

## Rockhurst's Health and Wellness Program:



As adults who care, we keep tabs on student substance use information from a lot of different sources. Be it Psychemedics Corporation (drug testing company), September 30<sup>th</sup> guest speaker Mr. Robert Strutman (<http://thestutmangroup.com/>) or FCD Educational Services (author of our 2011 Student Attitudes and Behavior Survey) , we almost always learn best from our students themselves about the alcohol and other drug topics most currently on their own minds.

What questions are the adolescents in your life asking about alcohol and other drugs? What conversations are they having in their social circles? To help Rockhurst prepare for the new school year, FCD asked their Prevention Specialists what students are buzzing about in their prevention schools this past year.

The following is a brief review of the current trends on kids' minds and their actual patterns of use in school communities similar to ours.

From e-cigarettes to YouTube, here's what to prepare for this year:

---

### **Alcohol - still - and what else? The importance of "Generational Forgetting"**

Alcohol remains the most popular drug of both use and conversation among adolescents today. Among the over 6,000 middle and upper school students who took the *FCD Student Attitudes and Behavior Survey* in January through July of 2015, 41% had used alcohol in the past year, compared to just 15% of students who had used marijuana or cigarettes during that time. And compared to alcohol, tobacco/nicotine, and marijuana, we know from our survey that other drug use among students is much, much lower across our hundreds of U.S. and international school communities.

Yet, not using a substance does not always mean students are not curious about it and/or open to future use. In fact, currently there are a variety of other substances on students' minds that could present risks to their health.

Many of these substances may appear new to you or your students at first. In reality, almost all are the same legal or illegal substances that have always existed. What has changed is the look, marketing, and social perception of these substances over time, so that students may view them as novel and as less harmful than their precursors.

The U.S. National Institutes of Health calls this phenomenon "generational forgetting," a societal condition where the knowledge of certain drugs' adverse consequences fades when one generation grows into adulthood and a new crop of teens takes its place. In its piece, "Generational Forgetting and Effective Treatment," the Hazelden Betty Ford Foundation parallels the phenomenon of generational forgetting to fashion trends - skinny jeans and neon were big in the 1980s, and now they're again in vogue. This too is the case with "new" drugs on kids' minds currently - they carry the same old risks.

**An important note about marketing in the face of "Generational Forgetting."** At the hub of generational forgetting are the new marketing methods and social narratives that now surround alcohol and other drugs for our students. Internet sales, YouTube product reviews, and new industries are increasingly visible to young people, and we as caring adults can help them safely navigate this terrain for their health benefit.

So what substances are once again "back" in our classrooms?

---

### **Powdered alcohol**

A new powdered alcohol product called Palcohol was made available last spring after much publicity and preemptive bans on its sale in multiple U.S. locations. Palcohol is the latest in a centuries-long series of entrepreneurial attempts to market molecularly-encapsulated ethanol. The product can be handled as a powder and reconstituted in water to produce an alcoholic beverage. Since the 19th century, scientists and researchers have considered introducing a powdered alcohol product into international food markets. For instance, in 1976 General Foods was granted, but did not use, a patent for the product. In the early 2000s, European companies reintroduced the idea of powdered alcohol and this time geared the product toward the teenage consumer. Regulatory hurdles made recent products hard to sustain in their marketplace, however. Palcohol most recently was successfully introduced into the U.S. market and sells as powdered vodka, rum, and other cocktails.

In the United States, the Food and Drug Administration evaluated the regulatory status of the non-alcohol ingredients added to Palcohol, but claimed no legal basis on that authority to ban the product from market. Subsequently, governing bodies and individual lawmakers have proposed and enacted bans on the product in their particular states. In 2014, Vermont, South Carolina, and Louisiana enacted laws to ban the sale and possession of powdered alcohol products; Virginia, Indiana, Tennessee, North Dakota, Utah, Washington, Nebraska, Nevada, Georgia, Kansas, Alabama, North Carolina, Ohio, Hawaii, Oregon, Illinois, Maine, Connecticut, and New York followed suit in 2015.

Palcohol is being marketed to travelers, outdoor enthusiasts, and airline and hospitality executives as a convenient way to carry, consume, and presumably conceal alcohol. The potential for abuse and accidental ingestion by young people are what most concern health authorities at this time. Proponents say the convenience of the product outweighs its consequences, while opponents assess that the potential health and safety issues surrounding the drug make it, at least initially, more risky than liquid alcohol.

As an educator, we might use any student buzz around powdered alcohol to reaffirm how all use equals risk. Distributors of Palcohol say it is safer than liquid alcohol, and others directly disagree. In reality, alcohol is a drug that is riskier to use as a teen than it is for an adult, and is a potentially addictive substance and an intoxicant for all ages.

