**Substance Use Treatment for Adolescents**

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Course:

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**Introduction**

• In other terms referred to as substance use disorder, drug addiction is a disorder that influences an individual’s brain and way of conduct and results in the reduced capability to manage the use of a legal or illegal drug. The deployment of modern technologies to enhance evaluation, apprehension, and manage substance use disorders (SUDs) is a promising and broad scope of scientific research.

• According to the DSM-5 eleven criteria for Substance Abuse Disorder, these ways of conduct are of four types: risky use, impaired control, pharmacological indicators, and social impairment. The abused substance usually is either taken exceedingly or on more extended than intended periods. There is a persistent desire or unsuccessful efforts to cut down or control substance use. A great deal of time is spent in activities necessary to obtain the substance, use the sense, or recover from its effects.

• The National Drug Abuse Treatment Clinical Trials Network (CTN), adopted in 1999 by the U.S. National Institute on Drug Abuse, has offered support to a rising line of studies that influences modern technologies to gather new views into SUDs and offer science-based healing devices to a wide range of people with SUDs (Marsch et al., 2020).

**Scope of the problem**

* Generally, trends in tobacco and alcohol consumption suggest a future fall in the responsibilities to society from the deaths, disease incidence, and economic costs linked to SUDs (substance use disorder) as portrayed by the younger youths (adolescents). The area is gaining popularity and is now considered a vital public health concern in many countries (Gau et al., 2007).
* Recent research suggests inadequate attention hyperactivity disorder (known as ADHD) combined with conduct disorder as the most predictive mental illnesses (Gau et al., 2007), and that men gender.
* Similarly, a family with a record of substance misuse as well as households under single-parents, a relatively low socioeconomic class, limited parental guidance, unappealing results in academic work, harmful advice from the peers (Gau et al., 2007), and as well as a disorganized neighborhood (Gau et al., 2007), as the leading psychosocial predicting tools of such disease incidence.
* Preliminary research studies have likely evaluated psychosocial and psychiatric factors of adolescent SUD (substance use disorders) happening simultaneously in society. On the contrary, not much has been discovered about whether the elements for such conditions, specifically in adolescence recently identified in Western communities, can also be expected in other communities (Gau et al., 2007).

**Demographic data/statistics**

* In the description, adolescence is mainly depicted as cognizance of highly risky or problematic behavior (Chassin et al., 2004). At this level, substance use is one specific way of conduct initiated, particularly during the adolescent period.
* Substance abuse and addictive disorders are issues of weighty significance as they are fundamental for adolescent development and have public health influence (Chassin et al., 2004). For instance, taking into account both adults and adolescents, past approximations show that alcohol use and abuse, nicotine use and abuse, and that of illegal drugs demanded the United States around $257 billion per year, surpassing the costs linked with heart disorders and or cancer (Chassin et al., 2004).
* Similarly, substance abuse was found to be more common in males than in females. Given its significance, adolescent substance deployment as a study area is relatively not expected but rather new. However, the area has seen a fast and significant widening in the last three decades (Chassin et al., 2004).

**Substance use patterns**

* Close to all psychiatric and substance use diseases are linked to sleep disruption (Teplin et al., 2006). According to research, there is a close relationship between psychiatric conditions and chronic illnesses as lack of sleep and that substances influencing the mind or mental state have mild and chronic impacts on rest. There is the weakening of various aspects of sleep factors in people using these substances, including experiencing difficulty in starting sleep and inability to remain asleep and occasional lack of sleep (Teplin et al., 2006). Typically, sleep disturbances are typical in individuals having drugs that affect the mind or even alcohol and have proved to stay long after quitting these drugs (Teplin et al., 2006).
* In addition, alcohol abuse may indicate the engagement of young people in crimes with violence (Lennings et al., 2003). Usually, the substances associated with violent crime include the use of alcohol and then cocaine. Similarly, when the probability that the young individual has started violence responding to drink or even other substances is best understood as the immediate impacts for alcohol and cocaine forecasting involvement in violent crime cease (Lennings et al., 2003).
* In addition, compared with the statistics of heterosexual persons, the sexual minorities showed relatively higher rates of substance abuse in most cases. They had excellent access locally to the drugs and soothing social ways of conduct (Cochran et al., 2012). In general terms, modern improved fitting models support that much of the connection between minority sexual inclination and substance abuse is divided by this sexual inclination–linked distinction in drug access beliefs and understanding rules for substance use (Cochran et al., 2012).

**Biopsychosocial Factors:**

* Biological factors of substance abuse and use consist of genetic susceptibility and mental ability to recover and age-linked formed elements, including changes in endurance to substances (Fischer & Lyness, 2005).
* The conscious understanding, the process of knowing, anticipation, feelings, charisma, and way of conduct form the psychological discipline. Factors such as parenting, influence from the adolescent peers, life constraints, school, surrounding context, and cultural information are part of the social factors of the biopsychosocial view.
* Parenting influence may or may not be substance particular (Fischer & Lyness, 2005). For instance, the influence of parents using alcohol is a particular substance variable, while parental separation or divorce may be termed a non-substance-particular indicator. Similarly, a specific event works at varying levels. For example, a biological parent who is an alcoholic may, among other things, (a) pass the genetic susceptibility; (b) influence the abuse of alcohol; (c) offer guidance to the growth of alcohol anticipations; (d) bring on stressful factors into the child and family surrounding, for example, hostile or even violent way of conduct and marital interruptions; and (e) stress the family in economic terms and legally, leaving the family in a weakened and possibly risky surrounding (Fischer & Lyness, 2005).
* In addition, there is a growing body of evidence that psychosocial variables have a significant ability to predict the outcome of medical treatment (Bruns & Disorbio, 2009). In particular, there is considerable evidence that psychosocial variables can affect the development of invasive procedures such as spinal surgeries (Bruns & Disorbio, 2009). However, the relationship between psychosocial variables and medical outcomes is complex, and numerous psychosocial predictors have been identified. Overall, there is strong evidence that a collaborative biopsychosocial model is superior to the traditional biomedical model of patient care (Bruns & Disorbio, 2009).

**Impact of SUDs:**

* Substance use disorders (SUDs) are connected with various spiritual, psychological, medical, economic, psychiatric, family, social, and even legal problems (Daley, 2013). These challenges result in a significant burden for the involved persons, their respective families, and society. Usually, patients with a high genetic vulnerability to bipolar disease may be in danger for early cases and more exposure to substance abuse.

**Assessment:**

* A combined model of care is essential to solving both bipolar and substance use illnesses efficiently. Impellent is conspicuous in both bipolar diseases and substance use diseases. Substance abuse is found in most bipolar disorders and linked with inadequate treatment responses and more danger of suicide. Adolescents having bipolar conditions are more vulnerable to developing SUDs (Salloum & Brown, 2017).

**Treatment**

* The National Survey of Substance Abuse Treatment Services considers; the traits of individual centers, for example, the types of treatment offered and services provided (including evaluation, advice, pharmacotherapies deployed, analyses, transitional, and other services), whether the facility is public or private, the special strategies or groups offered for particular client types, client outreach, and payment options. Secondly, the client count data and finally, the general data including licensure, whether the facility is certified, or accreditation and facility website access.
* Self-efficacy is the notion that an individual can put into action the ways of conduct required to give the desired influence (Kadden & Litt, 2011). In the recent past, there has been a rise in concern about the effect of self-efficacy as an indicator and divider of treatment results in several disciplines. In various research of substance abuse address or treatment, self-efficacy has come forth as a significant indicator of response or as a divider of treatment impacts (Kadden & Litt, 2011).

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