Substance Abuse and Disruptive Behaviors in Youth: The Interaction Between the Two

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The U.S. is experiencing an extreme adolescent mental health crisis.

From 2009 to 2021, the share of American high-school students saying they feel "persistent feelings of sadness or hopelessness" rose from 26 percent to 44 percent

This is the highest level of teenage sadness ever recorded; it's happening across the country; it's increased for every race

So why is this happening?

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3 forces currently propelling this mental health crisis in our youth

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Social Media Use

- Around 2012, teen sadness and anxiety began to steadily rise in the U.S.
- This was precisely when the share of Americans who owned a smartphone rose above 50 percent and mobile social media use spiked
- There have been hundreds of social media and mental health studies combined in the past several years, disputing the fact that social media use itself makes teens miserable
- Studies tend to miss the overarching point: Social media ISN'T toxic for all users, instead it acts like a mildly addictive substance that can foster dependency among a minority of users – around 30 percent

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Socializing Is Down

- The biggest problem with social media is not social media itself – but rather the activities it replaces
- Today's teens spend more than 5 hours daily on social media, displacing a lot of other beneficial activity
- Sleep time is on the decline; today's teens are less likely to go out with friends, obtain a driver's license, or play youth sports
- The pandemic exacerbated loneliness and sadness, because it's well-established that what protects teens from stress is close social relationships
- More aloneness (from heavier smartphone use) and more loneliness (from school closures) combined to accelerate sadness among teens who need to socialize to protect themselves from a stressful world

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The World is Stressful

- In this last decade, teenagers have become increasingly concerned about gun violence, climate issues, and even the political environment – increased stress = increased sadness
- Many, many teens express to me concerns about finances, the cost of getting into a good college, and tell me they are wary of their overall "future"
- Teens pick up on this general sense of doom and gloom – delivered by multiple news sources which feeds us non-stop negativity which generally gets more attention
- Thus, adolescents become sad about the "world" because of a constant stream of 24/7 access to information which constantly tells them they should be depressed about it
- All the above has some youth turning to substance abuse in record numbers to cope

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Substance Abuse in Youth

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Child And Adolescent Substance Abuse VS. Adults

- Adolescents can be harder to treat to some degree because they're often not motivated to be treated, so they're coerced either mildly or more forcefully
- Abuse issues in youth can be subtle because severity can be written off as "they're just partying" when it's really impairment
- Youth are generally healthy, so we're not "tipped off" when compared to an adult presenting with pancreatitis or liver disease
- A kid may present with depression or anxiety to the pediatrician's office, and then we only learn about substance use upon further questioning
- In adolescents, you may NOT see tolerance, withdrawal or cravings as indicators of a use disorder, as you'd see in adults
- Some adolescents may continue to do well in school and other areas of life – despite severe opioid use disorder

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Factors Influencing Youth to Seek Drugs with Abuse Potential

For youth who look in the mirror and don't like what they see, find themselves constantly making comparisons to others, believe they are inadequate, don't measure up in the classroom, on the ballfield, in social situations, can't self-affirm, or be comfortable in their own skin, treasure their uniqueness, and can't feel confident enough in their own value, such that with dedication and perseverance they are well-equipped to succeed in life – some form of drug use will likely surface as a vehicle for dissociation, self-soothing, and overall coping.

Substance use disorder—is an "equal-opportunity destroyer."

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Trends In Child And Adolescent Substance Abuse

- Marijuana use among high school seniors is currently the highest since 1979-1981
- OTC and prescription drugs are responsible for a growing number of overdoses among teens and youth
- OTC products can serve as a launching pad toward more abusable substances

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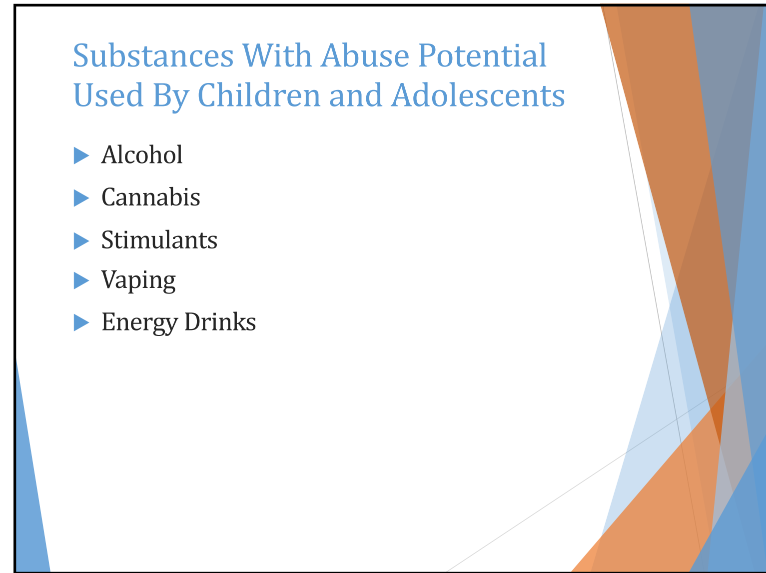

