What is in a title?

• DSM-IV Substance Abuse Criteria
  - Substance abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the following, occurring within a 12-month period:
    - Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).
    - Recurrent substance use in situations in which it is physically hazardous (such as driving an automobile or operating a machine when impaired by substance use)
    - Recurrent substance-related legal problems (such as arrests for substance related disorderly conduct)
    - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).

• DSM-IV Substance Dependence Criteria
  - Substance dependence is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring any time in the prior 12-month period:
    - Tolerance, as defined by either of the following: (a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect or (b) Markedly diminished effect with continued use of the same amount of the substance.
    - Withdrawal, as manifested by either of the following: (a) The characteristic withdrawal syndrome for the substance or (b) The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.
    - The substance is often taken in larger amounts or over a longer period than intended.
    - 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 substance, or relieve from its effects.
    - Important social, occupational, or recreational activities are given up or reduced because of substance use.
    - The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (for example, current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Disclaimer

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What is in a title

- The World Health Organization (WHO) defines "adolescents" as individuals in the 10-19 years age group.
- WHO defines "youth" as the 15-24 age group.
- These two overlapping age groups are combined in the group "young people" covering the age range 10-24 years.

Drugs of Abuse

- Partnership for a Drug Free America and Monitoring the Future
- These organizations have conducted "Attitude Tracking" studies in an effort to discover what influences adolescent drug use, and what makes one drug more or less popular than another.
- They found that the perceptions adolescents have of different drugs vary widely, and often vary from generation to generation. Those perceptions have a direct effect on drugs popularity and frequency of use.
- The primary factors that seem to affect increased or decreased drug use among teens are perceived risk, perceived social approval, and perceived availability.

What are we seeing
What are we seeing

We are winning the battle right?
- The percentage of adolescents using alcohol, cigarettes, and illicit drugs declined between 2002 and 2008.
- The percentage of persons aged 12 to 17 receiving substance abuse treatment remained relatively stable.

Some Positive Statistics
- Cigarette smoking is at its lowest point in the history of the survey on all measures among students in grades 8, 10, and 12.
- These findings are particularly noteworthy since tobacco addiction is one of the leading preventable contributors to many of our Nation’s health problems.
Some Statistics

- Over a 5 year time period (2004-2009), there has been a drop in the use of *methamphetamine* for all grades, and lifetime use dropped significantly among 8th-graders, from 2.3 to 1.6 percent.
- Among 10th- and 12th-graders, 5-year declines was reported for past-year use of *amphetamines* and *cocaine*.
- Among 12th-graders, past-year use of cocaine decreased significantly, from 4.4 to 3.4 percent.

Statistics

- The past-year use of hallucinogens fell substantially from 5.9 to 4.7
- LSD usage fell from 2.7 to 1.9 percent.
- The use of hallucinogens other than LSD decreased from 5.0 to 4.2 percent among 12th-graders.

Attitude Adjustment

- Perceived as less socially acceptable.
- Perceived to be risky.
- Thus harder to obtain.
- Among 12th-graders, LSD, amphetamines, sedatives/barbiturates, heroin, and cocaine all were perceived to be “harmful”.
- Across the three grades, perceived availability of several of these drugs decreased.

Still Readily Available

- Teen reports as to which drugs they knew how to easily obtain:
  - Marijuana: 85.8%
  - Amphetamines: 55.4%
  - Cocaine: 47.8%
  - Barbiturates: 46.3%
  - Crack: 39.2%
  - LSD: 33.1%
  - Tranquilizers: 30.1%
  - Heroin: 29.6%
  - Crystal meth: 26.7%
  - PCP: 24.2%
Not So Good Statistics

- Teen drug use is a reality in most schools from grade school to high school. Alcohol is by far the greatest drug in use among high school students.
- Marijuana is the most commonly used drug among teens.

Cannabis

- Daily marijuana use increased amongst seniors to 6.1% in 2010 from 5.2 percent in 2009.
- Marijuana use in 8’th, 10’th and 12’th climbed this year and is now more common than cigarettes.
- 15 states have legalized marijuana.
- 6 states have pending legislation or ballot measures to legalize marijuana.

