

## CHEMICAL HEALTH TREND CORNER:

### Interest in CBD Products Keeps Soaring, but Health Experts Wary

HealthDay News, October 2019



Interest in cannabidiol (CBD), one of the chemical compounds in [marijuana](#), has skyrocketed in recent years.

Fans of CBD claim it can address a wide variety of conditions. And products containing CBD – from gummies to droplets – appear to be everywhere.

However, the Food and Drug Administration has only approved one CBD-containing product – Epidiolex (to treat epilepsy symptoms).

"At this time there are no known benefits for taking CBD over-the-counter," Dr. Davey Smith, a physician and chief of

Infectious Diseases and Global Public Health at the University of California San Diego said in a news release. "Moreover, some consumers might forgo seeing a physician or taking medications with known, tested and approved therapeutic benefits in favor of CBD and thereby become sicker or succumb to their illness."

Read the full article [here](#)

### 5 Common Places Where Teens Hide Drugs

By, Recovery Village; Megan Hull 01/15/20

According to the Department of Health and Human Services, teen drug use in the United States includes marijuana, inhalants and cocaine. The National Institute on Drug Abuse for Teens reports that almost 24% of high schoolers say they use marijuana. The use of vaping and inhalants has increased significantly.

Teenagers who are addicted often use drugs in their family homes. This phenomenon is so common that the Drug Enforcement Agency (DEA) has included information about where parents should look for drugs hidden in their teen's room or home.

Drugs can be hidden in places such as:

- Alarm clocks
- Shoes
- Candy wrappers
- Cars (interior, steering wheel and trunk)



- Game consoles

Using stash spots for drugs and finding places to hide drugs at home means that minors can regularly misuse illegal drugs without their parents knowing. Parents need to become more aware of where to look for drugs and ways to support their teen who may be struggling with addiction issues. Below are some additional common places that teens may be hiding drugs.

### **Personal Hygiene Products or Makeup Containers**

The bottles, tubes and compacts that contain makeup or hygiene products can also be used as a hiding place for powdered drugs. Hiding drugs in deodorant tubes could be a way to hide a significant amount of drugs in plain sight. Today, there is a broad range of drug use apparatuses available that are designed to deceive. For example, a lipstick weed pipe looks like a tube of lipstick but can be used to smoke marijuana.

Teens and cocaine is a persistent problem in the United States. Cocaine elicits a high and is a powdered drug that can easily be hidden. Secret hiding containers to look for cocaine may be a simple compact mirror, which can be used as both a receptacle to hide the drug and a tool to use it.

### **School Supplies**

Marijuana use in teens continues to be the highest incidence of drug use, and school supply containers are one of the most common places to hide weed. Since several news stories about teens hiding

drugs in calculators were published, parents and teachers are becoming more aware of the way that school supplies and everyday objects can disguise drugs or drug paraphernalia.

Some common school and household supplies that may be used to hide or ingest drugs include:

- Highlighter weed pipe
- Garage door openers
- Tampon boxes
- Books
- Flashlights
- Lip balm containers
- Mechanical pencils

### **Stash Cans**

False bottom containers, or stash cans, are another place that teens hide drugs. Finding and purchasing a stash can that can hide a secret stash of drugs is literally as simple as googling "stash cans for drugs." Large retailers and easy access to online distributors mean teens have a wide variety of stash cans to choose from.

Drugs can be hidden in a Pepsi stash can as well as other stash cans, including:

- Cans of fruit or vegetables
- Perfume bottles
- Water or soda bottles
- Hairbrushes
- Lint rollers
- Shaving cream cans
- Hairspray cans
- Room Decor

### Many teens hide drugs in room decor.

Some drugs are easier to hide in room decor than others. For example, storing LSD may be as simple as stashing it behind a poster or picture frame. Other methods for storing acid may include wrapping it in a way that looks like sugar cubes or breath mints.

However, many different kinds of drugs can be hidden in room decor. The news story of a teen who hid weed in a teddy bear highlights the need for parents to investigate ordinary objects in a teen's living space if they suspect they're hiding drugs.

### Private Bathroom

Kids or teens who have private bathrooms may store drugs in air vents or even under toilet lids. As mentioned above, hygiene products often located in private bathrooms can also serve as a common place to hide drugs.

### What Should I Do if I Find My Child's Drugs?

Teen drug abuse is a devastatingly common phenomenon that impacts households across the United States. Teens who use drugs may come from good families and be able to function well for an extended period before symptoms of substance abuse emerge. If you suspect your teen is doing drugs, you need to pursue outside assistance.

Seeing signs of drug use in teens should prompt parents to seek help. Adolescents are vulnerable to drug and alcohol addiction and may need teen rehab.

