The Nature of Adolescent Substance Use and Addiction
UNC SCHOOL OF GOVERNMENT
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Objectives
- Why do teenagers use drugs?
- How to think/talk about alcohol and other drug problems
- Why are teenagers more vulnerable for problem development?
- What drugs are teenagers using?
- Risk and protective factors
- Case presentations and course of illness
- Questions, comments, discussion

Why do teenagers use drugs?
- To feel good – positive reinforcement
- To feel better – negative reinforcement (takes away stress, anxiety, depression, ptsd, etc.)
- To do better – attempting to increase performance in a certain area
- Curiosity and social pressure – developmentally appropriate for teenagers to start taking risks and be more peer-oriented (there are many faces of risk taking)
- Belonging, connection, competency – some developmental tasks
Alcohol and other drug problems

- Substance use and substance use problems vary widely overall.
- DSM 5: shift to dimensional diagnosis ranging from mild to moderate to severe (formerly a categorical "abuse" or "dependence").
- "Addiction": still a useful specifier (assigning of a debtor to a creditor).
- Moderate to Severe Substance Use Disorder.
- No longer use "abuse".
- Not an accurate specifier.

Addiction: bio-psycho-social-spiritual

- Addiction as a bio-psycho-social-spiritual illness with bio-psycho-social-spiritual manifestations. It is a one-of-a-kind deeply human experience.
- You can’t ask a rat how it’s doing.
- Nobody chooses to become addicted.

Addiction as a chronic illness

- Compares to hypertension, diabetes, and asthma in the following ways:
  - Marked by patterns of onset that may be sudden or gradual.
  - Have a prolonged or permanent course that varies from person to person in:
    - Intensity (mild to severe) and pattern (constant to recurrent).
  - Have effective treatments, self-management protocols, peer support frameworks.
  - Often generate psychological responses that include hopelessness, low self-esteem, anxiety, and depression.
  - Generate excessive demands for adaptation by families and intimate social networks.
**Biological grounding for addiction**

- Hijacking of the endogenous pleasure/reward circuit
- Tolerance - withdrawal - craving
- Increased incentive salience, reduced capacity for reward, reduced functioning of executive control systems (these are not subtle effects)
- Genetic component (implicated in about 50% of patients)

**Adolescent brain**

- Still developing until around 25
- Not an insignificant part that is still developing - prefrontal cortex
- It’s like having a gas pedal with no brake pedal
- 90% of adults with AOD problems started using before age 18
Adolescent drug use

Everything else

Pills (xanax, opioids, stimulants)

Alcohol, cannabis, nicotine

SUD prevalence over time

DSM 5 Criteria for Substance Use Disorder

1. Often taken in larger amounts or over a longer period than was intended
2. There is a persistent desire or unsuccessful efforts to cut down or control use
3. A great deal of time is spent in activities necessary to obtain, use, or recover from its effects
4. Craving or a strong desire or urge to use
5. Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home
6. Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of use
DSM 5 Criteria for Substance Use Disorder

- 7. Important social, occupational, or recreational activities are given up or reduced because of use
- 8. Recurrent use in situations in which it is physically hazardous
- 9. Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by use
- 10. Tolerance as defined by either of the following:
  - A need for markedly increased amounts to achieve intoxication and desired effect
  - A markedly diminished effect with continued use of the same amount
- 11. Withdrawal as manifested by either of the following:
  - Withdrawal syndrome
  - Substance taken to relieve or avoid withdrawal symptoms

DSM 5 “Big Four” for adolescents

- 4. Craving or a strong desire or urge to use
- 5. Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home
- 7. Important social, occupational, or recreational activities are given up or reduced because of use
- 11. Withdrawal as manifested by either of the following:
  - Withdrawal syndrome
  - Substance taken to relieve or avoid withdrawal symptoms

Signs and symptoms

- Drugs or paraphernalia
- Dramatic, unexplained changes in:
  - Health
  - Mood
  - Friends
  - Habits
  - Interests - Important social, occupational, or recreational activities given up
  - School performance
- Unusual requests for money, money missing, valuables missing
- Teen sells his Xbox
Risk factors

- Genetics
- Any co-occurring mental health problem + drug use
  - Especially true for Bipolar Disorder (or family hx of bipolar disorder), ADHD, and Major Depressive Disorder
- Age of first use
- Family conflict/family modeling
- Adverse childhood experiences
- Sexual/physical abuse
  - 80% of women with addiction report past abuse
- LGBTQ+
- Personality traits such as high impulsivity, aggression, and sensation seeking
- Low perception of risk
- Permissive parents

Protective factors

- Positive attachment between parent and child
- Appropriate and clear expectations and accountability
- Parent disapproval of drug use
- Social competence
- Success in school
- Positive peer group norms
- Strong sense of neighborhood/community
- Physical, mental, and spiritual health
- Internal locus of control
- Perception of risk

Ingredients for a problem

- Genetics
- Psychosocial-spiritual
- Exposure to use
Genetics

- Family, adoption, and twin studies help us understand the genetic risks for addiction

Exposure to use

- The earlier one starts, the worse the prognosis
- Hijacking the pleasure/reward system
- Not all substances are created equally
- Prescribed medications becoming problematic

Psycho-socio-spiritual + environment

- Adverse childhood experiences
- Family modeling, family conflict
- Physical/sexual trauma
- Community attitudes towards drug use
- Peer pressure
- School performance, participation and commitment
- Co-occurring disorders
Ingredients for a problem

Genetics

Psycho-socio-spiritual

Exposure to use
Ingredients for a problem

Genetics
Exposure to use

Questions and comments

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References

1. Adolescent substance use needs to be identified and addressed as soon as possible.
2. Adolescents can benefit from a drug use intervention even if they are not addicted to a drug.
3. Routine annual medical visits are an opportunity to ask adolescents about drug use.
4. Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment.
5. Substance use disorder treatment should be tailored to the unique needs of the adolescent.
6. Treatment should address the needs of the whole person, rather than just focusing on his or her drug use.

7. Behavioral therapies are effective in addressing adolescent drug use.
8. Families and the community are important aspects of treatment.
9. Effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have.
10. Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.
11. It is important to monitor drug use during treatment.
12. Staying in treatment for an adequate period of time and continuity of care afterward are important.
13. Treating adolescents for sexually transmitted diseases like HIV, as well as hepatitis B and C, is an important part of drug treatment.

Monitoring the future (2018)

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