The Adolescent Cycle of Addiction

What they are Using, Why they are Using, and How they are Unique

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Learning Objectives

• Current Trends
• Factors unique for teen drug abuse and addiction
• Understanding the key risk/protective factors for adolescent use
• The cycle from first use through recovery
• The science of addiction and teen brain development
• Treatment and support
Caron Quick Facts

• Nationally recognized chemical dependency treatment facility
• Addiction treatment services (60 year history)
• Student assistance services/prevention (20+ year history)
• Offers a full spectrum of treatment programs to meet the needs of everyone (adolescents to seniors)
Why Do Teens Use Drugs/Alcohol?

• Drugs alter perceptions of reality in ways that often feel pleasant
• Drug use may temporarily satisfy emotional or social needs
Drugs can be a tool with many functions:

- Relaxation & pleasure
- Socialization
- Avoidance of emotional pain
- A way to forget about problems
- Satisfy curiosity
- Avoid alienation
- Achieve an advantage
- Find excitement
- Feel like part of the crowd
- Go to sleep, or wake up
- Cope with failure
- Relieve boredom
- Rebel
Current Trends

• The Good News…
  o The use of prescription drugs continues to decline
  o There continues to be a decline in alcohol consumption including binge drinking
  o Marijuana use did not increase

• Areas of concern…
  o Use of electronic cigarettes is high
  o Perceived harm in taking drugs continues to decrease
Alcohol

• The most widely abused drug by teens and adults
• Children under the age of 21 drink 11% of the alcohol consumed in the U.S.
Alcohol Trends
Nicotine Delivery Products
E-Cigarettes

**Teens are more likely to use e-cigarettes than cigarettes**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Cigarettes</th>
<th>E-Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th grade</td>
<td>8.7%</td>
<td>4.0%</td>
</tr>
<tr>
<td>10th grade</td>
<td>16.2%</td>
<td>7.2%</td>
</tr>
<tr>
<td>12th grade</td>
<td>13.6%</td>
<td>17.1%</td>
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</tbody>
</table>

*Past month use

Only 14.2% of 12th graders view e-cigarette use as harmful, which is less than 5 students in the average class.

The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world’s research on the health aspects of drug abuse and addiction. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found at www.drugabuse.gov.
Butane Hash Oil (BHO)

• Concentrated cannabis extract derived from marijuana
• Made by boiling cannabis with a solvent and then using a “vacuum” for refinement
• Has resulted in dangerous explosions
• No discernable odor
MARIJUANA MAY HURT THE DEVELOPING TEEN BRAIN

The teen brain is still developing and it is especially vulnerable to drug use.

Regular heavy marijuana use by teens can lead to an IQ drop of up to 8 points.

HEAVY MARIJUANA USE BY TEENS IS LINKED TO:

**Educational Outcomes**
- **lower grades and exam scores**
- **less likely to enroll in college**

**Life Outcomes**
- **lower satisfaction with life**
- **more likely to earn a lower income**
- **more likely to be unemployed**

NIH National Institute on Drug Abuse

OTC and Rx
Emerging Trends
Adolescent Chemical Dependency

- Typically poly-substance abusers
- More internal reasons to continue to use
- Levels of use are more difficult to determine
- Emotional arrestment
- More complicated delusional system
- High rates of co-occurring disorders
- Addiction develops more rapidly
  - For adults, addiction may take 5-10 yrs to develop
  - For teens, addiction may take only 2 to 3 years
What factors determine if a person will become addicted?

- Genetics
- Gender
- Mental Disorders
  - Route of administration
  - Effect of drug itself
- Environment
  - Chaotic home and abuse
  - Parent’s use & attitudes
  - Peer influences
  - Community attitudes
  - Poor school achievement
- DRUG
  - Early use
  - Availability
  - Cost
- Brain Mechanisms
  - Biology/Genes
  - Environment
- Addiction
Risk/Protective Factors

**Risk**
- Early age of onset
- Perception of parental approval
- Friends use
- Family abuses drugs/alcohol
- Low perception of harm
- Strained family dynamics
- Easy access and availability
- Poor school achievement/ connection to school

**Protective**
- Later age of onset
- Perception of parental disapproval
- Friends don’t use
- Family use is responsible
- High perception of harm
- Strong family cohesion
- No access or availability
- Success in school/strong connection to school
Boys & Girls Often Use for Different Reasons

Reasons **Boys** Are More Likely to Use:

- Sensation Seeking
- Showing Off
- Being Cool

Reasons **Girls** are More likely to Use:

- To fit in with peers
- Lose Weight
- Self-Medicate
- Reduce Inhibitions
Wiring of the Teen Brain

• Wired toward taking risks
• Wired to seek immediate gratification (reward) rather than fear long-term consequences (risks)
• Emotional center trumps logical center
  – Examples:
    • the social rewards of staying out past curfew might outweigh the likelihood of getting in trouble
    • the physical pleasure of getting drunk might outweigh the concern over tomorrow’s hangover
• They can get addicted faster, longer and stronger
The Reward Pathway

