**Diagnostic Criteria (APA, 2004)**

- Within a 12-month period, a pattern of substance use leading to significant impairment or distress in:
  - Recurring substance use due to failure to complete major obligations at work, home, or school
    Examples: Inadequate performance at work; not caring for children or home; missing school due to absence, suspension, or expulsion resulting from substance use.
  - Recurring substance use at places and times when it is physically harmful
    Examples: Driving or engaging in other dangerous activities while impaired due to substance use.
  - Recurring legal issues stemming from substance use
    Examples: Arrests and time in jail or prison because of substance-related actions.
  - Continual use of substances regardless of social and/or interpersonal problems that are a result of the effects of using a substance
    Examples: Divorce, physical fights, loss of friendships stemming from substance use.
- Symptoms do not meet criteria for Substance Dependence
  - No tolerance or withdrawal

**Secondary Symptoms**

- Polydrug Use: Adolescents commonly use nicotine or alcohol at initial use and progress into use of harder drugs such as cocaine, heroine, and methamphetamines (Chassin, Ritter, Trim, & King 2003).
- Functional Impairment in Academia and Relationships (Chassin et al., 2003)
  - Poorer academic achievement, greater failure rates (than non-abusing adolescents)
  - Membership in deviant peer groups, performing delinquent acts, common negative relationships with parents
- Earlier sexual maturation and activity (Monti, Colby, & O’Leary, 2001)

**Comorbidities**

- ADHD and disruptive behavior disorders such as ODD and CD (Chassin et al., 2003)
  - Substance abuse may be a manifestation of these disorders
- Mood Disorders: These may co-occur due to pharmacological effects of substances or social consequences (Burkstein, 1995)
Substance abuse is a risk factor for suicide

- Anxiety Disorders: The pharmacological effects, tension reduction effects, and self-medication purposes of substances may account for this relationship (Burkstein, 1995)
- Schizophrenia: Adolescents with this disorder are more likely to use illegal substances; psychoactive drugs can trigger schizophrenia (Keegan & Moss, 2008)
- Eating Disorders: Especially tend to abuse alcohol, cocaine, and marijuana (Keegan & Moss, 2008)

**Prevalence & Demographic Correlates**

- 3-4% of adolescents qualify for diagnosable alcohol use disorders, while 2-3% qualify for diagnosable drug use disorders (Chassin et al., 2003)
- In a 1998 study of 74,000 high school students, 7% of freshman and 16% of seniors met the criteria for substance abuse (Monti, Colby, & O'Leary, 2001)
- Peaks at the ages of 18 to 25 (Chassin et al., 2003)
- Gender (Chassin et al., 2003)
  - Girls use fewer types of drugs less often than boys, especially as age increases
  - Girls and boys use for different reasons (in younger ages girls use to cope and conform, and later to reduce their weight and anxiety levels; boys use for social and mood-enhancing purposes)
- Socioeconomic Status: During middle school, parental education is related to drug use (Chassin et al., 2003)
- Ethnicity: European Americans, Hispanic Americans, and Native Americans have higher rates of use than African Americans. (Chassin et al., 2003)
- Region: Highest prevalence of illicit drug use is in the Northeast, lowest is in the South (Burkstein, 1995)

**Prognosis & Clinical Course**

- Use in early adolescence is a predictor, begins first with legal substances then illegal drugs (Chassin et al., 2003)
- “Early-Escalating” subtype has a steep, worsening course and the poorest outcomes (Chassin et al., 2003)
- Adolescent users and abusers who go on to have the most severe problems often show a greater number of risk factors, especially onset age, conduct problems, poor school performance, low parental attachment, and family history of abuse/dependence (Burkstein, 1995)

**Possible Causes**

- Family/Parental History (Chassin et al., 2003)
  - Through fetal exposure mechanisms, possibly by affecting receptors or raising risk for temperamental underregulation and behavior problems
Difficult temperament, inability to control behavior, and weak self-regulation (Chassin et al., 2003)

Cognitive deficits, especially low executive functioning (Chassin et al., 2003)

Peer Influences: Association with friends, cliques or siblings who use (Chassin et al., 2003)

Stressful life experiences that generate psychosocial stress, especially chronic exposure to stressors or severe or protracted stressors (Vik & Brown, 1998)

Following initial use, adolescents may continue due to stress and tension (fear, anxiety, conflict, frustration) reduction, management of negative affect, and enhanced social interactions (Bukstein, 1995)

Positive expectancies of use, the adolescent anticipates desired outcomes occurring as a result of use (Bukstein, 1995)

Family (Denton & Kampfe, 1994)

- Composition: Parental absences and divorce; single-family homes.
- Interaction: Negative child-parent association; environments that are hostile, void of understanding, lacking love, lacking cohesiveness, and and/or lacking cooperation.
- Closed and/or unclear communication between parents and adolescents
- Discipline: Parents with a permissive or excessively controlling attitude; parents who view their role as requiring suffering and sacrifice and lack confidence in child-raising; parents who view their children’s behavior as “impossible”.

**Treatment Interventions** (Keegan & Moss, 2008)

- Outpatient Treatment: Combination of individual, group, and family therapy, as well as educational interventions and follow-ups; occurs for several hours several times a week.
- Individual Counseling: One-on-one therapy with a professional.
- Behavior Therapy: Encourages the recognition and realization of the benefits of not using substances.
- Cognitive-Behavioral Therapy: Aims to correct patterns of thinking and behaviors that may be contributing to abuse.
- Group Therapy: A group of abusers come together, usually with a professional, for support and understanding and to learn techniques to cope.
- Family Therapy: An adolescent and his/her family meet together and separately with a professional to focus on changing bad patterns of behavior, communication, and reducing at home.
- Residential Treatment: Adolescent lives for an extended time period with other abusers, meetings with professional overseeing activities and counseling.
- Student Assistance Programs: A team including a substance abuse specialist and representatives from the schools who work with at-risk and using students to provide them with counseling; can reverse at-risk behaviors and link adolescents in need with community resources (Moore & Foster, 2001)
- Working Alliance: Adolescents with stronger alliance to their therapist show a smaller chance of experiencing a relapse six months posttreatment (Tetzlaff et al., 2005)
Integrative Behavioral and Family Therapy (IBFT): A combination of family systems therapy and individual cognitive-behavioral therapy; made up of moderate-intensity, outpatient therapy during 10 to 16 sessions (Monti, Colby, & O’Leary, 2001)

Annotated Bibliography


The authors give an intensive description of the various symptoms, etiologies, epidemiology, and risk factors of substance use disorders. Several models detailing how substance use disorders may result from diverse factors are described.


This book, written by a man who struggled with Substance Abuse as an adolescent and an addiction psychiatrist/professor of clinical psychiatry, gives an in-depth, descriptive view of what it feels like to struggle with the disorder. It also provides information about substance use disorders including ramification and treatments.

Resources

www.acde.org – The website of the American Council for Drug Education has information for children and adolescents, parents, health professionals, and educators about substance abuse. It includes ways to talk to youth about drugs, and common signs and symptoms of abuse.

http://family.samhsa.gov/ - This website, run by the Substance Abuse and Mental Health Services Administration, has many activities, videos, and printable materials about drugs, treatments and communicating with children.

http://www.theantidrug.com/ - This website for parents has information about alcohol and drugs, ways to talk to their children, recent news, and parenting advice regarding substance use.
References


