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Chestnut Health Systems

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Questions and Answers About Adolescent Substance Use Problems and their Treatment— Pamphlet 1

This is one of two pamphlets that was written specifically for parents and guardians of adolescent substance users. This pamphlet—Pamphlet 1—is designed for the parent who has questions about adolescent substance use or is participating in an initial substance use assessment. The second pamphlet—Pamphlet 2—is designed more for the parent whose adolescent will be entering treatment. Some of the same questions and answers appear in both pamphlets.

Introduction

When an adolescent develops alcohol or other drug-related problems, every aspect of their personal, family, and social life can be affected. It is normal for parents discovering such problems to feel confused, angry, frustrated, afraid, and guilty. Many parents are also unsure about how they should respond to this problem and what community resources might be of help.

There are several steps that parents can take in responding to adolescent substance use. They can educate themselves about adolescent substance use problems, become familiar with various intervention options, and learn how they can help resolve the problem. This pamphlet is intended to provide information that can help with this process. It answers many commonly asked questions about adolescent substance use and the treatment of substance use problems.

If you have additional questions, please call Chestnut Health Systems (CHS) at (309) 827-6026 and ask to speak to one of our case managers. The case manager can answer your questions and help you decide if your son or daughter would benefit from professional assessment and treatment services.

I. Identifying Substance-related Problems

Isn't alcohol/drug experimentation normal for adolescents?

A majority of adolescents experience some alcohol or illicit drug use prior to graduating from high school. In a 2001 survey, 80% of high school seniors reported having used alcohol (64% reported having been intoxicated) and 54% of seniors reported having used an illicit drug. These high “lifetime exposure” figures hide the fact that regular use of alcohol and other drugs occurs at much lower rates. Less than 5% of youth use illicit drugs (mostly marijuana) daily. While some exposure to alcohol and drug use is common in the transition from adolescence to young adulthood, most youth do not use them in the amount or frequency that leads to problems.¹ However, it is important to note that “normal” experimental use can cause problems

and may need to be addressed in a treatment setting.

Don't some kids just grow out of alcohol or drug problems?

Yes. The majority of young people who use alcohol and other drugs excessively during their adolescent and young adult years mature out of such use. They reach a decision to stop alcohol and drug use completely or they gradually reduce the frequency and intensity of such use² as they mature and take on adult responsibilities (e.g., full time employment, a stable intimate relationship, parenthood, and involvement in community civic activities). This fact does not diminish the risks and prolonged consequences that can result from adolescent substance use including developmental delays, school problems, family discord, life-altering events such as arrest and incarceration, and even injury or death.³ Responsible parents should not ignore adolescent substance use and related problems. The risks are high. Substance use problems can quickly escalate in the absence of consequences.

What are the differences between those young people who grow out of these problems and those for whom these problems continue to get worse?

Why some adolescents experiment with alcohol and drugs and mature out and others develop severe and prolonged substance use problems is not fully understood. Youth who resolve substance-related problems on their own do seem to differ significantly from those who require treatment for such problems. Members of the latter group are more likely to have:

- family histories of alcohol and other drug problems;
- begun substance use at an earlier age;
- more severe substance problems;
- serious co-occurring psychological problems;
- less family and social supports for problem resolution;^{4,5} and
- physical changes from continued drug use that makes it more difficult to quit using as the brain adapts to the presence of the drug in the body. There are real changes in how the brain functions.

How do kids get involved and develop problems with alcohol and other drugs? Does this problem mean that we somehow failed as parents?

Some youth may have a higher biological risk for such problems based on a family history of alcohol and other drug problems. Youth with family histories of alcohol and drug addiction are 4-5 times more likely to develop substance use problems than youth without such family histories. Some young people develop dependencies on alcohol and other drugs as a byproduct of their effort to relieve the distress of personal or family problems. Adolescents can also develop substance problems through involvement with a peer group in which substance use is a normal way to have fun. In this pattern, substance use serves as a ticket of social membership and personal identity that can bring unintended consequences. Other youth begin using drugs or alcohol as a form of juvenile protest—a misguided declaration of independence.

Parents of youth in treatment sometimes say that they feel they have somehow failed as parents. What parents have done or failed to do may or may not have anything to do with their

son or daughter's substance use. No treatment professional will blame you or want you to blame yourself if your child has developed a problem. There are many pathways that can lead to adolescent problems with alcohol and other drugs, and these problems unfold in different patterns that require different types of treatment. The important thing is to move forward. The assessment of an adolescent's substance use by a trained professional can help identify the most appropriate treatment approach and offer parents guidance on how best to respond to such problems.

What are the warning signs of substance use problems?

