Adolescent Drug Use

What Do We Need to Know?

Adolescent Drug Use Update

“Substance use affects many areas of the brain and can cause adverse behavioral, psychological, and social consequences.”
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Adolescents are especially vulnerable to the harmful effects of drugs because they are in a period of development characterized by “rapid changes in brain structure, behavior, and functioning.”
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Substance use not only interrupts brain development, but the harmful effects may be permanent or long-lasting, negatively affecting memory and motor coordination.
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Adolescent development may be delayed by drug use because “each developmental period sets the stage for the next period.”
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Alcohol, tobacco, marijuana, and crack/cocaine are the most commonly used drugs among adolescents, but there are several other drugs that have become a popular trend among adolescents that require our immediate attention.
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Ecstasy (MDMA) is popular among teens at “all night” dance clubs. “It elevates energy, heart rate, blood pressure”, and can raise body temperature to deadly levels. It is especially dangerous when mixed with alcohol and has been known to induce violence and sexual assault among users.
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Methamphetamine is popular among teens who may use it to “enhance performance or lose weight.” It increases heart rate and blood pressure and can damage nerve cells and brain chemicals. It is highly addictive and harmful even the first time.
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Cough medicine, such as Dextromethorphan (DXM), is used by teens as a “recreational drug” and is a concern because it can be purchased over-the-counter. It “alters cognitive processes and judgment” and may cause users to “exhibit bizarre, violent, uncontrolled behavior.”
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Prescription drugs are also commonly abused by teens because they are readily available. Popular painkillers include OxyContin, Darvon, Vicodin, Percocet, Percodan, and Tylenol 3 with codeine. Stimulants include Dexedrine, Ritalin, and Adderall. Commonly abused sedatives include Xanax, Valium, Ativan, Klonopin, and GHB (gamma hydroxybutarate).
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Most Commonly Used Drugs Among Adolescents:
- Alcohol
- Tobacco
- Marijuana
- Crack/Cocaine
- Ecstasy
- Methamphetamine
- Cough Medicine
- Prescription Drugs
- Stimulants
- Sedatives
- GHB
(Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

What is Drug Addiction?

The National Institute on Drug Abuse or NIDA (2006) defines drug addiction as a “brain disease” because the structure and function of the brain is altered by drug use.

NIDA (2006) argues that even though drug use may initially be a voluntary act, “over time the changes in the brain caused by repeated drug abuse can affect a person’s self control and ability to make sound decisions, and at the same time send intense impulses to take drugs.”

What happens to the brain when drugs are used? According to NIDA (2006), drugs disrupt the way the brain sends, receives, and processes information in at least two ways. One, “by imitating the brain’s natural chemical messengers” and two, “by over stimulating the ‘reward circuit’ of the brain.”

In essence, “drugs are able to ‘fool’ the brain’s receptors and activate nerve cells to send abnormal messages.” With repeated use, this process may eventually lead to long-term or permanent changes in the brain.

If drug addiction is a disease, is it treatable? According to NIDA and other research, drug addiction is treatable. Research suggests that cognitive-behavioral therapy along with addiction treatment medications have produced successful results for most patients.

However, NIDA (2006) is quick to point out that even though sustained recovery from drug addiction is attainable, “it is not uncommon for a person to relapse and begin abusing drugs again.” NIDA (2006) considers relapse to be a normal part of the process and advocates that patients should be reinstated to treatment and encouraged to continue the process until they are successful.
Why Do Some Adolescents Become Addicted?

**Biology**
Half of adolescent vulnerability to drug addiction is caused by a combination of the genes they are born with and environmental influences (NIDA, 2006).

**Environment**
An environment that promotes drug addiction may include many influences, such as family and friends, socioeconomic status, and the overall quality of life (NIDA, 2006).

**Development**
During the critical stage of adolescent development, addiction vulnerability is heightened because the brain is still developing in the areas of decision-making and self-control, which increases risk-taking behaviors like drug experimentation (NIDA, 2006).

Clinical Implications

It is important for counselors to understand the problem when working with adolescent drug users and to always strive to work more effectively with them. (Burrow-Sanchez, 2006)

Burrow-Sanchez (2006) lists “four key clinical areas that are important for counselors to consider when working with adolescents who use or abuse substances, or both”

1. Establishing a working relationship with the adolescent
2. Assessing the severity of the substance abuse problem
3. Treatment approaches for adolescent substance abuse
4. Acknowledging relapse potential (p. 285)

School counselors are fortunate to be in an influential position to inform and educate adolescents about the harmful effects of substance use. (Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

It is important for school counselors to use their influence to help develop a widely supported and unified drug and alcohol prevention program in their school and community. Success is dependent upon whether schools, mental health and other social agencies, and the judicial system work together. Without the cohesion of all these organizations working together, it is unlikely that drug abuse among adolescents will decline. (Erickson, L. & Newman, I.)

“Counseling adolescents about drug abuse prevention can be effective, but only if counselors convey credible and age-appropriate information.” (Watkins, Ellickson, Vaiana, & Hiromoto, 2006)

Adolescent Substance Abuse: Prevalence & Risk Factors

As the charts on the right demonstrate, a significant amount of adolescents are exposed to substances, especially alcohol and marijuana, and many make the decision to experiment with them before or by the time they are in their final year of high school. (Burrow-Sanchez, 2006)

Cognitive-behaviorists believe that when adolescents do not have adequate coping skills, they are more susceptible to experiment with substances as a coping mechanism. (Burrow-Sanchez, 2006)

Hawkins et al. (1992), have devised two categories of risk factors for adolescent substance use. The first is “contextual” and includes factors such as drug laws, family practices, availability of substances, lower legal drinking ages, and lower taxation of alcohol. (Burrow-Sanchez, 2006)

The second is “individual” and includes factors such as aggressiveness, negative moods/withdrawal, impulsivity, ADHD, conduct disorder, depression, and learning disabilities along with other issues. Having friends and family members who use drugs is an especially high individual risk factor. (Burrow-Sanchez, 2006)

Even though risk factors do increase the likelihood of adolescent substance use, they can be offset with protective factors against substance use and abuse. (Burrow-Sanchez, 2006)

Protective factors include positive peer groups, parental attitudes toward substance use, good mental health, effective parenting practices, high achievement in school, good problem-solving skills, and strong connections to community organizations. (Burrow-Sanchez, 2006)

References


Trends in Average Reported Age of First Use of Cigarettes, Alcohol, and Marijuana

Monthly Use of Selected Drugs and Binge Drinking by Indiana and U.S.A. 12th Graders