

Excerpted from:

Brave New World: Medication and the Culture of Drugs Today

By Veronica Bennett, January 2006

From the treatment of learning issues, psychological disorders and depression to mood and performance enhancement, we have entered a new phase of drug availability and acceptance. Although this may seem new to parents, it is the only playing field our children know.

The decision to medicate a child for attention, emotional or behavioral issues must be made with a complete understanding of all factors affecting the child—at home and in school. Dr. Alan Wachtel, the Director of Familyhealth Associates and a professor of psychiatry, stressed the importance of establishing a clear medical diagnosis. Once a diagnosis is made, it is still necessary to consider whether the problem is negatively impacting the child's growth and development as a person, explained Dr. Wachtel. If there is no negative impact, other interventions should be tried. Dr. Ralph Lopez, a renowned pediatrician specializing in adolescent medicine, agreed that other alternatives to medication must be explored, including whether there is a good match between the school and the child. "The fact that you respond to medication doesn't mean that you need it," he said. Communication among the school, the parents and the doctors is important, and forgoing treatment when it is warranted puts a child at risk of self-medication. Dr. Lopez stated plainly, "They will find something to make themselves feel better."

Dr. Wachtel dispelled the notion that children who are medically treated will be more likely to abuse medications—if you successfully treat and monitor a child, his risk of substance abuse is about the same as anyone else's. Dr. Wachtel noted that children who are properly treated with stimulants generally do not abuse them because they are respectful of the help the medication provides. On the other hand, friends of the medicated child may be a different story.

Statistics show that adolescents increasingly abuse prescription and over-the-counter drugs instead of illicit drugs. That children are abusing their friends' drugs demonstrates the reality that drugs are accepted and available. Kevin McEaney, Executive Vice President of Phoenix House, said, "Access is a very important part of why people take drugs." Statistics show that adolescents increasingly abuse prescription and over-the-counter drugs instead of illicit drugs. Mr. McEaney reported that 18% of 12-to-17 year olds have abused the prescription painkiller Vicodin, and 10% of such children have abused OxyContin. In addition, 2.3 million teens (approximately 1 in 11) have taken a prescription stimulant without a prescription and 2.2 million teens have abused an over-the-counter cough medicine to become intoxicated.

Fueling this national trend of abuse is that we have become a drug dependent culture. "Drugs manage all the discomforts of our lives—social, emotional and physical," Mr.

McEneaney stated. We need to teach children how to live within this culture because they don't understand the dangers, he said. They assume that if a drug is in their house or sold over the counter it can't be that harmful. Yet, he stressed, many of the drugs that children abuse are extremely addictive.

Mr. McEneaney offered several reasons why teens abuse drugs: performance enhancement, self-medication, stress relief and social use. Dr. Wachtel added that performance enhancement is evident not only in the abuse of prescription stimulants but also in children's everyday use of highly caffeinated drinks such as "Red Bull." He warned that, **"We have become a culture that is encouraging people to outperform themselves rather than be themselves."**

Stress can cause some children to self-medicate, but eliminating stress is not necessarily the answer. Dr. Lopez cautions that "stress is not bad" and can lead to learning; it depends on how much is put on a child. Parents must give their children real experiences and allow feelings of frustration and unhappiness.

To combat the temptation to use drugs, parents should throw out old medications, count current medications, and know their school's policy on dispensing drugs. Signs of abuse include insomnia, behavioral changes, empty bottles, or missing medications. Mr. McEneaney urges parents to err on the side of caution because it "doesn't take long for a child to go down a slippery slope."

Dr. Lopez agreed that parents must take action if they see signs of drug use. Both parents—even parents living apart—must sit down with the teen and talk things over. If drug testing is under consideration, parents should agree on an approach and discuss it openly with the teen and his doctors. Dr. Wachtel added that, if he or she protests, parents may have to say, "I am willing to have you angry at me tonight in the service of tomorrow." When signs of drug use are apparent to parents or teachers, the problem may have already "gone to a dangerous place," noted Mr. Nelson. "Those who really know who is in trouble are the kids.

Alcohol is the most common substance abused by teens. Dr. Wachtel said that middle schoolers pause about marijuana use, but not alcohol. The panelists ask us to examine our own attitudes toward alcohol and the messages we pass along to our children. Mr. McEneaney focuses on one word—intoxication—and stresses that there is nothing "recreational" or acceptable about drinking to become intoxicated. Mr. Nelson added that "astonishing numbers of parents...provide alcohol for kids in and around New York City." This is particularly disturbing because recent studies show that alcohol use in early years may inhibit brain development and cause permanent impairment. It's a brave new world, but with parental supervision and expert support we can help our children navigate the course.