Xanax Abuse and Addiction

Prescription drugs are the 3rd most commonly abused drugs amongst teens in Nebraska, and the same statistic holds true on a national level. The rise in prescription drug abuse is becoming increasingly problematic and some experts are even calling it an epidemic. The family of prescription drugs known as Benzodiazepines are the second most commonly abused prescription drug. Specifically, the misuse of the drug known as Alprazolam (Xanax) is on the rise amongst our local youth.

Xanax, typically prescribed to treat a variety of anxiety, panic and stress disorders, is a sedative and muscle relaxant that affects the central nervous system by calming down brain excitement and has become widely used in anxiety disorders because it provides rapid symptom relief for these disorders. While Xanax has its benefits when taken properly, reducing feelings of anxiety and panic in patients, it can produce euphoria when taken in larger doses. Combined with a sensation of relaxation, this sense of extreme happiness can lead to cravings and abuse. Additionally, due to the rapid reactions felt from Xanax, when misused, it can be highly addictive.

In 2012, 49 million prescriptions for Xanax were written, making this drug the second most prescribed psychoactive drug that year. The high number of legal prescriptions for Xanax being issued has led to an increase in availability of this drug on the street. In fact, according to the DEA, Xanax is one of the top 3 prescription drugs being sold on the black market. As Xanax abuse rises, it is important to increase awareness of common street names as a means to monitor prevalence and listen for possible signs of misuse amongst our youth. Street names include Xannies (Zannies), Xanbars, Handlebars, Z-bars and Blue Footballs.

The scary reality of Xanax abuse is that some teens have a misperception that prescription drugs are safe to use because they are prescribed by a doctor. In fact, the majority of teens who abuse prescription drugs often get them from the medicine cabinet of a friend or family member. According to a study conducted by the Partnership for a Drug Free America, two in five teens felt that prescription drugs were significantly safer to use when compared to illicit drugs like heroin or cocaine.

The symptoms of Xanax abuse will vary among individuals based on different variables including frequency and length of use. These symptoms can present themselves physically, behaviorally and psychologically. Symptoms may include:

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Xanax addiction can result in dangerous consequences and, depending upon the severity of use, can result in even more serious effects such as thoughts of harming oneself, depression, hallucinations, chest pain and seizures. If you see signs of Xanax abuse and want to help, it may be necessary to refer those at-risk to a medically monitored rehab program, as Xanax and other benzodiazepines can require a very careful period of weaning before it is safe to discontinue them.

(Sources: www.muirwoodteen.com; http://drugabuse.com; www.drugabuse.gov; www.addictionhope.com)
The Relationship Between Bullying & Substance Use

Substance use and bullying are two prevalent issues that affect youth today. Though these issues are often viewed as separate problems, new findings indicate there are many commonalities between substance use and bullying. According to SAMSHA.gov, “middle and high school students who bully their peers are more likely to use alcohol, cigarettes, and marijuana.” There are preventative factors that can reduce the risk of substance use and bullying.

Parental/Guardian support has a huge influence on adolescence. Providing children with consistent discipline methods and clearly set boundaries reduces risk along with open communication and modeling positive behavior. Children with parents who use drugs are at an increased risk to use drugs themselves.

Peer groups play a significant role in social development, which impacts risk for bullying and substance use. Children who associate with people who bully, or use drugs, are more likely to engage in similar behavior. On the other hand, children who are more antisocial and have difficulty developing relationships with peers are also at risk. Modeling healthy relationships and social situations positively contribute to children’s social development.

Children who perform well academically and appear enthusiastic about learning are less likely to use drugs and engage in bullying behavior. Children with poor grades and lack of interest in school and other activities are at a much higher risk. There are other environmental factors like exposure to crime, poverty and violence at home that correlates to an increased risk of substance use and bullying.

Creating a safe home environment with clear parental supervision and support can reduce the risk of substance use and bullying. Parental involvement, like getting to know your child’s friends, can have a significant positive impact. Teachers and families are also encouraged to recognize and reinforce positive behaviors, accomplishments, and other abilities.