• Survival Activity (ie. Food)
  • Dopamine Released
    • Pleasure
      • Memory
        • Motivation to repeat
Stage 1: Learning Stage

Pain Normal Euphoria

- The user learns he/she can produce a good feeling by using substances
- May use at parties, under peer pressure, or on weekends
- Finds it easy to get drunk or high due to a lack of tolerance
- Learns that substances provide good feelings; he/she trusts the effects
- Controls the use
- No adverse behavioral effects may be detected
- The user feels good (euphoria) with few consequences
- Psycho-educational support group appropriate at this time
Stage 2: Regular Use/Misuse (Seeking Stage)

- Getting intoxicated has increased in importance
- List of priorities begins to change
- Negative dimension is introduced for the first time
- Tolerance begins to be developed
- Peer group identity may begin to form around chemical use
- Continues to control times, quantity, and outcomes of use
- Outpatient D&A treatment appropriate at this time
Stage 3: Harmful Use/Abuse
(Early stages of dependence)

- Periodic loss of control over use
- Behavior violates the person’s value system
- Negative feelings about self remain unidentified and unresolved
- Increased preoccupation
- Lifestyle begins to change and revolve around the chemical
- Tolerance increases, thus more frequent use, higher quantities and experimentation with additional chemicals
- Peer group change is distinct
- Projections of self-hatred onto others begins
- Number one priority is a chemically-induced high
- Intensive Outpatient D&A treatment appropriate at this time
Stage 4: Dependence (Addiction)

- Individual uses substance to feel normal and avoid pain
- Desire to use the substance becomes most important
- Experiences complete loss of control
- Blackouts
- Arrested development
- Physical addiction and presence of withdrawal without the chemical
- Paranoid thinking
- Loss of desire to live; hopelessness
- Total conflict with moral and values codes
- Suicide potential
- Inpatient D&A Treatment needed at this time
Danger Signals for Teens

- Blackouts
- Using when you hadn’t planned to
- Preoccupation
- Tolerance
- Power Hitting (bingeing)
- Protecting the supply
- Using alone
- Self-Medicating
Chemicals and Defenses

- **Simple Denial** - “My eyes are red because of my allergies.”
- **Minimizing** - “Everyone else drank way more. It’s no big deal.”
- **Rationalizing** - “School has been so stressful lately.”
- **Intellectualizing** - “Marijuana should be legalized anyway.”
- **Blaming** - “If you and Dad didn’t fight so much…”
- **Diversion** - “I had to drive. You expect me to walk home in that condition?”
- **Hostility** - Yelling, “What-you don’t trust me!”
Co-Occurring Disorders

- Depression and other mood disorders
- Eating disorders
- Anxiety disorders
- Self-injurious behavior
- ADHD
  - tend to use alcohol at a younger age, in addition used more LSD and inhalants than non-ADHD peers.
  - Psycho stimulant medication diversion a significant problem.
  - Marijuana, Cocaine, Heroin, Alcohol as primary drug of choice
  - Initiation to D/A use usually occurred within 1 year of ADHD diagnosis.
How Families are Affected

• Confusion/Conflict over mixed messages
• Unclear limits/boundaries
• Abdicating parental responsibilities
• High levels of stress
• Societal blame of parents of children who do not meet “social norms”
• Unhealthy systems have unhealthy rules
• DENIAL
Treatment/Recovery Options

• Outpatient treatment
• Relapse prevention
• Parent support groups
• Integration into a recovery peer group
• Recovery schools
• **Student Assistance Programs**
• Residential treatment
An ounce of prevention...

- Move to a prevention orientation
- Support staff can influence more students through this perspective
- Develop interventions that help ALL students cope in difficult times
- Focus on the developmental assets - Represent the relationships, opportunities, and personal qualities that young people need to avoid risks and to thrive
What can we do???

- Provide a clear message
- Stay connected
- Maintain a zero-tolerance policy
- Be aware of things that could place teens at higher risk
- Become an asset builder
- Implement education, prevention and intervention programs

*Prevention is the key: 95% of people who are dependent on ATODs started before they were 20*
Resources

• SAMHSA  www.samhsa.gov
• Al-Anon  www.al-anon.alateen.org
• Parents: the Anti-Drug  www.theantidrug.com
• Partnership at Drugfree.org  www.drugfree.org
• National Institute on Drug Abuse  www.drugabuse.gov
• Center on Addiction and Substance Abuse at Columbia University  http://www.casacolumbia.org
• National Family Partnership  www.nfp.org
• Monitoring the Future  www.monitoringthefuture.org
• MA Youth Risk Behavior Survey  http://www.doe.mass.edu/cnp/hprograms/yrbs/
• Search Institute  http://www.search-institute.org
• Caron Treatment Centers  www.caron.org