

Adolescent (youth) substance use and addiction research paper sample

[Health & Medicine](#), [Addiction](#)



Legal and Ethical Issues of Substance Abuse and Addiction

Substance abuse and addiction has for a long time already been a topical issue in many countries around the world. Schools are important sites, where governments and various organizations concentrate their preventive efforts, as it is a key of health promotion in these institutions. It is important to realize such prevention programs in this environment, as schools provide its students with important models of behavior, various possibilities to bond with people of different interests and views (Strang et al., 2012).

National research of tobacco policies in schools in different developed countries show that the prevailing majority of institutions have adopted policies on smoking; in US more that 97% have such policies (Johnston et al., 2010), the same figure corresponds to the policies in Australia (Gregory, Cornell & Fan, 2011). Regarding the use of alcohol and other drugs, they are also prohibited by the schools in the developed countries and in many of them there act different drug prevention programs that involve classes informing the youth about the consequences of substance use and addiction.

Individual Characteristics of High Risk Youth

Intoxication at the use of drugs has notable differences from the same state with alcohol. There are identified a number of indicators, in the presence of which it is necessary in a timely manner to seek qualified help. Typically, the risk group most prone to drug use are teenagers and young adults (Merikangas & McClair, 2012). To timely notice the changes occurring to the teenagers, it is necessary to understand the common signs of substance use and addiction.

Often the first thing that catches people's eye is unusual behavior at home. It is necessary to pay attention to suspicious condition of teenager or young person, accompanied usually by coming home at a later time, having unnaturally heavy morning awakenings. Signs of addiction very soon become visible to others. In people who are often in a state of narcotic intoxication, there is mostly visible social apathy. This person literally loses interest in his former life, the recent interests, and classes.

Except indifference, people who use drugs are also becoming socially dangerous: from unexplained and unjustified aggression, matters gradually reach theft. Along with the change of behavior in the home environment and with people around, there become pronounced negative changes in the usual behavior in the main place of work or study. People become irresponsible, rude; it becomes hard for them to concentrate on the job or training material. Alienation and secrecy from their familiar environment is usually also due to the convergence with persons likely to use drugs.

You may notice that the person spends time in strange companies that behave suspiciously: can ridiculous laugh, show excessive aggressiveness (Pentz, 2014). For the purpose of drug use, such groups often seek out secluded places. They can be seen in the park, near the playgrounds.

Favorite places for drug addicts are attics, basements, and even staircases in houses. Suspicions should intensify with increased attention to pharmacies and content of the home kit. It is necessary to pay special attention to the findings of medical origin, especially detection of suspicious syringes and tablets.

It is a sign for alarm and effective visual way to determine a drug addict is, of

course, a person's appearance. Unkempt clothes, crumpled, casually dressed, dull, unkempt hair are signals about possible problems with substance abuse, and perhaps obvious signs of addiction. Especially when combined with an unnaturally pale skin, which very quickly become dry, haggard, loses tone and elasticity. Any damage to the skin for a long time does not heal.

If these signs of addiction are disregarded as temporary deviations in the usual behavior, further use of narcotic substances in a very short time can lead to dependence and worsening of irreversible changes in the body, often until death. With a systematic drug taking, there are not only visible, but also pronounced direct signs characteristic of an intoxicated person.

First, the changes in the behavior and in appearance described above are exacerbated. Second, features of heavy drug intoxication are almost impossible to control, suppress, and hide (Mordal et al., 2011). This kind of condition has a number of specific external manifestations, which on closer observation are easily noticeable.

For example, a well-known feature of determining a drug addict is sharp uncontrollable mood swings. Usually there occur inadequate situations, not explainable fun, elevation of mood, irrepressible volubility. There is also a backlash, manifested in depression, isolation, gloomy state with manifestations of hatred, cruelty, anger and aggression. Similar symptoms accompany drug intoxication while taking the drug sedative hypnotics, as well as volatile drugs.

There are manifest changes in motor coordination and movement disorders, especially when the person used hypnotic-sedative drugs. Movements

become excessively sweeping, inaccurate. There may be some stiffness and slowness of reaction. It is especially hard for intoxicated person to be in a sitting position: there starts nerve uncoordinated limb movement, constant rocking all over. When walking, there is noticeable permanent staggering and general instability. Distinctive manifestation of drug intoxication is a sharp change in handwriting.

Substances of ephedrine and hemp actively influence the change of speech; it becomes exaggeratedly expressive. Action of volatile drugs and sleeping pills, is on the opposite shackles and slows speech, pronunciation becomes indistinct and blurred. The other signs of addiction are changes in skin color and condition of the pupils. Most often drugs cause unnatural dilated pupils; moreover, eyes have unusually expressive shine.

