

Kids, Drugs & Alcohol

Pennsylvania State Police Member Assistance Program

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- Kids, Drugs, and Alcohol

What do kids who use look like?

From Time Magazine, 7/16/2010 Tomas Rodriguez / Corbis









When and how much?

- 6th graders report their first use of cigarettes, alcohol, or other drugs was 10 ½ years, on average
- PA youth report having more than a sip of alcohol before 13 years and regular use – a couple of times/month or more at 14.5 years
- What are the most abused and most costly drugs in terms of public and private expenditure?

• Tobacco and Alcohol

- Compared to alcohol, cigarettes, and marijuana:

“Individually, the usage rates of ... hard drugs (such as inhalants, cocaine, crack cocaine, heroin, hallucinogens, methamphetamine, Ecstasy and steroids) are so low that accurate measurement is rarely possible.” (PAYS, 2005, p. 21).

Marijuana use is excluded from this index [of hard drugs] because the higher prevalence of marijuana use tends to obscure the presence or absence of the other drugs. In other words, an indicator of “Any Illicit Drug Use (*Including* Marijuana)” primarily measures marijuana use.

PAYS, 2009, p. 28

Most to least popular for younger
teens

Alcohol

Cigarettes

Smokeless tobacco

Marijuana

Inhalants

Other legal alternatives

- Shishah (smoked in hookah – molasses flavored tobacco)
 - 'Bath salts' (some locations)
 - Kratom (opiate substitute)
 - K2, Spice (fake cannabis)
 - Stimulants (Ritalin, etc.)
 - Pain relievers (Vicodin, etc.)
-and many more

Treatment Basics

- Diagnosis
- Detox (if physical addiction) or Confrontation
- Treatment: Behavior therapy, cognitive-behavior therapy, or multidimensional family therapy, medication, community support
- Relapse Prevention: Change environment (reduce triggers), good supervision, community support

So who's got a problem? CRAFFT Screening Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high?

“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”
(If no to all, just ask #1 next page)

CRAFFT Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
4. Do you ever FORGET things you did while using alcohol or drugs?

CRAFFT, cont.

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

(Two or more 'YES' suggest significant problem and need for more attention)

Treatment and Prevention

- Treatment a long term process
- Treatment costs: from free to tens of thousands of dollars
- Multiple treatment episodes is common
- Expect regression: it is part of the process of rehabilitation

Treatment: NIDA.nih.gov

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is appropriate for everyone.
- Treatment needs to be readily available.
- Effective treatment attends to *multiple needs* of the individual, not just his or her drug abuse.
- Remaining in treatment for an adequate period of time is critical.

- Counseling—individual, family and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- An individual's treatment and services plan must be assessed and modified continually to ensure that it meets his or her changing needs.

- **Treatment does not need to be voluntary to be effective.**
- Close supervision is critical, as lapses during treatment do occur.
- Treatment programs should assess patients for the presence of STDs and other infectious diseases as well as provide targeted risk–reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.

Treatment context options

- Inpatient residential (often very costly): weeks or months
- Intensive outpatient: up to 5 full or half days per week
- Outpatient therapy: office visits with a mental health professional, typically 1-2 times/week
- Support groups: AA, NA, Al-Anon
- Medication

Teens & Young Adults in Treatment

- Group vs. Individual Treatment – The problem with group treatment...
- Family and peer group factors – getting and keeping the abuser away from physical or social triggers; families as co-therapists
- More on living with an AOD user/abuser/addict a little later...

Terms you might already know:

- Enabling
- Denial
- Dual diagnosis
- 'Intervention'

Prevention: The ideal solution

Make information available in a **neutral health and sciences** context, in schools, in public service announcements, about the current and future effects of AOD use

Family relations

- Provide information about how AOD tendencies can be inherited.
- Discuss with kids your own family history of AOD use stressing their vulnerability and their choices. Help them see it is the same as making choices based on family having heart problems or diabetes.
- Parental attitudes and AOD and about rules and society are strong predictors of AOD use & antisocial behavior

Indirect methods: Build..

- Individual psychological resilience
- Family strength and resources
- Community resources

- Teach practical problem-solving skills...
 - Teach conflict resolution and mediation skills...
 - Provide parenting resources...
 - Address an individual's emotional, behavioral, learning problems ...
-as early as possible!

Is it self-medication?

- Depression or dysthymia?
- Learning disability or low grades for some other reason?
- Anxiety? Obsessive-compulsive disorder
- Self-doubt?
- => What a teen or young adult (or older adult) thinks looks cool or attractive is actually revealing a psychological disorder or emotional vulnerability

Things YOU can do now

- Provide and also be a 'FAP' (friendly adult presence) – allowing...
 - Connection (with a larger community)
 - Modeling (of responsible behavior)
 - Sense of community (someone out there will not only see me but might also care)
 - Awareness of supervision and a visible face to supplement parents
 - Identification of behavior changes in a younger person early

A higher adult-young person ratio

- ... dilutes the peer influence (strong predictor)
- ...permits earlier identification of talents and involvement in interests that can provide some immunity
- ...creates a positive association of an adult with an activity of interest or an opportunity
- ...makes problem behavior less convenient

Other things you can do

- Support a variety of entertainment activities:
 - Sport vehicles (off road)
 - Start-up bands
 - Check out comedy clubs, theaters (the other kind..)
 - Musical concerts
 - Art or other displays in restaurants or small museums

Stuff to do now

- Other museums: Mineral (Rock) Museum (16 Deike Building) M-F 9:30-5; 814-865-6336
- Building supply stores' Saturday a.m. workshops for kids
- Family movie or game night (charades, cards)
- Show you are willing to try new, challenging (healthy) thing

Family & Community Roles

- Give kids and young adults something more to do than sit 7 ½ hours/day, *besides* electronics, which pull them away from you
- Remind yourself that time with you is more important than the cell phone, the Wii, the DS, whatever...
- Don't fall prey to TV/movie portrayal of kid smarter than adult (adult as fool/unaware)

Some video/console games, but..

- Not too much
- Why they're so appealing
- Why they're problematic for some people

How to manage if s/he's at your house

- Some terms:
 - Reinforcement vs. Punishment
 - Negative reinforcement or positive reinforcement
 - Negative or catastrophic thinking
 - Predicting the future
 - Mind reading
- Teaching new behaviors vs. getting rid of unwanted ones

- Talk to people about it! Challenge the idea that you'd be too embarrassed, shamed, etc. ('shame-busting exercise')
- Go to an Al-Anon meeting
- Make sure you're not an 'enabler': You don't have to participate with the AOD behaviors. Don't help her seek it, don't make it easy, don't give him \$\$, lock up your liquor, don't make excuses, control transportation, only drop him/her off where you're comfortable: s/he will survive.

- But don't become catastrophic and express your fears and disappointment, that will only drive him further away.
- Be clear about what is your business and what is your teen's business
- Remember: you have time on your side. If you still can love and can put that relationship with your child above your pride, there is hope.

Web resources

National Institute of Drug Abuse:

www.nida.nih.gov

www.drugabuse.gov

NAMI: National Alliance on Mental Illness

www.nami.org