Cannabis

- **National Statistics:**
  - Marijuana is the Nation’s most commonly used illicit drug. More than 83 million Americans (37 percent) age 12 and older have tried marijuana at least once.
  - In 2001, marijuana was used by 76% of current illicit drug users.
  - In 2001, 20% of 8th graders reported trying marijuana, and 9% were current users (defined as having used the drug in the past 30 days).
  - Among 9th graders, 40% had tried marijuana, and almost 20% were current users in 2001.
  - Among 12th graders, nearly half had tried marijuana, and 25% were current users in 2001.
  - Marijuana was a contributing factor in more than 110,000 emergency department visits in the United States in 2001. About 15% of the patients were between the ages of 12 and 17 and almost two-thirds were male.

Cannabis the Risk

- Fifty-three percent of juvenile male and 38% of juvenile female arrestees tested positive for marijuana in 1999.
- Smoking 1 to 3 marijuana joints a day produces the same lung damage and cancer risk as smoking five times as many cigarettes.
- The Center on Addiction and Substance Abuse at Columbia University (CASA) found that adolescents who smoke pot are 8tmes more likely to use cocaine than their non-smoking peers. They also found that 60% of adolescents who use marijuana before age 15 later go on to use cocaine.
- The Drug Abuse Warning Network (DAWN) has found most drug in emergency department visits related to drug abuse among youth age 12 to 19.
- In 2001, about 38,000 high school seniors in the U.S. reported that they crashed while driving under the influence of marijuana.
National Statistics:
- More than five million high school students binge drink (consume five or more alcoholic drinks in one sitting) at least once a month.
- Individuals who begin drinking before age 15 are four times more likely to become alcohol dependent than those who begin drinking at age 21.
- The prevalence of lifetime alcohol abuse is greatest for those who begin drinking at age 14.
- One-third of 6th and 9th graders obtain alcohol from their own homes.
- Four out of every five (80%) students have consumed alcohol (more than a few sips) by the end of high school.

- Among youth aged 12 to 17, the rate of current illicit drug use was higher for boys (11.4%) than for girls (10.2%).
- In 2002, 57% of 12th graders reported having used an illicit drug in their lifetime.
- In 2002, between 13 and 18% of drivers aged 17 to 21 reported driving under the influence of an illicit drug in the past year.
- About 30% of adolescent suicides are attributed to depression, aggravated by drug or alcohol abuse.
- The United States has the highest rate of teen and young adult drug abuse in the world.

- In 2000, there were 2,339 alcohol-related fatalities among youth ages 15-20.
- Eight young people die each day in alcohol-related crashes.
- The most abused drug in the United States is alcohol, but many people don’t even think of alcohol as a drug.
According to the National Highway Traffic Safety Administration, about two in every five Americans will be involved in an alcohol-related crash at some point in their lives, and 41% of all traffic fatalities in the U.S. are alcohol-related.

Results of the 2000 National Household Survey on Drug Abuse (NHSDA) indicated that underage past month alcohol use was highest among whites (31%), followed by American Indians/Alaska Natives (28%), Hispanics (22–25%), and African Americans (19%).

The 2000 NHSDA showed that among youth aged 12 to 17, rates of past month alcohol use were higher in rural areas than in large metropolitan areas.

So What Does All This Mean

• Alcohol is used by more young people in the United States than tobacco or illicit drugs.
• Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior.
• Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.
The Trend

- According to the Department of Health and Human Services encouraging news indicates the illicit drug use by teenagers is decreasing.
- This organization has been tracking teen drug use since the 1970's.

The current trend relates to how young people perceive drugs.
- Many teens are reassessing the dangers and social acceptability of drugs.
- This may be due in part to the increased attention being paid to the issue of drugs by parents, community groups, the media, and the government.
- Many musicians and actors no longer sing the praises of drugs as much as they have in the past (The Teen Drug Scene).

The New Trend

- *Salvia divinorum* (also known as Diviner's Sage, Ska Maria Pastora, Seer's Sage, and by its genus name *Salvia*) is a psychoactive plant which can induce dissociative effects and is a potent producer of "visions" and other hallucinatory experiences. Its native habitat is within cloud forest in the isolated Sierra Mazateca.
Salvia divinorum has a long and continuous tradition of religious use by Mazatec shamans, who use it to facilitate visionary states of consciousness during spiritual healing sessions. Most of the plant’s local common names allude to the Mazatec belief that the plant is an incarnation of the Virgin Mary, with its ritual use also invoking that relationship. Its active psychoactive constituent is a structurally unique diterpenoid called salvinorin A, a potent κ-opioid and D₂ receptor agonist. Salvia divinorum is generally understood to be of low toxicity (high LD₅₀) and low addictive potential; as a κ-opioid agonist.