Family Problems Related to At-risk Youth

Analysis of publications on the problems of addiction and alcoholism clearly convinces that any effective prevention efforts cannot work out with the family. In this regard, it is necessary to consider some aspects of drug addiction as a family problem. When this aspect is investigated, the following has to be considered (Walther et al., 2012):

- Family as a system reacts to the news about the use of drugs by teens in a certain way.
- Reaction of family to the news of drug use depends on the initial state of the family system.
- Reaction of the family to the news of teenager drug use can be both constructive (help to stop drug use or experiment with them), and

destructive (fixing drug use).

- The time of detection of the substance use fact by the family about one of its members is the beginning of the development of family crisis.
- Developing in parents syndrome of parental reactions to narcotics is a factor of fixing teenager's addictive behavior.
- Specific personality traits for drug addicts are secondary, whereas primary are disturbances in the system of social relations.

Despite the generally accepted fact that in the families of chemically dependent people there exists a special type of family relations, described by the concept of co-dependency, there is still an acute shortage of theoretical and practical studies mechanisms of interaction of family and teen drug user (Paiva et al., 2014). Studies show that the experience of working with families of alcoholics cannot be used directly in working with families of addicts, despite the fact that the dynamics of family relationships in families of alcoholics and drug addicts have common features.

In the families of adolescents who use drugs, there are found specifics of family relations, retaining addictive adolescent behavior and forming a special type of parental behavior. Construction and justification of psychotherapeutic work with the families of addicts of the period of growing up open new opportunities for the organization of social and psychological rehabilitation of drug addicts. Analysis of the experience of working with parents of addicts shows that psychological assistance to families of addicts can be based on the principles of a systematic approach to the analysis of psychic phenomena and methodology of systemic family therapy.

Generalization of experience of working with families of teenage addicts

showed that the family can act as a factor of drug provocation; fixing psychological dependence on drugs; provocation of disruption in remission; effectiveness of rehabilitation and prevention. Talking about the family as a factor provoking a teenager use psychoactive substances, it is meant that in virtually all cases of teenage and adolescent addiction there are found the features of one of the types of dysfunctional families:

- Destructive family (autonomy and separation of individual family members, the lack of reciprocity in emotional contacts, chronic marital or parent-child conflict);
- Single-parent family (one parent is absent, which generates various features of family relationships and, above all, blurred boundaries between mother and child);
- Rigid, pseudo solidary family (there is unequivocal domination of one of the family members, strict regulation of family life, the overwhelming type of education);
- Broken family (i. e., a situation where one of the parents lives separately, but maintains contact with former family and continues to perform any function in it, while the kid maintains a strong emotional dependence on him).

Characteristic features of these families are:

- Extremely emotional, sensitive and painful attitude of teenagers to their parents and their problems (meaning sharp, painful reactions to the family situations). If in this family there is present cold in communion, unemotional, strict and non-cardiac mother, the situation becomes the most acute;

- Often in families of drug addict adolescents, in the period before addiction there is conformism and connivance of parents, until readiness to go about a teenager. Most often, this behavior of parents is a kind of a way of avoiding the emotional and intimate relationship with adolescent;
- Use of a child as a means of pressure and manipulation of the spouses on each other;
- Inconsistency in the relationship with the child: from the maximum acceptance to the maximum rejection. The child first becomes close, and then is alienated regardless of the features of his behavior;
- There is no involvement of family members in the life and affairs of each other (when everyone is close, but not together; when family life is reduced to a joint household);
- Directorial style of relationships and emotional rejection;
- Tangled relationships and fuzzy (uncertain) intergenerational boundaries. Grandparents actively intervene in the life of the family, continuing to educate grown children, with respect to the grandchildren there is often found connivance.

These features in the family situations lead to increased risk of substance use, primarily because the teenager did not develop a sense of responsibility for themselves, their lives and their actions. Unformed sense of responsibility in adolescents prior to substance use is a common feature of all future addicts. Each type of problem families, in addition to the common features, there are added the specific features of relationships that will give teen addiction special symbolic meaning. In destructive families drugs and related substances are directed primarily to compensation of difficulties of emotional

contact in the family or act as an escape from the pressures of family conflicts.