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Common Opioids

Oxycodone (Percodan, Percocet, OxyContin)

- Double the strength of morphine; same ballpark as heroin, potency-wise
- OxyContin literally kicked off our current opioid epidemic in the late 1990s

Hydrocodone (Vicodin, Lortab, Norco)

- One of the most abused prescription drugs in all of America
- Became a DEA Schedule II drug in 2014
- Codeine derivatives are half as strong as oxycodone

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Fentanyl

- First developed in 1959 for use as a pain reliever in hospital settings
- Completely synthetic opioid (laboratory-made)
- Most often prescribed as a slow-release patch under the trade name *Duragesic*
- Also available as tablets; nasal spray; lozenges; providing rapid pain relief
- 100 times more potent than morphine; 50 times more potent than heroin per dosing equivalency
- No unique smell
- Lethal dose: 2 milligrams
- How Fentanyl gets to the U.S.
- Easy to purchase any illicit substance on the street and be completely unaware it contains Fentanyl
- Referred to as “blues” on the street, although “rainbow” Fentanyl is showing up also

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Drlauraberman February 7, 2021

My beautiful boy is gone. 16 years old. Sheltering at home. A drug dealer connected with him on Snapchat and gave him fentanyl laced Xanax or Percocet (toxicology will tell) and he overdosed in his room. They do this because it hooks people even more and is good for business, but it causes overdose, and the kids don't know what they are taking. My heart is completely shattered, and I am not sure how to keep breathing. I post this now only so that not one more kid dies. We watched him so closely. Straight A student. Getting ready for college. Experimentation gone bad. He got the drugs delivered to the house. Please watch your kids and WATCH SNAPCHAT especially. That's how they get them.

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Access…How Youth Obtain Drugs

- Medicine cabinets – mom, dad, grandparents had a surgery or some procedure requiring opioids for pain management
- Youth had a medical procedure of their own
- Dental appointments – opioids are often prescribed after wisdom teeth removal
- Peer influence
- Increasingly more common: Online access via Snapchat and Instagram

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Access

- Dealers post ads and photos with hashtags, emojis, and instructions for how to contact them
- Product may be shipped directly to the home or buyer may meet up with the dealer in-person

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Signs and Symptoms of Opioid Intoxication

- Opioids are depressants…so everything slows down
  - Breathing becomes slow and shallow
  - Choking sounds
  - Vomiting
  - Pale face, clammy look
  - Fingernails and lips turn blue
  - Slow pulse
  - Pinpoint pupil

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Discussion with Youth

- Impulsivity and risk-taking are normal to adolescent development
- Adolescents tend not to understand risk: "It's not going to happen to me."

  "I'll try it just this one time."
- Keep it conversational
- Communicate expectations
- Ask questions
- Make them aware of deadly additives and counterfeit pills

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Discussion with Youth

- "If a doctor didn't prescribe it, and a pharmacy didn't dispense it, don't take it!"
- Legal consequences: Law enforcement uses social media in 90 percent of busts
- Discuss how to stay safe online; be on the same platforms
- Check browser history
- Be familiar with slang and emoji meanings

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Discussion with Youth

<u>Emojis</u>

- Drug dealer = “plug”
- Getting high = “rocket ship”
- Opioids = “different colored capsules”
- Methamphetamine = “blue crystal”
- Cocaine = “snowflake”

<u>Slang</u>

- DOC = “drug of choice”
- P911 = “parent alert”
- KPC = “keeping parents clueless”
- PAL – “parents are listening”

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Services to Help with Monitoring

Net Nanny

Bark

Our Pact

- These apps block questionable or dangerous content before a child sees it.
- They can filter certain websites and monitor a child's digital activity and can also monitor and limit screen time.
- The apps monitor texts and emails, along with YouTube and over 30 social media networks for questionable content a child might be searching or viewing.
- Alerts are sent to parents if signs of cyberbullying, depression, online predators, adult content and more are detected.

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Screening: The CRAFFT Tool

- The CRAFFT screening tool is used to determine substance use disorders in those ages 12-21. Endorsed by American Academy of Pediatrics:

C: Have you ever ridden in a **CAR** driven by someone (including yourself) who was high or had been using alcohol or drugs?

R: Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A: Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

F: Do you ever **FORGET** things you did while using alcohol or drugs?

