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Alan Fisch, MD

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ADOLESCENT DRUG ADDICTS, PART II

Drug use in adolescence peaked in the United States in the 1970's. However, though there have been significant gains with a few reversals, drug use among adolescents continues to be an unrelenting problem with more than 50% of graduating high school seniors having used drugs. We have come to learn that there are fads and trends in the specific substances and how they are used. Some adolescents will experiment with mind-altering substances and then move on in their lives; a too large, heart-breaking percent will become hooked physiologically and psychologically, and require massive amounts of assistance to straighten out.

Several periodic surveys have evolved in the past decades to track drug misuse, the flowering of new fads, and the role of education in decreasing adolescent substance abuse.¹

1. Monitoring the Future Study.
Annual Survey of students in grades 8, 10, and 12 conducted by the University of Michigan. Website: <http://www.monitoringthefuture.org>.
2. Youth Risk Behavior Surveillance. Biannual school survey from grades 9 to 12 sponsored by Centers for Disease Control and Prevention. Website: <http://www.CDC.gov/nccdphp/dash/yrbs>.
3. National Survey on Drug Use and Health. Annual computer-based survey of household members 12 and older; sponsored by Substance and Mental Health Services Administration (SAMHSA). Website: <http://oas.samhsa.gov/nhsda.htm>.

What are the drugs of abuse commonly used by adolescents, and what are their street names?²

Tobacco: Smoke, Chew, Beedi, Snuff, Cigar, Fag, Doof, Puff, Stix, Pooke

Alcohol: Booze, Brew, Canned Heat, Red-Eye Juice, Scoops, Sauce, Brewskis, Hooch, Shine, Vino, Paint, Goof, Do It Fluid

Marijuana: Ace, Babysitter, Bamba, Bash, Binky, Blanket, Blond, Blue Sky, Bo Boom, Bush, Doob, Dope, Dust, Fu, Ganja Joint, MariJane, Nail, Pot, Reefer, Rope, Sinsemilla, Weed

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Methamphetamine: Agua, Alfie, Baggers, Bathtub Crank, Bennie, Benj, Black Beauties, Bolt, Chalk, Co-Pilot, Crank, Crystal, Dex, Diamonds, Fire Glass, Ice, LA Glass, Lid Poppers, Meth, Pixies, Speed, Tweaker, X, YaBa, '19,222', MDMA, Adam, Clarity, Ecstasy, XTC

Ritalin: MPH, Vitamin R, Skippy

PCP: Angel Dust

LSD: Acid, Big D, Blotters, Cube

Heroin: A-bomb (smoked with MJA), Brother, Fluff, Nixon, Red Chicken, Shit Tecata, Anti-Freeze, Belushi (with Cocaine), Big Harry, Black Pearl, Blanco Bozo, Brown Sugar, Charley, Deck (1 -15 GM), Dooley, Eightball (with Cocaine), Golden Girl, Goofball (with Cocaine), Hazel, Horse, Jones, Muzzle, Peg, Poison, Poppy, Rambo, Scag, Smack, Tar, Wings, Red Rum (potent), White Horse

Oxycontin: Oxy, OC, Killer, Oceans

Rohypnol: Roofies, Rope, R2

What are some of the behavioral changes associated with each drug class?

Alcohol: irritability, insomnia, mood lability, impaired coordination and cognition, tremulousness, paranoia

Anabolic Steroids: mood swings, aggressiveness, depression, severe psychosis, suicidal tendency

Hallucinogens: depression, psychosis, catatonia, bizarre behaviors, impaired cognition, violent behavior

Inhalants: irritability, hyperactivity, insomnia, anorexia, dementia, memory loss

Marijuana: panic attacks, psychosis, short-term memory loss, apathy, learning problems

Methamphetamine: anxiety, irritability, restlessness, impulsiveness, insomnia

Nicotine: irritability, depression, anorexia, impaired performance of complex tasks

Opiates: anxiety, jitteriness, depression, anti-social behavior

Stimulants: mood swings, insomnia, hyperactivity, anorexia, paranoia, depression, somatic complaints, declining school grades

One of the newer and, as yet, poorly recognized abused substance groups, particularly in the younger set, are inhalants. The common ones are: paint thinners, gasoline, glue, felt-tip markers (solvents); butane lighters, whipping cream aerosols, spray paint, hair and deodorant sprays, shoe polish (commercial products); chloroform, ether, halothane, nitrous oxide (medical gases).

What are some of the key risk factors that lead to adolescent substance abuse?³

1. Positive family history
2. Parental attitudes and presence of drugs in the home, particularly alcohol
3. Family discord and poor parenting
4. Victims of sexual abuse
5. Homelessness
6. Personality traits – aggression and low self-esteem
7. Peer pressure
8. School truancy
9. Dropping out of school

Summary:

It cannot be emphasized enough that early intervention is essential. The framework is set by means of a detailed and comprehensive history that contains observation of negative behavioral changes, family dynamics, any co morbid psychiatric condition, and the patient's attitude toward substances of abuse. In the public health model, there is a need to increase public awareness of drug abuse consequences, hold classes to improve parenting techniques, utilize evidence-based, school-based drug prevention programs and engage significant stakeholders in the community, such as in the political, judicial, and social service systems.

References:

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 2. Brown RT, et al. "Illicit drugs of abuse." *Adolesc Med* 1993; 4(2): 321-340.
 3. Dias PJ. "Adolescent substance abuse, assessment in the office." *Pediatr Clin North Am*. 2002; 49(2): 269-300.
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