

Alcohol Treatment and Adolescents

Alcohol abuse and alcohol dependence are not only adult problems—they also affect a significant number of adolescents and young adults between the ages of 12 and 20, even though drinking under the age of 21 is illegal in every State. Alcohol use for some adolescents can lead to an abusive and addictive pattern that requires intervention. Diagnosis and treatment of alcohol abuse and dependence are important because alcohol-related problems can have an enormous impact on the adolescent's future.¹

PREVALENCE OF ADOLESCENT ALCOHOL ABUSE AND DEPENDENCE TREATMENT

- In SAMHSA's Treatment Episode Data Set (TEDS), data indicate that about 80 percent of adult respondents receiving alcohol treatment reported that they first became intoxicated before the age of 18.⁷
- Within TEDS treatment admissions, the proportion of those under 18 has increased slightly from 7 percent in 1992 to 9 percent in 1997.⁸
- In 1996, nearly 182,000 adolescents or young adults under age 20 received treatment for substance abuse in the United States. Of those, 21 percent received treatment for alcohol abuse or dependence, and approximately another 34 percent received treatment for alcohol and a secondary drug dependence.⁹
- Researchers and treatment professionals have found it useful to view adolescent substance use as occurring on a continuum that extends from experimentation through problem use to disorders of abuse and dependence. Adolescent substance use occurs with varying degrees of severity, and the treatment interventions should be consistent with the severity of involvement with alcohol or other substances. Not all adolescents who use alcohol are, or will become, dependent.¹⁰

THE UNIQUE NEEDS OF ADOLESCENTS IN ALCOHOL TREATMENT

Summary of Key Points from SAMHSA's Treatment Improvement Protocol on Treatment of Adolescents with Substance Abuse Disorders,¹¹

- Adolescent alcohol use often stems from different causes than for adults. In treatment, adolescents must be approached differently from adults because of developmental issues, differences in values and belief systems, environmental considerations such as strong peer influences, and educational requirements.
- Treatment approaches should also account for age, gender, ethnicity, cultural background, family structure, cognitive and social development, and readiness for change. Younger adolescents have different developmental needs than older adolescents, and treatment approaches should be developed appropriately for different age groups.
- Treatment should involve family members because family history may play a role in the origins of the problem and successful treatment cannot take place in isolation.
- Treatment providers should have specific training in the principles of adolescent development, and treatment programs should avoid mixing adult clients with adolescent clients.

SCREENING AND ASSESSMENT

- Clinicians and researchers use various approaches to identify and assess alcohol problems in adolescents. One approach is the use of brief screening instruments—most commonly self-report questionnaires—to determine the possible presence of alcohol

DID YOU KNOW?

- According to SAMHSA's most recent National Household Survey on Drug Abuse (NHSDA), there were 10.4 million drinkers ages 12 to 20 in 1998. Of these, 5.1 million were binge drinkers, meaning that they drank five or more drinks on at least one occasion in the month before the survey. Two million were heavy drinkers, binge drinking at least five times that month.²
- The average age when youth first try alcohol is 11 years for boys and 13 years for girls. According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.³
- Generally, an adolescent's risk for alcohol dependence at some point in life decreases by 14 percent with each additional year that drinking onset is delayed.⁴
- Data from SAMHSA's National Household Survey on Drug Abuse indicates that while 915,000 youth ages 12 to 20 reported alcohol dependence in the past year, only 16 percent of them (148,000) received treatment.⁵
- Although national data on the prevalence of alcohol abuse and dependence among teenagers are not available, several large-scale school surveys suggest that 4 to 20 percent of teenagers have either a current or past diagnosis of alcohol abuse or alcohol dependence, based on DSM criteria.⁶