Welcome to Salvia Society!
Buy salvia divinorum extract! Same one Miley Cyrus got!
Not Available in Stores!
According to Johns Hopkins, Yale and other Researches Salvia is:
"Harmless, yet Powerful Hallucinogen with the potential to treat pain and a myriad of illnesses, cure drug addictions and even be the cure for AIDS"

Lion’s Tail
The Number 1 Alternative to Marijuana. A pleasant, less overwhelming trip is often experienced when smoking lions tail with salvia divinorum
BOTANICAL CLASSIFICATION
Family: Lamiaceae (Former: Labiatae)
Genus: Leonotis (Former: Phlomis)
Species: Leonurus (or Leonorus)

Warp Zone
Does work or school have you down? Do you need a mini mental getaway from the realities of everyday life? The Warp Zone will jumpstart your senses with three distinct psychedelic trips
For those adventurous trippers out there, the Warp Zone Package will remove the word "boredom" from your vocabulary. This package consists of our top 3 hallucinogenic products with each offering you a distinct psychedelic destination. Just remember to fasten your seatbelt.
- 1g 10x extract
- 1oz Amanita
- 25 Woodrose Seeds
Sinicuichi Foliage
- Hemia salicifolia is a flowering shrub that grows from Mexico to Argentina and is widely cultivated through its range. Hemia salicifolia has a Shamanic tradition dating to the Aztecs.

Effects
- Pleasant drowsiness, skeletal muscle relaxation, slowing of heartbeat, dilation of coronary vessels, inhibition of acetylcholine, enhancement of epinephrine, cooling of body, darkening of vision, auditory hallucinations (sounds seem distant) and increased memory function.
- Sinicuichi is also thought to give the ability to recall past events with great clarity and has the unusual characteristic of being an auditory hallucinogen.

Vortex
- Vortex is it. Vortex has been touted as a viable alternative for people seeking a salvia like experience. Although significantly less intense, Vortex is portent and effective. Enjoy a spatial shift in perception unlike anything you have tried before. Grab a friend and enjoy an evening of adventure. Vortex will shift your awareness bringing you to a different plane.

New Horizon
- A softer Salvia experience. New Horizon is part of the Experience™ product line. New Horizon is a smoking blend that is perfect for anyone wanting to give psychedelics a try. Potent enough to cause visual and auditory hallucinations. Experience some today and take a trip inside your head. New Horizon can be taken in the following ways:
  - Eaten
  - Brewed in a tea
  - Smoked in a pipe or bong (be sure to use a screen)
Amanita Muscaria Mushrooms

- Perhaps no other ethnobotanical is more shrouded in mystery and intrigue than the Amanita Muscaria mushroom. Some scholars have suggested that the Viking berserkers ate the mushroom before battle to enter a frenzied state. Others have claimed that it is the legendary intoxicant Soma, worshipped as a God by early Hindus. In Western culture, it is the mushroom of fairy tales, a symbol of both poison and magic. For generations, the tribal shamans of Siberia and the Pacific Northwest have ingested Amanita Muscaria to enter Altered States of Consciousness.

Ayahuasca Vine

- The Ayahuasca brew consists of Ayahuasca vine and other plants containing harmala alkaloids with DMT. Ayahuasca Vine alone will not give any pleasant or interesting trip. But combined with mushrooms or DMT it will give an intense trip. This special combination is capable of inducing a powerful psychedelic experience because the MAO inhibitor present in the Ayahuasca preserves the DMT.

Skullcap Foliage

- Skullcap comes from the leaves and roots of two perennials, Scutellaria laterifolia and S. baicalensis, that are native to temperate regions of North America. Although usually taken orally, skullcap can be injected into a muscle or vein.
- Scientific studies are proving this to be a valuable plant in many areas for mental disorders. Skullcap is used in the treatment of a wide range of nervous conditions including epilepsy, insomnia, hysteria, anxiety, delirium tremens, withdrawal from barbiturates and tranquillisers.

