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Teens and the Opioid Epidemic

Think twice about filling that painkiller prescription.

By Jaimie Seaton

If your teenager has had wisdom teeth removed, it's possible the dentist sent them home with a prescription for an opioid such as Percocet (oxycodone) or Vicodin (hydrocodone).

Prescription opioids were developed to treat severe pain, but in the past two decades, they have been marketed for widespread use.

The rapid-release painkillers are chemically similar to endorphins, the body's natural pain reliever. Opioids also release the hormone dopamine, which creates a feeling of euphoria.

While they are effective for treating pain, they may not be necessary. A

new study has found that they are no more effective than non-opioids. (In this study, they were specifically tested in treating back, hip, and knee pain.)

Most concerning is that opioids are extremely addictive. They pose a huge risk for kids who may start off taking them for legitimate pain relief, but get hooked.

Addiction Can Happen Quickly

"They're playing Russian roulette," says Donlon Wade, who has been a

teen substance misuse counselor for over 40 years. "They take one and get a pretty good high, and it either scares them away because the cravings come so quickly—or, instead, they want to repeat the euphoria."

When the bottle of pills is gone, the addiction continues. This can lead the teen down even more dangerous paths. Wade treated a teenage girl from an affluent community who sold everything in her home while her parents were away in order to buy opioids, which cost at least \$1 per milligram on the street. In extreme cases, this can translate into an \$80-per-day (or more) habit.

“If your child is having surgery, talk to the doctor about whether they actually need a narcotic.”

“We often see patients who may have started using prescription opioids and then start using heroin or fentanyl because it’s less expensive and gets to a more potent high,” says Sarah Bagley, a pediatrician and specialist in adolescent addiction at the Grayken Center for Addiction at Boston Medical Center.

What Can Parents Do?

If your child is having surgery, talk to the doctor about whether they actually need a narcotic. Dr. Bagley says it’s perfectly reasonable to have that conversation with your provider and share in the decision.

“There are still going to be times when opioids are indicated,” says Dr. Bagley. “We don’t want teens or other people to be in pain, but there are times when we can treat with non-opioid medication.”

If the doctor does prescribe an opioid, keep careful track of the pills.

“Parents can play a really important role by being aware of how many pills are prescribed, keeping them in a secure location, and monitoring what their child is taking,” says Dr. Bagley. “Once the pain is resolved, you really want to take those extra pills and dispose of them.”

Police departments, pharmacies, or city offices often have safe depositories to dispose of leftover or excess prescription medications.

Look for the Warning Signs

Wade says the signs that indicate opioid abuse are the same as for other types of drugs or alcohol.

“If grades start going, if money starts disappearing, if their attitude changes, if secrets start flying, you’ve got some issues,” says Wade.

Dr. Bagley says that if you notice changes in behavior, then you should work with a healthcare professional to figure out what’s going on. Your child may have become more withdrawn and moody for other reasons—depression or anxiety, for instance—but you won’t know until you investigate.

“It can be hard; you need to trust your parental gut,” says Dr. Bagley.

Prevention Starts with Communication

An open, honest relationship with your child is the best preventative measure you can take, both experts say.

“They need to be able to talk to you in a way that’s safe, so they are not going to be punished about what they share,” says Dr. Bagley.

It’s also important to continue providing structure. Be aware of where your child is after school and on the weekends. Set rules and stick to them.

“Something that will really help is the quality of the relationship you have with your child,” says Wade. “If you’re not in communication, and not doing things with them, you have a good chance of never knowing all this stuff is happening.”

This Disease Responds to Treatment

Dr. Bagley stresses that it’s important for parents to understand that addiction is a disease, not a moral failing, and that treatment works.

“When families are in the throes of this, they forget that teens can get better—do get better,” she says. “But it’s a condition that’s going to require continuing care over time.”

If you suspect your teen is using opioids, reach out to your family medical provider, who may refer you to a substance misuse counselor, or an organization that offers support to addicted people and their families.

Above all, do something. Ignoring the problem will not make it go away. ■

RESOURCES FOR PARENTS

Substance Abuse and Mental Health Services Administration (SAMHSA) has a Behavioral Health Treatment Services Locator on their website at findtreatment.samhsa.gov. Their hotline, 1-800-662-HELP (4357) offers free, confidential information in English and Spanish for individuals and family members facing substance abuse and mental health issues 24 hours a day, 7 days a week.

For more information, also see National Institute on Drug Abuse at drugabuse.gov and Partnership for Drug Free Kids at drugfree.org.





STRESSING ABOUT Schoolwork

PARENT

By **Evan Mermelstein**



In my experience, parenting a toddler, a child, and a younger adolescent involves direct instructions and responses.

Parenting a teenager, on the other hand, involves more indirect participation.

I want to allow my teenager to have independence, to try new things, and have new experiences, but the flipside is that she is still a child and needs parental assistance on major decisions that may impact her future.

My daughter, a high school sophomore, is trying to maintain a delicate balance between overloading herself with things that will impress colleges and what she can successfully handle, stress-wise.

She is an overachiever who will accept responsibility for too many of these supposedly impressive things. When she eventually gets overwhelmed, she has a meltdown because she is unable to complete them all to her exacting standards.

It appears to me that she is not alone: High-achieving high schoolers are caught between a rock and a hard place when it comes to satisfying college admissions offices. Because they want to gain ad-

mission to the best possible college, they cannot enjoy their high school years.

With my daughter, I have found that my simple counseling will not change her internal drive. For example, I have suggested that she either learn to be okay with not completing everything, or find a new friend group—as her friend group generally includes similarly driven individuals. But neither solution is acceptable to her.

I also had her meet with a college counselor to get an independent opinion about her college application readiness. The counselor told Ilana that she is in great shape for admission to a high-level college, but this has not lowered her desire to overachieve.

Thus, I have become more reactionary than proactive: My daughter gets overwhelmed and has an emotional meltdown. We try to talk through it and figure out how best to overcome it, and eventually she moves past it. We then await the next situation which will lead to a similar breakdown.

I am hopeful that there is something I am missing that can help her avoid or reduce this vicious cycle.

Evan is fortunate to both like and love his two children, ages 18 and 16. When not working, he likes to write poetry, listen to '70s music, and hang out with the family dog, Ruby, and the family cats, Zeus and Lilo.

TEEN

By **Ilana Mermelstein**



I'm currently trying my best to get through my sophomore year of high school, although high school is seemingly becoming less and less

about high school—and more about college.

Everything we do is to prepare us for the next step, whether it be the PSAT, the SAT, or end-of-course testing. Whatever that next step may be, the end goal is always college.

Sure, it seems a bit unnecessary so early on, but the sad part is that it isn't. College has become so competitive that doing your best doesn't seem to cut it anymore. If you aren't piling on more than you can handle, you're behind. All this competition and preparation and stress is quite overwhelming. Nevertheless, we all feed into the culture of preparing for college because there isn't really another option.

What is it like to cope with the pressure of the impending college process? Stressful, but in a weird way. I look forward to researching the place where I'll be spending four years. Writing college essays sounds thought-provoking and inspiring. Touring possible schools looks