Chapter 6
Addiction across the life span
Erik Erikson’s Stages

Birth to old age

Stage 1: Trust vs. Mistrust

Stage 2: Autonomy vs. Shame and Doubt

Stage 3: Initiative vs. Guilt

Stage 4: Industry vs. Inferiority

Stage 5: Identity vs. Role Confusion
   (12-17 yrs old)

Stage 6: Intimacy vs. Isolation
   (young adult)

Stage 7: Generativity vs. Stagnation

Stage 8: Ego Integrity vs. Despair
   (Older adult)

Must resolve each crisis before going to next stage
“Addiction in Human Development”

- Jennifer Wallen (1993)
  - Symptomatic behavior = coping with hardships in childhood
  - Treatment and intervention for youth different than elderly
    - Different reasons for use
    - Teen impulsive by nature then add alcohol
  - Developmental stages and maturity stunted by substance use
  - Brain damage
Maturity and Use

- Chronological age not match functioning level
  - Substance use
  - Drug exposed brain
  - Regression verses progression

- Need to look at age and stage
  - Growth spurts
  - Risk taking behavior

- Plasticity of adolescent brain = vulnerability to substance use

- Prevention paramount in vulnerable period

- Prefrontal cortex matures until mid-20s
  - MRI scans of the adolescent brain

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Teenage Drinking Use

- Identity vs role diffusion
  - Peer group influences most prevalent
  - Peer use and pressure strongest predictor of use
    - 39 times more likely to smoke pot if peers do (aged 12-17)

- Identity – see ourselves as others see us
Carol Gilligan’s Criticism

• Lack sensitivity to female development
  • Self sacrifice
  • Accept responsibility

• Lack sex-role differences
  • Boys – masculinity – age 5
  • Girls – attractiveness – adolescence
    » Merge identity with others
      • Peer pressure
      • Boyfriend

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Studies

• **US SAMHSA 2006**
  - American teens aged 12-17
    - Alcohol drug of choice
    - 16.6 % marijuana
    - 10.8 % nicotine
    - 6.3 % prescription drug
    - 3.4 % ecstasy
    - 2.6 % cocaine
    - 1.5 % hallucinogens

• Binge Drinking – 5 or more drinks on one occasion
  - 20% of 12 to 17 year olds engaged in last month
  - Drinking to get drunk = Midwest and West
    - 21 peak age
• Prescription drug use increasing
  - Higher rate for girls
  - “Pharm parities”
Tobacco

Risk factors

- Friends who smoke
- Parents who smoke
- Starting at an early age
- Dropping out of school
- Risk taking personality

- Tobacco companies targeting kids
- 80% adults started before age 18
- Joe Camel
- Field and Stream—ads for smokeless tobacco
- Millions spent to have cigarette in 1 second of movie

Prevention / intervention

- Strenuous physical exercise
Parents in Prison

• Loss of parent plus stigma to child.
• 3 x’s rate of antisocial or delinquent behavior
  – (violence or drug abuse)
• Negative outcomes as children and adults
  • (school failure and unemployment)
• 2 x’s rate of serious mental health problems.
• Affects 7 and ½ times more black children.
Studies

• National Council on Alcoholics and Drug Development

• $58 billion – cost of adolescent alcohol use
  – Crashes
  – Suicide attempts
  – Violence
  – FAS
  – Treatment
  – Drowning
  – Burns

• Early use = later psychiatric
2010 School and ER Surveys

- Use of alcohol, the most dangerous drug—
  - car crashes,
  - drownings, etc.,
  - one-third of HS seniors get drunk once a month or more.

- Almost all current smokers also drank alcohol

- School surveys show African American and Latino seniors have rates of illicit drug use lower than that of whites; the reverse is true among 8th graders.

- ER visits - youth alcohol overdoses (70%).

- Rise in use of painkilling drugs
  - ER visits among youth.—
  - OxyContin a major problem.
Current illicit drug use (12-17) for major social/ethnic groups:

- Whites 8.1%
- Hispanic 7.6%
- African American 9.7%
- American Indian/Alaska Native 12.8%
- Persons w/ multiple race 12.2%
  (high rates of drinking and smoking as well)
- Asian Americans 3.1%

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National Council on Alcoholism & Drug Development

- 40% college students binged on alcohol in past two weeks
- 31.9% under 18 in juvenile institutions – under influence alcohol
- 30% grade 4-6 peer pressure to drink
- 31% grade 4-6 peer pressure to smoke marijuana
- 34% grade 4-6 peer pressure to smoke cigarettes
- H.S. - OK for boy to force sex on a girl if she is drunk or stoned
  - 18% female
  - 39% male
The Booze Business is Big Business

- Rivera Live:
  - $10 billion alcohol consumed by under 21
  - Advertisers - “cool to drink”

