Beer, Bongs and Bullying: The Connection Between Adolescent Substance Abuse and Bullying Behavior

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Learning Objectives
- Overview of bullying behavior
- Types of bullying
- Types of bullies
- Types of victims
- Connection between bullying and substance abuse

The Adolescent Brain
- Not fully developed until age 24-26
- Thinking brain very little; feeling brain is very big
- Impulse control is almost non-existent
- “That looks like fun; let’s do it NOW!”
- Unable to complete tasks with multiple steps
- Main point of reference - friends (no longer family)

Overview of Bullying Behavior
- Bullying is defined as the use of one’s strength or status to injure, threaten, or humiliate another person
  - Bullying can be physical, verbal, or social
  - It is not bullying when two students of about the same strength argue or fight

Learning Objectives
- Overview of adolescent substance abuse and addiction
- Current adolescent drug trends
- Interventions
- Resources
Overview of Bullying Behavior
• Bullying can have several outcomes and long-term effects lasting into adulthood
  – Among these are depression, anxiety, and substance abuse
• Bullying has also been tied to several incidences of school violence and mass murder

Overview of Bullying Behavior
• Younger teens are more prone to physical bullying
• Older teens are more prone to types of bullying that are more subtle and harder to detect (especially cyber bullying)
• Physical bullying is more common with boys
• Verbal and emotional bullying is more common with girls (especially exclusion)

Why Do Some Kids Turn to Bullying?
• The short answer is:
  – It solves their social problems
    • After all, it is easier to bully somebody than to work things out, manage your emotions, and learn to solve problems

Why Do Some Kids Turn to Bullying?
• And the long answer is...
  1. Problems at Home
    • Bullying is often a learned behavior
    • Children who experience the following are more likely to direct their anger toward other children:

Why Do Some Kids Turn to Bullying?
– Neglect
– Inadequate adult supervision
– Conflict between parents
– Physical, emotional or sexual abuse
– A lack of warmth and affection at home
– A lack of rules and consequences

Why Do Some Kids Turn to Bullying?
2. Personality
• No one wants to raise a bully, but some teens have personality traits that may make them more likely to taunt or ridicule others
• Studies show that bullies tend to be:
  – Aggressive
  – Impulsive
Why Do Some Kids Turn to Bullying?

3. Stress

- Teens are more stressed than ever, and some are acting out by directing their frustrations at other teens
- Academic pressure or poor performance at school
- Family conflict

4. Overconfidence

- Experts used to believe that bullies tortured others to compensate for their own low self-esteem, but research now shows that most bullies feel pretty good about themselves

5. Insecurity

- While some bullies are extremely confident, others pick on their peers because of a deep and pervasive insecurity
- They may think that harassing another teenager will impress their friends, make them more popular or get a laugh

Why Do Some Kids Turn to Bullying?

- Dominating
- Lacking empathy and social skills

- Of course, biology is not destiny, and teens who grow up in happy, loving homes are perfectly capable of growing into caring, well-adjusted adults

Why Do Some Kids Turn to Bullying?

- Lack of friends or a support network
- Concerns over physical appearance
- Being bullied themselves
- By attacking other students, bullies gain a sense of control over their lives and an artificial sense of superiority

Why Do Some Kids Turn to Bullying?

- Whether they are smarter, taller, richer, more popular or better looking than other teens, something causes them to feel superior
- Being cruel to others makes them feel powerful and gives them a place to direct their anger
What Attracts A Bully To His / Her Victim?

- Personal vulnerabilities (introverted, anxious, submissive)
- Few or no friends
- Popular or well-liked (especially attractive to mean-girls)
- Physical features that attract attention
- Illness or disability

What Attracts A Bully To His / Her Victim?

- Racial differences
- Religious or cultural differences
- Sexual orientation (bullied for being homosexual)

Cyber-bullying

- Cyber-bullying is an old problem that has advanced from writing derogatory comments about someone on the bathroom walls at school to technology
- Cyber-bullying occurs when a teenager or pre-teenager uses the Internet, or any form of electronic communication, as a weapon of choice to threaten, harass, torture, or humiliate another person

Cyber-bullying

- Cyber-bullies use the internet or a cell phone to threaten, spread rumors or post images / videos of their victims
  - Instant Messaging
  - Text Messages
  - Videos and photos
  - Facebook, Instagram, SnapChat, Twitter, Pinterest, Vine

Cyber-bullying

- Method:
  - Kids gang up on their victims in text wars or text attacks as well as social media