Teenagers who go into substance use and further addiction with time start to experience certain school issues. There are often spotted declining grades, lower commitment to education, increased potential for dropping out, absenteeism from school and related activities, and higher truancy rates (Gorka et al, 2013). What is also characteristic of these problems is the fact that substance use can result in school problems not only of the teenager taking substances, but also of his surrounding. In school there may also be visible deterioration of relationships with peers. Such teenagers can be stigmatized or alienated by the peers, starting to participate in fewer community activities.

Prevention, Intervention and Treatment Options

Drug prevention in schools is a clear and accessible information for kids, teens, parents and teachers to explain not so much the harm of drugs, but rather the benefits of good healthy lifestyle - psychological climate, creating the conditions for a reasonable organization of the free time, clarification of certain norms of behavior (Castro, Barrera & Holleran Steiker, 2010).

Work should be done according to certain principles: individual orientation; identification of risk groups using different methods (medical, psychological, educational, etc.); working with individuals in risk groups by the group and individual programs. It is also necessary to organize special camps for children with deviant behavior. It should be borne in mind that mostly among the addicts there may be adolescents with accentuation and mental illness.

Preventive work in schools is the work of professors and the class teacher, caring parents and relatives, attention of the school psychologist and a doctor, the activities of nongovernmental organizations and youth initiatives.

It is a daily work that requires specific knowledge about the problem.

Difficulties in implementing the prevention concern teachers, parents, psychologists and doctors (Faggiano et al., 2010). First of all, this is due to the virtual absence of trained personnel on the issue. Most of the schoolteachers in secondary and higher education institutions do not have the knowledge on diagnosing the correctional education of children and adolescents in modern social conditions.

Prevention should be directed at all forms of substance abuse, including tobacco, alcohol, drugs, and toxins; formation of the skills of resistance to drugs based on amplification of personal responsibility in the use of substances, increasing social competence (interpersonal relationships, self-sufficiency, and firmness in resistance), in conjunction with the strengthening of negative attitudes towards drugs. Prevention should be based not so much on teaching methods, but rather on interactive methods: dialogues, group discussions, etc. Parents or authoritative adults should be involved, who can help children learn new facts about drug use, legal and illegal substances.

References

Gregory, A., Cornell, D., & Fan, X. (2011). The relationship of school structure and support to suspension rates for Black and White high school students. *American Educational Research Journal*, 48(4), 904-934.

- Paiva, A. L., Amoyal, N. R., Johnson, J. L., & Prochaska, J. O. (2014). Adolescent Substance Use Initiation: Correlates of the Profiles of Prevention. *The Journal of Early Adolescence*, 0272431613519497.
- Pentz, M. A. (2014). Integrating Mindfulness Into School-Based Substance Use and Other Prevention Programs. *Substance use & misuse*, 49(5), 617-619.
- Strang, J., Babor, T., Caulkins, J., Fischer, B., Foxcroft, D., & Humphreys, K. (2012). Drug policy and the public good: evidence for effective interventions. *The Lancet*, 379(9810), 71-83.
- Faggiano, F., Vigna-Taglianti, F., Burkhart, G., Bohrn, K., Cuomo, L., Gregori, D., & Galanti, M. R. (2010). The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized controlled trial. *Drug and alcohol dependence*, 108(1), 56-64.
- Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. *Human Genetics*, 131(6), 779-789.
- Walther, C. A., Cheong, J., Molina, B. S., Pelham Jr, W. E., Wymbs, B. T., Belendiuk, K. A., & Pedersen, S. L. (2012). Substance use and delinquency among adolescents with childhood ADHD: The protective role of parenting. *Psychology of addictive behaviors*, 26(3), 585.
- Mordal, J., Holm, B., Gossop, M., Romøren, M., Mørland, J., & Bramness, J. G. (2011). Psychoactive substance use among patients admitted to an acute psychiatric ward: laboratory findings and associations with clinical characteristics. *Nordic journal of psychiatry*, 65(3), 208-215.
- Castro, F. G., Barrera Jr, M., & Holleran Steiker, L. K. (2010). Issues and challenges in the design of culturally adapted evidence-based interventions.

Annual Review of Clinical Psychology, 6, 213-239.

Johnston, L. D., O'malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2010).

Monitoring the Future: National Survey Results on Drug Use, 1975-2009.

Volume I: Secondary School Students. NIH Publication No. 10-7584. National Institute on Drug Abuse (NIDA).

Gorka, S. M., Shankman, S. A., Seeley, J. R., & Lewinsohn, P. M. (2013). The moderating effect of parental illicit substance use disorders on the relation between adolescent depression and subsequent illicit substance use disorders. *Drug and alcohol dependence*, 128(1), 1-7.