

# The New Face of Heroin: It's Not What You Think

*Heroin addiction and related deaths are increasing and the usage trajectory is epidemic, spanning all ages, all races, and all socio-economic backgrounds.*

**Monday, November 10, 2014**

**7:00 – 9:00 PM**

**Superior Air-Ground Ambulance Service**

**395 Lake Street Elmhurst, IL**

*This program is free and open to the public. Walk-ins are welcome, but registrations are appreciated, so that adequate seating is available for all.*

*To register by November 7, please call 630-530-3010 or visit*

*[www.tinyurl.com/HeroinForum111014](http://www.tinyurl.com/HeroinForum111014)*

## **Program Will Feature:**

***Dr. Richard Jorgensen, DuPage County Coroner***

- Learn about the production, distribution, and demographics of heroin use and abuse in DuPage County
- Learn the physiology, short- and long-term effects of heroin addiction
- Learn about Narcan treatment protocol and how they have saved lives

***Matthew Quinn, MA, LCPC, CADIC, Elmhurst Memorial Hospital***

***Corey Worden, MA, LCPC, Linden Oaks at Edward***

- Learn what is beneath this growing problem – A substance abuse epidemic
- Learn practical things that YOU can do – Tips, ideas, resources for help

**Sponsored by the City of Elmhurst's Commission on Youth**



Elmhurst Memorial  
Healthcare

**LINDEN OAKS**

Heroin Epidemic – **So what do we do now?** – Corey Worden, MA, LCPC, CADC & Matt Quinn, MA LCPC

Paving the way are the 3 primary “legal” drugs – Alcohol, Prescription Drugs, Marijuana

- Alcohol **2006-2014: Illinois Youth Survey (IYS)**
  - **Still the most commonly used drug** with 45% of 12<sup>th</sup> graders reporting use in the past 30 days
  - More alarming is that **1 in 4 report binge drinking the past 2 weeks** and it is on the rise
    - Defined as 5 drinks in a single sitting
- Prescription Drugs **2012: Centers for Disease Control / 2006-2012: IYS**
  - Prescription drug overdose is now **the leading cause of injury death** in the United States
  - Each day, **46 people** die from an overdose of prescription painkillers\* in the US.
  - Health care providers wrote **259 million** prescriptions for painkillers in 2012
  - More people died due to prescription medication overdoses than heroin/cocaine overdoses combined
  - Rising use among adolescents over the past 6 years, specific data in this area is very difficult to track because we’ve done a really poor job of understanding this as a problem
- Marijuana **2008-2014: IYS / 2012: Monitoring the Future Study**
  - Percentage of adolescents using **marijuana daily has increased significantly in the past three years** (now roughly **1 in 15 seniors use daily**). And **1 in 4 seniors have used in the past 30 days**.
  - **Perceived risk of marijuana use has declined sharply in the past ten years** (drug use tends to increase as perceived harm decreases – evidence suggests this to be true) – examples include decreases in use of tobacco, inhalants, synthetic marijuana
  - **Medical Marijuana** – Has reshaped the landscape from which we view marijuana, no research studies endorse safety for adolescent use

Crash Course on the Adolescent Brain – **NIDA for Teens**

- Complexity of the brain – many different parts working together as a whole
- Drugs affect **three primary areas of the brain**:
  - **Brain stem** – in charge of all the functions needed to stay alive
    - Primary functions: breathing, blood circulation, digesting food, movement, sensory (lets the brain know what is happening to the body)
  - **Limbic system**
    - Primitive functions: survival – emotions and motivations, fear/anger, pleasure center, sex and eating
    - Motivates repeated behaviors, especially pleasurable ones – behaviors are learned and stored
  - **Cerebral cortex** – “higher brain” function
    - Functions:
      - vision, hearing, touch, movement, smell
      - thinking and reasoning
      - determines intelligence and personality, motor function, planning and organization, touch sensation
  - **Communication**: Neurons, Neurotransmitters, Receptors, Transporters
    - (visual aid used to simply explain this is how the brain communicates – transmitter-to-receptor)
- We know there are at least two ways drugs work in the brain:
  - **Imitating the brain’s natural chemical messengers**