Types of Bullies

- Aggressive bullies
  - Most common type, physically strong, impulsive, hot-tempered, belligerent, fearless, coercive, confident, and lacking in empathy, motivated by power and the desire to dominate others, likely to make negative attributions, often seeing slights or hostility in those around them where neither actually exists
**Types of Bullies**

- Passive bullies
  - Insecure, much less popular than aggressive bullies, low-self esteem, few likable qualities, unhappy home lives, difficulties concentrating and focusing their attention at school, violent outbursts or temper tantrums that lead to problems with their peers, tend to hang back until bullying is already under way -

- Bully victims
  - Small percentage of bullies who have been seriously bullied themselves, often physically weaker than those who bully them but are almost always physically stronger than their own victims, possess some of the same characteristics as provocative victims

**Types of Victims**

- Passive victims
  - Do not directly provoke bullies, largest group of victimized children, socially withdrawn, anxious, depressed, fearful, have poor self-concepts, fewer if any friends, lonely and sad, more nervous about new situations, attractive targets for bullies who are unusually competent in detecting vulnerability

- Bully victims
  - Easily aroused and sometimes provoke others who are clearly weaker than they are
  - Bully-victims are generally unpopular with their peers, and they are more likely than other types of bullies to be both anxious and depressed

- Early grades: crying, withdrawal, anger
- Upper grades: avoid, escape (e.g., being absent from school, running away from home, substance abuse)
Types of Victims

• Vicarious victims
  – Surrogate victims, witness or hear about bullying incidents at school, victims of the school’s climate of fear, worry about their own potential to become targets of bullying

• Vicarious victims
  – As a result of this perceived vulnerability as well as concern about direct retribution from bullies, they choose not to help bullying victims or report bullying incidents even though they often feel sympathetic - which often leads to feelings of guilt

• False victims
  – Complain frequently / without justification to teachers about being bullied by their classmates as a bid for attention and sympathy from the teacher

• Problematic for two reasons:
  1. These children need to learn that there are legitimate ways to get attention
  2. Teachers who may be unsympathetic about the problem of bullying could use this behavior as an excuse to ignore all complaints about bullying

• Perpetual victims
  – Have been bullied most of their lives, may develop a victim mentality as a permanent part of their psyche

• Provocative victims
  – Behave in ways that arouse negative responses from others (anger, irritation, exasperation);
  – Possess a cluster of characteristics that are likely to disrupt a classroom and lead to social rejection by peers, including irritability, restlessness, off-task behavior, and hostility;
Types of Victims

- Provocative victims
  - Often display characteristics of other groups of children as well - including pure bullies (i.e., they have elevated levels of dominant, aggressive, and antisocial behavior and low levels of tolerance for frustration) and passive victims (i.e., they are socially anxious, feel disliked by others, and have low self-esteem)

Bystanders

- Within a school or social setting, adolescents who are not bullies or victims
  - Afraid to associate with the victim for fear of either lowering their own status or of retribution from the bully and becoming victims themselves
  - Fear reporting bullying incidents because they do not want to be called a "snitch," a "tattler," or "informer"

Bystanders

- Experience feelings of guilt and helplessness for not standing up to the bully on behalf of their classmate
- Be drawn into bullying behavior by group pressure
- Feel unsafe, unable to take action, or a loss of control

Signs and Symptoms of Bullies

- May witness physical and verbal violence or aggression at home
  - They have a positive view of this behavior, and they act aggressively toward other people, including adults
  - May hit or push other children

Signs and Symptoms of Victims

- Comes home with damaged or missing clothing or other belongings
- Reports losing items such as books, electronics, clothing, or jewelry
- Has unexplained injuries
- Complains frequently of headaches, stomach aches, or feeling sick
**Signs and Symptoms of Victims**

- Has trouble sleeping or has frequent bad dreams
- Has changes in eating habits
- Hurts themselves
- Are very hungry after school from not eating their lunch
- Loses interest in visiting or talking with friends

- Hurts themselves
- Are very hungry after school from not eating their lunch
- Loses interest in visiting or talking with friends

- Is afraid of going to school or other activities with peers
- Loses interest in school work or begins to do poorly in school
- Appears sad, moody, angry, anxious or depressed when they come home
- Talks about suicide

**Results of Bullying**

- Bullies - Adolescents already engaging in destructive behavior are more likely to be involved in other destructive behavior (bullies more likely to use and users more likely to bully)
- Victims - Adolescents who are being bullied are more likely to abuse substances as a way to cope with feelings of worthlessness and to numb themselves from the stress and fear of everyday life

