



SUPPORTING LONG TERM RECOVERY IN ADOLESCENTS

ALCOHOL

YOUNG PEOPLE AGES 12-20 MAKE UP 11% OF ALCOHOL CONSUMED IN THE US
68% OF ALL 12 GRADERS HAVE CONSUMED ALCOHOL
21% REPORTED BINGE DRINKING WITHIN THE PRIOR 30 DAYS
22% REPORT DRIVING IN A CAR WITH AN INTOXICATED PERSON
10% DROVE INTOXCIATED
MOST REPORT OBTAINING ALCOHOL IS EXTREMELY EASY
HAND SANITIZER CAN BE DISTILLED AND DRANK, THIS IS EXTREMELY DANGEROUS AS THE ABV IS EXTREMELY HIGH
ADOLESCENTS WHO REPORT ALCOHOL USE REPORT BINGE DRINKING AS MOST COMMON WAY THEY DRINK

VAPING

Extremely common and accepted among teens
Specifically marketed to teens with candy flavors and fun looking devices
No perceived risk by teens
Extremely easy to obtain
No idea what is actually in the vape (level of nicotine)
Makes moving to dab pens/THC vaping an easy transition

THC

IN SURVEY COMPLETED IN 2020, MORE HIGH SCHOOL STUDENTS REPORTED SMOKING THC THAN CIGARETTES

OVERALL PERCEPTION OF TEENS IS THC HAS MINIMAL RISKS ASSOCIATED WITH USE

10% OF "A" STUDENTS REPORT USE OF THC, 48% OF "D AND F" STUDENTS REPORT USE

13% OF THOSE WHO BEGIN USE AS A TEEN BECOME DEPENDENT ON THC

3,300 TEENS TRY THC FOR THE FIRST TIME EACH DAY

35% OF 12TH GRADERS HAVE SMOKED WEED IN THE PAST YEAR

21% HAD SMOKED IN THE LAST MONTH

6% ADMITTED TO DAILY USE

81% STATED IT IS EASY TO OBTAIN WEED

32% OF 12TH GRADERS FEEL REGULAR USE IS HARMFUL

DELTA 8

THIS IS A HEMP DERIVATIVE (MINOR CANNABANOID)