- Beer and liquor companies most well funded lobbies

- $1 billion White House advertising campaign anti-drug ads

- Proposal to include alcohol in ads, measures failed
  - “2.6 million teens do not know a person can die of alcohol OD”

- New law promises to change this, 2007
  - Sober Truth on Prevention (STOP) Under Age Drinking Act
    - MADD
    - AMA
    - Center for Alcohol Marketing to Youth

- Alcohol causes 6 X’s more death to youth than other’s combined
  - 25 X’s more $ for illicit drugs
Influences

- Family drinking patterns
  - Parents are models
- Availability of alcohol
- Peers who use
Risk Factors for Later Problems:

- Turbulent teen-father relationship
- Child abuse and other trauma
- Smoking can be considered a gateway drug
  - as many girls as boys smoking
  - low rate among African American girls.
- Media-generated weight obsession
  - a major problem among girls of European American ethnicity.
- Obsession leads to major problems with eating
  - such as anorexia and bulimia.
- Children learn gambling on the Internet
  - Video poker, slot machines, and the lottery
  - Youth quicker to addiction
Predictions from Scandinavia:

- High risk: girls who cry easily when teased are anxious & shy

- Male aggression at age 8 predicted alcoholism 18 to 20 years later

- Evaluations at ages 10 and 27 showed:
  - High novelty seeking
  - Low harm avoidance (dare devil behavior)

- Both traits predicted early-onset alcoholism

- Both sexes: poor school success predicted later drinking problems
Child Abuse

- Alcohol and other drug abuse are factors in 7 out of 10 cases of child abuse or neglect. Treatment for parents is scarce.

- According to one study, children who are spanked and slapped are twice as likely to develop alcohol and other drug abuse problems.

- Traumatized child:
  - can be unable to cope with psychological stress later.
  - depression, a key factor
  - trauma > changes in the brain

- Sexual abuse is correlated with earlier onset of alcohol & illicit drug use.

- Animal studies –
  - stress & alcohol consumption levels are highly correlated.
Child Abuse (continued)

• Girls who are sexually abused
  ✔ 3x’s more likely than other girls to develop drinking problems later

• Boys who were sexually abused more likely to be diagnosed with:
  ✔ conduct disorder, dysthymia, and ADHD

• Abused girls are more likely to be diagnosed with:
  ✔ post-traumatic stress disorder
  ✔ major depression

• Adults w/ childhood abuse
  ✔ Immature “fight or flight” response
  ✔ Body memory
  ✔ Change in brain chemistry (DV & fetus)
  ✔ Abnormal stress response
Risks for Girls

• Daughters of alcoholics at increased risk for alcoholism
  – Likely to marry alcoholic
• Teenage girls who are heavy drinkers are:
  • five times more likely to engage in sexual intercourse
  • a third less likely to use condoms
    • which can result in pregnancy
    • contraction of sexually transmitted diseases including HIV/AIDS
Risks for Girls

- Heavy drinkers (5 or more; 5 days in month)
  - Girls - More likely say drink to cope
  - boys – sense of excitement

- More likely to drink due to peer pressure

- Often introduced to alcohol by boyfriend (older)

- Alcohol involved in 2/3 of sexual assault and date rapes

- Girls binge drinking more; boys slower rate

- 12 grade girls – “alcopops”

- Among 8th grade girls –
  - 37% who drank = suicide attempt
  - 11% who did not drink

- Nicotine – weight loss; empowerment & sexual equality
Risks for Boys:

- Biggest threat to life/health for boys – alcohol
  - ✓ car accidents
  - ✓ sexual assault
  - ✓ violence
Risk for Boys

- Male counterpart to anorexia in females
  - muscle dysmorphia

- DSM-IV-TR discusses body dysmorphic disorder; muscle dysmorphia only briefly

- Obsessive body building major problem for young males
  - Revealed in popularity of anabolic (muscle building) steroids
  - Steroids used by 2.7% of all male high school students
  - Health hazards:
    - stunted growth
    - acne
    - shrinking testicles
    - heart attacks / strokes
  - 38% used indictable; risk for HIV
  - 44% shot several different types of steroids
  - 2/3 began before age 16
Binge Drinking: College

- U.S. gov. nationwide minimum drinking age of 21 in the 1980s
- Fewer drink today, but those who do drink more
- 44.8% of college students report binge drinking 1 – 4 times per month – about half of them under age 21
- 21st birthday party – taken out for unlimited drinks
- “Party till you puke!” signs were posted on university campus
The High Toll of Alcohol & Drug Abuse

- **Death** – 1,700 college students 18-24 yrs

- **Injury** – 599,000 college students 18-24

- **Academic Problems** – 25% behind, miss class, grades, fail

- **Suicide** – 1.2 to 1.5% college students

- **Drunk Driving** – 2.1 million 18 – 24 yrs
Argentina

• 16 year old exchange student found:
  ✓ No drinking age
  ✓ Wine or beer with supper
  ✓ Drinking to be social not to get drunk