Some of the symptoms of teen drug abuse to look for include:

- Aggressive or unusual behavior
- Changes in hygiene, smell or appearance
- School or work problems
- Requests for money or taking money without permission
- New friend groups
- Increased secrecy and privacy

### FDA Agent Reveals the Places Kids can Hide Drugs In



Watch the full video [here](#)

### Understanding the Drug Overdose Deaths Epidemic

CDC Center for Disease Control & Prevention

Drug overdose deaths in the United States.

From 1999 to 2017, more than 700,000 people have died from a drug overdose.

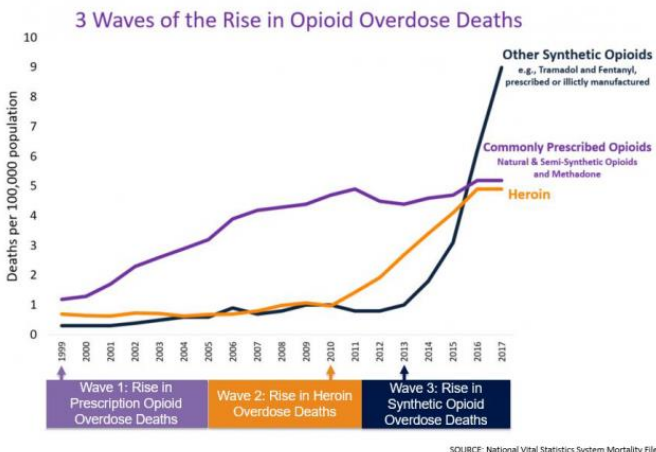
Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid.

In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999.

On average, 130 Americans die every day from an opioid overdose.



### The Three Waves of Opioid Overdose Deaths

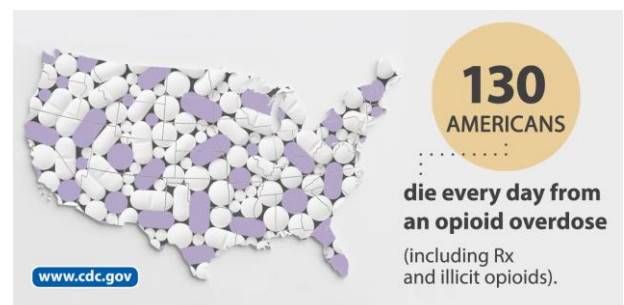


From 1999-2017, almost 400,000 people died from an overdose involving any opioid, including prescription and illicit opioids.<sup>2</sup>

This rise in opioid overdose deaths can be outlined in three distinct waves.

- The first wave began with increased prescribing of opioids in the 1990s, with overdose deaths involving prescription opioids (natural and semi-synthetic opioids and methadone) increasing since at least 1999.
- The second wave began in 2010, with rapid increases in overdose deaths involving heroin.
- The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids – particularly those involving illicitly-manufactured fentanyl (IMF). The IMF market continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.

### Combating the Opioid Overdose Epidemic





## The Science of Drug Use and Addiction: the Basics



### What is drug addiction?

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. It is considered both a complex brain disorder and a mental illness.

### Why study drug use and addiction?

Use of and addiction to alcohol, nicotine, and illicit drugs cost the Nation more than \$740 billion a year related to healthcare, crime, and lost productivity. On average, drug overdoses killed over 63,000 people in America yearly, while 88,000 died from excessive alcohol use. Tobacco is linked to an estimated 480,000 deaths per year. NIDA uses the term **addiction to describe compulsive drug seeking despite negative consequences.**

The categories of *substance abuse* and *substance dependence* with a single category: **substance use disorder, with three subclassifications—mild, moderate, and severe.**

1. The substance is often taken in larger amounts or over a longer period than was intended.

CDC is committed to fighting the opioid overdose epidemic and supporting states and communities as they continue work to identify outbreaks, collect data, and respond to overdoses, and provide care to those in their communities. CDC's Prevention for States and Data-Driven Prevention Initiative programmatic aims center around the enhancement of PDMPs within clinical and public health settings, insurer and community interventions, evaluation of state-level policies, and other innovative strategies that states can employ. CDC's Enhanced State Opioid Overdose Surveillance program aims to support and build the capacity of states to monitor the epidemic by improving the timeliness and quality of surveillance data focusing on both fatal and nonfatal opioid overdose.

Collaboration is essential for success in prevention opioid overdose deaths. Medical personnel, emergency departments, first responders, public safety officials, mental health and substance abuse treatment providers, community-based organizations, public health, and members of the community all bring awareness, resources, and expertise to address this complex and fast-moving epidemic. Together, we can better coordinate efforts to prevent opioid overdoses and deaths.