FULLY LEGAL (AT THIS TIME) IN ALL STATES DUE TO LOOPHOLE IN THE FARM BILL

CHEMICALLY ONLY ONE DOUBLE BOND SEPARATES IT FROM DELTA 9 THC

CAN BE BOUGHT AT MOST ALL VAPE SHOPS

IS CONSIDERED TO BE THC "LIGHT" AND IS INTOXICATING

PRODUCES FEELINGS OF EUPHORIA WITH LOWER PSYCHOACTIVE IMPACT THAN DELTA 9 THC

THE HIGH IS REPORTED TO BE A LESS INTENSE HIGH

BECOMING MORE POPULAR DUE TO EASY ACCESS AND LEGALITY

THERE IS NO REGULATION OF DELTA 8 THC

MUST BE 21 TO PURCHASE

MAY TEST POSITIVE FOR THC ON DRUG TESTS

THC AND THE TEEN BRAIN

DABS AND EDIBLES HAVE NO SCENT OR MINIMAL SCENT, MAKING DETECTION DIFFICULT

DABS ARE BECOMING VERY POPULAR WITH TEENS

THE CONCERN IS THE EXTREMELY HIGH CONCENTRATION OF THC

IMPACT: RAPID ADDICTION CYCLE

CAN TRIGGER PSYCHOSIS AND MOOD DISORDERS

HIGH LEVEL THC PRODUCTS CAN TRIGGER VOMITING SYNDROME, SEVERE INSOMNIA, LOSS OF APPETITE, REBOUND ANXIETY AND DEPRESSION

THIS IS A NEW ISSUE AND MORE RESEARCH IS NEEDED

LONG TERM IMPACT ON BRAIN DEVELOPMENT BEARS MUCH MORE RESEARCH

BRAIN DEVELOPMENT

THE TEEN BRAIN IS A BUSY PLACE (EVEN THOUGH IT MAY NOT SEEM LIKE IT!)
 HUNDREDS OF MILLIONS OF CONNECTIONS ARE MADE EVERY YEAR
 THE BRAIN IS VERY PLASTIC DURING THIS TIME
 EASILY ABLE TO LEARN, ADAPT, AND CHANGE
 ALSO VERY VULNERABLE TO DAMAGE
 VERY DIFFERENT FROM THE ADULT BRAIN (IS FULLY FORMED AND NO LONGER MALLEABLE)
 NEO CORTEX IS DEVELOPING
 BRAIN IS NOT DEVELOPED, VERY IMPULSIVE
 TEEN BRAINS ARE BIOLOGICALLY VERY SUCCEPTABLE TO DAMAGE BY SUBSTANCES,
 SPECIFICALLY FROM BINGE DRINKING AND CANNABIS USE

OTHER SUBSTANCES

INHALANTS
 AMPHETAMINES
 ADDERALL/RITALIN
 OPIATES
 K2/SPICE
 TRANQUILIZERS
 COUGH SYRUP/CORICIDIN/BENADRYL
 VICODIN
 LSD/ACID/SHROOMS/X (POPULAR AS IS HARD TO DETECT ON A DRUG TEST)

SCHOOL AND SUBSTANCES

2.5% OF SENIORS ADMIT TO COCAINE USE, THIS NUMBER IS GROWING AND REPRESENTS OVER A MILLION TEENS USING COCAINE
 THE AVERAGE AGE OF HEROIN ADDICTS IN TREATMENT IS 23, AGE OF FIRST USE AVERAGES 16
 44% OF SENIORS IN HIGH SCHOOL KNOWS A CLASSMATE WHO DEALS
 91% REPORTED THEY KNEW WHERE TO OBTAIN THC IN SCHOOL
 24% REPORTED THEY COULD EASILY OBTAIN PRESCRIPTION DRUGS IN SCHOOL
 9% REPORTED THEY COULD EASILY OBTAIN COCAINE IN SCHOOL
 7% REPORTED THEY COULD EASILY OBTAIN HALLUCINOGENS IN SCHOOL

SOCIAL MEDIA AND SUBSTANCES

TEENS ARE VERY VULNERABLE TO INFLUENCES FROM SOCIAL MEDIA
INSTAGRAM, SNAP CHAT, AND OTHER SOCIAL MEDIA OUTLETS EXPOSE TEENS TO FAMOUS AND "NORMAL" PEOPLE USING SUBSTANCES

A study conducted by the National Center on Addiction and Substance Abuse at Columbia University found that **teenagers** who regularly use popular social media outlets were more likely to drink, use drugs, and buy **tobacco** than adolescents who either did not use social media or used it less frequently

SOCIAL MEDIA DESENSITIZES TEENS TO SUBSTANCE USE AS THEY SEE IT DAILY
OF 2000 TEENS SURVEYED IN THE COLUMBIA STUDY, 70% REGULARLY USE SOME FORM OF SOCIAL MEDIA DAILY

SOCIAL MEDIA AND SUBSTANCES

TEENS WHO REGULARLY CHECK SOCIAL MEDIA COMPARED TO THOSE WHO DO NOT USE SOCIAL MEDIA WERE :

- 5X MORE LIKELY TO BUY CIGARETTES
- 3X MORE LIKELY TO DRINK
- 2X AS LIKELY TO USE THC

SOCIAL MEDIA ALSO CONTRIBUTES TO DEPRESSION, ANXIETY, SLEEP DISTURBANCES AND DISORDERED EATING DUE TO COMPARING SELF TO CAREFULLY CURATED AND ALTERED CONTENT

SOCIAL MEDIA USE IS ALMOST UNIVERSAL WITH 92% OF TEENS REPORTING CHECKING SOCIALS MORE THAN ONCE DAILY (FACEBOOK, INSTA, AND SNAP CHAT ARE MOST POPULAR)