Blue Lotus

- The Blue Lotus flower is found on the shores of the Nile River in Egypt but also as a powerful symbol in ancient Egyptology.
- The effects of Blue Lotus are typically mild which is why it is so popular amongst experimenters. You can experience a mild version of many (much more potent) substances like MDMA, Marijuana and even Opium. Blue Lotus is in no way addictive and is a nice inexpensive way to augment your mood for a nice relaxing weekend.
Sweet Flag Foliage

- Walt Whitman enjoyed the effects of Acorus Calamus root during long walks in the country and wrote lovingly of it in many of his poems.

- Ayurvedic medicine uses this herb mostly for digestive disorders. Native Americans of the Cree tribe chewed the plant's roots during religious ceremonies for stimulant, euphoric and hallucinogenic effects. They also use this plant as a painkiller and to treat diabetes. Western herbalists recommend sweet flag to quiet intestinal spasms.

Yohimbe

- Try Yohimbe Bark and experience a dramatic libido boost. Yohimbe bark is known throughout the world for its powerful effect on male libido and sexual function. Today, with our increasingly stressful life, many people are finding Yohimbe bark as a safe, natural alternative to popular, yet potentially harmful, pharmaceutical products.

Kratom

- Kratom is a strong medicinal herb. It is the leaf of the Kratom tree, which is indigenous to Thailand. Unfortunately, Kratom is illegal in its native land but it is completely legal in the United States.

  In small doses, it is stimulating like caffeine, though with none of the negative side effects such as tension and headache. In high doses, Kratom crosses over into the brain to the mu-opiate receptors and functions as a potent painkiller and narcotic. It is comparable in strength to hydrocodone, the active ingredient in vicodin.

K2

- According to the official K2 site, K2 is a natural incense composed of natural herbs such as "canavalia rosea, clematis nuciferia, heima salicifolia, and ledum palustre." Various sources report that K2 also contains the synthetic cannabinoid JWH-018, which when smoked can produce intoxicative effects similar to marijuana.
K2

- JWH-018 (full chemical name: (1-pentyl-3(1-naphthol)indole) was developed by Dr. John W. Hoffman, an organic chemist at Clemson University during trials to develop a pain reliever. THC (tetrahydrocannabinol), the psychoactive ingredient of marijuana, binds to the CB1 and CB2 receptors in the human brain equally well. JWH-018 shows a marked preference for the CB1 receptor, which regulates psychotropic effects, over the CB2 receptor, which is related to pain relief. Thus, the effects of JWH-018 on the brain are much more hallucinogenic and intense in nature than marijuana, and have virtually no therapeutic value.

Read more at Suite101: K2 Incense: A Popular and Legal Synthetic Form of Marijuana [http://www.suite101.com/content/what-is-k2-incense-a260938#ixzz1AWI9OqLE]

Currently, K2 is illegal in Kansas, Kentucky, Georgia, Arkansas, and Alabama. Legislation is pending in the following states to ban it: Mississippi, Tennessee, Louisiana, Michigan and Illinois

Prescription Meds

- While illicit drug use has declined among youth, rates of nonmedical use of prescription and over-the-counter (OTC) medication remain high.
- Prescription medications most commonly abused by youth include pain relievers, tranquilizers, stimulants, and depressants.

Generation Rx

- In 2009, 20% of U.S. high school students had ever taken a prescription drug, such as Oxycontin, Percocet, Vicodin, Adderall, Ritalin, or Xanax, without a doctor's prescription.
- For the first time, national studies show that today's teens are more likely to have abused a prescription painkiller than any illicit drug
OTC meds

- Teens also misuse OTC cough and cold medications, containing the cough suppressant dextromethorphan (DXM), to get high.
- Prescription and OTC medications are widely available, free or inexpensive, and falsely believed to be safer than illicit drugs.
- Misuse of prescription and OTC medications can cause serious health effects, addiction, and death.