• What the U.S. can learn from Argentina

• Focus on moderation and adult supervision
Need for Harm Reduction

• College newspaper slow to restrict enticing beer ads

• Most binge drinkers mature out of wild drinking days

• No “happy hour”

• Cigarettes—abstinence works better than moderation

• Two paths to drug use by youths:
  ─ Striving to be cool; excitement seeking
    • More likely to be receptive to prevention
  ─ Using drugs to escape
    • Less likely to be receptive; long term....to long

• Messages about long-term damage are apt to have little impact
8 Strategies of Primary Prevention

1. Child protection
2. School-based prevention programs
3. Information dissemination
   - Stop smoking before you start
4. Mass media campaigns show negative side
5. Personal competence skills
   - Anxiety management; assertiveness
6. Reduce / eliminate TV beer ads
7. Hire more social workers / counselors
8. Creation of small schools
Motivational Principles from Social Psychology
From Elliot Aronson, *The Social Animal*

1. If you state a position, you will be wedded to it

2. A small commitment to take action goes a long way

3. People with high self esteem can easier resist temptation

4. Working toward a goal might pay off eventually

5. Change of attitude might help

6. Changing attitudes to justify behavior = persistent

7. People desire to reduce dissonance *
Miller and Rollnick: MI Strategies

They list the following traps to avoid:

- Premature focus
  - such as on client’s addictive behavior
- Confrontational round between therapist and client over denial
- Labeling trap
  - forcing the individual to accept a label alcoholic or addict
- Blaming trap
  - fallacy that is especially pronounced in couples’ counseling
Adolescent Stages of Change

- Pre-Contemplation: No; Denial
- Contemplation: Maybe; Ambivalence
- Determination/Preparation: 0-3 Months; Yes, Let’s Go; Motivated
- Action: 3-6 Months; Doing It; Go
- Maintenance: Over 6 months; Living It
Precontemplation Stage

**Precontemplation**
- Goals are to establish rapport
- Counselor reinforces discrepancies
- Understand client’s definition of problem
- Reframe

**Adolescent comment:**

“My parents can’t tell me what to do; I still use and I don’t see the harm in it- do you?”

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Contemplation Stage

Contemplation

• Ask: How was life better before drug use?
• Emphasize choices
• Typical questions are:
  - What do you get out of drinking?
  - What’s the down side?

• Typical adolescent comment:

  I’m on top of the world when I’m high, but then when I come down, I’m really down. It was better before I got started on these things.

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Preparation Stage

- **Preparation**
  - Setting the date
  - What do you think will work for you?

- **Adolescent comments**
  “I’m feeling good about setting a date to quit, but who knows”
Adolescent comment:

“Staying clean may be healthy, but it sure makes for a dull life. I’m trying, just not sure I’m there yet. Maybe I’ll check out one of those groups.”

Therapist:

“Why don’t you look at what others have done in this situation?” Help locate an appropriate group.
Maintenance Stage:

• Adolescent comment:

“It’s been almost a year now since I’ve gotten high; I’m hanging out with some new friends and attending 12 step meeting regularly”
Resistance:

- Inevitable
- Miller advises “roll with it”
  ✓ “roll with resistance”
  ✓ Client caution of trusting therapist
- Use reflective summarizing
Gender Specific Approach for Girls

• Equality does not mean sameness

• Programs for boys
  ✓ do better when offer advancement in structured environment

• Programs for girls
  ✓ do better when focus on relationships & assertiveness
  – Biology and body image
    ✓ How has body changed since molestation
    ✓ Was it your fault

  – Healthy relationships
  – Female – centered school curriculum
  – Mentors
  – Special services for pregnant and parenting mothers.
  – Survivor for SV /DV
Gender Specific Approaches for Girls

• Waterloo, Iowa -- group home --

  – Quakerdale specializes in care of teenage girls

  • Mothers
  • Legal issues
    ✓ Empower – positive self identity vs negative labels
    ✓ Learning of life skills
    ✓ Gaining competency as in arts
Elderly Substance Abusers

- Erikson’s Ego Integrity vs. Despair
  - Sense of peace and pride in contributions and accomplishments

- What erodes integrity
  - Retirement
  - Widowhood
  - Accumulation of losses
  - Loneliness
  - Anti – aging society
  - Feeling helpless and hopeless
Elder Substance Abuse

• 13% of U.S. population over age 65
  ✓ fastest growing age cohort

• Drink smaller amounts but mix with medications

• Elderly consume 20-25% of all prescription medications
  ✓ “Do the right dose”
  ✓ Hospital overdose

• 17% misuse medications
  ✓ benzodiazepines

• 29% over 65 consume alcohol regularly –
  ✓ therapeutic – pain relief

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Elderly Substance Abusers

• More men with alcohol problems
• Two types of elderly alcoholics
  ✓ Early onset
  ✓ Late onset
• Early onset
  ✓ Brought addiction from earlier life
  ✓ More severe levels of depression and anxiety
  ✓ Dual dx
  ✓ Family history
  ✓ Korsakoff’s syndrome & other neurological problems
  ✓ Male
• Late onset
  ✓ Women
  ✓ Loneliness
  ✓ Isolation
Facts about Elderly Drinking

• Elderly consume less alcohol than the young.

