

Substance Use Disorder In Adolescence

PGDCP, semester– ii

COURSE: Social and community psychology
Paper VI; unit V

By

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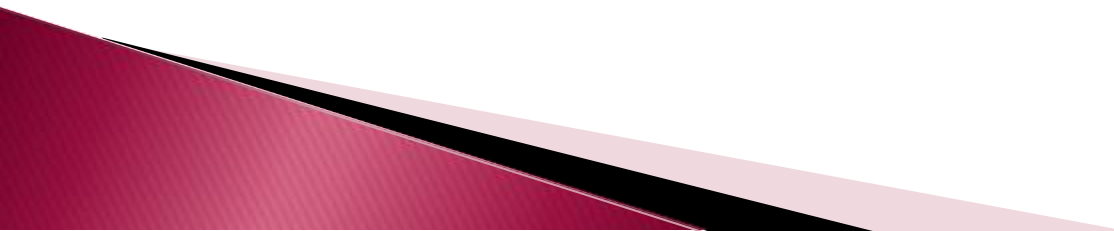
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Substance use disorder

According to DSM –5 A substance use disorder is a maladaptive pattern of substance use leading to clinically significant impairment or distress. Individual with substance use disorder including children and adolescents, show at least 2 of 11 possible symptoms within a 12 month period. The symptoms can be organized into four clusters:

- (a) Impaired control ,
 - (b) Social impairment–
 - (c) Risky use,
 - (d) Pharmacological criteria.
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Diagnostic criteria for substance use disorder

A. A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12 month period:

1. The substance is taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effect.
4. Craving or a strong desire to use the substance.
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work , school, or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
8. Recurrent substance use in situations in which it is physically hazardous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance and withdrawal.

Specify If:

In early remission: After full criteria for a substance use disorder were previously met, none of the criteria for a substance use disorder have been met for at least 3 months but for less than 12 months.

In sustained remission: After full criteria for a substance use disorder were previously met, none of the criteria for the substance use disorder have been met any time during a period of 12 months or longer.

Specify Current severity:

Mild: Presence of 2–3 symptoms.

Moderate: Presence of 4–5 symptoms.

Severe: presence of 6 or more symptoms.

▶ DSM-5 uses the term *Substance* to refer to alcohol, drugs, and medications that can be abused. People can develop a Substance Use Disorder for eight different classes of substances.

1. Alcohol
 2. Cannabis
 3. Hallucinogens
 4. Inhalants
 5. Opioids
 6. Sedatives
 7. Stimulants
 8. tobacco
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Substance Use In Adolescence

Adolescents involvement with alcohol and other drugs falls on a continuum which ranges from complete abstinence to chronic use and dependence. Of course, the vast majority of adolescents fall between these extremes . Most youth experiments with cigarettes, alcohol, and marijuana, relatively few develop problematic pattern of use that lead to distress or impairment. When they do occur, substance use problems carry immediate and delayed risks of adolescents health and well-being. In the short term , problematic use of substances can lead to motor vehicle accidents, sexual risk taking, sexual victimization and unintentional injuries. More prolonged use can contribute to relationships problems with parents and peers, withdrawal from sports, clubs, and other extra-curricular activities and poor school performance. Long term risk include chronic health problems, low educational attainment and employment and anxiety mood disorders.

Adolescents is an important developmental period for the emergence of substance use disorders. youths who develop moderate to severe substance use disorder by age 18 show higher life time consumption of alcohol and other drugs, more risky pattern of substance use and poor social emotional and occupational outcomes. In contrast, some studies suggest, if a person does not develop a substance use disorder by early adulthood , it is unlikely they ever will.

Table 10.3 Symptoms of Alcohol and Cannabis Intoxication and Withdrawal

	<i>Alcohol</i>	<i>Cannabis</i>
Intoxication	<p>Psychological changes: labile mood, impaired judgment, inappropriate sexual/aggressive behavior</p> <p>Slurred speech</p> <p>Incoordination</p> <p>Unsteady gait</p> <p>Nystagmus¹</p> <p>Impaired attention/memory</p> <p>Stupor or coma</p>	<p>Psychological changes: euphoria, anxiety, sensation of slowed time, impaired coordination, impaired judgment, social withdrawal</p> <p>Conjunctival injection²</p> <p>Increased appetite</p> <p>Dry mouth</p> <p>Tachycardia (i.e., increased heart rate)</p>
Withdrawal	<p>Autonomic hyperactivity</p> <p>Increased hand tremor</p> <p>Insomnia</p> <p>Nausea or vomiting</p> <p>Hallucinations</p> <p>Psychomotor agitation</p> <p>Anxiety</p> <p>Generalized tonic-clonic seizures</p>	<p>Irritability, anger, or aggression</p> <p>Nervousness or anxiety</p> <p>Sleep difficulty</p> <p>Decreased appetite or weight loss</p> <p>Restlessness</p> <p>Depressed mood</p> <p>Physical symptoms: abdominal pain, shakiness, sweating, fever, headaches</p>

Etiology

The development of substance use disorder is complex. A model that explains the emergence of substance use problems must take into account a wide range of genetic, biological, psychological and socio-cultural factors. One biopsychosocial model has been offered by Sher (1991) to explain the development of alcohol use problems. Sher's model suggests that alcohol use disorders can emerge along three possible developmental pathways.

