


1-2005

Recognition and Treatment of Adolescent Substance Abuse: Who are the Substance Abusers?

Lori Beckwith

Shea Bailey

Follow this and additional works at: <http://csuepress.columbusstate.edu/pil>

 Part of the [Curriculum and Instruction Commons](#), [Online and Distance Education Commons](#), [Scholarship of Teaching and Learning Commons](#), and the [Teacher Education and Professional Development Commons](#)

Recommended Citation

Beckwith, L., & Bailey, S. (2005). Recognition and Treatment of Adolescent Substance Abuse: Who are the Substance Abusers?. *Perspectives In Learning*, 6 (1). Retrieved from <http://csuepress.columbusstate.edu/pil/vol6/iss1/10>

This Editorial is brought to you for free and open access by the Journals at CSU ePress. It has been accepted for inclusion in Perspectives In Learning by an authorized editor of CSU ePress.

Recognition and Treatment of Adolescent Substance Abuse: Who are the Substance Abusers?

Lori Beckwith and Shea Bailey

There is a serious threat to the health and well-being of America today: the threat of substance abuse. It affects everyone on some level: the friend's child who is always in trouble with the law, the family member whose activities are kept secret, or the work colleague who habitually calls in sick. For many, the abuser lives in their own home. The problem of abuse is not discriminating; it can even start in early adolescence. When the individual who is using is an adolescent, it affects their parents, peers, school, and community.

In a study by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) (1999), 50% of twelfth graders have tried drugs and one in four are current users. Data collected in 1997 suggests that substance use among 12–17 year olds rose 11.4%, while increasing from 2.2% to 3.8% in young persons between the ages of 12–13 (SAMHSA, 1999). More and more adolescents are entering treatment for substance abuse with increased social and emotional difficulties (Fisher & Harrison, 2000). According to results of a 1999 survey 24% of eighth graders, 40% of tenth graders, and 51% of twelfth graders reported drinking alcohol within the past month (Johnston, O'Malley, & Bachman, 2000). According to the report 15% of the eighth graders, 26% of the tenth graders, and 3% of twelfth graders reported binge drinking (i.e. having five or more drinks in a row) at least once during the two weeks before the survey.

Influence of Parents – Nature vs. Nurture

Studies show that one in four children live in a home with some kind of addiction (Children of Alcoholics Foundation [COAF], 2003; National Association for Children of Alcoholics [NACOA], 1998; SAMHSA, 2003). There is no doubt being raised in a home where there is active alcoholism or drug addiction has adverse affects on a child. Although the intensity of the effects and the problems that stem from them may vary due to the resiliency of the non-alcoholic parent or the child, the fact remains that children raised in families with alcoholism or drug abuse have different life experiences than children raised in homes where there is no chemical addiction (NACOA, 1998). Children raised by addicted parents are four times more likely to become alcohol and drug

abusers due to both genetics and the family environment (NACOA, 1998, 2000; Zucker & Fitzgerald, 2000).

Peer Pressure

Although it is commonly believed that peers contribute to experimentation and use of drugs and alcohol among adolescents, the association between peers and substance abuse has not been widely researched. Caldwell and Darling (1999) found that, as social interaction shifts from family to peer networks, adolescents begin to experiment with who they are and confront developmental tensions: being an individual or one of the crowd, and participating in healthy leisure activities vs. engaging in health compromising behaviors. They report, "If adolescents perceived low levels of parental monitoring and associated with peers who used substances, they were more likely to use substances themselves" (p. 72).

Modeling in the Media

Adolescents are influenced by perceived attitudes in the media about the use of substances. It is no secret that media messages about alcohol play an important part in the development of beliefs in adolescence. However, parents' point of view regarding media messages may also have an impact on adolescents' thoughts and behaviors regarding use and abuse of substances. A study by Weintraub and Chen (2003) found that college students recalled parental mediation as having a direct effect on beliefs about drinking and indirect effects on current drinking behavior.

The recent research on positive and negative mediation ... suggests that parental discussion of mediated messages could affect a child's expectancies for alcohol use either positively or negatively, depending on the way and the extent to which parents attract a child's attention to the persuasive images on television. More specifically, positive mediation may inculcate generally accepting attitudes toward media messages. Young adults with low levels of skepticism presumably will be more receptive to persuasive messages. (p. 159)

Empirical Research

School counselors may have the opportunity to identify students using substances, and intervene with the student and their family, before the use turns to abuse. Identification leading to intervention has been found successful at early stages of substance use before the adolescent becomes overly involved in using his or her drug of choice.