- **Over-stimulating the “reward circuit” of the brain**
  - Some drugs, like marijuana and heroin, have chemical structures that mimic that of a neurotransmitter that naturally occurs in our bodies/“fools” our receptors, locks onto them, and activate the nerve cells sending abnormal messages through the brain
  - The “Reward” Circuit and **Dopamine**
    - Pleasure and reward are communicated to the brain – drugs take control of the system, causing large amounts of dopamine to flood the system (the difference in dopamine release can be compared to the difference between someone whispering in your ear versus shouting into a microphone)

**So why is the brain so important?** Addiction vs. Abuse 2012: NIDA, 2012: IYS

- Brain growth and development occurs throughout life with rapid changes occurring during the critical period of adolescence into the mid-to-late 20s
- Addiction: What is drug addiction? **Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.**
  - Addiction is a chronic condition with a variable course and no known cure
- If you are going to get addicted it will likely happen in adolescence 2012: NIDA, 2012: IYS
  - **90% of addiction begins in the teen years**
  - Among those who have ever used one or more of the gateway drugs, first use is between ages 14 and 15 (**14.3 years old**). [2012 IYS]
  - **Alcohol: 7800 new users (ages 12-17) per day – Rx pain relievers: 2500 new users (ages 12-17) per day – Marijuana: 3700 new users (ages 12-17) per day [2010 NSDUH statistics]**
- **Abuse = preventable**
- **Addiction = treatable**

**So what should you look for?**

**Warning Signs** – the problem with some of the warning signs is that some of the characteristics may reflect “normal” adolescent development. The key tends to be noticing several of these at once, if they occur suddenly, or are extreme.

- **Personality and mood changes, unexplained mood swings:** anger outbursts, irritability, defensiveness
  - Secretive, privacy: there is no right to privacy
  - Withdrawn, Isolative Behavior
- **Changes in friends/peer group:** specifically, changing to friends whom you suspect may use
- **School problems:** low grades, attendance, behavior
- **Physical/Mental problems:** poor concentration, memory lapses, slurred speech, lack of coordination
- **Attitude of indifference:** low energy, diminished appearance, decreased involvement
- **Missing possessions,** missing money

It’s okay to trust your kids but be realistic – if you are seeing these signs it’s time to take action **Benefit of the Doubt**

Parents – **So what can you do?**

- **Actually, you can do much more than you know** – research shows that teens that learn about the risks of alcohol and drugs from their parents are up to 50% less likely to use (NCADD)
  - Active Parenting – be involved

- Reach out to your child – then reach out again – then reach out again – then again
  - Attitude
    - Clear message
    - Monitor, Supervise, Set boundaries
    - Enforce rules, consequences
    - Profound, persistent – “Be a parent, not a friend”
    - Role modeling: Your own excess? Rx meds
- **Breathe**
  - Empathy: how your behavior affects others – in charge of your own feelings
  - Focus: listen to your self, what is your purpose: Success or Avoiding Failure?
  - One of the best questions: “Has anyone ever offered you drugs?”
- **Listen**
  - Listening vs. Advice
  - Honor the positive, reinforce the good – Kid falls down, doesn’t need lecture on gravity
- **Be Quiet**
  - Manage your own discomfort – you are your child’s model for this
  - Listening requires you to close your mouth, does not involve “waiting for your turn to speak”
  - Be interested
- **Clarify and Problem Solve**
  - Open-ended questions
  - “Tell me more”
  - Ask “What do you think?” – “Do you want to know what I think?” – “Can I be helpful in some way?” – “What are some of the reasons you think those kids were drinking?”
- **Repeat**
  - I’m asking you to move towards your children – have a relationship with them, be interested in them, because you can’t just have a talk about drugs out of the blue one day – this is an ongoing process
  - Empowering your children to make good decisions is a process, the development of the brain is a process, the development of a warm, supportive relations with your child is a process
  - It’s your child, not a checklist