Indications of substance use problems can occur in three areas. The first is in the adolescent's physical relationship with the drug. Warning signs include:

- increased tolerance (the need for increased quantities of a drug to produce the desired effect);
- cravings (physiological hunger for the drug); and
- withdrawal (physical and emotional distress following cessation of drug use).

The second sign of a problem is a reduced ability to control drug consumption. This can take two forms:

- inability to abstain from using (daily or frequent use in spite of resolutions to stop or cut down), and
- loss of control over use (use may not be that frequent, but when use does occur, bingeing takes place).

In the latter pattern, the adolescent can choose to use or not use but cannot consistently control how much alcohol or drugs will be consumed once use begins. The third indication of a substance use problem is an increase in the number and seriousness of consequences from alcohol or drug use. Problems in one or two life areas are typical of early stage problem development, but over time all areas of the adolescent's life are often affected. An early treatment intervention may arrest the progression to more severe life problems. Treatment is not just for "addicts and alcoholics". Less intensive levels of care—versus residential treatment—are designed to help adolescents before substance use becomes an addiction.

Why did it take so long for us to recognize this problem?

When a substance-related crisis brings this problem into visibility, parents are often shocked to learn how long substance use has been going on. The early signs of substance use are often very subtle and not easily distinguishable from the usual growing pains and transitions of adolescence. Also, adolescents are exceptionally skilled at hiding the presence, intensity, and consequences of alcohol and drug use from their parents.

When do we need professional help for a substance use problem?

Treatment programs are for adolescents who have lost voluntary control over their alcohol or drug use and whose use is creating problems in their life. Parents should seek professional help for their son or daughter when alcohol and other drug use continues in spite of adverse consequences and when the natural resources of the family, extended family, and the community (e.g., Alcoholics Anonymous, Narcotics Anonymous, faith-based support groups)

have not been sufficient to resolve the problem. Unfortunately many adolescents are unwilling to become involved with social support groups or the family does not know how to address substance use issues. There are early intervention programs designed for youth who are at an early stage of problem development. The goal of these programs is to intervene before more formal and sustained treatment is necessary. Keep in mind that many substance-involved youth have not yet lost voluntary control, but are in need of better decision-making skills and/or education about the effects that substances can have on one's life.

Professionals can help determine if an early intervention program or more formal treatment services are most appropriate for your son or daughter. Parents are strongly encouraged to contact treatment professionals when in doubt about the seriousness of their adolescent's substance use. A comprehensive assessment will determine the extent of substance use problems and the presence of any other problems that may contribute to their difficulties (e.g., emotional or behavioral problems).

What if my son or daughter does not want to stop using alcohol and other drugs?

Motivation to stop using alcohol or other drugs is not a precondition for seeking professional help. Adolescents nearly always enter treatment due to the influence of others, whether it be parents, the school, court services, or another community system.⁶ Most adolescents entering treatment do not want to quit or are ambivalent about the prospects of stopping their alcohol and drug use. After all, substance use is a behavior that has met needs for them and that they enjoyed. But through education and support, many young people reassess their relationship with alcohol and drugs and develop a desire to live a more fulfilling, drug-free life. The goals of treatment are to help the adolescent become aware of the need for change, help them move toward making changes, and to learn how to maintain the changes over time.⁷

II. Getting Help

Where can we get help when our child is experiencing substance-related problems? What are the characteristics of the most successful adolescent treatment programs?

There are several established criteria to help parents assess the quality of adolescent treatment programs. In Illinois, programs should be licensed by the Illinois Office of Alcoholism and Substance Abuse. Programs that are accredited by the Joint Commission on Accreditation of Health Care Organizations or the Council on Accreditation of Rehabilitation Facilities have demonstrated that they meet requirements for a quality program in a number of areas. The program's counselors should have relevant college education, special licenses/certifications in addiction counseling, and significant experience in working with substance-involved youth. Treatment programs that have the best treatment outcomes use:

- comprehensive assessment processes;
- focus on the special developmental needs of adolescents (family and group-oriented treatment);
- address co-occurring emotional/behavioral problems;
- provide strong programming in classroom academics and vocational counseling;
- have flexible policies regarding rule violations; and

- have well-organized monitoring and recovery support services that continue after their initial treatment.⁸⁻¹⁰

What happens during the initial assessment visit?

A parent's first contact with Chestnut Health Systems (CHS) is usually a telephone call with a case manager. The case manager will ask questions to determine if an assessment is needed. An appointment is scheduled to evaluate the nature and severity of the problem. The assessment consists of a comprehensive, two-hour client interview. The interview questions were developed by the research division of CHS, is used by over 50 treatment programs in the United States, and has proven to be an exceptional aid in the assessment of adolescent substance use problems and emotional and behavioral problems. Parents are also interviewed and asked to complete questionnaires so that the assessor has an accurate picture of the adolescent's strengths and problems.

