

**Adolescents and Substance Abuse:
Warning Signs and School Counseling Interventions**

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Abstract

Adolescence is a challenging time for many young persons. Navigating the academic, personal/social, and career planning challenges associated with adolescence indeed is challenging even with excellent school, family, and community support. For those adolescents struggling with substance use and abuse, these challenges become even greater. School counselors can provide timely and relevant interventions for adolescents with substance abuse issues if the counselors become well versed in warning signs and meaningful strategies. This article summarizes the warning signs of adolescent substance abuse for prescribed and illicit drugs and offers strategies and considerations for counseling.

Keywords: adolescent substance abuse; adolescent substance abuse warning signs; school counselors and adolescent substance abuse

**Adolescents and Substance Abuse:
Warning Signs and School Counseling Considerations**

Adolescents face a number of challenges throughout their preteen and teenage years. These challenges include, but are not limited to, gaining a greater sense of independence,

strengthening relationships with peer groups, planning future career goals, family issues, and deciding whether to use drugs (Burrow-Sanchez, 2006; Day-Vines, Patton, & Baytops, 2003; Giordano, Cernkovich, & Demaris, 1993; Howard, 2003; Moore & Chase-Lansdale, 2001; Robbins, Briones, Schwartz, Dillion, & Mitrani, 2006; Zinck & Littrell, 2000). A specific concern, which several researchers have noted, pertains to adolescents' exposure to illicit drugs at a young age. Concerns about exposure to illicit drugs are not surprising, as researchers have reported that peers or relatives of adolescents serve as frequent influencers to use alcohol, cigarettes, and marijuana (Burrow-Sanchez, 2006; Holcomb-McCoy, 2004; Powell, 2008; Robbins et al., 2006; Zinck & Littrell, 2000) and further, peers or relatives can be duly credited to exposure and familiarity. Recent related literature presented in this paper reflects contextual and individual risk factors for adolescent drug use. A brief summary of implications for school counselors will conclude this review.

Review of the Literature

Burrow-Sanchez (2006) reviewed the *Monitoring the Future National Results on Adolescents Drug Use: Overview of Findings* (2002) and discovered from the longitudinal study that 43,000 adolescents in the 8th, 10th, and 12th grades report using drugs. Based on *National Survey on Drug Use and Health* (Substance Abuse and Mental Health Services Administration [SAMHSA], 2003) data, 68,126 adolescents in the United States between ages 12 and 17 years report illicit drug usage. Of the reported respondents, nine percent potentially met the criteria for substance abuse disorder and 11% were classified as adolescents who use drugs on a regular basis. Within this sample of adolescents, 21% were American Indian/Alaskan Native, 12.6% were European American, African Americans, and Latina/Latino Americans represented 10.8%

respectively, 4.8% identified as Asian Americans, and 12.5% of the sample identified as bi or multiracial (SAMHSA, 2003).

Data indicated that in 2005, 8th, 10th, and 12th graders' abuse of cocaine, crack, and heroin has remained constant since 2004 (Johnston, O'Malley, Bachman, & Schulenburg, 2006). The report noted that among powder cocaine adolescent users, 1.75% were 8th graders, 3% were 10th graders, and 12th graders represented the highest rate at 4.5%. However, crack cocaine usage among 8th, 10th, and 12th graders was between 1.4% and 1.9% across all three levels. The prescription drug, Vicodin, was another drug regularly used that remained steady in abuse across the three grade levels. In contrast with statistics on regular drug abuse, abuse of marijuana, cigarettes, and alcohol seemed to decrease (Johnston, et al., 2006). Among these three substances, adolescent cigarette usage significantly decreased between 1996 and 2005 from 56% to 51%. The *Monitoring the Future National Results on Adolescents Drug Use: Overview of Findings* of 2005 reported the decline in cigarette smoking could possibly be attributed to the high rise in prices, an increase in perceived health risks, and the increase in anti-smoking campaigns and effective laws; yet, alcohol remains "widespread among today's teenagers" (Johnston, et al., 2006, pg. 9). The report also indicated that binge drinking has modestly increased and alcohol abuse has become parallel with illicit drug use among teens. Across gender, males use illicit drugs more than females. However, across race and ethnicity, African American youth use cigarettes, alcohol, and illicit drugs at substantially lower rates than European Americans and Latina/Latino Americans (Johnston, et al., 2006).

While illicit drug abuse among adolescents seems to be on a slow decline, the effects of adolescent prescription drug use reach far beyond the school hallways. Students perceive prescription drugs as safer and easier to access and this perception may contribute to adolescents'

increasing abuse of prescription drugs (Kuehn, 2006). The administration of prescription drugs for students within the school building is an ethical concern and should be a confidential matter as it pertains to students' safety. Ethical considerations and legal mandates indicate that school staff take necessary precautions to safeguard students' identity, social, personal, and mental health.

Recently, school communities have expressed increased concerns about the use of teens' abuse of psychotherapeutic medications (Johnston, et al., 2006; Wright, 2012). Not only are adolescents and teens living in homes where relatives have "powerful pharmaceuticals in the family's medicine cabinet" (Wright, 2012), but also students' have received more mental health diagnoses than ever that result in the prescription of powerful psychopharmacological medications. Wright (2012) states since 2008, the number of childhood AD/HD cases has declined (Samuels, 2010); however, over one million children receive psychopharmacological treatment with methylphenidates, atomoxetine, or dexamphetamine, which nonprofessionals may know as Ritalin, Strattera, or Adderall. School counselors can visualize the line of students outside of the nurse's office to receive their "AM meds" to normalize daily behavior. Some students protest taking their prescriptions because they feel discomfort after taking the medication. Indeed, some of the critical side effects consist of an increase in blood pressure, reduced appetite or stomach pains, an increase of nervous and anxious behavior, and/or difficulties in sleeping (Wright, 2012). Although students who refuse to take their prescriptions represent the slow decline of drug abuse among younger adolescents (Kuehn, 2006), adults remain concerned about the long-term effect of the usage of psychotropic stimulants and possible implications for drug and alcohol addiction for students (Wright, 2012). According to Hawkins,

Catalano, and Miller (1992) prescription drug use for school-aged adolescents represent an individual risk factor for later drug use.