---

### **New forms of synthetic, psychoactive drugs**

In the early 1990s, the drug MDMA (3, 4-methylenedioxy-methamphetamine) went by the name Ecstasy and was aligned with rave culture, then demonized. Now "Molly" is the preferred street name for MDMA.

Until a recent highly-publicized group of hospitalizations and deaths related to the drug's use among college students made it appear dangerous to the public, Molly was again becoming acceptable within youth culture.

---

Bath salts, Spice, and other "designer" drugs are also recognizable by name to teens, and like LSD or PCP, are born in the chemical laboratory. The perception and sometimes reality that these trendy, synthetic drugs are easy for teens to access through internet sales may create the notion in kids that, if it's available *to* them, it can't be that dangerous *for* them.

**Synthetic marijuana.** Synthetic marijuana is a designer drug that mimics the effects of cannabis. Chemicals are sprayed onto dried, non-cannabis plant materials and branded with names like K2, Spice, Kush, or Klimax.

Due to its makeup, since 2012, officials have attempted to ban synthetic marijuana as a product and substance by making illegal the chemicals commonly used in the drug.

However, producers of the drug are able to stay ahead of the law. They do so by continuing to market synthetic marijuana that has been modified slightly to include chemicals similar to, but not yet on, a growing list of those banned.

Untested in so many of its forms for health effects, synthetic marijuana can be extremely dangerous to young people and others using it. Immediate harmful effects described from emergency room visits associated with the drug are vomiting, increased blood pressure, hallucinations, and even seizures. Often, medical staff cannot easily assess what combination of chemicals a synthetic marijuana user has ingested. In 2012, approximately one third of synthetic-marijuana related emergency room visits involved 12- through 17-year-olds. While some of the chemical combinations used to create synthetic marijuana are new, the introduction of lab chemist drug markets and their risks certainly are not. This may be a worthy discussion in a social studies or health classroom.

---

### The re-branding of nicotine

Truly new forms of ingestion via e-cigarettes and vaping devices have changed the face of nicotine for teens. To illustrate this, for the first time in 2014, the U.S. Monitoring the Future Study revealed that more young people in the United States use e-cigarettes than smoke traditional tobacco cigarettes at this point in time.

Vaporizers not only provide a new product with which teens can use liquid nicotine, but also THC, the psychoactive chemical in marijuana and other cannabis, in solution. New nicotine products are marketed to appeal to a younger generation, and are increasingly accessible to teens in corner markets, at kiosks, online, and in specialty shops.

**E-cigarettes and vaping: Nicotine delivery tools.** Both e-cigarettes and other vaporizers are used to receive nicotine into the body by people who smoke, but they deliver nicotine in somewhat different ways. Each method utilizes materials that are flavored, which is one reason they are attractive to young people. According to the 2014 National Youth Tobacco Survey, e-cigarette use among teens has tripled in the past year.

E-cigarettes use a liquid known as e-liquid or e-juice, propylene glycol or vegetable glycerin infused with liquid nicotine. An "e-cig" or "e-vape" mechanism works by heating e-liquid with a battery system. The solution is heated electronically, so the ingestion of nicotine is received in the form of a vapor. Cigarette smokers like e-cigarettes because they mimic the look and feel of a real cigarette.

The World Health Organization (WHO) calls the devices' safety "illusive," noting that the chemicals they contain are often not disclosed and have not been properly tested.

E-cigarettes and other e-vaporizers are currently erroneously promoted as "stop smoking" tools, though they have not yet been vetted by official health-research bodies for their legitimate use in this way. Instead, e-vapor products for use with nicotine and THC liquids can be attractive to adolescents who smoke traditional cigarettes as well as to those young people who have never smoked. A major element of this attraction is the promotion of each product as "less harmful" than smoking tobacco. Young people find it easy to ignore the "harmful" part of the phrase and focus on the hope that e-cigarettes and vaping will not cause short- or long-term health problems for them.

As an adult who cares, it's important for you to know that vaping can be addictive, and more so for growing students whose brains and bodies are more vulnerable to the addictive properties of all substances, nicotine especially. Most teens don't like the idea of becoming addicted, but they may also fail to understand how the process of addiction works and how they are at increased risk when they are young. E-vapor, containing addictive ingredients that may range from nicotine to THC, is full of other chemicals, too, including cancer-causing ones like formaldehyde. We need more scientific study of e-cigarettes to successfully assess their full risk to consumers.

