The Collision of Substance Abuse & Mental Health

Although receiving treatment for mental health or substance abuse problems may be difficult, things get even harder when both these issues coexist in the same person. This is known as a “co-occurring” disorder and can also be known by the terms “comorbid disorder” or “dual diagnosis.” For the one in five young people who suffer from depression, anxiety, ADHD, and those who misuse substances, there is a shocking 30-65% overlap between these two groups (Koplewicz & Muench, 2019). In the same instance that untreated mental health disorders can lead young people to self-medicate to numb symptoms, substance use increases the risk for developing mental health issues including depression, mania, or even psychosis. Even though this occurs in young people, it’s difficult, and uncomfortable, for them to reveal accurate information regarding their self-medication in conjunction with emotional or behavioral problems, making a diagnosis hard to reach (Koplewicz & Muench, 2019). Additionally, since substance use and mental health symptoms can look like one another, professionals can be confused in diagnosis. It is important to make sure a clinician, or clinicians, working with a young person are able to reach both the mental health and substance abuse sides of their patients (Koplewicz & Muench, 2019). Early interventions for substance misuse, early interventions for behavioral disorders, and substance use prevention is what should be incorporated into treatment for adolescents, especially for those with mood and anxiety disorders (Ostrow, 2016). Future prospective studies are needed to understand the long-term outcomes and to develop more effective and tailored strategies for prevention and early intervention (Ostrow, 2016). Furthermore, parental education and empowerment helps tremendously in improving outcomes as parents are first to start noticing changes in the thoughts and behaviors of their child.


How Families & Educators Can Help

◊ If possible, family members & educators work with clinicians to get a full picture of the child.
◊ If treatment is not an option, consider healthy alternatives (sports, music lessons, yoga) to begin the process of integrating healthy alternatives into their lives.
◊ Quality treatment addresses both mental health and substance use treatment simultaneously.
◊ A comprehensive treatment plan includes evidence-based therapy approaches, medications, family involvement, and connection with positive social activities.
◊ Continuing care and relapse prevention are vital, including peer support.
◊ Family and school involvement results in better outcomes for both children and parents.
Effects of Edible Marijuana on Children

Smoking isn’t the only way teens are using Marijuana. Study show that among 1,077 youth who had ever used any type of marijuana, 4.2% were exclusive edible users. Since marijuana is now legal for medical or recreational use in more than half of the United States, the availability of pastries, candy and other treats are infused with THC, the psychoactive ingredient in marijuana, is on the rise. As a result, so is the accidental poisoning risk that these products pose to children who get ahold of them.

Edible marijuana products take longer than smoked marijuana to have an effect, usually 30-60 minutes after being eaten. Someone who is using marijuana for the first time might not feel the effects as quickly and will eat a large amount in an attempt to get “high” - this is what leads to overdosing.

A single cookie or candy bar can have several times the recommended adult dose of THC. If a child eats one of these treats they can experience overdose effects such as anxiety, panic, dizziness, weakness, poor coordination, apnea and heart problems.

For teens, regular marijuana use can impair memory and concentration and may interfere with learning. It is important for parents to talk to older children and teens about marijuana edibles and the potential harm they can cause to their minds and bodies.

How to Keep Marijuana Edibles out of the Hands of Young People

◊ Storage: If there are marijuana edibles in your home, store them in a secure place that is locked and out of reach of children
◊ Use and supervision: Never consume marijuana edibles in front of children, either for medical or recreational purposes.
◊ Talk to family members, friends and caregivers: Ask anyone whose home your child spends time in if they use marijuana edibles. Studies show marijuana exposure is most often from a parent or family member.
◊ Know what to do in an emergency. If your child eats marijuana by accident, call the poison control hotline as soon as possible.