

# YOUTH CHEMICAL DEPENDENCY PROGRAMS

*“I never thought my kid would develop a drug problem...I mean I used pot as a teenager and I turned out OK...I didn't pay enough attention when he stopped coming home on time, had mood swings, nor did I notice his bloodshot eyes. His grades used to be A's and B's...how quickly they turned to D's and F's. Then I received a call from the school. They told me that Joey had been arrested for possession with intent to sell...I was devastated...later I find out that he's been using other drugs and dealing too...they recommended treatment as an alternative to jail...I only hope it's not too late to help him...now I realize that nothing is more important than paying attention to my own son.”*

*“I started doing drugs when I was 13...first it started out every once in a while with my friends because it was fun...I liked getting high or drinking on the weekends. Soon it became before school, after school, and eventually everyday...I used to convince myself that I didn't really need it, that I could stop anytime. My friends weren't pressuring me, life was good, or so I thought...I started cutting classes to get high, got bored with pot, thought heroin would be cool to try, and I did...I loved it. What a great feeling! I know, heroin, but again I convinced myself that it wasn't that bad. I wasn't using needles. Finally, I began stealing to supply my habit and also doing other things that I'm too embarrassed to admit...I had hit bottom. Could it get any worse than this? Thank God I finally got caught. I was forced into treatment...I don't know if I would have stopped on my own or could have for that matter...thanks to my parents and the counselors I have my life back. I've learned a lot about this frightening disease...I've been clean and sober, one day at a time...”*

## An Adolescent's Challenge

Ask almost any adolescent in our programs and they will tell you all their friends use – “everyone in high school uses.” Parents too, often assume that alcohol and drug use is common at this age. A national drug-use survey shows that approximately 48% of seniors have tried marijuana and 78% have tried alcohol by graduation (Johnston, O'Malley, and Bachman, 2002). The ease of availability of drugs and alcohol in almost every community is well known.

One of the developmental challenges of adolescence is to establish independence. It follows that as adolescents push limits to differentiate themselves from their parents, they may take more risks, often not perceiving the dangers involved. They will experiment with different behaviors. Sometimes they will experiment with substances. Sometimes bad luck or a poor choice can lead to trouble.

It is not one episode that determines if an adolescent is headed for real trouble, but if a maladaptive pattern develops, it may be demonstrated in the following areas:

1. Failure to perform their role at home, work or school.
2. Placing oneself in jeopardy (i.e. DUI or allowing oneself to be driven by someone under the influence).
3. Legal problems related to substance use.
4. Continued substance use despite having persistent interpersonal problems cause or exacerbated by substance use (this could mean continuing arguments with parents or physical fights with peers) (American Psychiatric Association, 2000).

## Adolescent Substance Abuse Trends

Adolescent substance use has been tracked by the University of Michigan/Monitoring the Future program since 1975 (Johnston, O'Malley, and Bachman, 2002). The survey shows a sharp rise in adolescent drug and alcohol use that began in 1992. A decade later, this trend has finally begun to show some signs of slowing on a national level. In our area, however, school counselors, therapists, law enforcement officials and parents report the dangerous rise in substance use by local teens has not subsided. Locally, marijuana and alcohol use remains high. Incidents of heroin and/or cocaine cases have increased significantly. "Club drug" use, including ecstasy, may have leveled off. However, use of prescription pills, including vicodin and oxycontin are more prevalent. Teenagers are also taking high doses of over-the-counter medications that can cause a dissociative high and also lead to significant health hazards.

Clearly, adolescents face different challenges today than we did yesterday. Pop culture, peers and even unknowing adults seem to point them in the direction of using drugs and alcohol, which can be easily found in the community, the schools, and sometimes even at home. The family system has changed significantly over the last 25 years with greater divorce rates, blended families, and working parents making supervision and communication with youth more difficult. Parents' lack of awareness and denial of potential or active substance problems hinder their ability to address the problem. Yet, parents are one of the most effective deterrents to adolescent substance use and a vital part of the Rush Behavioral Health adolescent programs.

## The Addiction Process — An Adolescent View

Adolescents can and do become addicted to alcohol and drugs. Just what makes them cross the line from experimentation to abuse to dependence is not quite clear. We believe the progression to dependence is fueled by several factors. First — genetics. A family history of alcoholism or drug addiction can create a predisposition to addiction. Alcohol and/or drug use in the environment is also a major concern. This use may be by parents, siblings or especially by peers. An individual's personality or temperament also plays a factor. In addition, 80 — 90% of our patients have a concurrent psychiatric problem such as depression, ADHD, anxiety or bipolar depression.

This suggests that some adolescent addiction can begin as self-medication.

An evaluation by a certified addictions counselor can be the best way to assess if there is a serious problem. During an evaluation, a detailed history will be taken of the adolescent's family history; medical history, school status, legal involvements (if any), history of therapy or psychiatric services, specific parental concerns and observations, and a detailed chemical-use history with a supporting drug screen.

