

Adolescent Substance Use: Correctly Identifying The Problem To Correct It By Peggy L. Ferguson, Ph.D.

Parents often find themselves in a quandary trying to figure out how to help an adolescent whose behavior, disposition, and mood have changed for the worse. The exact nature of the problem may elude them. They often use a trial-and-error problem-solving method, trying everything to solve the problem. They try assertive discipline, enrolling their child in extracurricular activities to improve self-confidence or self-esteem, tutors, antidepressants, etc., without knowing what they are dealing with.

They are often operating under faulty suppositions. Although their adolescent's personality changes can seemingly come out of nowhere, the parent may have identified a link to changes in the family, lifestyle, or other circumstances. Parents tend to point to a geographic move, a divorce, the death of a grandparent (or any other significant person), or other major life changes and believe that these changes are the source of the problem.

Much of the time, the personality and behavioral changes they see in their adolescent are bi-directionally related to substance use. Those life changes may have propelled the adolescent into escalating use of substances, leading to escalating negative consequences.

Most parents do not want to believe that their child has a substance use problem. It is much more emotionally comfortable to think that their child is having a hard time adjusting to changes in the family or developmental stage difficulties. Parents are often so invested in "the problem" not being a "drug problem" that they ignore or explain away the first few wake-up calls that they are dealing with addiction.

Classic examples of substance use issues that parents often miss include:

- Finding drugs in the adolescent's room and believing that the drugs belong to some other child and that their teen is holding them for "Johnny."
- Writing off an anonymous phone call or letter indicating that their child is using substances for jealousy or some other malevolent motivation.
- Explaining their adolescent's changing peer groups as low self-esteem or needing to care for others.
- Explaining drugged or drunken behavior as a "one-time-only" event.
- Other common changes in adolescents that may signal a substance use problem include:
 - Drop in grades, being late, or skipping school.
 - Defiant, rebellious behavior at home, school, and community (lack of respect for authority figures).
 - Depression, over-sleeping, insomnia, sadness, apathy, loss of motivation, or loss of interests.
 - Irritability, agitation, acting out of anger, hostility, or a negative attitude.
 - Change in the peer group (i.e., kids that are getting into trouble, older kids, adolescents that are using drugs.) Peers are not the same group of kids they have always hung out with.
 - Changes in appearance and personal style; neglect of hygiene; weight loss/gain.
 - Social isolation and withdrawal.
 - Emotional lability and mood swings.
 - Secrecy, dishonesty, lying about insignificant things.

Adolescents are more vulnerable to moving from casual or experimental use of substances into addiction because of their still-developing brains and emotional immaturity. Some adolescents are even more susceptible to addiction than others because of genetic predisposition, personality characteristics (low self-esteem, people-pleasing, anxiety, especially social anxiety, lack of social skills, quickly bored, antisocial attitudes), peers with pro-drug use attitudes and behaviors, and specific family dynamics.


When parents discover a substance use problem amidst other life changes and circumstances, they may focus on those other issues, believing that

fixing them will resolve the drinking or drug use problem. This is usually not the case.

Unresolved emotional, mental health and relationship issues can be therapeutically targeted and resolved once the drinking or drug use stops, but working on the other issues will not stop the substance use. Unless they stop using substances, the symptoms and negative consequences will typically continue.

The symptoms and negative consequences of substance use are those listed above. Most addiction treatment modalities target the emotional and psychological issues present in a patient with addiction. Many emotional and psychological problems remit through abstinence and recovery. Many people, including adolescents, have been misdiagnosed with physical and mental illnesses that they do not have. Once the substance use stops, many of the other symptoms also stop. Addiction can mimic all kinds of other illnesses, including bipolar disorder, schizophrenia, ADD, borderline personality disorder, depression, anxiety disorders, and others.

Sometimes, however, other illnesses are co-occurring with substance use/addiction and will persist well into sobriety. Nevertheless, it is tough to know whether there is another underlying disorder when its symptoms are the same as those of addiction or make an appearance during detox. **Note:** This article has been revised and edited from its original version, which was previously published in 2010 titled, "Adolescent Substance Abuse: Correctly Identifying the Problem To Correct It," published on this site. The content has been updated for contemporary language, clarity and accuracy.



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