

STUDENT ASSISTANCE CENTER



PREVENTION FIRST
Building community capacity to prevent substance abuse

Adolescents and Substance Use: A Constant Crisis for the Student Assistance Professional

As an opioid crisis among our youth and young adults makes national headlines, SAP professionals are mired in a crisis of their own. The complex position of a SAP team member means providing education, sometimes screenings, expertly managing referrals, and giving ongoing support to youth who are at risk for substance use and abuse and other unhealthy behaviors. With parents looking at drugs other than heroin in a softer light and with a decreasing perception of marijuana as a harmless source of recreation, our SAP teams struggle to make sure that all drug use by an adolescent is seen as dangerous.

It is true that prescription opioid use is a national health crisis. In 2016, the Centers for Disease Control and Prevention reported that the number of deaths from overdoses on painkillers has quadrupled in recent years. SAP professionals understand that opioid use is a crisis, but so too is all substance use. There is no singular worry; all drugs damage the teenage brain.

Adolescence is a critical time for all levels of development: physical, mental, emotional and social. This makes substance use among youth particularly dangerous. The three highest causes of mortality for teens and young adults – injury, suicide and homicide – are all linked to substance use. Some teens who have become infected with HIV, sexually transmitted diseases, and hepatitis can attribute being under the influence of substances to the cause. Not surprisingly, mental health concerns can arise or be exacerbated by substance use as well.

At the crux of helping young people with substance abuse issues are SAPs who attend to youth and their health. SAPs identify kids at risk and help young people to develop protective factors that drive positive health. They help schools define success and help parents create positive family functioning to support young people who are struggling with substances.

How do SAP professionals make an impact on substance using teens? SAP team members are on high alert for youth who are at-risk. These staff members are trained to inform and educate school teams to recognize, via background and behavior, those youth whose histories and environments may play a role in unhealthy life choices...kids whose behavior both predicts and masks unmet needs and past and current trauma.

According to the National Institute of Health, a part of the U.S. Department of Health and Human Services, researchers over the past two decades have tried to determine how drug abuse begins and how it progresses. Many risk factors can increase a person's chances for drug abuse, while protective factors can reduce the possibility of use. Student Assistance Programs in schools focus on intervening to bolster those protective factors before problem behaviors become the norm.

Risk factors can be the influencers for substance abuse. The more available risks, the more likely drugs will seem to offer power, revenge, improved relationships, reduced emotional turmoil, and solace. Some risk factors increase in strength at certain stages of maturation and development. Peer pressure, for instance, is a high-impact risk factor while a healthy parent-child relationship is a protective factor which offers opportunities for positive life choices. SAPs are designed to make sure that protective factors outweigh the risk factors.

SAP staff pays close attention to the key transition times of adolescence; clearly understanding that adolescence is a time of firsts: first dates, first car, first parties, first social events without parents, first time staying home alone, and first time to have access to substances.

Key social associations in the levels of teens and their peers can put them at risk for substance use and abuse. A teen's peer choices that reflect both knowledge and interest in substance experimentation, can spell trouble. Combine knowledge and interest with access, and a new negative life cycle may emerge. With increased beliefs in and tolerance for the beliefs that "everybody's' doing drugs" (a myopic view of peer use), teens may begin to experiment; seeking variety in experiences, and perhaps, status among their peers/peer groups.

SAP teams become concerned with this aspect of use as they understand that some drugs for some people are highly addictive. Drug addiction

is a truly complex disease and disorder made even more complex in a teenage body and brain that is changing by the moment. The journey to addiction is simply more rapid in adolescents than adults due to age, family addictions, and drug of choice. Adolescents often experiment broadly to find their drug of choice; sometimes combining substances as they search for those special feelings and impact. Polydrug use often helps them quickly find their way to more than they were bargaining for: addiction.

For these reasons, SAP teams are often the first to recognize and intervene into a teen's venture into substance use. Early intervention from early recognition can lead to early recovery...a true benefit of SAPs in schools.

SAP teams do not differentiate substance use. Alcohol, tobacco and other drugs all have dangers for adolescents. Our national opioid crisis begins with what may deceptively seem like more benign rites of passage like marijuana or alcohol. There simply are no benign substances for the adolescent brain, body, and psyche.

The early phases of addiction are often the most treacherous for the adolescent because early use is often identified with fun, feelings of euphoria, peer acceptance, and an idea that substance use holds the key to individuation and maturity; adulthood. SAP team members work tirelessly during this phase to institute parent contact, teen support, and referral. Ongoing groups that provide tools for life success are often offered. Helping teens find other interests is a common SAP task. This phase, as treacherous as it is for teens, is quite perilous for a SAP professional, as this early phase can appear benign to unsuspecting parents. Some parents may not see any possible connections between alcohol and marijuana and drugs like heroin and other opioids. Some parents/guardians may even view alcohol and marijuana as relatively safe, especially when used with parental permission or even within the family home. SAPs make every effort to provide

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families and school personnel with facts about substances.