To be diagnosed dependent, a person must meet only 3 of the following criteria; a) increased tolerance, b) physical withdrawal symptoms, c) loss of control over amount or frequency of use, d) inability to effectively quit or cut down on use, e) preoccupation with the drug, f) abandonment of important social, recreational, or occupational activities in order to engage in drug use, and g) continued use despite physical or psychological problems.

For an adolescent, substance abuse treatment may sometimes be recommended in the absence of dependency (or addiction) criteria. This is because we hope that with parental education; new coping skills; relapse prevention planning tools; and a new support network, some adolescents may avoid a slide into drug dependence.

Parents often talk about addiction in terms of kids making "poor choices". Though early on the choice to use may exist, by the time the problem reaches the point of dependency, choice is no longer viable. In fact, the American Medical Association determined alcoholism to be a disease in the 1950's. The disease of addiction is both chronic and progressive. Although there is no real cure to date, it is immensely treatable through abstinence from use. The disease of addiction proceeds on a continuum that may be interrupted at any time by early prevention through drug education or at primary level through treatment. Alcoholics Anonymous (A.A.) has proven over time, to be the best available support for long-term recovery. A.A.'s principles are a vital part of treatment. A.A. participation is encouraged, if not required from our patients

## How To Recognize A Problem

Identifying an alcohol or drug problem in adolescents is complicated by the fact that signs of substance use are often attributed to normal adolescent

behavior. What may be explained as a “phase” is usually the beginning for many addicts and alcoholics. Substance abuse can also mimic other emotional and behavioral problems such as depression, attention deficit, and anxiety disorders. Although these problems can be associated with adolescence, here are a few warning signs that could be symptomatic of substance use and should be evaluated:

- \* Declining grades
- \* Motivation for academics and/or playing sports declines
- \* Mood or other personality changes
- \* Defensive when talking about self and/or friends
- \* Curfew violations
- \* Bloodshot, puffy, or glassy eyes
- \* Sniffling nose
- \* Sudden weight loss
- \* Money is missing from home
- \* Changes friends or secretive about friends
- \* Smell of marijuana, alcohol, paint fumes
- \* Excessive eating late at night
- \* Drug paraphernalia found around the house: makeshift pipes, rolling papers, razor blades

Legal problems are often the catalyst in helping the teen confront and treat the problem. DUI or drug-related arrests, possession of alcohol/drugs/paraphernalia, theft and/or fronting drugs are common examples. Often a call from the dean’s office at school or the police officer relating that one of the above incidents occurred is regrettably the alarming “reality check” for both a parent and teen. The suggestion is usually made by the school and the police officer that the adolescent should be taken for an alcohol/drug assessment. Sanctions in the school setting or criminal justice system can help the teen accept treatment by forcing an assessment of the problem behavior. Timeliness is crucial because teens that are dependent on alcohol/drugs are typically reluctant to engage in treatment. Taking advantage of the crisis when it occurs is a key element in successful intervention.

## Getting Into Treatment

Most family members are going to experience a certain amount of denial when faced with these problems. Many feel like “Yes, there are some problems, but he isn’t a drug addict!” Or the parents admit there have been some problems, but think “I don’t think she’s as bad as a lot of other stories I’ve read.” It’s important for parents to understand that by the time they become aware of a problem, it is probably more advanced than they think. The best way to get started on a track that leads to improvement is to get a professional assessment.

An assessment usually includes an evaluation of family relationships, academic or work behavior, peer relationships, and other areas that might have been affected. The psychiatrist, psychologist, and other therapists involved at RBH’s adolescent treatment programs are trained to rule out other problems before reaching a firm diagnosis. Once an assessment is completed, the individual is recommended for the least restrictive level of care.

If the youth needs to be separated from his/her peer group in order to develop abstinence and work on a new life style, residential treatment may be recommended. Residential treatment provides a supportive structure away from family, school and social groups so abstinence and new peer groups can be developed.

Less restrictive programs are either day hospital or intensive outpatient. Often these programs are used either as a beginning point for treatment, or as follow-up phases to residential treatment.

Counseling and other cognitive/behavioral approaches are critical components of effective treatment for addiction. The treatment program addresses issues of motivation, building skills to resist drug use, establish healthy boundaries, replace drug-using activities with positive relationships, and improving problem-solving and decision making abilities. Counseling also focuses on interpersonal relationship skills and the individual’s ability to function in the family and the community. The educational component helps parents and adolescents confront myths of substance use, provides accurate information about risk factors and explains the addictive and recovery process. Substance abstinence is taught as the beginning step towards developing a sober lifestyle. Adolescents and parents are educated with regard to 12-step support groups. Participation in groups such as Alcoholics Anonymous and Narcotics Anonymous can help adolescents to maintain substance abstinence.