• Trend toward nursing homes for short-term alcoholism rehabilitation

• Many male ex-alcoholics reside in nursing homes

• 4.4% baby boomers (50-59) reported use in last month
  ✓ Carry over from 70’S
  ✓ Time magazine – hidden epidemic
  “balding, wrinkled and stoned”
More Facts

Why few get help

✓ Elderly avoid substance abuse services
✓ Rarely court referred for drug induced criminal activity
✓ Misdiagnosis
✓ Friends & relative can be indulgent or neglectful
✓ Criteria for SA in elderly inadequate or irrelevant
✓ Much time spent alone – loneliness & uselessness

Biological considerations

✓ Medical complications: Hip fractures
✓ Problems with gastrointestinal system
✓ Alcohol decrease effects of medications
✓ Suicide
✓ Brain damage
Relapse Prevention:

- Teach elderly clients to learn the warning signs & high risk events
- Discuss guilt and shame
- Review feelings/situation that led to relapse so they can be avoided
  - Hungry
  - Angry
  - Lonely
  - Tired
- Make an immediate plan for recovery
- Help clients renew their commitment to sobriety
- Find effective coping styles
- Build support systems
- Remember that non-confrontational approach is best
- Focus on critical thinking skills
- Depression, loneliness, unresolved grief – dull senses vs get high
Relapse Prevention

• Stop, look & listen
• Stay calm: avoid guilt & shame
• Renew your commitment:
  ✓ remember why you wanted to stop
• Review the situation
• Make an immediate plan
• Draw on your support system
3 Step Approach to High Risk

• Step 1
  – Spell out high risk situations
    ✓ Old family movies
    ✓ Return from funeral
    ✓ Loss of sleep
    ✓ Hanging out at bars
    ✓ Life’s regrets

• Step 2
  – Monitor antecedents of drinking urges
    ✓ Homework assignments – strengths, support systems, capabilities
    ✓ Self monitor negative thoughts / actions

• Step 3
  – Stress the self-management & self efficacy
    ✓ Keys to sober living
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Counselor Pitfalls: (Beechem, 2002)

- Anticipate feelings of guilt / shame in elderly clients in trouble w/ law

1. Ageism
   ✓ stereotyping, derogatory remarks (that dates me)

2. Countertransference
   ✓ Unconscious process
   ✓ Feelings of counselor about their parent / grandparent interfere w/ Tx

3. Denial and avoidance in assessment

4. Sympathy instead of empathy
   ✓ Increases self-pity and helplessness
Assessment

• Encourage Doctors to ask
• Illicit and prescription drugs
• Gamble to avoid boredom
  ✓ Gamble activities
  ✓ Winnings
  ✓ Losses
• Binge drinking related to gambling
• CAGE
• Geriatric MAST (MAST-G)
  ✓ 24 questions
  ✓ Does having a drink help you sleep?
  ✓ Did you find your drinking increase after someone close to you died?
  ✓ When you feel lonely, does having a drink help?
Treatment Interventions

- Problems with mixed age groups
- Need age segregated program
  - Same age bond
  - Similar problems
- Elderly like to give advise to younger
- Age appropriate accommodations
  - Large print
  - Audible presentation
  - Few distractions
  - No background noise
- Avoid stigma
  - Problem drinking vs “alcoholic”
6 Features to Incorporate into Tx

1. Age specific – supportive / non confrontational
2. Focus on coping w/ depression, loneliness and loss
3. Rebuilding client’s social support network
4. A pace and content of treatment appropriate for elderly – slow
5. Staff who are interested & experienced working with elderly
6. Linkage w/ medical services, aging, referral system & case mgmt
Grief & Loss

• **Types of Guilt**
  – Survivor guilt
    “Why not me?”
  – Helplessness
    “can’t heal the loved one”
  – Ambivalence
    Resent being care giver –
    “I wish this would all just end”

• Loss due to suicide
Elisabeth Kübler-Ross
Stages of Grief

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance
Spirituality

• Crisis or loss = shake the foundation of a person’s being

• 12 Steps as guide to self knowledge
  ✓ Higher Power as nature

• Spiritual healing—
  ✓ sense of meaning
  ✓ connectedness

• Alcohol to fill spiritual need????

• Search for forgiveness and renewal