SOCIAL MEDIA AND SUBSTANCES

SEEING FRIENDS PARTYING AND HAVING FUN ON THE SOCIALS CAN LEAD TO RISKY CHOICES IN AN ATTEMPT TO FIT IN

FEELING LEFT OUT INCREASES RISK OF DEPRESSION AND ANXIETY, AND IN TURN, USING TO COPE WITH THE NEGATIVE EMOTIONS

75% OF TEENS WHO SEE DRINKING/USING ON SOCIAL MEDIA REPORT IT ENCOURAGED THEM TO EXPERIMENT WITH SUBSTANCES

90% OF TEENS, BEFORE THE AGE OF 16, ARE EXPOSED TO IMAGES OF PEERS AND CELEBRITIES USING SUBSTANCES

TEENS REPORT THE PEOPLE IN THE PHOTOS "APPEAR TO BE HAVING A GOOD TIME"

SOCIAL MEDIA ALSO TARGETS ADS TO SPECIFIC POPULATIONS, AND TEENS REPORT OFTEN SEEING ADS RELATED TO TOBACCO AND ALCOHOL

SOCIAL MEDIA AND SUBSTANCE USE

RESEARCH HAS SHOWN A STRONG LINK BETWEEN SOCIAL MEDIA USE, NEGATIVE MENTAL HEALTH, AND LOW SELF ESTEEM ALL OF WHICH HAVE BEEN PROVEN TO LEAD TO SUBSTANCE USE

FREQUENT CHECKING OF SOCIAL MEDIA CAN LEAD TO FEELING OF ISOLATION AND LONELINESS

27% OF CHILDREN WHO USE SOCIAL MEDIA 3 OR MORE HOURS A DAY REPORT SYMPTOMS OF POOR MENTAL HEALTH

TEENS OFTEN TURN TO ALCOHOL AND OTHER DRUGS TO COPE WITH NEGATIVE EMOTIONS

[\(The Influence of Social Media on Teen Drug Use - Addiction Center\)](#)

SIGNS OF SUBSTANCE USE/ABUSE IN TEENS

CHANGE IN PEER GROUP (OR LOSS OF PEER GROUP)

LACK OF ATTENTION TO PERSONAL GROOMING/HYGIENE

DECLINE IN SCHOOL PERFORMANCE/SCHOOL ABANDONMENT

SKIPPING CLASSES/TARDIES/SKIPPING SCHOOL

ABANDONING FORMERLY IMPORTANT OR ENJOYABLE ACTIVITIES

CHANGES IN EATING AND SLEEPING PATTERNS (STAYING UP ALL NIGHT)

RELATIONSHIPS WITH FAMILY AND FRIENDS ARE DETERIORATING

ISOLATION

ANY OTHER CHANGE THAT IS OUT OF CHARACTER FOR THE CHILD

OBTAINING SUBSTANCES

SCHOOL: MORE THAN 20% OF HIGH SCHOOLERS REPORT HAVING BEEN SOLD, OFFERED, OR GIVEN DRUGS ON SCHOOL PROPERTY

FAKE IDs: 12.5% OF HIGH SCHOOL STUDENTS REPORT OBTAINING A FAKE ID AND USING THIS TO PURCHASE ALCOHOL AND THC (IN STATES WHERE IT IS LEGAL) 32% OF COLLEGE SOPHOMORES REPORT USING A FAKE ID

AT HOME: PARENT'S LIQUOR CABINETS AND MEDICINE CABINETS ARE A STEADY SOURCE OF SUPPLY, THIS INCLUDES PRESCRIPTION MEDICATION AND OVER THE COUNTER MEDICATION SUCH AS BENADRYL OR COUGH MEDICINE, BOTH OF WHICH ARE ABUSED

ONLINE DRUG SALES: THE DARK WEB, SOCIAL MEDIA ETC (THE TEENS I WORK WITH STATE THE MAIN SOURCE OF DRUGS FOR THEM IS SNAPCHAT)