- Decrease in concentration levels
- Hyperactivity
- Alcohol and substance abuse, including cigarette use
- Suicidal ideation and attempts

- Problems processing emotions
- Disruptions in socially acceptable behavior
- Impaired ability to interact with others
Addition Risk Factors

- Two main questions:
  - Does the adolescent smoke
  - Is there a family history of addiction
- Age of first use (younger, higher risk)
- Learning disabilities, behavioral problems, psychological disorders
- Trauma (abuse, divorce, bullying / being bullied)

Addiction Risk Factors

- Stress (feelings of inadequacy and insecurity...little life experience to help them cope, turn to destructive behaviors)
- Quality of parenting (parents who use...or sanction use... have kids who use)

Most Common Drugs of Abuse

- Alcohol
- Marijuana
- Synthetic Drugs
- Heroin
- Narcotic Pain Relievers
- Study Drugs
- Benzos

Alcohol

- Binge drinking (availability issues), combining with Rx and OTC drugs
- Household items with alcohol:
  - Mouthwash, cold medication, cooking sherry, vanilla extract, hand sanitizer
  - Vodka-soaked tampons (male & female), vodka in eye dropper
  - “Smoking” alcohol

Alcohol

- Palchol - can be snorted, person can be dosed
- Dewshine - mixing Mountain Dew and racing fuel (methanol); 2 deaths reported in Tennessee as of 1/26/16, TN Poison Control reports additional cases
- Urine = 6-24 hrs, Hair = up to 90 days, Blood = 12-24 hrs
- Slang: handle, yack, krunk = high on alcohol and chronic (mj)

Marijuana

- More potent than 20 years ago
- Universal smoke time “420”; look for related paraphernalia
- Gas pump emoji = I’ve got weed or I need weed
- Finger hands = roach clip
- Cost per ounce can be $250 or more for high - quality
Marijuana
- Many kids deal or serve as middle-man to support use
- Urine = 30 days or more with heavy use or users w/high body fat, Hair = up to 90 days, Blood = up to 2 weeks if heavy use
- Slang: skunk weed, cookie, moonshine haze, sour diesel, blueberry OG, krunk = high on alcohol and chronic (mj)

Waxes / Oils / Concentrates
- Wax - Looks like butter / honey; also called budder $60 / gm
- Oil - Oil substance, little to no smell; $60 / gm or $50 / shot pack
- Shatter - Breakable, bendable, amber colored; $70 / gm

Waxes / Oils / Concentrates
- Bubble Hash - Water extraction method
  - Much less odor than tradition mj
- Honey Bee Extractor + Butane = most popular extraction method, extracts thc from trichomes

Waxes / Oils / Concentrates
- Cooking can easily cause explosion (pooled butane in home or room + spark from a / c, fridge = explosion)
- High are more intense, longer lasting, cause hallucinations
- Already seeing people passing out from this use, and experts believe overdoses are not far behind
- May very well change the mj user’s argument that “No one has ever died from marijuana use”

Marijuana
Trans dermal Patches / Gels / Topicals
- Hot trio of products launched 4/20/15 at Denver Cannabis Cup
- Sustained release lasts 8-12 hours
- User does not appear stoned, just relaxed

Marijuana
Trans dermal Patches / Gels / Topicals
- Delivery method similar to nicotine patch; gel is applied to inside wrist or top of foot
- Cannabis delivered straight to bloodstream
- No odor
- 10mg patch equivalent to 80mg edible
Synthetic Marijuana
- “Fake Marijuana” (but not really...)
- Foaming at the mouth, vomiting, respiratory problems, mimics psychotic episodes (hallucinations, extreme agitation)
- Drug test $40 (does not detect all formulations)

Synthetic Marijuana
- Over 400 different brand names; ex. spice, k-2, jwh-018, crazy clown, atomic bomb, baby j, krunk max, k-bomb, nightmare, purple haze, rasta spice

Synthetic Cocaine
- Bath salts
- Can be injected, snorted, or ingested
- Small foil packages left behind after bath salt usage
- Users may become paranoid, experiencing hallucinations; causes sweating / overheating
- Users may become suicidal
- Slang: Scarface, White Bull, Ivory Wave

Bath Salts: Flakka
- Raises body temp to 105-107 degrees
- Hallucinations, psychotic episodes, violence
- Users report blacking out for 2 - 3 days
- Snorted, smoked, injected, swallowed
- Cut with rat poison, insecticide
- Sold online