A study conducted by RAND researchers in 2002 entitled "School-Based Drug Prevention: What Kind of Drug Use Does it Prevent?" found that about one-third of measurable benefits of school-based anti-drug programs involved reduced use of illicit drugs, such as cocaine (Alcoholism & Drug Abuse Weekly, 2002). The remaining two-thirds of measurable benefits came from reduced smoking and alcohol use. The study found that cuts in marijuana use accounted for a "very small fraction" of the benefits of school-based anti-drug programs. The researchers also found that school-based prevention programs are cost effective, stating that, while the cost of school-based prevention programs is about \$150 per student, benefits to society are estimated to be \$840 per student (Alcoholism & Drug Abuse Weekly, 2002).

Another study by RAND entitled "New Inroads in Preventing Adolescents Drug Use: Results from a Large-Scale Trial of Project ALERT in Middle Schools," done on a school-based prevention program titled Project ALERT in 2003, substantiates that school-based prevention programs work (Alcoholism & Drug Abuse Weekly, 2003). The findings showed that the curriculum curbs misuse of alcohol among middle-school children and helps current smokers to cut back.

One specific program, The LifeSkills Training, has been widely regarded as the most effective school-based substance abuse prevention program (Botvin, 2000). It has been proven to cut alcohol, tobacco and drug use by up to 87%. A study funded by the National Cancer Institute of the U.S. National Institutes of Health showed the elementary school-based prevention program may reduce smoking by as much as 61%, and alcohol use by 25%. (Health & Medicine Week, 2003). The LifeSkills Training is a school-based program designed to prevent alcohol, tobacco and other drug use among adolescents by influencing their knowledge and attitudes about alcohol, tobacco and other drugs, by teaching skills for resisting social pressures to use alcohol, tobacco, and other drugs, and by helping adolescents develop personal self-management and social skills (Botvin, 2000).

Getting the Message Out

The very nature of adolescents' attempts to individualize and move away from adult pressure creates a resistance to considering negative stances on activities in which they or their peers are involved. In light of this attitude, it is important that substance abuse education and prevention be presented to students on all fronts: classroom guidance activities, inclusion in regular classroom curriculum, parental involvement, and in the community. Coordination of strategies can be assured through in-service training for teachers, education for parents via Parent Teacher Associations, and bringing community resources into the classroom. It is vital that students receive the same message so confusion and mixed signals can be avoided.

Education and Prevention

The initial outreach to students, through inclusion in the sixth grade health curriculum, ensures all students receive the information. The emphasis is on educating students on the harmful effects of substance use. The classroom sessions also highlight the importance of creating an open line of communication between students and the adults in their lives by teaching healthy communication skills, positive coping skills, and self-esteem. This begins the process of establishing and maintaining intimate relationships and close bonds with adults they can trust. Through these supportive, intimate relationships, the children develop a sense of autonomy and independence. They learn coping skills and problem-solving strategies to help them deal with not only difficult emotional experiences, but also with day-to-day events. These skills can be learned when children are given a safe environment to try out new behaviors and receive reactions and feedback from others. The students learn to express their feelings and listen to others' feelings. In this way, they come to relate to other people in an environment of mutual helpfulness. Improved self-esteem and self-efficacy result in stronger social skills and social orientation.

Treating Students Who Are Already Using

It is important to focus not only on prevention, but to also identify and reach the students who have already begun using substances. Lambie and Rokutani (2002) point out that most school counselor education programs lack education and instruction in the identification of substance abuse and, in fact, The Council for Accreditation of Counseling and Related Educational Programs (CACREP) does not require specific coursework in substance abuse or family systems in school counseling curricula.

School counselors need to be able to recognize the warning signs of adolescent substance abuse. Basic understanding of the symptoms of substance abuse in the school environment can assist school counselors in the identification of current users. Indications of adolescent substance abuse are: deterioration in academic performance, increased absenteeism and truancy, fighting, verbal abuse, defiance, and withdrawal (Fisher & Harrison, 2000). Lambie and Rokutani (2002) state:

Specific risk taking or exploratory substance use may be extreme in early adolescence, when social interaction and biological drive interact as teenagers strive for competence in unfamiliar domains. Complicating this process further, stereotypical descriptors of adolescents such as moodiness, narcissism, and social and interpersonal problems are similar to substance abuse symptomatology. (p. 354)

Barratt and Kerman (2001) state that "what literature there is on group therapy for children suggests that it is an effective form of treatment" (p. 315). Once students are identified as experimenting or using drugs or alcohol, small groups should be formed. The groups should meet weekly in order to form a connection between the counselor and the students. Age-appropriate counseling groups should be created to provide a safe place where risks can be taken (Barratt & Kerman, 2003). Sis Wenger, executive director of the National Association for Children of Alcoholics (NACOA), says most children of addiction need education and support rather than psychotherapy most of the time, and that this distinction is crucial (as cited in Torcha, 2003). Educational components are introduced to increase awareness of addiction issues. The groups provide "insight into the realities of their situation, encouragement, and skill-building activities in a safe, supportive environment, so that they can learn to cope positively with the complex tasks they face" (Torcha, 2003, p.3). Lambie and Rokutani (2002) state:

School counselors are also in the unique position of being able to follow a young person over the course of several years. In substance abuse intervention, treatment, and follow-up, it is important to establish a relationship in order to provide ongoing support. Despite the dilemmas posed by lack of time, other responsibilities, high caseloads, and innumerable demands, if a school counselor is committed to counseling, then he or she can maintain a foundation of support and a linkage between the adolescent and the systems in which he or she functions. (p. 5)

Treating the Family – Systemic Change

It is especially important to understand that many adolescent attitudes come from families in which substance abuse is an accepted way of life. Consulting the parents about behavior in systems outside the school setting can provide valuable information. Inviting the parents for a consultation also enables the school counselor to observe some of the interactions within the family system, alerting him or her to some of the signs and symptoms mentioned. The counselor is then in a position to offer referrals to community agencies and provide crisis intervention.

Conclusion – The Role of the Counselor

Although the counselor-to-student ratio does not foster an environment where school counselors can easily identify and treat students who are currently abusing drugs and/or alcohol, there are measures that can be taken to reach all students with preventive information. The counselor can act as consultant for teachers and parents; they can also coordinate efforts between school, family, and community to assist students with substance abuse problems.

According to Lambie and Rokutani (2002), school counselors have four functions within a systemic perspective for working with students with possible substance abuse issues. The four tasks are:

- Identify the possible warning signs of student substance abuse.
- Work with the young person to establish a therapeutic relationship.
- Support the family system to promote change.
- Be a resource and liaison between the student, the family, the school, and community agencies and treatment programs. (p. 4)

Working within these parameters, counselors can affect positive change in the lives of students, helping them to become successful learners and members of society.

References

- Alcoholism & Drug Abuse Weekly. (2002, December 16). *Copy Editor*, 14, 1-4.
- Alcoholism & Drug Abuse Weekly. (2003, November 3). *Copy Editor*, 15, 1-6.
- Barratt, G. & Kerman, M. (2001). Holding in mind: Theory and practice of seeing children in groups. *Psychodynamic Counseling*, 7(3), 315-328.

- Botvin, G. J., & Kantor, L. W. (2000). Preventing alcohol and tobacco use through life-skills training. *Alcohol Research & Health, 24*(4), 250-258.
- Caldwell, L. L. & Darling, N. (1999). Leisure context, parental control, and resistance to peer pressure as predictors of adolescent partying and substance use: An ecological perspective. *Journal of Leisure Research, 31*(1), 57-78.
- Children of Alcoholics Foundation (COAF) (1999). Hidden problems, hidden costs: Children of alcoholics in the medical system. *Pandora's Box, 43*. Retrieved October 15, 2004, from <http://www.coaf.org/pandorasbox/part%203.PDF>
- Fisher, G. L. & Harrison, T. C. (2000). Substance abuse: Information for school counselors, social workers, therapists, and counselors. Needham Heights, MA: Allyn and Bacon.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2000). *Monitoring the future: National survey results on drug use, 1975-1999*. Bethesda, MD: National Institute on Drug Abuse.
- Lambie, G. W., & Rokutani, L. J. (2002). A systems approach to substance abuse identification and intervention for school counselors. *Professional School Counseling, 5*(5), 353-360.
- National Association for Children of Alcoholics (NACOA) (1998). *COAs: Important Facts*. Retrieved October 10, 2004, from <http://www.nacoa.net/impfacts.htm>
- Torcha, M. M. (2003). Reaching out to children of addicted parents. *Brown University Child & Adolescent Behavior Letter, 19*(8), 1-3.
- U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) (1999). *Treatment of adolescents with substance use disorder, treatment improvement protocol (TIP) Series 32*. Rockville, MD: Author.
- U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) (1999). *1999 National Household Survey on Drug Abuse*. Retrieved February 12, 2004 from www.samhsa.gov
- U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) (2003). *Children's program kit: Supportive education for children of addicted parents*. (DHHS Pub No. (SMA) 03-3825). Rockville, MD: Author.
- Weintraub A. E. & Chen, Y. J. (2003). The relationship of parental reinforcement of media messages to college students' alcohol-related behaviors. *Journal of Health Communication, 8*(2), 157-170.
- Zucker, R. A. & Fitzgerald, H. E. (2000). Children of alcoholics and children of drug abusing parents: Setting the record straight. [Electronic version]. Retrieved October 15, 2003, from <http://www.nacoa.net/pdfs/revise%20pdf/jan-feb00.pdf>

Lori Beckwith is completing her last semester in the M.Ed. program in School Counseling at Columbus State University. She also attained her B.S. degree in Health Science at CSU. In addition to her academic career, Lori was a staff member at CSU for 17 years in various capacities.

Shea Bailey is currently working toward her M.Ed. in School Counseling at Columbus State University. She works as a substance abuse counselor in a female adolescent residential treatment facility.