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problems. Screening tools should be used with caution, as scores only indicate that an alcohol use disorder is likely or not. Some available screening tools for use with adolescents in screening for alcohol and other drug use disorders include the Adolescent Alcohol Involvement Scale, the Adolescent Drinking Index, the Personal Experience Screening Questionnaire, and the Rutgers Alcohol Problem Index. Research has generally supported the validity of these self-reports of alcohol within clinical settings.¹²

- If an initial screening indicates the need for further assessment, clinicians and researchers can employ diagnostic interviews to measure the nature and severity of alcohol problems and other drug use disorders. Some of these diagnostic interviews include the Adolescent Diagnostic Interview, the Customary Drinking and Drug Use Record, and the Diagnostic Interview for Children and Adolescents.¹³

LEVELS OF TREATMENT

- Treatment options can vary. Brief interventions, which involve screening, anticipatory guidance, and psychoeducational interventions, are primarily appropriate for adolescents in the low-to-middle range of the severity continuum. Brief interventions may also occur in primary care settings as part of a routine medical exam. Variations of brief interventions have been found effective for helping alcohol-abusing adults, but research is needed to evaluate its effectiveness with adolescents.¹⁴
- Treatment may also include various intensities of outpatient treatment, as well as 24-hour intensive inpatient care for adolescents requiring a high level of supervision. Inpatient care generally includes detoxification—a 3- to 5-day program with intensive medical monitoring and management of withdrawal symptoms. Residential treatment is a long-term model that includes psychosocial rehabilitation among its goals. The duration for residential treatment can range from 30 days to 1 year and is especially beneficial for adolescents with coexisting personality and substance abuse disorders.¹⁵
- Therapeutic communities are intensive and comprehensive treatment models. Although originally developed for adults, they have been modified successfully to treat adolescents with the most severe alcohol or substance use disorders for whom long-term care is indicated. The community itself is both therapist and teacher in the treatment process. The core goal is to promote a holistic lifestyle and identify behaviors that can lead to alcohol and substance abuse that need to be changed. The community provides a safe and nurturing environment within which adolescents can begin to experience healthy living. Duration within the community is typically 12 to 18 months.¹⁶
- Self-help groups such as Alcoholics Anonymous, Al-Anon, and Alateen are valuable adjuncts to outpatient services and residential programs for teenagers during the recovery process, both during and after primary treatment. Self-help groups offer positive role models, new friends who are learning to enjoy life free from substance use, people celebrating sober living, and a place to learn how to cope with stress and other relapse triggers. Many adolescents involved with these 12-step programs have a fellow member serve as a sponsor to provide guidance and help in times of crisis or when the urge to return to drinking becomes overwhelming.¹⁷
- Treatment programs can also include family therapy to bring about positive changes in the way family members relate to each other by examining the underlying causes of dysfunctional interactions. This type of therapy may help decrease family conflict and improve effectiveness of communication. Family members, both parents and youth, can learn how to listen to one another and solve problems through negotiation and compromise.¹⁸

- It is extremely important that adolescents are assessed for coexisting mental disorders, because progress in alcohol treatment may be stalled until coexisting conditions are addressed. Treatment providers use that information to develop a treatment plan that may include such services as individual, group, and family therapy.¹⁹ Since problem drinking often occurs along with other behavior disorders, many providers offer skills training in impulse control, anger management, problem solving, assertiveness, time management, and stress management.²⁰
- During the final phase of treatment, providers work with adolescents to develop an aftercare plan to make sure they don't start drinking again. Continuing care programs are structured and time-limited outpatient care that helps the adolescent reduce his or her risk for relapse. Self-help groups may be valuable adjuncts to the treatment program during the recovery process. Group homes that offer transitional living arrangements with different levels of specificity of treatment planning and staff supervision may also provide an environment for successful recovery.²¹

If you would like additional information or need help finding treatment please call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or visit <http://www.health.org>.

SOURCES

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SAMHSA, a public health agency in the Department of Health and Human Services, is the Federal Government's lead agency for improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services in the United States. Further information about SAMHSA is available on the Internet at www.samhsa.gov.