



Lepage Associates
Solution-Based Psychological Services

EARLY INTERVENTION IN TEEN SUBSTANCE USE: NOTICING RED FLAGS,
CLARIFYING THE PROBLEM, AND PREVENTING FURTHER USE

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Early intervention in teen substance use is part of deterring the problem. People too quickly think that they have missed the opportunity for “prevention” once a teen uses. Yet, there is still the opportunity to prevent continued use, to make this something that happened a few times versus something that turns into an on-going substance use and abuse problem.

Parents must educate themselves about red flags that may indicate substance use, so that they can respond quickly when a red flag occurs. The American Council for Drug Education website provides the following indicators that have been linked to possible drug use. These indicators should motivate you to explore more and clarify if it is substances causing the symptoms:

1. Sudden **decline in school achievement**.
2. **Cigarette smoking**.
3. Marked **shift in the child’s friends**, especially association with known or suspected drug users.
4. Serious **erosion of parental trust** in the child.
5. Support by the child for the idea of **legalizing marijuana**.
6. Marked **personality changes**. (Such as social withdrawal, a new guardedness in communication with family members, depression, changes in sleep patterns, etc.)
7. **Withdrawal from extracurricular activities** that were previously important to the child.
8. **Cutting classes, tardiness or truancy** from school.
9. **Deterioration in appearance** and personal hygiene, or dramatic image changes.
10. Increased **secretiveness**, unexplained phone calls, heightened hostility to inquiry, sudden onset of hypersensitivity.
11. **Going out every night**. (Especially “hanging around” as opposed to scheduled youth activities.)
12. Unexplained **disappearance of family funds** or family and personal possessions (to buy drugs) and/or **appearance of unexplained money** or items such as new clothes and CDs (from selling drugs).
13. **Aggressive behavior** such as recurrent fighting, violent hostility, or other evidence of social alienation from the mainstream.
14. Heavy use of **over-the-counter preparations** to reduce eye reddening, nasal irritation, or bad breath.

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While a red flag does not provide enough indication on its own that your teen is using, each of these red flags should result in some action by the parent to explore what has caused it. Substance use can be ruled out, and early intervention can occur to help fix the problem, whether the problem is substance use or something else.

Parents should keep their eyes and minds open; for example, a teen that keeps Febreze or mouthwash in his or her car or room may very well be using these to mask the odor of cigarettes, marijuana, alcohol, etc. Similarly, a new interest in colognes, incense or scented candles can be used to mask odors. The following practical pointers are provided by the students of Summit School, a Chapel Hill high school for students dealing with maintaining sobriety:

1. If you think that your child is using drugs they are.
2. No one “holds onto” drugs for anyone else. If you find drugs among your child’s possessions it is because they belong to your child.
3. If your child’s friends are using drugs it is likely that your child is as well.
4. Cough and cold products are highly addictive and commonly abused. If you find them in your child’s room and you have not purchased them (or if more has been taken than you know to be reasonable) you have very good reason to suspect that your child is abusing them.
5. Do not wait to get help. Seek the assistance of a certified drug and alcohol specialist as soon as you have suspicion.

Parents often say that after noticing a red flag and confronting their child, they are left feeling totally confused as to *what exactly the problem is and how serious the problem is*. The teen denies use, or fesses up to using ‘just this once,’ or provides reasons for using, such as to lessen academic pressures and anxiety, social pressure to use, depression, frustration with schoolwork, boredom, etc. Very often the teen promises to never use again. The parent is left with little to no clarity on what the scope of the problem entails, and uncertain about whether or not to believe their child’s assertions that they have used only this once (or a few times), and will never use again. Linda Hammock, a Licensed Professional Counselor and Certified Addictions Counselor who specializes in teens and families notes, “In my 20 years of substance abuse counseling, I have found most parents believe that they have a good idea of what their teen does. When I work with the teens who abuse substances, it becomes crystal clear that their highly functioning and loving parents have been frighteningly in the dark.”

Studies have shown that early intervention is key in preventing a deepening of the problem, yet often parents are not yet concerned enough at that early stage to utilize the two main tools for early intervention: seeking professional help and support, and strong consequences for substance use.

Parents are often very reluctant to utilize an outside professional at this early stage, thinking, “my child doesn’t need therapy just because he or she drank once,” or “this problem is still at a level that I can handle.” However, there are some ways in which a professional can be helpful at this early stage: (1) It sends a clear message to the teen that the parent takes this behavior very seriously and is highly concerned, and (2) A licensed mental health professional trained in adolescent substance abuse assessment can evaluate the teen and provide the parent with suggestions for successful early intervention. It is important to be certain the mental health professional you use specializes in adolescent substance abuse assessment. While at first glance it can seem confusing to determine this, knowing a few important questions can help. You want

to know four main things: does the person specialize in (1) teens and families, (2) teen substance use, and (3) assessment of adolescent substance abuse. (4) If the person answers yes to all three, a good follow-up question might be to ask what percent of their practice is spent doing adolescent substance abuse assessments. One helpful certification to notice is that of certified clinical addictions specialist (still ask the above questions though, because some certified addictions specialists work only with adults).

The parent may utilize the professional for only one or a few sessions, not therapy per se, but to assess the depth of the problem, whether there are issues in addition to substance use that the teen is struggling with, and what treatment resources are most appropriate if needed. In this manner the mental health professional provides assessment of the problem and coaches the parent through the problem. Such an assessment also looks at any factors that may have contributed to the choice of the teen to use, such as social problems at school, depression, academic anxiety, family conflict, etc. While teens may be reluctant to talk openly with their parents about these topics, or may even lack insight as to the effect such feelings or situations are having on their decision-making, a professional assessor can often uncover these. Thus early intervention by a professional can help clearly define the problem in its' entirety, making parental reaction/intervention more targeted and successful. The assessor can also suggest whether intervention beyond parental reaction is likely needed and act as a resource for treatment information if so.

The importance of a strong consequence to the teen cannot be emphasized enough as the most important component of preventing further use. Parents may give a consequence, though often not a strong enough one that sends a message to the teen, and sometimes even just give a "talking to" the teen, telling the teen not to do it again. When you consider the 'benefits' the teen gets from use (looking cool in front of their peers, fitting in with peers, trying something new and daring, relief of boredom, 'feeling good' from the high, etc.), a "talking to" is not a deterrent. In the cost-benefit analysis the teen does to determine whether or not to use again, the consequences for continued use must be quite high for use to be deterred. Your reaction to your teen's first time caught using alcohol or drugs will send the message of just how serious you are about alcohol and drug use not being permitted. ***Your message should be clear: no alcohol or drug use, in any amount, at any time, for any reason.*** (The article in this series on setting limits and following through on consequences can help you determine and stick with consequences.)

Many families deal with teen substance use at some point, and parents experience a lot of anxiety wondering whether or not they are doing the right things to prevent further use when it happens. ***Early intervention is key in preventing a deepening of the problem.*** Clarify the problem when you notice red flags; inaction is worse than overreaction. If it turns out your teen was not using after all, your child still will have gotten the message along the way of how seriously you will react to substance use should it happen. If your child was using, determine the level of the problem, give strong consequences, and if needed, enter your child into treatment.

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