Contextual risk factors and individual risk factors are two influences associated with adolescents' drug use and their co-existing behaviors. Contextual risk factors consist of loopholes in drug laws and alcohol taxes that help adolescents to make legal purchases. Additionally, drug availability for example, within neighborhoods or in the possession of a relative who uses drugs is also a contextual risk factor. Hawkins et al. (1992) also identified problem behaviors as another individual risk factor. Such problem behaviors students display can be associated with conduct disorders, AD/HD, depression, aggression, and negative moods. Individual risk factors include learning disorders, low academic achievement, problems with parents, and having friends who use drugs. These factors contribute to a student's academic, social, and personal developmental struggles. Interesting, the literature focuses on intra-individual factors and offers little insight into multi-systemic factors that may contribute to adolescent drug use.

Research has shown continuously that a predictor of adolescent drug use relates to lack of parental monitoring and supervision of peer activities and adolescent relationships. Some researchers believe this factor is found *mostly* in single female-headed and cohabitating households (Burrow-Sanchez, 2006; Howard, 2003; Lee, 2005; Robbins et al., 2006; Zinck & Littrell, 2000). Some researchers purport that children in married households receive more monitoring, time, and attention (Moore & Chase-Lansdale, 2001; Thompson, McLanahan, & Curtin, 1992). Thus, the literature is not clear on the influence of single parenting or dual parenting on childhood drug abuse. The literature does indicate that specific aspects of family relationships such as inconsistent discipline, unclear family rules, high levels of family conflict,

lack of supportive involvement, low parental monitoring of adolescent activities, and parent-adolescent bonding remain associated with disruptive behavioral problems and substance abuse in adolescents (Bell, 2001; Robbins et al., 2006; Dunham, Dermer, & Carlson, 2011).

Within urban school systems, school counselors report being daunted by students' low academic performance in reading and math, high student mobility rates or high transitional living arrangements, chronic absenteeism, and unmet psychological needs (Holcomb-McCoy, 2004; Holcomb-McCoy & Mitchell, 2005; Holcomb-McCoy & Moore-Thomas, 2001; Lee, 2005; Young, 1994; Zinck & Littrell, 2000). Interestingly, in recent years, rural school systems have indicated similar concerns (Hann-Morrison, 2011). Understanding that school counselors' responsibilities and roles continue to evolve and increase, counselors still benefit from addressing the early warning signs of student addictions through the school counseling program (Wright, 2012, pg. 334). Moreover, school counselors who understand the etiology and progression adolescent substance use and abuse can provide counseling and interventions with a non-judgmental attitude that focuses on appropriate diagnosis and treatment; facilitate recovery, and continued development; and reduce the stigma associated with drug abuse. The following points present warning signs of adolescent substance abuse and suggested actions that support the adolescent and contribute to a safe learning environment. Warning signs of student substance abuse (Wright, 2012) include:

- Alcohol, cigarette smoke, or marijuana on the breath and on clothing;
- Slurred speech, forgetfulness, clumsiness, and poor coordination;
- Change in grades and interest in school;
- Lethargy and low motivation;
- Truancy;

- New clique of friends whose values appear to conflict with the teen's;
- Secrecy and excessive need for privacy;
- Restlessness, rapid speech;
- Chaotic affect with being quick to anger or tears;
- Consistently reckless or self-injurious choices;
- Sudden lack of money, along with petty thefts around school and home;
- Inebriated parents who dropped off or picked up the student;
- Potential diversion of painkillers brought to school (even with a medical excuse).

Actions That Support a Safe and Drug Free Learning Environment

- Parents/school officials destroy leftover painkillers;
- Consider signs of vulnerability to addiction: external factors – family history of drug or alcohol abuse; social issues with friends, academic difficulties and internal factors such as low self-esteem or impulsivity;
- Facilitate a group counseling program with a strengths-based group approach to “... to validate, expand upon, and constructively challenge student's perspectives” (Day-Vines & Terriquez, 2008);
- Connect family and school to create a strong support system for student (ASCA, 2005; Tucker, 2009);
- Educate parents about substance abuse warning signs to help parents determine if their child may have a substance abuse problem;
- Reis et al. (2005), Facilitate small group discussions that will last the academic year focused on students of family members who are addicted to alcohol or drugs;

- Group counseling to target increase appropriate psychosocial development, create awareness of long-term effects, and use strengthening factors from a strength based school counseling approach, choice theory, or reality therapy approach to enhance positive behavioral outcomes;
- Recommend community agency services such as AL-NON or ALATEEN for additional parental support systems and rehabilitation programs in the local area of the school counselor that parents may use for support.

Final Considerations

Meeting the needs of students who may have a substance abuse problem requires multi-disciplinary intervention. While the safety of the school and students remain paramount, school counselors can assist these students by being well versed in the Diagnostic and Statistical Manual's criteria for substance abuse disorders. While diagnosis and treatment of substance abuse problems are beyond the scope of school counselors' professional practice, familiarity with diagnostic criteria can assist them in conceptualizing the constellation of presenting behaviors and understand the impact of substance abuse on their students' lives. Further, school counselors who have a working knowledge of family and system dynamics, particularly as outlined by the Adult Children of Alcoholics approach, can provide strategies that support teachers and administrators in improving the academic, personal/social, and career development of students with substance abuse problems.

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