Bath Salts: Flakka
- Brought into United States from China
- $3 - $5 per dose
- Also called “gravel” and “$5 Insanity”

Synthetic Heroin
- Vivazen, Pegasus - liquid, sold in convenience stores
- Currently legal in majority of states as of 1 / 2016
- Also known as Mr. Smiley, Black Flame Kratom
- Kratom - Sold as a tea (natural tea extract), currently not illegal unless head shop owner refers to it as a drug; sold as liquid and capsules
**Synthetic Heroin**
- Made from leaves of tree grown in southeast Asia (mitragyna speciosa)
- In small doses, stimulant; high doses, sedative
- 30 pills for $30; $4.99 - 11.99 per bottle liquid
- Nervousness, aggression, sleeplessness, tremors

**Heroin**
- Mexican Brown Power, Black Tar; 98.6% pure
- Cost $15 for 100mg (same high as $100 - $120 worth of opiates)
- Can be injected, smoked, or inhaled; IV has become normalized
- Liquid O = black tar heroin / warm water, eyedropper vial-inhaled through nose, costs $5 - $10 / drop

**Heroin**
- Baby Heroin = Crush Tylenol PM snorted with H for first time to make snorting easier
- High risk of OD and death
- Narcan (Naloxone)-Opiate antagonist (nasal spray, injection); intubation is being used frequently now due to potency of drug

**Heroin**
- Urine = 3 - 4 days, Hair = up to 90 days, Blood = 1 - 2 days
- Slang: Aunt Hazel, Dirt, Salt

**Fentanyl - Laced Heroin**
- Called Theraflu, Bud Ice, Income Tax
- Being seen more frequently across the United States
- Fentanyl 100x more potent than morphine
- Laced heroin produces stronger high and is more addictive (creating more business for dealer)
- Many overdoses and overdose deaths are attributed to this mixture since user does not know the drug is laced

**Prescription Medications:**
- Opiates / Narcotic Pain Relievers
- Stimulants / Study Drugs
- Tranquilizers / Benzos
### Opiates / Narcotic Pain Relievers
- Lortab, Lorcet, Hydrocodone, Methadone, Oxycontin, Dilaudid, Demerol, Fentanyl
- Originally created for only two types of pain: Orthopedic surgery pain and cancer pain
- Single large dose can cause severe respiratory depression and death

### Stimulants / Study Drugs
- Adderall, Ritalin, Concerta
- Increase in alertness, attention, and energy
- Increases blood pressure, heart rate, respiration and blood glucose and constricts blood vessels
- Cost $3 - 6 per pill
- Slang: The A Train, Bennies

### Tranquilizers / Benzos
- Cost $1 - 5 per mg
- Urine = therapeutic use 7 days / chronic use 4 - 6 weeks
- Hair = up to 90 days, Blood = 6 to 48 hours
- Slang: Tranx, Bars, Valley Girls

### Opiates / Narcotic Pain Relievers
- Cost $25-50 per pill (cost pharmacy .75)
- Urine = 2 - 4 days, Hair = up to 90 days, Blood = 1 - 3 days
- Slang: PK’s, mud, nose drops, Aunti Emma

### Tranquilizers / Benzos
- Klonopin, Xanax, Valium, Ativan
- Used to treat anxiety, panic attacks, and sleep disorders
- Produces a drowsy or calming effect
- Withdrawal can cause seizure and death
- Xanax-injected gummy bears

### Education and Early Intervention
- Student education
- School personnel education and policy
- Parent education
- Community collaboration
Treatment Solutions

• Depression / Anxiety / Trauma Issues:
  – Individual therapy
  – Group therapy
  – Family therapy

• Substance Abuse Issues:
  – Intensive Outpatient Treatment
  – Inpatient Treatment

Bradford Health Services

• We are here to help!

• Emergency Consultation Service:
  – Available for on-site consultations 24 / 7
  – Crisis Response: Available for in-office consultations 24 / 7
  – Our consultation services are available to the community at no charge. If we are unable to help the patient through the Bradford program, we will do our best to connect them to the appropriate community resources

Resources

• Bullying:
  – Stopbullying.gov
  – Bullying.org
  – Charactercounts.org/resources/youthviolence/

• Substance Abuse:
  – Samhsa.gov
  – Drugfree.org
  – Drugabuse.com

For more information or to schedule a free consultation:

1-800-879-7272