Drug use in adolescence makes a teen think feelings of low self-worth, anxiety, and a lack of belonging are gone. They are replaced with an improved sense of self, a relaxed approach to life, and a new peer group. The cost, however, can be addiction to drugs that diminish life successes and increase risks of poor choices leading to legal concerns, health problems, suicide and other drug-related deaths.

The goal of SAP is to make substance dependence preventable through education, school and parent communication, and a clear and defined focus on the adolescent.

Intermediate addiction is another phase of addiction and can be characterized by denial even though problems begin to surface. This is a parents' first view of situations that need their attention: changes in attitude, school concerns, first time legal hassles, or lack of adherence to curfews and other house rules. High levels of denial by the teen at this point, combined with periods of compliance, may give parents the opportunity to deny the existence of a problem as well. During this phase, SAP teams are making every effort to work with school personnel and the community to make sure parents see the connections between use and increased school difficulties, seek substance use assessments, and keep communication open with their kids. At this phase, SAP teams meet with teens more regularly and closely monitor them for in-school use or need for support. All the while, the SAP team will continue to help develop protective factor tools and community supports and referrals.

Adolescents, because of their curious nature, peer interests, and changing bodies, are susceptible to addiction. It is worrisome that youth can so easily become unwell and mired in a disease that is chronic, progressive, and potentially fatal. The goal of SAP is to make substance dependence preventable through

education, school and parent communication, and a clear and defined focus on the adolescent.

SAP teams find ways to help school personnel and parents distinguish between typical adolescent behavior and serious underlying issues. SAP staff are always on alert for behavioral changes that seem out of character for an adolescent. In general, a sudden shift in friends, reduced interest and motivation in school and activities may signal a substance use concern.

Increased emotional instability, arguments and fights at school, bouts of sadness and apathy are mood changes that SAP teams do not ignore. Coupled with poor school performance and reported disagreements at home, an SAP staff may feel that substance use is a possibility.

Physical changes occur with substance use as well. Drug use will take a physical toll on the body. Changes such as weight change, tremors, face flushing, drowsiness, fatigue, poor hygiene, bloodshot eyes, dilated pupils, bruises or unexplained injuries and agitation can characterize concerns not normal to the usual health of an adolescent.

SAP teams specially trained in characteristics of substance use and misuse can help both parents and school personnel navigate through typical adolescent behaviors. A team whose specialized focus is on at-risk behaviors is certainly an asset to any school and to parents.

Parents may feel at a loss when their kids are struggling with substance use. Parents may ask:

- Where do I begin if I need help for my teen?
- How do I find the right referral?
- Should we go to our primary care doctor?
- What do I do now; my child has been in rehab before?
- Are there kinds of counseling that are best?
- Do day programs or support programs help?
- What does recovery look like? (National Institutes of Health, 2016)

More than 1500 school systems in the U.S. have incorporated SAPs (National Student Assistance Alliance Directory, 1997) into schools. Although each school SAP may answer those parents a little differently, they all focus on at risk teens, substance use, and unhealthy choices and behaviors. A winning combination of in-school services and an emphasis on effective community referrals and supports create systems of health, healing and success for parents and families, teens and entire school teams. SAPs provide a wide range of prevention services that include drug education, risk and protective identification, assessment and troubleshooting and support and referral.

The SAP professional, of course, is concerned about any drug deemed a “crisis.” Heroin and other opioids are a grave concern. But SAPs focus on the adolescent, his/her developing body and brain, and a positive, enriching life and lifestyle. For that reason, all drugs are a crisis – a constant crisis – for SAP teams.

Despite best efforts,

- Almost 50% of high school seniors have abused a drug of some kind.
- 68% of high school seniors don't view marijuana as harmful.
- Marijuana and alcohol are the most commonly abused drugs among teenagers.
- By 8th grade, 15% of children have used marijuana.
- 7.6% of teens have used the prescription drug Adderall.
- 64% of teenagers said they've used prescription pain killers they obtained from a friend or family member.
- 28% of teens know at least one person who has tried ecstasy.
- Nearly 44% of high school teens say they know a classmate who sells drugs.

(National Institutes of Health)

“When drugs enter the body, things like confidence and hope are forced out. Dreams are replaced with nightmares.” (Nancy Reagan,

Address to the Nation, 1986) An SAP's job is as complex as the substances and addictions SAP teams are designed to explore. SAPs are outspoken in their desire to help kids and help their families. SAPs and the special teams that make up those programs seem to have a special antennae for identifying the needs of kids.

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