---

### **Politicized marijuana**

An enormous variety of perspectives and cannabis policies increasingly exist. Some students go to school in an area where one form of medical marijuana has been legalized, and in another community, a different model for medicinal use of the drug exists. In many places, the possession of marijuana is decriminalized, and in these communities, many students confuse decriminalization with legalization of use. In places where use is, in fact, legal, it remains not so for adolescents, but can still contribute to the perception among youth that the drug is not risky for their own consumption. As the teen brain develops, the reverse is likely true. Health authorities continue to speak of compelling research about the serious risks marijuana poses to the teen brain, body, and overall development. As the introduction of new forms of marijuana products and services, like a booming edibles market, takes place in pockets across the U.S., new interest and risk is piqued among kids.

As an educator and as a parent, keep in mind two specific issues facing students today relating to the marijuana. First, perception of risk is reduced. There is a minimum age for marijuana use in states where medical or legal use is allowed. The age restriction is due to the risk of harm to young people whose intellect, emotions, and reasoning abilities can be damaged by intoxicants that change brain function. Reduced perception of risk has been shown to increase use of marijuana among adolescents, yet the real risk of harmful effects remains the same as it always has been. Parents are also being influenced to believe that marijuana doesn't pose as great a risk to young people when it becomes legal. A teenage brain is unaware of laws, and it reacts to the addictive potential of marijuana more acutely than does an adult brain. The more our communities can share this information about teen risk, the less likely students and adults will be to discount it.

Second, as medical and legal use of marijuana reduces risk perception, use by kids below the legal age surges, due to increased access. It is extremely important that we not lose sight of the reality that marijuana use presents very real risks to the health and well-being of young people, precisely because they are young. If accessibility increases in your community for those over 18 or 21, it will also increase for those of younger ages. Have conversations with your students about the changing climate, and help them identify ways to keep themselves most healthy during these times.

## The good news!

FCD Prevention Specialists often learn as much about new trends by listening to students as we do by scouring information from reliable professional resources. We also collect information about student trends through a different means of their own self report, the *FCD Student Attitudes and Behavior Survey*. The good news is, despite all the hype that might surround an adolescent discussion about alcohol and other drugs, your students are generally very healthy, and intend to stay that way!

---

## What the data shows us

We took a look at our most recent *FCD Student Attitudes and Behavior Survey* data from 6<sup>th</sup>-12<sup>th</sup> grade students, and here's what we found:

Providing accurate information to parents, schools, and students will not only bolster overall prevention, but it will help reduce use by clarifying real risk factors and the reality that most adolescents are making healthy decisions. Keep an eye on the trends, but also keep talking to your healthy kids! They've got a lot to say, and a lot to learn alongside the adults in their lives who care.

---

## Resources

Hill, KP. *Marijuana: The Unbiased Truth about the World's Most Popular Weed*. Center City, MN: Hazelden Publishing, 2014.

Miech, RA, Johnston, LD, O'Malley, PM, Bachman, JG, and Schulenberg, JE. *Monitoring the Future national survey results on drug use, 1975-2014: Volume I, Secondary school students*. Ann Arbor, MI: Institute for Social Research, The University of Michigan, 2015.

Morton, Heather. "Powdered Alcohol 2015 Legislation." *National Conference of State Legislators*. 14 Aug. 2015. Web. 7 Oct. 2015. <<http://www.ncsl.org/research/financial-services-and-commerce/powdered-alcohol-2015-legislation.aspx>>.

NIDA. "Tips for Parents to Prevent or Reduce Youth Alcohol, Tobacco or Drug Use." *Parent Tips Page*. Hazelden Betty Ford Foundation, 15 Feb. 2002. Web. 7 Oct. 2015. <<http://www.hazelden.org/web/public/resparenttips.page>>.

Perez, Evan, Shimon Prokupecz, and Wesley Bruer. "Summer Surge of Synthetic Marijuana Causes Overdoses, Crime." *CNN Politics*. CNN, 4 Aug. 2015. Web. 7 Oct. 2015. <<http://www.cnn.com/2015/08/04/politics/synthetic-marijuana-overdoses-crime/>>.

SAMHSA. "SAMHSA Data." *Emergency Department Data / DAWN*. U.S. Department of Health and Human Services, 4 Dec. 2014. Web. 7 Oct. 2015. <<http://www.samhsa.gov/data/emergency-department-data-dawn>>.

Tavernise, Sabrina. "Use of E-Cigarettes Rises Sharply Among Teenagers, Report Says." *Health Section*. The New York Times, 16 Apr. 2015. Web. 7 Oct. 2015. <[http://www.nytimes.com/2015/04/17/health/use-of-e-cigarettes-rises-sharply-among-teenagers-report-says.html?\\_r=0](http://www.nytimes.com/2015/04/17/health/use-of-e-cigarettes-rises-sharply-among-teenagers-report-says.html?_r=0)>.

