

**WILLIAM ANNIN MIDDLE SCHOOL**  
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Dear Parents/Guardians,

February 28, 2021

This letter is full of information on the **substances that middle school students commonly experiment with**. Our school health curriculum provides education on risks associated with all of these. Parents also need to be aware of what is happening with their pre-teens and know how to respond if they find their teen using these substances.

**The most commonly used substances by middle school students include:**

- **vaping (including nicotine and THC),**
- **alcohol,**
- **marijuana,**
- **and prescription drugs.**

This might be the perfect time to have that ["prevention talk"](#) with your child, even if they are ["just in middle school"](#) or at least follow prevention [tips from experts](#).

**Vaping:**

**Kids are attracted to vaping because it is a cool, new technology, it comes in kid-friendly flavors, and the nicotine is satisfying and pleasurable.** E-cigarettes heat nicotine, flavorings, and other chemicals to create an aerosol that you inhale. E-cigarettes can also be used to deliver marijuana and other drugs. The aerosol that users breathe can also contain ultrafine particles that are inhaled deep into the lungs, flavorings such as diacetyl (a chemical linked to serious lung disease), volatile organic compounds, cancer-causing chemicals, and heavy metals such as nickel, tin, and lead. It is difficult for consumers to know what e-cigarette products contain.

We do know that **nicotine is a highly addictive drug**. Nicotine binds to pleasure receptors in the brain, causing a release of chemicals such as dopamine, providing the user with a temporary feeling of pleasure. The pleasure centers of the brain adapt to nicotine use by sensing the extra dopamine and naturally producing less of it. This means that the user has a hard time creating natural feelings of pleasure without nicotine; nicotine becomes necessary just to feel normal. The appetite for nicotine, despite it's harmful consequences, is what we refer to as nicotine addiction.

**Nicotine addiction** happens quickly, and users will experience nicotine withdrawal when they stop using. Withdrawal can include depressed mood, trouble sleeping, difficulty concentrating, feeling restless, jumpy, and irritable, headaches, nausea and abdominal cramping. Most withdrawal symptoms go away after 2-4 weeks.

## Alcohol:

**Teens try alcohol for a variety of reasons** - to exert independence, escape from stress, because their friends are drinking, even boredom - and they do so without fully recognizing alcohol's negative effects and health risks.

Most underage drinking - 90%, according to the [Partnership for Drug-free Kids](#), is in the form of binge drinking. Binge drinking for males means consuming five or more drinks in about two hours; for females, four or more drinks. The dangers associated with binge drinking include increased risk of drunk driving, violent behavior, being a victim of sexual assault, transmitted diseases, and long term alcohol addiction.

The "[It's 21 for A Reason](#)" campaign addressed underage alcohol use. Studies have debunked the idea that adolescents can safely learn how to handle alcohol if they drink under adult supervision. In Europe, where consuming wine and other alcoholic beverages is permitted at younger ages than in the U.S., binge drinking and alcohol misuse problems among teens are actually higher than rates in the U.S. We also know that the younger a person is when they start drinking, the greater the likelihood of an alcohol problem later in life. And the risk is even more pronounced if there is a family history of alcohol use disorder.

**Teen brains are more vulnerable to alcohol**, and regular use of alcohol will affect [brain structure and function](#). The frontal lobe of the brain, which controls higher order abilities such as abstract thought, impulse control and decision making develops dramatically during adolescence. Heavy alcohol use interferes with the teen brain's production of GABA (γ-amino butyric acid), necessary for improved cognitive control, verbal learning, better decision making, and less impulsiveness. Vulnerable brain circuitry could also contribute to depression, anxiety and other psychiatric problems.

## Marijuana:

**Recent legalization of marijuana use in NJ for adults, and reduced consequences for underage users may have some believing that risks are minimal. Make no mistake, marijuana still poses very real risks for teens.** Marijuana contains a chemical compound called THC (delta-9-tetrahydrocannabinol). THC changes the way the brain functions by altering communication between nerve cells or neurons. The presence of THC in the brain can impact coordination and reaction time - making it dangerous to drive, ride a bike, or play sports. THC use is also associated with problems with attention, memory, learning, and decision making. THC causes the brain to release the chemical dopamine, which is connected to the development of cravings and dependency.

Another danger is that marijuana is **far more potent** than it used to be. The average amount of THC in marijuana today is more than triple the amount found in marijuana 30 years ago. Inhaling or ingesting too much THC can result in increased heart rate, extreme shaking, "panic attacks", and even hallucinations. The long term effects of cannabis use are known to be associated with "[amotivational syndrome](#)", characterized by detachment, blunted emotion, and impaired memory and attention.

## Prescription Medications:

**Prescription medications**, particularly **opioids** (prescription pain relievers), **benzodiazepines** (sedatives and anti anxiety medications, e.g. Xanax) and **stimulants** (ADHD medications e.g. Ritalin, Adderal) are also frequently abused. Be sure when you are discussing illicit drugs, that you are also including prescription drugs and over-the-counter cough medicine (**DXM abuse**) in the conversation. No child takes pills expecting to become addicted, but [use can turn into addiction fast](#). If a loved one is already involved, learn about [medication assisted treatment](#) and the use of [Naloxone](#) to reverse opioid overdose.

## What can parents do?

**Check out the parent resources** from [SAMHSA](#) and [Partnership for Drug Free Kids](#). They provide accurate information and tips for having a “productive” discussion (aka “not lecturing”) with teens. They also give guidelines for what to do if you suspect your child already has a problem.

**Our community has two exceptional organizations**, the [Bernards Township Municipal Alliance](#) and [Community in Crisis](#). If you are not familiar with them, PLEASE check out their websites to see what they have to offer.

**If you have immediate concerns about your child’s emotional or mental health and safety, please do not wait to take action. When school staff is not available, we recommend these resources:**

- your primary care physician/ pediatrician
- mental health practitioners/ therapists accessible through your health insurance provider
- [Somerset County PESS](#) (Psychiatric Emergency Screening Service/ Mobile Outreach) via Bridgeway
- [NJ PerformCare services for children](#)
- [Richard Hall Community Mental Health](#) Children’s Outpatient Services, Bridgewater
- [Crisis Intervention Atlantic Health](#), Morristown Medical Center

All of us here at WAMS Counseling Department are here to support you and your children.

**The WAMS counseling department:**

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