F: Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T: Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

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CRAFFT

- Begin: "I'm going to ask you a few questions that I ask all my patients. **Please be honest**. I will keep your answers confidential."
- Scoring: Each "yes" response scores 1 point. A total score of 2 or higher is a positive screen, indicating a need for additional assessment
- Percentage probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score:
  - 1 point: 30 percent (approx)
  - 2 points: 55 percent (approx)
  - 3 points: 65 percent (approx)
  - 4 points: 80 percent (approx)
  - 5 points: 90 percent (approx)
  - 6 points: 100 percent

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Treatment Options

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How To Talk to Adolescents About Substance Abuse: Motivational Interviewing

- At its most basic, MI utilizes a narrative style of interviewing in which you're trying to help the young person deal with the ambivalence that's keeping them from acting on a problematic behavior
- It's about helping them sort through things and reach a decision that makes sense within their personal framework
- MI is empathic, not confrontational or argumentative
- Instead of telling them what to do, it explores what they think they need to change and how they think they can do it…
- Reinforce "change" talk; be silent on "sustain" talk, they'll often take cues

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Motivational Interviewing

- Be careful about dispensing advice as it may be interpreted as an unwelcomed directive , trying asking for permission first: “I have some thoughts about what you could do in this circumstance, how about I share them?”
- Point out what the discrepancies are between what significant others want and how the adolescent’s drug use is affecting them
- MI is a measuring tool of sorts, by seeking to determine how motivated the individual is to pursue change
- Start out by exploring positive aspects of their lives – interests, what they most like about school, hobbies, favorite streaming services and shows, girlfriends, boyfriends, peer associations, family

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MI: The Bottom Line

- They want you to hear their story, their side of things
- They care about what their parents think, they care about losing what’s important to them, but they’re wired to resist to maintain and protect their autonomy
- Hear their stories and you’ll be providing important value

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Adolescent Community Reinforcement Approach (ACRA)

- (ACRA) is a behavioral treatment for adolescents and young adults 12 to 24 years old that seeks to increase the family, social, educational/vocational reinforcers to support recovery.
- Sessions address individuals alone, caregivers alone, and individuals and caregivers together
- Clinicians choose from a variety of procedures that address the individual's assessed needs, such as problem-solving skills, communication skills, and positive recreational activities, with the goals of eliminating substance use problems and improving life satisfaction.
- Practicing new skills during sessions and homework assignments are critical components of the treatment.

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Medications for Opioid Use Disorder in Youth (MAT)

- Overcoming any opioid disorder is difficult
- MAT helps diminish cravings and gives the brain time to heal
- Everything is extrapolated from the adult population
- Suboxone (buprenorphine/naloxone)
  - Gentle stimulation of opioid system
  - Smooths out the highs and lows, reduces cravings, eases withdrawal
- Narcan (naloxone) literally saves lives!
  - Naloxone reverses opioid intoxication and sedation and works only if opioids are present in someone's system.
- Starting Suboxone is a big move, often with no clear endpoint
- Suboxone and Narcan are NOT approved for the treatment of opioid use disorder in youth

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Disruptive Disorders

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Effects of Drug Abuse on Disruptive Behavior Disorders

- Parents abusing alcohol and other drugs are more likely to have children with DBDs
- Drug use can affect the way youth manifest a DBD – as there are common symptoms of poor self-regulation, impatience, and impulsivity common to both, with substance abuse as a way of self-medicating
- Also, substance abuse negatively impacts judgment, emotions become roller coaster-like, and when combined with DBD symptoms, create more numerous and intense effects like anger, aggression and recklessness
- Youth who use drugs: 4 times more likely (than those who don't) to have a DBD
- Children and adolescents with a DBD: 6 times more likely to have a substance use disorder (than those who don't)
- Youth with a DBD history typically break rules and defy social norms – substance abuse aids them in accomplishing this

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Oppositional Defiance

- ODD is fairly common in children and adolescents
- ODD comprises 3 primary areas:

1. The moods of anger, rage, irritability
2. Argumentative, defiant behavior
3. Spiteful, revengeful behavior for at least 6 months
4. Symptoms usually begin by age eight (8)

- Child often loses temper goes into rages
- Easily annoyed irritable, angry
- Refuses to follow commands, directions
- If the behavior only happens with a sibling and nobody else, look at something else – rivalry, for example
- Caused by a combination of bio-psycho-social factors – in other words, it's multifactorial

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From tantrums and defiance, to self-injury and withdrawal, even the most skilled professionals find themselves focused on *extinguishing* troublesome behaviors rather than stepping back and asking: *What is the underlying emotional need for this child?*

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Figure Out What's Causing This Troubling Behavior

- **Escape** – perceived incompetence; to gain control over self or others; to gain attention;
- **Attention** – from an adult; from peers; to get emotional needs met; to have a sense of belonging
- **Physical/Sensory**

1. Basic needs
2. Medical issues
3. Safe setting and stable environment – without safety and security there will be NO positive behavior
4. Sensory dysregulation – see; hear; touch; taste; smell; balance issues
5. Substance abuse