How is it decided if my child needs treatment and what kind of treatment he or she will receive?

There are standard criteria developed by the American Psychiatric Association¹¹ used to identify substance use problems. The assessment interview and information gathered from you and any other referral sources (e.g., court services) helps determine whether your son or daughter meets criteria for treatment and what kind of treatment might be most appropriate. Following this evaluation, the staff at Chestnut will provide you their conclusions and recommendations. Not all adolescents who are assessed are recommended for treatment and some are referred elsewhere for other services such as family counseling or for a psychiatric evaluation.

The treatment recommendation for substance problems can range from an hour of individual counseling each week to several months in residential treatment. As problem severity increases, so does the intensity of treatment that may be required. The level of intensity of care is based on guidelines developed by physician members of the American Society of Addiction Medicine¹² (ASAM) that are used by treatment providers throughout the United States.

Why do central Illinois service providers refer adolescents for treatment to CHS?

CHS is a major provider of treatment in central and southern Illinois. Referrals are made to CHS because:

- It is one of the oldest specialized adolescent programs in the country;
- It is one of the largest adolescent treatment facilities in the state;
- It provides financial assistance for those who cannot afford treatment;
- It has a reputation for working successfully with a wide variety of adolescents and their families; and
- CHS has been identified as an exemplary program by an independent review board¹³ and has evaluated many of its services through federal fun.¹⁴

What will treatment cost? What do these costs include?

Treatment costs are covered either by insurance, grants, public aid, or by self-pay.

Grants are available to those who qualify and cover up to 95% of the cost of treatment. Most individuals qualify for financial assistance. The rates insurance companies pay vary widely. If you have insurance, talk with them about your coverage for the specific level of care that is being recommended. For specifics about the cost of treatment at CHS, you can contact the Client Intake Assistant at (309) 827-6026. You also will meet with the Client Intake Assistant during the admission process. This person can answer your questions about costs.

Treatment fees have been designed to include nearly all the costs incurred during treatment. The most common other cost is for urine tests that are used to test for substance use during treatment. Some insurance providers do not cover the costs of these tests. Medical costs such as from injuries or for medication may not be covered. Our financial staff will work with you and your insurance provider to see if services for your son or daughter can be covered by various public funds and grants that support treatment services at CHS.

III. Does treatment work?

What can we realistically expect for the emotional energy, time, and money that we may invest in treatment?

Adolescent treatment can be measured in terms of several potential post-treatment outcomes: abstinence, reduced frequency and intensity of drug use, reduced alcohol- and other drug-related problems, and changes in personal health, personal achievement (academic/vocational performance) and interpersonal relationships. The major reviews of adolescent treatment research have drawn the following conclusions:

- All studies report significant reductions in the frequency and intensity of alcohol and other drug use following treatment.⁶ Most studies also report significant reductions in related problems (psychological adjustment, school performance, family relationships, criminality) following treatment.¹⁵ Treatment is superior to no treatment even when abstinence is not achieved, with post-treatment drug use reductions of around 50% of pre-treatment levels among those adolescents who use following treatment.¹⁰
- A review of studies that monitored adolescents following treatment found an average abstinence rate of 38% at one year following treatment, with different programs varying in abstinence rates. The rate of sustained abstinence after one year following residential treatment was 14-47% (data was from four studies). Adolescent outpatient rates of sustained abstinence are even lower. Only a minority of outpatients achieve abstinence at the time they are discharged from treatment.¹⁰
- No single treatment modality has proven its superiority over other treatment modalities in controlled studies. There is no clear indication at present regarding which particular modality is best for a particular individual. This is why programs like CHS combine many interventions to achieve the best possible outcomes.
- Post-treatment relapse rates for adolescents are high and can fluctuate over time. Relapse rates can be reduced by providing continuing care for monitoring, support, and if necessary, re-intervention.^{16, 17}

What do I do now?

If you have concerns that your son or daughter's alcohol and drug use is a problem, by all means talk to someone about this. Talk to individuals you know and trust, whether that be other family members, your priest or pastor, or a school counselor. If you feel you and your child would benefit from a comprehensive assessment, call the adolescent program of Chestnut Health Systems at (309) 827-6026. Ask to speak with a case manager. We have been assisting families like yours for the past thirty years.

Sources for Further Information

Alcoholics Anonymous World Services. (2001). Alcoholics Anonymous (4th ed.). New York: Author.

Narcotics Anonymous World Services. (1987). Narcotics Anonymous (5th ed.). Chatsworth, CA: Author.

www.alcoholics-anonymous.org

www.chestnut.org (Chestnut Health Systems)

www.jcrinc.com (Joint Commission on Accreditation of Healthcare Organizations. Information is available on how to choose a quality behavioral health care provider.)

www.na.org (Narcotics Anonymous)

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