ILLEGAL ONLINE PHARMACIES: IF THE MONEY IS THERE ANY PRESCRIPTION MEDICATION CAN BE OBTAINED

PREVENTION

PREVENTING TEEN SUBSTANCE ABUSE IS A MULTI PRONG APPROACH WHICH BEGINS IN THE HOME

- SET A GOOD EXAMPLE BY NOT USING ILLEGAL SUBSTANCES YOURSELF
- MODEL SAFE DRINKING, DISPLAY DRINKING IN MODERATION
- TAKE AND PROVIDE ALL PRESCRIPTION MEDICATION ONLY AS PRESCRIBED
- SECURE ALL MEDICATION/THROW AWAY MEDICATION THAT IS EXPIRED
- HAVE OPEN AND NON JUDGEMENTAL CONVERSATIONS ABOUT SUBSTANCES
- ACKNOWLEDGE THE IMPACT OF PEER PRESSURE AT SCHOOL/SOCIAL MEDIA
- CLOSELY OBSERVE THE TEEN'S ACTIVITIES
- WATCH FOR THE SIGNS OF SUBSTANCE USE

WHEN DOES EXPERIMENTING CHANGE TO SOMETHING MORE SERIOUS

WHEN THE USING BEGINS TO NEGATIVELY IMPACT THE ABILITY TO PERFORM BASIC DAILY DUTIES

- FAILING SCHOOL, DEPRESSION INCREASING, INCREASED ANXIETY
- RISKY BEHAVIORS ARE INCREASING (DRIVING INTOXICATED OR HIGH ETC)
- NEGATIVELY IMPACTING ONE OR MORE FACET OF LIFE (FAILING SCHOOL, CONFLICT AT HOME, LOSS OF FRIENDS)
- ATTEMPTING TO STOP USING WITH MINIMAL OR NO SUCCESS
- RETURNING TO USING IN SPITE OF THE NEGATIVE CONSEQUENCES

THINGS TO REMEMBER

ADDICTION IS A RELAPSE PRONE AND ULTIMATELY DEADLY DISEASE. MAJOR CHANGES HAVE OCCURRED IN THE BRAIN CREATING A MENTAL AND PHYSICAL DEPENDENCE

ADDICTION OFTEN DEVELOPS AS A RESULT OF THE TEEN ATTEMPTING TO MANAGE OR CONTROL AN UNDERLYING MENTAL HEALTH ISSUE (DEPRESSION, ANXIETY, BI POLAR, AND UNRESOLVED TRAUMA AS EXAMPLES)

EFFECTIVE TREATMENT ADDRESSES ALL ASPECTS OF HEALING AND APPROACHES TREATMENT FROM A HOLISITC PERSPECTIVE (BODY, MIND, SOUL)

WHEN IS TREATMENT INDICATED?

USE OF LARGER AMOUNTS OVER LONGER PERIODS OF TIME
 UNSUCCESSFUL ATTEMPTS TO CUT DOWN OR STOP USE DESPITE A DESIRE TO DO SO
 LARGE AMOUNTS OF TIME SPENT FINDING, USING, AND RECOVERING
 FAILURE TO MEET OBLIGATIONS (FAMILY, SCHOOL, WORK, RELATIONSHIPS)
 CONTINUING TO USE DESPITE NEGATIVE CONSEQUENCES
 DISCONNECTING FROM SOCIAL, WORK, AND RECREATIONAL ACTIVITIES TO USE
 USING IN DANGEROUS SITUATIONS (DRIVING ETC)
 TOLERANCE
 WITHDRAWAL