Robo Tripping

- Dextromethorphan (DXM), an active ingredient found in many cough suppressant cold medicines, is commonly used as a recreational drug.
- While having almost no psychoactive effects at medically-recommended doses, dxm has euphoric, psychedelic, and dissociative
- Recreational use of DXM is sometimes referred to in slang form as “robo-tripping”, whose prefix is derived from the Robitussin brand name of cough medicine, or “Triple Cs” which is derived from the Coricidin brand name of cough & cold medicine

Steroids
Warning Signs

- Changes in friends
- Negative changes in schoolwork, missing school, or declining grades
- Increased secrecy about possessions or activities
- Use of incense, room deodorant, or perfume to hide smoke or chemical odors
- Subtle changes in conversations with friends, e.g. more secretive, using "coded" language
- Change in clothing choices: new fascination with clothes that highlight drug use

Signs and Symptoms of Use/Abuse

- Tobacco products: frequent smell of tobacco, irritability, discolored fingertips, lips or teeth, cigarette butts at curbside;
- Cannabinoids: reddened whites of eyes, sleepiness, excessive hunger, lack of motivation, excessive happiness, paranoia;
- Cold medications: sleepiness, rapid or slowed heart rate;
- Increase in borrowing money
- Evidence of drug paraphernalia such as pipes, rolling papers, etc.
- Evidence of use of inhalant products (such as hairspray, nail polish, correction fluid, common household products): Rags and paper bags are sometimes used as accessories
- Bottles of eye drops, which may be used to mask bloodshot eyes or dilated pupils
- New use of mouthwash or breath mints to cover up the smell of alcohol
- Missing prescription drugs—especially narcotics and mood stabilizers
- Narcotics: less experiencing of pain, excessive happiness, sleepiness, slowed or stopped breathing, coma, death in overdose;
- Hallucinogens: trouble sleeping, blurred perceptions, paranoia;
- Dissociative anesthetics: higher blood pressure and heart rate, memory loss, nausea and vomiting, irritability, aggressiveness;
- Club drugs (for example, Ecstasy): feverish teen that does not sweat, finding multiple lollipops or other hard candies, the teen seeming to love everyone and/or have an excessively happy mood (euphoria);
Inhalants: runny nose, smell of gasoline or other solvent, confusion or irritability;
Depressants: sleepiness, lowered inhibitions, poor coordination, slowed heart rate or blood pressure, dizziness, coma, death in overdose;
Stimulants: rapid heart rate or blood pressure, irritability, excessive happiness, less need for sleep, paranoia, seizures

What Can We Do
- Screening for adolescent substance abuse should be conducted by health care delivery systems, juvenile justice and family court systems, and community organizations such as schools, vocational rehabilitation, and religious organizations.
- Adolescents who should be screened for substance abuse include all teens who receive mental health assessments, enter the child welfare system, drop out of school, or stay at homeless shelters. Adolescents arrested or detained within the juvenile justice and family court systems also should be screened.
- Screening for substance abuse should focus on the adolescent’s severity of use and core associated factors such as mental health status, family history of parental addiction, functioning in school, and any legal problems.
- Referral to a comprehensive assessment should be made for all adolescents whose screening reveals indicators (e.g., daily use of one or more substances) of serious substance abuse problems.

Screening
- Alcohol
- Ever had at least one drink of alcohol on at least 1 day
- Drank alcohol for the first time before age 13 years
- Had at least one drink of alcohol on at least 1 day
- Had five or more drinks of alcohol in a row within a couple of hours on at least 1 day
- Usually obtained the alcohol they drank by someone giving it to them
- Had at least one drink of alcohol on school property on at least 1 day

Not So Obvious
Screening

- Marijuana
- Ever used marijuana one or more times
- Tried marijuana for the first time before age 13 years
- Used marijuana one or more times
- Used marijuana on school property one or more times

Screening

- Other Drugs
- Ever used any form of cocaine one or more times
- Used any form of cocaine one or more times
- Ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times
- Ever used heroin one or more times
- Ever used methamphetamine one or more times
- Ever used ecstasy one or more times
- Ever took steroid pills or shots without a doctor’s prescription one or more times
- Ever used a needle to inject any illegal drug into their body one or more times
- Offered, sold, or given an illegal drug by someone on school property

Educate

- Traffic Accidents
- School-Related Problems
- Risky Sexual Practices
- Delinquent Behavior
- Juvenile Crime
- Developmental Problems
- Physical and Mental Consequences
- Future Use Disorders

Educate

- Pharmaceuticals taken without a prescription or a doctor’s supervision can be just as dangerous as taking illicit drugs or alcohol.
- Abusing painkillers is like abusing heroin because their ingredients are similar (both are opiates).
- Prescription medications are powerful substances. Medications help sick people and are administered by a doctor. When prescription medication is not used for sickness and not administered by a professional, it becomes a controlled substance and the impact on the person can be deadly.
Drug

- Many pills look the same and teenagers may get them mixed up. This can cause different reactions in different people due to the body's chemistry. It is extremely dangerous to take pills that are unknown.
- Mixing drugs with other substances is very dangerous. Some people have allergic reactions to different chemicals when they are mixed together.