First– alcohol problems can develop when people inherit a genetic or biological sensitivity to the effects of alcohol and derive a great deal of pleasure from its use (the enhanced reinforcement pathway).

Second– alcohol abuse can arise when people rely on alcohol to cope with depression or anxiety. In this case, alcohol use is negatively reinforced by the alleviation of psychological distress (the negative affect pathways of a larger).

Third – alcohol abuse can emerge as part of a larger pattern of antisocial behavior. In this pathway, alcohol use problems emerge in the context of CD (the deviance– prone pathway).

These three pathways to substance use problems are not mutually exclusive, many people abuse alcohol and other drugs for multiple reasons. However, these pathways are useful for organizing our understanding of the etiology of substance use disorder.

Different models for etiology of substance use

Figure 10.10 Cognitive Model for Adolescent Alcohol Use

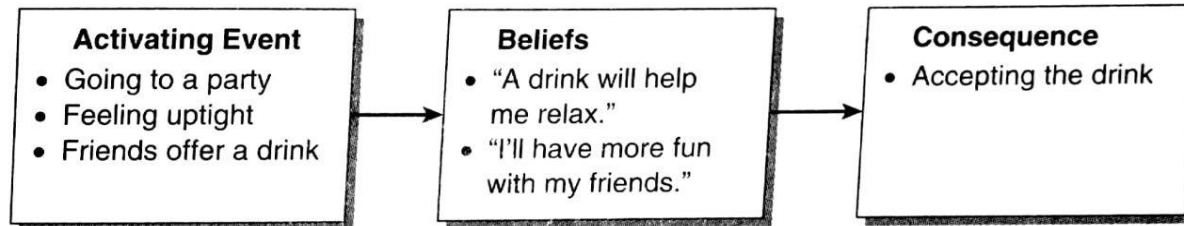


Figure 10.9 The Deviance-Prone Model for Alcohol Use

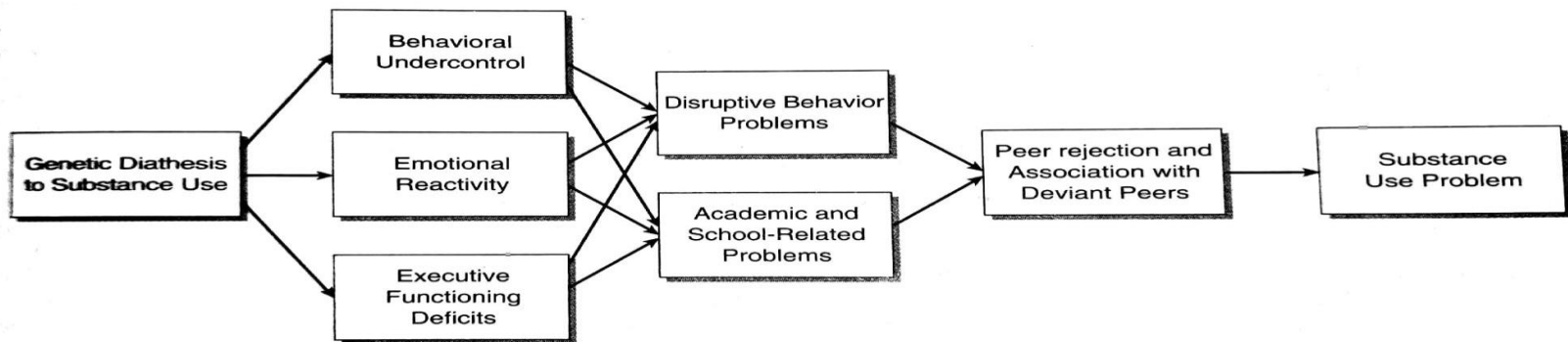
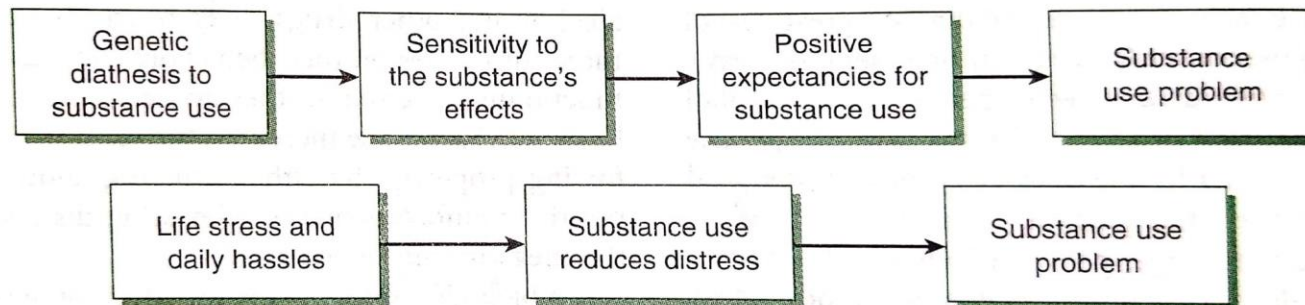


Figure 10.8 The Enhanced Reinforcement and Negative Affect Models for Alcohol Use



▶ Reference:

Weis.R., (2014), “Introduction to Abnormal Child and Adolescent Psychology”, *Sage Publication*, 2nd edition.

Thank you for the attention