TREATMENT OPTIONS FOR TEENS

TREATMENT OPTIONS FOR ADOLESCENTS ARE VERY LIMITED IN OKLAHOMA
 MOST TEENS IN NEED OF TREATMENT GO OUT OF STATE TO OBTAIN LONG TERM TREATMENT (30-90 DAYS)
 BEST OUTCOMES RESULT FROM STAYS OVER 90 DAYS
 AVERAGE COST OF TREATMENT RANGES FROM \$6,000 TO \$20,000 PER MONTH
 IF DETOX IS NEEDED, FIVE DAYS OF MEDICALLY SUPERVISED DETOX IS BETWEEN \$1,500-\$4,000 ON TOP OF THE MONTHLY RATE
 TRAVEL EXPENSES FOR THE FAMILIES ARE NOT INCLUDED (MOST TREATMENT CENTERS HAVE A REQUIRED FAMILY COMPONENT)
 IF A TRANSPORTER IS NEEDED THIS ADDS UP TO \$5,000 TO COST
 INSURANCE RARELY PAYS MORE THAN 30 DAYS OF TREATMENT, AND OFTEN WILL ONLY PAY A PERCENTAGE
 THE INVESTMENT OF TIME, HOPE, AND LOVE IS GREAT AS IS THE FINANCIAL INVESTMENT
 THE GOAL IS LONG TERM RECOVERY FOR THE TEEN AND FAMILY

30/45/90 DAYS...

STUDIES HAVE SHOWN THE HIGHEST EFFICACY AND LONGER TERM RECOVERY RESULTS FROM 90 OR MORE DAYS IN TREATMENT
 ADOLESCENTS ARE NOT KNOWN FOR BEING SUPER HAPPY TO BE IN TREATMENT AND ARE OFTEN VERY RESISTANT INITIALLY
 IT TAKES UP TO 30 DAYS FOR THE TEEN TO COME TO ACCEPT THEIR PRESENCE IN TREATMENT, AND FOR THEIR BRAIN TO CLEAR FROM THE EFFECTS OF SUBSTANCES
 THE SECOND 30 DAYS OFTEN INVOLVES ACCEPTANCE OF THEIR ADDICTION, AND BEGINNING TO APPLY THEMSELVES TO THE TREATMENT PROCESS
 THE NEXT 30 DAYS IS WHEN THE IMPACT OF TREATMENT IS GREATEST AND THE MOST CHANGE OCCURS
 SOME TREATMENT IS ALWAYS BETTER THAN NO TREATMENT

KEYS TO LONG TERM RECOVERY

40%-60% OF THOSE TREATED FOR ALCOHOL OR OTHER CHEMICAL DEPENDENCY ISSUES RELAPSE WITHIN A YEAR OF DISCHARGE FROM TREATMENT

IT IS CRITICAL TO VIEW RECOVERY AS THE MANAGEMENT OF A CHRONIC DISEASE

AFTERCARE SHOULD INCLUDE PSYCHIATRIC MANAGEMENT OF UNDERLYING DISORDERS, REGULAR OUTPATIENT THERAPY, FITNESS AND HEALTH PROGRAMS, RECOVERY SUPPORT GROUPS (AA, NA, CODA, ALANON, CELEBRATE RECOVERY, SMART RECOVERY, RATIONAL RECOVERY, REFUGE RECOVERY) AS WELL AS DEVELOPING A SPIRITUAL LIFE

A 5 YEAR STUDY BY COLUMBIA UNIVERSITY'S CENTER ON ADDICTION AND SUBSTANCE ABUSE SHOWED THOSE WHO PARTICIPATE IN A 12 STEP RECOVERY PROGRAM AFTER DISCHARGE ARE SIGNIFICANTLY MORE LIKELY TO REMAIN ABSTINENT. ADDITIONAL SUPPORT SUCH AS SOBER LIVING AND PROGRAMS WHICH REQUIRE REGULAR DRUG TESTING FURTHER INCREASE THE LIKELIHOOD OF SUSTAINED ABSTINANCE

TEENS AND LONG TERM RECOVERY

ADDICTION IS A CHRONIC, RELAPSE PRONE DISORDER

TEENS ARE MOTIVATED BY CONSEQUENCES, BOTH POSITIVE AND NEGATIVE

SOCIAL SUPPORT FROM FAMILY AND FRIENDS IS A STRONG PREDICTOR FOR LONG TERM RECOVERY

FRIENDS SUPPORTIVE OF USE LEADS TO HIGHER LEVEL OF RELAPSE, FRIENDS SUPPORTIVE OF ABSTINANCE LEADS TO LONG TERM ABSTINANCE

12 STEP RECOVERY GROUPS (OR SIMILAR), FAMILY INVOLVEMENT AND SUPPORT, PEER GROUP, AND SPIRITUALITY ARE KEY TO SUCCESS OR RELAPSE

