements - can be a very spiritual exercise and an effective preventative when it comes to drug abuse.

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TEENS USING DRUGS

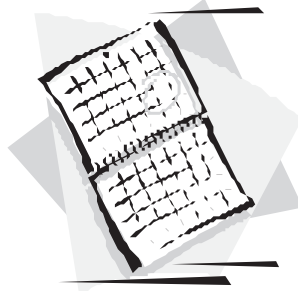
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emotionally reactive. They might explode over the slightest details. They aren't worried about their futures, because they don't care or don't feel they have any control over their futures. They may sleep all the time or not at all. They may eat too much or not enough. And, most importantly, they will often turn to outside sources, like drugs, to make them feel better. Through experimentation or from friends, teens may learn that smoking marijuana is calming. In fact, the active ingredient in marijuana, THC, acts on the brain in the same way as an anti-depressant medication. Also, prolonged use of marijuana will make depression worse. It can even make teens who were not depressed before appear depressed.

Sadly, very few teens, parents, or even doctors will recognize that an adolescent might be depressed. Teens with substance abuse problems will most often be labeled as problem kids, oppositional kids or substance-abusing kids. These labels might hold some truth. However, if the teen is self-medicating, unless the underlying depression is addressed, the likelihood of improvement is low.

Teens also might choose to use drugs to handle their anxiety. For example, teens who have trouble making friends may quickly learn that alcohol acts as a social lubricant. They may feel less stressed or more talkative after a few drinks. Similarly, teens who smoke or drink together don't have to develop the same social skills as other teens. The use of substances with people who use the same substance becomes a way of making friends. Instead of learning how to overcome anxiety and how to interact socially, they just find other people who smoke or drink.

Adults who never learned to make friends without a drug often find it difficult to interact in an adult world without the use of drugs. Most of us learn to deal with stress, sadness or depression in healthy ways. We may go to the gym or call a friend or read an uplifting book. Teens who use substances regularly to medicate away anxiety or depression may never learn how to address these issues in a healthy way. They may not become addicts, but they are likely to have emotional and social handicaps that will limit their opportunities for personal satisfaction.



HC DRUGFREE PROGRAM CALENDAR

The HC DrugFree programs remaining in this school year are listed below. These events are FREE and open to the general public.

Please note that programs run from 7 PM to 8:30 PM, except for the Job Fair.

COMING UP NEXT

The Good Enough Child/Teen (re-scheduled from Oct. 3)

Thursday, Feb. 13, Wilde Lake HS

Raising Kids in Single Parent and Blended Families

Wednesday, Mar. 5, Atholton HS

OUR BIG EVENT

Healthy Choices: Teen Job and Activity Fair

Saturday Mar. 22, 11 AM-3 PM Wilde Lake HS

License to Drive

Thursday, Apr. 3, Reservoir HS

Developing Leadership and Character in Teens

Wednesday, May 7, Long Reach HS

For more details about our programs, visit our website at www.hcdrugfree.com. You may also contact Laura Smit, HC DrugFree Coordinator, at hcdrugfree@yahoo.com or (410)799.4879.

HC DrugFree sponsors include:

**Howard County General Hospital
The Sunpapers
Howard County Health Department**

Be There For Your Child!

RESPONDING TO A CHILD'S DRUG USE A Personal Experience

This article was written by one of our readers who has chosen to remain anonymous. Jenn is a fictitious name.

The signs were there, but I didn't recognize them. Or maybe I just ignored them. It wasn't until Jenn confessed to me that she had smoked marijuana that I was forced to face the reality that she was using drugs.

Jenn, who was 14 at the time, didn't just out of the blue decide to come clean with me. She was scared, really scared. She said she felt like she was "going to die." I was scared too, and immediately took her to the hospital emergency room. I'll never know exactly what it was that Jenn smoked, but after about a two-hour wait in the emergency room, the effects of the drug began to wear off. We left without seeing a doctor, which I know now was a mistake. Being examined by the doctor would have re-enforced the seriousness of the situation, but at the time I was worried that the incident would cause Jenn to have a police record. Since then, I've found out that the police

would not have been notified, but I've also come to realize that getting the police involved might have been a good thing.