Become familiar with signs of substance use and bullying:

**Signs of Substance Use:**
- Poor academic performance, including poor attendance, low grades, concentration, and disciplinary problems
- Increase in high-risk behaviors
- Rebelling against rules
- Change in friends or lack of interest or involvement in former interests
- Mood changes, flare-ups, irritability, and defensiveness
- Apathetic attitude; sloppy appearance

Additionally, substance abuse can adversely affect adolescent brain development, lead to chronic use, and could lead to disability or even death.
Signs a Child is Bullying Others:

- Has friends who bully
- Gets into physical or verbal fights and are increasingly aggressive
- Blames others for problems or does not accept responsibility for their actions
- Frequent detention or visits to principal’s office
- Is competitive and worries about reputation
- Has unexplained extra money or new belongings

Parents and teachers should be on the lookout for aggressive behavior, especially if it manifests at an early age, because it’s an indicator that a child could become involved in drugs, alcohol, and/or bullying. Teachers and families should also seek opportunities to recognize and reinforce children’s abilities and accomplishments – self-esteem, competencies, and skills are characteristics that “protect” a child from engaging in these types of behaviors.

Self-injury/self-harm, is an intentional act of someone physically harming themselves. Such as cutting, burning, hitting biting etc. of oneself. And generally, it is not meant as a suicide gesture or attempt. But rather, an unhealthy way to cope with emotional pain, intense anger, anxiety and frustration.

Why Do People Self-Injure/Self-Harm Themselves?
Many of us find it hard to understand why someone would harm themselves, and how it could possibly help them to feel better. Some who self-harm say by purposely hurting their bodies, they can change the state of their mind so that they can cope better with emotional pain and other intense stressors they are feeling.

• Some use physical pain as a way to distract themselves from emotional pain.

• Others, especially those who feel emotionally scarred, may use it as a way to “wake up” in situations where they are so numb they can’t feel anything.

What Schools & Educators Can Do:
Self-injury is a problem that requires professional attention. School staff may provide a sympathetic ear, develop a plan for students when the urge to self-injure occurs within the school day, and offer other services through the school psychologist or school counselor. However, the school alone cannot provide adequate intervention or the long-term therapy that often is required to successfully address this complicated issue.

School personnel of all types are in a unique position to help kids. Two important rules to remember when encountering a student whom you know or suspect is self-injuring.

First thing to remember is that you should not ignore anything suspicious. If your “gut” tells you that something is wrong with a student, follow up on it. It is easy to tell yourself that it probably is not what it appears to be or assume someone else is helping the student. The fact is that you may be the only one who has noticed.

The second thing to keep in mind is to do your best to present an understanding and empathetic attitude. It may seem inconceivable to you that self-harming behavior is useful to a student, and while unhealthy, it does serve a purpose as a coping mechanism.

Teachers and other educators should routinely refer self-injuring students to the school nurse, and the school psychologist or school counselor for further assessment.

Teachers and other non-mental health educational staff can play a key role in the well-being of students who self-injure by identifying and listening to these students as they are able, however, they should never try to handle the situation on their own.
It should also be noted, generally, it is beyond the ability of school counselors and school psychologists to provide adequate intervention for self-injury based only within the school setting so schools should highly consider developing a specific protocol for dealing with cases of self-injury.

Protocols developed for Self-Injury/Harm cases should include the following components:

- Parents/Guardians should be informed immediately.
- Resources and information about how to seek out professional help should be available to the parents/guardians.
- A follow up with the parents/guardians a few days after providing resource information to find out if the student is getting help.

Also, addressing the following skill-sets with self-injuring students would be appropriate for school counselors and school psychologists.

- Healthy Coping skills
- Identifying Feelings and Appropriately Expressing Emotions
- Self-Acceptance

It is important to remember that self-injurers can be included in a group that addresses a relevant skill such as those listed above, but should not be put into a group solely for self-injurers. And it should be known that even with expert intervention and loving family support, self-injury may persist for many years.

For more resource information on Self-Injury and other behavioral health concerns please visit the SCIP website: [www.scipnebraska.com](http://www.scipnebraska.com)