HAVE TO CHANGE THE PLAYGROUND AND THE PLAYMATES

VERY DIFFICULT IF TEEN IS RETURNING TO THE SAME ENVIORNMENT

RECOVERY SUPPORT

Teens need mentors in the recovery community, and a natural mentor relationship is shown to be most impactful and long lasting

A caring community environment will produce thousands of micro interventions on the life and recovery path of the teen

Three types of support: companionship (sharing time, meals, stories etc investing time simply to connect), emotional support (listening, acceptance, affirmation, offering thoughts and direction to the teen), and instrumental support (concrete assistance, skills development, providing growth opportunities and material resources via outpatient therapy /group therapy /organized therapeutic intervention).

Teens have the most success when the three types of support are offered in a cohesive support network

STRIKE WHILE THE IRON IS HOT

It is critical to not wait to obtain services once a teen has been discharged from residential treatment

Door to door intervention is best for engagement

Engaging in individual and family therapy/support as soon as possible is critical

There will be the initial phase of excitement, then the honeymoon phase, the testing phase, and the maintenance phase. The first two phases last a short time (two days to a week) before the testing phase begins.

Testing phase is where relapse lives

Having support in place prior to this phase will decrease chances this phase will lead to long term using after relapse

WHERE TO FIND SUPPORT

For parents/guardians: Al Anon, Parents Helping Parents, CoDA, family therapy, marital therapy, individual therapy

For teens: AA, NA, CA, MA, Al Anon, Young People in Alcoholics Anonymous (YPAA), individual therapy, family therapy, sober coaches, random drug testing, etc

For families: family therapy, family support groups

WHAT IS A RECOVERY SCHOOL?

One option local to OKC teens have is Mission Academy, a recovery focused private high school for teens in recovery

Academic support is offered by three certified teachers, students work on credit recovery and academic success

School is made up of teens 9th-12th grade who are willing to be in the school

All teens are regularly drug tested and there is a high level of accountability

School counselor is on site and available for any issues or daily challenges

Lunch is eaten family style and prepared by staff and students

Summer school is offered for those students needing extra credit recovery

Accredited by the state of Oklahoma

Accredited by the National Association of Recovery High Schools

ALTERNATIVE PEER GROUP

All students in the school are required to participate in the Alternative Peer Group (APG)

The APG meets 5-6 days per week and is led by two peer coaches who themselves have completed the school and APG program

Families attend family support meetings every Monday evening, teens attend a 12 step meeting during this time

Throughout the week teens attend recovery skills groups, spirituality groups, education groups, social activities and receive one on peer coaching each week.

Community service is part of the APG, teens volunteer at the Humane Society, Regional Food Bank, and Fertile Grounds

There is a level system the teens progress through the program with.

Three times per year there are retreats scheduled (New Mexico, Colorado, and Oklahoma camping)

APG CONTINUED

Students are kept to a high level of accountability via peer coaches, teens in the program, and random drug testing

Relapses are viewed as an opportunity to learn and grow in recovery

Continual use of substances can result in placement in residential treatment

Family contracts are strongly encouraged, as are weekly family meetings

Families meet with counselor once a month, more if needed

The three components of support are offered: companionship, emotional, and instrumental support

Allows the teen to form a new peer group, provides social opportunities to combat loneliness and boredom, and provides a safe outlet to process struggles in daily recovery

WHO IS AN APPROPRIATE REFERRAL?

Teens 8th-12th grade

Who want to be in recovery

And are willing to commit to the school and the APG

And have families willing to invest in the family component

WHAT STEPS TO TAKE

Call Teen Recovery Solutions to schedule an assessment with the counselor

Once the level of issue has been determined recommendations will be made

Options will be discussed

If the teen is appropriate for TRS/Mission Academy/APG enrollment will be completed

If the teen requires residential treatment referrals will be made and assistance provided to find appropriate placement

If the teen does not score as experiencing an active substance use disorder, but there is an emerging problem, individual therapy will be recommended and referrals made