The decision to take Jenn to the emergency room was an easy one for me to make. After all, that's the logical place to take someone when she feel like she's dying. What to do about her marijuana use was another story. Jenn said that she'd only smoked a few times before this. And she seemed scared enough by this experience to never go near drugs again. Should I forget about the incident for now and hope that she'd learned her lesson? Or did Jenn have a real drug problem and need professional help?

I struggled with the decision. To do nothing was too risky; too much could happen while I was playing the waiting game. Plus, Jenn needed to know how serious I was about not tolerating drugs. I needed a professional opinion, I finally decided. There are a lot of people with experience handling problems like this, I reasoned. Why not take advantage of that experience? What harm could it do?

I've since come to learn from other parents who have children using drugs that they too have struggled with how to handle the problem. Some parents want to seek professional help, while others want to wait and see what happens. The families who wait to get help are usually sorry they didn't act sooner.

Thanks to the resource list in the HC DrugFree newsletter, I found a professional to assess Jenn's drug problem. It wasn't serious, the counselor said, but it did have the potential of becoming so, given her propensity for taking risks plus a strong family history of drug addiction. The counselor recommended weekly therapy sessions, which Jenn attended regularly. Although I know it's possible, maybe even probable, that she's used drugs again, I haven't seen any evidence.

That trip to the emergency room happened almost four years ago. I wish I could tell you that Jenn's been drug-free ever since. The best I can do is to say that Jenn is drug free today ... I think.

Alcohol and Drug Outpatient Treatment Programs for Adolescents

(State-Certified)

A Better Way Counseling Services
9017 Red Branch Road - #204
Columbia, MD 21045
Contact: Bonnie Goldschmidt
410.730.4500

Columbia Addictions Center
5570 Sterrett Place - #205
Columbia, MD 21044
Contact: Eileen Dewey
410.730.1333

Counseling Resources
8388 Court Avenue
Ellicott City, MD 21043
Contact: Jeannie Pantazes
410.461.8662

Drugensic
9123 Route 108 - #107E
Columbia, MD 21045
Contact: Scott Alpert
410.365.1228

Howard County Health Dept.
Addiction Services - Riverwood
7101 Riverwood Drive
Columbia, MD 21046
Contact: Marilyn Manson
410.313.6202

Integrative Counseling
10440 Little Patuxent Parkway - #300
Columbia, MD 21044
Contact: Mark Donovan
410.740.5641

**LET US HEAR
FROM YOU**

AT OUR NEW EMAIL

ADDRESS

HCDRUGFREE.COM

**NEXT ISSUE:
DRUGS IN SCHOOL**

Do You Know Where to Go?

For Information and Help
www.hcdrugfree.com

Support Services in Howard County

410 AREA CODE UNLESS NOTED OTHERWISE

Addiction Services	313-6202	MADD	465-5757
Al-Anon & Alateen	832-7094	MD Poison Center	(800)222-1222
Alcohol Enforcement	313-4776	Nar-Anon	566-4022
Alcoholics Anonymous	442-5852	Narcotics Anonymous	(800)317-3222
County Alcohol/Drug Advisory Board	313-3784	Office of Substance Abuse Impact Services	313-3784
County Health Dept.	313-6202	Parents' Stress Hotline	243-7337
County Juvenile Justice	461-0345	Party Buster's Hotline	313-2929
Crisis Intervention Hotline	531-6677	Police Department	313-3200
Drug Abuse & Information Referral	(800)662-HELP	Police Youth Division	313-2620
Drug & Alcohol Center	313-6200	Runaway Hotline	(800)621-4000
Drug Tip Hotline	290-DRUG	Sheppard Pratt	381-5481
Family & Children Services	997-3557	Treatment Info Ctr.	(800)711-6375
Legal Aid	480-1057	Tough Love	442-1853
		Youth Crisis Hotline	(800)422-0009

The Parent Information Network

Newsletter Staff:

Barbara Barnow, Editor
Eva Granzow, Mt. Hebron High School
Marcia Harton, Centennial High School
Barbara Russell, Wilde Lake High School

Frank Kues, Howard County Public
Schools Print Shop, Production

HC DrugFree Coordinator:

Laura Smit
Email: hcdrugfree@yahoo.com
Phone: 410.799.4879
Website: www.hcdrugfree.com

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and suggestions!

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