Educate

Treatment

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is appropriate for everyone.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- Many drug-addicted individuals also have other mental disorders.
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- Treatment does not need to be voluntary to be effective.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.

- Developmental Stages—Treatment for adolescents must address their unique developmental needs, which vary with the age of the client. Developmental features of younger adolescents are different from those of older adolescents. For example, older adolescents are more capable of abstract thinking and are more likely to openly rebel than younger adolescents.
- Ethnicity and Culture—Norms, values, and health beliefs differ across cultures and can affect substance abuse treatment. For example, some cultural groups may consider treatment invasive; others may wish to involve the extended family. Treatment services need to be culturally competent and use the preferred language of adolescent clients and their families.
- Gender and Sexual Orientation—Factors that influence adolescent substance abuse and involvement in treatment differ by gender. For example, whereas adolescent girls more often have internalizing coexisting disorders such as depression, boys are more likely to have externalizing disorders such as conduct disorders. Effective treatment for gay, bisexual, and transgendered youth includes helping them to acknowledge and accept their sexual identity.
Coexisting Mental Disorders—Adolescents with substance abuse disorders are more likely than their abstinent peers to have coexisting mental health problems such as anxiety disorders, attention deficit-hyperactivity disorder, and depression. In these teens, substance abuse may disguise, exacerbate, or be used to “self medicate” psychiatric symptoms. Without tailored treatment, coexisting mental disorders could interfere with the adolescent’s ability and motivation to participate in addiction treatment and could increase the potential for relapse.

Family Factors—An adolescent’s family has a potential role both in the origin of his or her substance abuse problem and as an agent of change in the adolescent’s environment. Treatment should take into account family factors that increase risk for substance abuse problems in youth, such as any history of parental or sibling substance abuse problems or addiction; domestic violence; physical, sexual, or emotional abuse, and neglect. Whenever possible, parents should be involved in all phases of their adolescent’s treatment.

Outpatient behavioral treatment

- Cognitive–behavioral therapy, which seeks to help patients recognize, avoid, and cope with the situations in which they are most likely to abuse drugs.
- Multidimensional family therapy, which was developed for adolescents with drug abuse problems—as well as their families—addresses a range of influences on their drug abuse patterns and is designed to improve overall family functioning.
- Motivational interviewing, which capitalizes on the readiness of individuals to change their behavior and enter treatment.
- Motivational incentives (contingency management), which uses positive reinforcement to encourage abstinence from drugs.

Residential treatment

- Residential programs can also be very effective, especially for those with more severe problems. For example, therapeutic communities (TCs) are highly structured programs in which patients remain at a residence, typically for 6 to 12 months. TCs differ from other treatment approaches principally in their use of the community—treatment staff and those in recovery—as a key agent of change to influence patient attitudes, perceptions, and behaviors associated with drug use.

Traditional Wilderness Programs

- The majority of traditional wilderness programs are founded on the premise of promoting personal growth through adventure. The challenges inherent in an outdoor setting offer an effective way for adolescents to achieve a sense of self-confidence, self-awareness, and personal fulfillment.
What is Available

- Outpatient Group treatment.
- For the population that do not require Intensive Outpatient (IOP).
- Lower intensity.
- Frontier Health

Moderate Intensity

- IOP
- **Adventure Program**
- 5 days per week for 6 weeks.
- Johnson City
- Attend School
- Individual therapy
- Group therapy
- Family therapy
- Random UDS
- Rigid attendance

Moderate Intensity

- **Moral Combat**
- 99 percent court ordered
- Covers different components of individual needs.
- Alcohol and Drug component.
- Attend Evening.

Moderate Intensity

- **Cross Roads**
- Elizabethton
- Alcohol and Drug component in addition to other components.
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<td>Dual Diagnosis</td>
<td>Strong Alcohol and Drug component</td>
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Higher Intensity

- Wilderness Program
- Free Will Baptist Church
- Must be in DCS custody.

References

  


