

A communication periodical for our clients, staff & the community at large

The Chronicle

A Paterson Counseling Center Newsletter

Bi Polar and Substance Dependency

According to the most recent literature on substance abuse and bipolar disorder, these two problems occur together so frequently that all young people with a bipolar diagnosis should also be assessed for drug and alcohol problems. Those who experience mixed states or rapid cycling have the highest rate of danger from substance abuse — the discomfort a person feels in these chaotic moods is so great that she may be willing to do or take almost anything to make it stop.

Special points of interest:

- Obama healthcare laws make certain mental health prescriptions more affordable
- We have updated our website to reflect new hours of operations

Some drugs, including marijuana, downers, alcohol, and opiates, seem to temporarily blunt the effects of mood swings, only to cause ill effects later. Others can actively exacerbate manic depression. Speed (methamphetamine, crank, crystal) and cocaine are two that have sent many abusers into mania, often followed quickly by deep depression and psychotic symptoms. Hallucinogens, including LSD and PCP, can set off psychotic symptoms as well. These drugs are not a good idea for any child or teenager, but their effects on young people with bipolar disorders can be even worse.

As with suicide, accidents, and SIB, the best approach to substance abuse is prevention. First, take a look at your own example: if you find that drugs or alcohol have become important coping strategies for you, seek immediate treatment. Talk to your child about responsible use of alcohol, for example, a glass of wine with a special meal, or a cold beer on a hot day at the ball game. Point out examples of inappropriate or excessive use, from street alcoholics to news stories about young people in trouble due to drug use or drunken driving. You really don't have to preach, just provide a good example and accurate information to counteract the messages your child will receive from ads, pop culture, and peers.

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When a person first begins to try drugs or alcohol, there's still time to stop without involving a detox center or other strong measures. She needs to think about why she has chosen to try alcohol or drugs, such as feeling self-conscious in social situations or inability to handle peer pressure; other activities that might have the same positive effects, such as improving her social skills; and ways to avoid temptation, including choosing a different peer group or steering her friends toward something other than bong hits and beer bashes. These are issues that can be discussed with a parent or a counselor.

Most teens will attend a wild party or two, out of curiosity or boredom if nothing else. You may be able to prevent them from coming to harm even when they've made a bad choice. Many families have drawn up a contract with their children, promising that they will retrieve them from a dangerous situation at any hour, with no lecture to follow. Let them know that while they may make some poor judgment calls, you're available to come to their rescue.

You may also need to actively help kids whose peers are fixated on drinking and drugs to find other ways to spend their time. This negative aspect of youth culture isn't just a big-city phe-

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nomenon by the way—small towns and rural areas, with their lack of activities and places to go, can have extraordinarily high rates of drinking and drug use among teens. The drug and alcohol problems of suburban youth are often covered up, but they're there in force, spurred by lack of supervision after school, access to cash, and easy mobility.

When substance abuse progresses in frequency or seriousness, or when highly dangerous drugs are involved, early intervention is essential. Experts in treating children and teenagers with a dual diagnosis of bipolar disorder and substance abuse or bipolar disorder and substance dependency say success depends on appropriate medication; education about their psychiatric condition, psychiatric medications, and the dangers of drug and alcohol abuse; and close monitoring. Lithium has proven to greatly reduce or eliminate substance abuse in as many as 75 percent of dual-diagnosis youth with a bipolar disorder. It can be assumed that when other types of mood stabilizers are tested, they will show at least some positive effect on substance abuse as well. Twelve-step programs such as AA are important for reaching and maintaining recovery.