- **Control** – control is a major factor when working with ODD
- The most efficient and powerful way to provide control is to create an atmosphere of safety
- Safety provides an atmosphere of control – an authority figure is necessary who provides safety, while also providing guidance for how to behave
- Goal: Seek initial change – then sustain this positive change long-term

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Oppositional, Defiant Children Share Many Similar Characteristics

- Strong need for control, and will do just about anything to gain power
- Deny responsibility for their misbehavior, and have little insight into how it's impacting others
- Socially exploitive, quick to notice how others respond, and then uses these responses to his/her advantage
- Able to tolerate a considerable amount of negativity and thrive on conflict and negativity from others
- Co-morbidity: ADHD; OCD, anxiety and mood disorders; sensory integration deficits

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Callie…and the Red Dress

I despise you mom, you're such a bitch! I am too going to wear my red dress! You promised me yesterday, and if I can't wear in today, I'm not going to school!!

Callie had been arguing about the dress for an hour. Although her mom had told Callie she could wear it, she was unaware that the dress was filthy. Mom was now running late for work, and feeling overwhelmed and exhausted, yet again she caved to Callie's demand.

"OK, I'm done with this, just go ahead and wear the thing," she shrieked.

So, what's up here?

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Parents and Caretakers

- Talk, explain, cajole, nag, and scream too much
- Are inconsistent
- What's the structure in the home look like?
- Are there marital issues? Do they frequently disagree on parenting issues?
- When working with parents, caretakers emphasize that they MUST take on the role of co-regulator of the child's behavior, and in doing so, must be appropriately regulated themselves

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Teaching Parents How To Avoid Conflict…Tell them:

- To remember that their child or adolescent's overarching goal is to push their buttons
- To think about their endurance
- Oppositional defiance is NOT personal, it's about wresting away control
- No self-defending; no convincing the child they're right
- Never ever lower themselves to the level of the opposition

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Commanding Respect

- **Gain your child's attention and respect**. Here's the drill: Say to the child or adolescent: "Do not speak to me that way;" "Do not interrupt me;" "Do not make that face." "Sit down and make eye contact with me when we're talking." And the catch is – keep saying it until they stop, while remaining calm with a poker face.
- **Set expectations**. (1). Rules and consequences must be clear, and preferably, in writing. (2). Spell it out: In no uncertain terms, clearly state what is considered unacceptable behavior. (3). Tell them directly what the consequences will be if this happens.
- **Consequences**.
  - Focus on consequences that don't require cooperation
  - Remove reinforcers (video games; phones; access to music; bikes; the list goes on – then set terms for earning the items back as a reward for acceptable behavior
  - Don't overdo consequences – grounding your kid for a month will be harder on you than on the kid
  - Swift and logical consequences work best
  - I like community service
  - Doing something nice or helpful for the person that was hurt – chores; helping with homework
  - This is a "learning consequence" not a punitive one; doing something helpful for someone fosters generosity which, in turn, creates compassion

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Commanding Respect

- Then…go one offensive and lead with some love, soothing, and nurturing
- This is not always easy at first, as previous negative behavior patterns became ingrained
- Grant rewards that only involve activities the child enjoys
- Target only a few important behaviors, don't try to fix everything
- Decide what to ignore

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DMDD (Disruptive Mood Dysregulation Disorder)

- Central to a diagnosis of DMDD is the presence of chronic, unremitting, irritability that is:
- Present before age 10 years
- Occurs in two or more settings (severe impairment in one setting and mild to moderate impairment in a second setting)
- Has been exhibited for at least 1 year
- This irritability manifests as frequent, severe temper outbursts that typically occur three or more times per week, usually secondary to frustration, and may result in aggression toward others
- In addition to temper outbursts, the child is irritable or angry most of the day, for most days of the week
- Trouble functioning due to irritability in more than one place (home; school; with peers)

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Strategies for DMDD

- **Non- pharmacological**

1. Follow the guidelines discussed for the treatment of ODD
2. Keep in mind the aggression and irritability is more severe
3. Assess for the effects the behavior is having on the family

- **Pharmacological**

1. DMDD and comorbid ADHD – add a methylphenidate stimulant and citalopram, if necessary
2. DMDD and comorbid depression, anxiety – add an antidepressant
3. Mood stabilizers; anticonvulsants; antipsychotics

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Final Takeaways

Early intervention, including therapy and parental training, are significant ways to reduce the symptoms of disruptive behavior and lower the risk of co-occurring issues like substance abuse

It's almost impossible to treat substance abuse without also treating the symptoms of any other underlying conditions, including ODD, and vice versa

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Resource

Adapted from: Wegmann, J. (2021). Psychopharmacology Straight Talk on Mental Health Medications. 4th Edition.

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That's It!

bye-bye

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