Read more about [CDC's role in the opioid overdose epidemic.](#)



2. There is a persistent desire or unsuccessful efforts to cut down or control the use of the substance.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong desire or urge to use the substance, occurs.
5. Recurrent use of the substance results in a failure to fulfill major role obligations at work, school, or home.
6. Use of the substance continues despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
7. Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
8. Use of the substance is recurrent in situations in which it is physically hazardous.
9. Use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
  - A need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - A markedly diminished effect with continued use of the same amount of the substance.
  - Withdrawal, as manifested by either of the following:
    1. The characteristic withdrawal syndrome for the substance (as specified in the DSM-5 for each substance).
    2. The use of a substance to relieve or avoid withdrawal symptoms.

The new DSM describes a problematic pattern of use of an intoxicating substance leading to clinically significant impairment or distress with 10 or 11 diagnostic criteria (depending on the substance) occurring within a 12-month period. **Those who have two or three criteria are considered to have a "mild" disorder, four or five is considered "moderate," and six or more symptoms, "severe."**

### How Trauma Affects Kids in School

"Exposure to neglect, abuse, or violence causes learning and behavior problems in children. Signs of trauma and tips for helping kids who've been traumatized."

By, Caroline Miller



We tend to think of [trauma](#) as the result of a frightening and upsetting event. But many children experience trauma through ongoing exposure, throughout their early development, to abuse, neglect, homelessness, domestic violence or violence in their communities. And it's clear that chronic trauma can cause serious problems with learning and behavior.

Trauma is particularly challenging for educators to address because kids often don't [express the distress they're feeling](#) in a way that's easily recognizable — and they may mask their pain with behavior that's aggressive or off-putting. Identifying the [symptoms of trauma](#) in children can help educators understand these confusing behaviors. And it can help avoid misdiagnosis, as these symptoms can mimic other problems, including [ADHD](#) and other behavior disorders.

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mimic other problems, including [ADHD](#) and other behavior disorders.

In brief, the obstacles to learning experienced by these children include:

- Trouble forming relationships with teachers
- Poor self-regulation
- Negative thinking
- Hypervigilance
- Executive function challenges

### Trauma and trouble forming bonds

Children who have been neglected or abused have problems forming relationships with teachers, a necessary first step in a successful classroom experience. They've learned to be wary of adults, even those who appear to be reliable, since they've been ignored or betrayed by those they have depended on.

"These kids don't have the context to ask for help," notes Dr. Rappaport, a school consultant and associate professor of psychiatry at Harvard Medical School. "They don't have a model for an adult recognizing their needs and giving them what they need."

Many of these children haven't been able to develop secure attachments to the adults in their lives, adds Jamie Howard, a clinical psychologist and head of the Trauma and Resilience Center at the Child Mind Institute. They need help to let other adults into their lives. "Kids who've never developed that early template that you can trust people, that you are lovable and that people will take care of you," Dr.



Howard explains, “need support to form that kind of relationship.”

One of the challenges in giving that support is that when kids misbehave, our schools often use disciplinary systems that involve withdrawing attention and support, rather than addressing their problems. Schools have very little patience for kids who provoke and push away adults who try to help them.

Instead of suspending children, Dr. Rappaport argues, schools need to work with them on [changing their behavior](#). When a student is acting up in class, she explains, teachers need to recognize the powerful feelings they are expressing, if inappropriately.

Rather than jumping right into the behavior plan – deducting points or withdrawing privileges or suspending — Dr. Rappaport stresses the importance of acknowledging the emotion and trying to identify it. “I can see that you are REALLY angry that Andrew took the marker you wanted!” she suggests. “If you’re wrong about what the student is upset about, he’s likely to correct you.”

Acknowledging and naming an emotion helps children move towards expressing it in a more appropriate way. Communicating that you “get” him is the necessary first step, she explains, to helping a child learn to express himself in ways that don’t alienate and drive away people who can help him.

### Poor self-regulation

Traumatized children often have trouble managing strong emotions. As babies and toddlers, children learn to calm and soothe themselves by being calmed and soothed by the adults in their lives, Dr. Howard notes. If they haven’t had that experience, because of neglect, “that lack of a soothing, secure attachment system contributes to their [chronic dysregulation](#).”

In the classroom, teachers need to support and coach these children in ways to calm themselves and manage their emotions. “We need to be partners in managing their behavior,” Dr. Rappaport explains. “Co-regulation comes before [self-regulation](#). We need to help them get the control they need to change the channel when they’re upset.” They need coaching and practice at de-escalating when they feel overwhelmed, she adds.

Read more [here](#)