

My Child is Using... Why & Now What?

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Introduction

Substance use within the child and adolescent population is not a new concept. However, today's culture is becoming more aware of how early the use begins, reasoning behind the use, the ramifications of use, and preventative measures that can take place within the home.



➤ The earliest influences to smoke, drink alcohol, or use drugs may come from the family. Factors that are related to drug use during adolescence include poor self-image, low religiosity, poor school performance, parental rejection, family dysfunction, abuse, under- or over-controlling by parents, and divorce.

➤ Difficult temperament, characterized by moodiness, negativity, poor compliance, and provocativeness, may lead to the child being criticized and ostracized by parents. The resultant parent-child interactions may lead to the coercive model of parenting that is often present in families who have children with substance abuse and delinquency.

➤ Peer influence plays a pivotal role in the initiation of tobacco and drug usage.

➤ Biological children of alcohol-dependent parents who have been adopted continue to have an increased risk (2- to 9-fold) of developing alcoholism.

➤ Girls seem to be more influenced by environmental factors in the home. Unkempt, crowded, noisy, disorderly conditions where there is little emphasis on conventions and religion are very potent predictors of later drug use in girls. For boys, family environment had only chance association with later marijuana use.

➤ Eighth-graders who took care of themselves after school had a significantly higher risk of using alcohol, tobacco, and marijuana.

➤ Youths living in the most disadvantaged areas were more than 5 times as likely to be offered cocaine as compared with those in more advantaged areas.

The Why's & How's



8 th Grade	10 th Grade	12 th Grade	
Alcohol (any)	7.3	19.9	33.2
Alcohol (been drunk)	1.8	9.0	20.4
Marijuana	5.4	14.0	22.5
E-cigarettes	6.2	11.0	12.5
Cigarettes	2.6	4.9	10.5
Smokeless Tobacco	2.5	3.5	6.6
Inhalants	1.8	1.0	0.8
Hallucinogens	0.6	0.9	1.4
Ecstasy (MDMA)	0.3	0.5	0.9
Cocaine	0.3	0.4	0.9
Heroin	0.2	0.2	0.2
Narcotics other than Heroin	NR	NR	1.7
Amphetamines	1.7	2.7	3.0
Methamphetamine	0.3	0.2	0.3
Tranquilizers	0.8	1.5	1.9
Any Prescription Drug	NR	NR	5.4

Trends in Child/Adolescent Substance Use

The National Survey on Drug Use 2022

Among people aged 12 or older in 2022, 59.8% (or 168.7 million people) used tobacco products, vaped nicotine, used alcohol, or used an illicit drug in the past month (also defined as “current use”), including 48.7% (or 137.4 million people) who drank alcohol, 18.1% (or 50.9 million people) who used tobacco products, 8.3% (or 23.5 million people) who vaped nicotine, and 16.5% (or 46.6 million people) who used an illicit drug.

In 2022, 70.3 million people aged 12 or older (or 24.9%) used illicit drugs in the past year. Marijuana was the most used illicit drug, with 22.0% of people aged 12 or older (or 61.9 million people) using it in the past year.

In 2022, 48.7 million people aged 12 or older (or 17.3%) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder (AUD), 27.2 million who had a drug use disorder (DUD), and 8.0 million people who had both an AUD and a DUD.

Among adolescents aged 12 to 17 in 2022, 19.5% (or 4.8 million people) had a past year major depressive episode (MDE).

Over 1 in 8 adolescents aged 12 to 17 had serious thoughts of suicide in the past year (13.4% or 3.4 million adolescents), 1 in 15 made any suicide plans (6.5% or 1.7 million adolescents), and nearly 1 in 25 (3.7% or 953,000 adolescents) attempted suicide in the past year.

Neurobiology

- ❖ Neurodevelopment continues to age 25
- ❖ Healthy development within adolescents is crucial for cognitive, emotional, and social functioning
- ❖ Altered brain development due to exposure of alcohol & drugs sets the stage for cognitive problems within adulthood.
- ❖ Dopamine are significantly reorganized resulting in limited inhibitory control causing complication within the emotion and reward system.
- ❖ Research suggests poorer performance on tasks of inhibition and working memory.

Screening tools can potentially be used across several settings where adolescents are present.

ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)

GAIN (Global Appraisal of Individual Needs)

S2BI (Screening to Brief Interventions)

BSTAD (Brief Screener for Tobacco, Alcohol, and Other Drugs)

Childhood ADHD, ODD, CD, and depression increase the risk of developing substance-related disorders. Anxiety disorders do not seem to increase the risk for future substance-related disorders, although the findings are highly heterogeneous. These findings emphasize the need for early detection and intervention to prevent debilitating substance-related disorders in later life.



The majority of studies have evaluated office-based outpatient interventions, adopted from adult treatment modalities such as Family-based therapy, Individual and group therapy.

To date, only buprenorphine-naloxone possesses FDA approval for opioid use disorder in youth ages 16 and older.

Life Skills Training was found to be effective in lowering tobacco, alcohol, and marijuana use.

A return to drug use (or relapse) is a fairly common occurrence among adolescents one third to one half return within 12 months. Therefore, being conscientious of aftercare involvement, coexisting disorders, coping skills, peer drug use, parental support, and motivational factors.

1.800.662.4357 SAMHSA National Helpline



Treatment

- Children/Adolescent Mental Health & SUD Therapies
- Family Therapy
- EMDR
- TF-CBT
- Urinary Analysis
- MAT – age-appropriate clients

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Thank you

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