Understanding Adolescent Alcohol and Substance Use

David Goldston, PhD
Associate Professor, Department of Psychiatry & Behavioral Sciences
Use of Alcohol and Substances by Adolescents

According to the anonymous Youth Risk Behavior Survey administered in grades 9-12 in 2019:

<table>
<thead>
<tr>
<th>Percent Reporting</th>
<th>Current or Lifetime Use of Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.7%</td>
<td>Current Marijuana Use</td>
</tr>
<tr>
<td>29.2%</td>
<td>Current Alcohol Use</td>
</tr>
<tr>
<td>13.7%</td>
<td>Current Binge Drinking</td>
</tr>
<tr>
<td>7.2%</td>
<td>Current Prescription Opioid Misuse</td>
</tr>
<tr>
<td>3.9%</td>
<td>Lifetime Cocaine Use</td>
</tr>
<tr>
<td>2.1%</td>
<td>Lifetime Methamphetamine Use</td>
</tr>
<tr>
<td>1.8%</td>
<td>Lifetime Heroin Use</td>
</tr>
</tbody>
</table>

Current alcohol, lifetime cocaine, methamphetamine and heroin use decreased 2009-2019

Jones et al., 2020
Potency of Cannabis

- Strongest Concentrates
- Strongest Current Strains
- 2008 Seized Marijuana
- Mid-1970's Seized Marijuana

Mid-1970's Seized Marijuana has the lowest potency, while Strongest Concentrates have the highest.
Reasons for Use

• Experimentation/risk-taking

• Social reasons

• Euphoria

• Self-medication (e.g., for depression, anxiety, distress associated with trauma reminders)
  ▪ Short vs. long-term consequences

• Developmentally, areas of the brain associated with reward systems and emotional responses mature before those associated with decision-making, consideration of long-term consequences, judgment

1Jones et al., 2020
Greater proportion of individuals are using substances to cope with the stresses of COVID

Increase in overdoses

Some stresses may be more pronounced during COVID
- e.g., social isolation, financial problems, having to remain in same physical space with other family members with estranged relations, lack of structure in day or lack of access to alternative activities if work or school is disrupted

Some forms of treatment and support more difficult to access during COVID

Move to virtual treatment may increase access to some, but also may exacerbate disparities in care

Individuals with substance use disorders may be more likely to get COVID and to have COVID-related complications

Warning Signs about Alcohol and Substance Use

Suggestive or direct evidence (e.g., blurry eyes, smells of drugs and alcohol)

- Worsening mood, including depression and anxiety
- Disruptive behaviors, including being more non-compliant than is typical, more argumentative, more secretive, lying, or sneaking out
- Decreases in grades or increases in school avoidance or truancy (e.g., skipping school)
- Changes in sleep patterns
- Changes in peer group
- Negative changes in the parent-child relationship

Monitoring and Communicating about Substance Use

- Importance of open and supportive communication
- You can ask youth directly about what they know about drugs and alcohol and their experiences being around or hearing about use
- Remain calm; share that it's okay to talk about the subject
- Reinforce that you sincerely care about their well-being and what is going on in their lives
- It is important to balance messages regarding expectations of substance use with message of love, openness and understanding
- Be sure to offer subtle and helpful ways that your child can use to get out of situations where substances are involved

Importance of supervision and monitoring (e.g., knowing where and how your child spends their time, spending quality time connecting with your child)

When are Alcohol and Substance Use a Problem?

• Is the youth using larger amounts over longer periods of time?
• Is the youth spending a lot of time trying to get, take, or recover from substances?
• Are there instances where the youth is using more than intended?
• Failed attempts to quit or cut back?
• Impairment in functioning
  ▪ School (missed classes, declining grades, decreased motivation)
  ▪ Legal (legal charges, or “close calls” that could have resulted in arrest)
  ▪ Psychological or physical health (worsened depression, worsened anxiety, concentration and memory problems, psychosis)
  ▪ Peers (decreased contact with past peers, estrangement in relations)
  ▪ Family (more conflict, disagreements, secretiveness, sneaking out)
  ▪ Financial (spending lots of money on alcohol/drugs)
Common Treatment Modalities and Approaches

- Peer Support
- Motivational Enhancement
- Cognitive Behavioral Therapy Relapse Prevention
- Dialectical Behavior Therapy Skills Development
- Contingency Management
- Family Therapy
- Importance of Integrated Treatment for Co-Occurring Problems
Principles of Recovery

• Stimulus control
• Identify the functions of use and triggers
• Build alternative behaviors to compete with substance use
• Build alternative skills for coping
• Expect there will be difficulties. When lapses occur, try to learn from them.
• Find clean/sober social support
• Focus on today, just this moment
• Identify your values
Levels of Care

- Peer Support
- School Diversion Programs
- Traditional Outpatient
- Intensive Outpatient
- Residential Care
- Transitional Living
Resources

- Duke Center for Adolescent and Young Adult Substance Use Treatment (CAST) – CAST Triage
  919-681-2091, [https://ipmh.duke.edu/content/cast](https://ipmh.duke.edu/content/cast)

- Department of Psychiatry & Behavioral Sciences Appointments and Triage Line
  919-684-0100

- Information for Teens about Alcohol and Drugs, and their Effects on the Brain
  [https://teens.drugabuse.gov/](https://teens.drugabuse.gov/)

- Tips for Teens – Information about Alcohol and Substance Use
  [https://store.samhsa.gov/series/tips-teens/](https://store.samhsa.gov/series/tips-teens/)

- AACAP Facts for Families: Adolescent Use of Alcohol and Other Drugs, Marijuana and Teens, and Questions to Ask about Treatment for Alcohol and Drug Use

- Assistance in Locating Treatment
  [https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/) or 1-800-662-HELP
Thanks to the CAST Team Here at Duke

• Angela Tunno, PhD
• Jessica Solis Sloan, PhD
• Adrienne Inscoe, PhD
• J. Conor O’Neill, PhD
• Jeremy Grove, PhD
• Michelle Gilchrist (intern)
• Shayna Cheek (practicum student)
• Paul Nagy, LCAS, LCMHC, MS
• David Goldston, PhD