

Adolescent Development and Susceptibility of Teens toward Addiction

Presenter: Beth Donnellan

Can I get the citation for the study that showed 1 in 6 young teens in Colorado are becoming addicted to marijuana?

A: You can find state specific information from NIDA. Here is the set of national statistics with explanation: <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/frequently-asked-questions/it-possible-teens-to-become-addicted-to-marijuana>

Colorado state addiction centers and addiction agencies all cite that original 1-6 or 17% number. Here is an example from The Fix: <https://www.thefix.com/content/colorado-prepares-marijuana-addicted-teens>

How could this information translate when treating adults?

A: That is a good question, if adults began using alcohol or drugs in their teen years, then that “damage” will be more pronounced in adult years. For example, if a client began experimenting with alcohol and marijuana at age 14, there will likely be some arrested development. Teens who become mild to severe users of alcohol/drugs often suffer some cognitive deficits that restrict their healthy development of understanding social cues. Others suffer from emotional regulation delays (so, still react before thinking through a situation). As you work with adult clients from intervention to after care, you may well notice that they mature. This maturity, occurs as the brain begins to make up for what it missed in earlier years often in the form of behavior training and self-perception.

How do we request screening tool that you mentioned in your presentation?

A: Please send me an email, however, I am currently awaiting approval from the publisher to send it to you. I have been told that you should have access to it within the next two months. Apologies for the delay.

Is there a "best" age group to begin prevention steps/programs to prevent substance use/abuse?

A: Experts still debate this but agree that prevention should be a continuum. Programs like the Menendez “Too Good for Drugs” provide curriculum for kindergarteners through middle school. At each stage, children and pre-teens are introduced to skill building activities. In early childhood, the emphasis is in teaching children to use words to express themselves and in teaching them about self-protection. In middle childhood, the focus is on goal setting, role playing, and drug/alcohol education. In late childhood/adolescence, the focus is on using direct communication, role play, education, and peer lead discussions. Then, there are community based programs that should serve as a different type of prevention. These programs teach the adults in the community to care for themselves and set examples for children. Local governments work to create and enforce laws so that access is limited. There are targeted programs provided for college age young adults who are at risk for binge drinking and programs designed to reach all adults in the workplace. So, the simple answer is that the best time for prevention steps is as soon as a child is independent. Programs continue to reach all populations (even senior citizens with opioid and alcohol prevention).

The handout says 1 in 6 teens USES marijuana, but Beth later referred to them being ADDICTED or SEEKING TREATMENT. Those things are quite different!

A: They are and I was referring to the NIDA reference (see above) of addiction. I apologize for the confusion; the statistics differ per state. The adolescent addiction rates were measured by the number of adolescent enrollments in intervention and treatment programs.

What about gaming on computer? Are these risky behaviors and can affect the brain.

A: There is still quite a few questions about what happens in the brain and prolonged game playing or even, screen exposure. The preliminary data suggests that playing video games in moderate amounts (no more than an hour a day) is not damaging. In fact, it helps teach problem solving and increase imagination. However, the problems develop when the child/teen cannot stop playing. I am presenting another webinar on this topic in next year's webinar series- you may want to join us as we discuss this in-depth.

What is the percentage of teenagers who actually experiment with alcohol and drugs? Many children start with "I will never do drugs". How do we help adolescents look at the long term effects of use?

A: The number is probably not as alarming as people think. If we looked at the national statistics, we see some encouraging news. Overall, in the past five years' rates of cigarettes, alcohol, and illicit drug use has decreased nationally for teens in 10th-12th grade. Rates of marijuana use have not changed. However, rates of ecigarette use have increased as have attitudes towards marijuana not being harmful. In the prevention community, this is alarming especially since teens can find vape juice containing synthetic cannabis (NIDA, 2016). The best way to answer the question of the percent of teens experimenting is to refer you to the NIDA site and specifically the link below. Many teens will experiment with alcohol, but for most, those experimentations do not lead to addiction. But, we should remember that many problems can derive from simple use and misuse. It only takes one evening for a teen to drink four beers and hurt someone driving home.

So, the answer to the second question is that continued prevention efforts as I wrote about in a previous response is important. The assumption should be that any adolescent can make one poor decision that relates to drugs and alcohol. The focus is on risky behaviors and less on the possibility of addiction. Risk prevention is a large part of prevention efforts. If we work with teens who have been caught drinking, for example, we might use the peer discussion model (with trained teen facilitators) to explore real world outcomes of some of the decisions that they make. The discussion might include how binge drinking can lead to unprotected sexual activity which might lead to an STD and then, lead to lifetime sterility. Teens do better with messages that are practical and demonstrate realistic consequences that matter to them. Often, adults try to send adult level messages to teens.

Teens like to use technology. So, to meet them in their environment, we can use virtual avatar simulations where teens develop an online version of self. Then, they work through a variety of "teen simulations" related to their lives or what they think their lives should be. They suffer those consequences with their avatar. There were some of these programs in Second Life (virtual platform). It is not hard to find these programs or to develop a version at your agency. While adults do not identify as closely with an avatar, teen brains do. Remember that this is the time of their development for building their identity. Using the results of these scenarios and simulations helps begin discussions with teens that resonate. Continuing to build their goal setting skills is important too. They understand the consequences from risky behavior much better when those consequences interfere with something that is of import to them.

How does a death of a parent effect an adolescent (age 9)? Or other losses prior to age 16.

A: Death is traumatizing to most children often because of a loss of a key attachment. The way that it affects children has a lot to do with sociocultural factors: quality of other family ties, how drastically the child's everyday life is disrupted, and the support that the child has in school/neighborhood. Further, religious practice and beliefs tend to influence reactions to death. If children believe in Heaven as a positive place (of course, they do not understand it as more than that), they tend to feel some comfort in the parent "being a guardian angel" or having some continued place in the child's life.

There are cognitive factors including the level of understanding of death. Often, young children become

terrified that the other parent or even, the child will die soon. This preoccupation with death is often seen in children who are of average to above average intelligence. The problem with the memory system of young children is that there are often no experiences to use to contextualize new information. The usual experiential progression for death is of a pet (small), pet (large), grandparent, and then the child is as adolescent/adult for other deaths. When an event like death occurs, the memories are stored for later. We often see younger children shut down after major losses. I have worked with many children who lost parents. Through creating some conduit (e.g. prayer, "talking to parent") seems to bring comfort to many of them. Over time, most develop a very private way to continue these communications.