ADOLESCENT ADDICTION & SUBSTANCE ABUSE PREVENTION-WHAT COUNSELORS NEED TO KNOW ABOUT PREVENTING PRESCRIPTION DRUG ABUSE

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This is to certify that the Capstone Project of

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Abstract

The goal of this capstone paper is to present current and up to date research on prescription drug abuse and addiction as it relates to the specific population of adolescents. Prescription drug abuse presents a major concern to professionals at varying degrees, but the purpose of this paper it to give School Counselors an overview of how to detect possible drug abuse, intervene appropriately, consult fellow co-workers, administrators, and community personnel, empower others to make a change, and prevent at risk students who exhibit signs of eventual addiction. A thorough evaluation of the history, statistics, dangers, and presenting problems of prescription drugs is also discussed. This paper also takes into consideration ways of assessing prescription drug abuse and addiction. These assessments can be found in Appendix A and B. Finally, this paper serves as a way to help School Counselors be aware of this increasing problem and forming a prevention team by creating a collaborative approach with others involved; other prevention aspects are explored.

Keywords: prescription, drug abuse, addiction, adolescents, prevention, counselors, school

Contents

Introduction

Drug abuse represents an overwhelmingly dangerous trend among adolescents with prescription drugs being a major culprit at this age level (Manchikanti, Fellow, Allinani, & Pampati, 2010; Weigel, Donovan, Krug, & Dixon, 2007; SAMHSA, 2010). The problem with most of these trends is the ever-increasing accessibility to prescription drugs, and their use for reasons other than the prescribed treatment. Research clearly states that parents, educators, and other health professionals need to be cognizant of the fact that "when prescription drug abuse occurs before age 16, there is an increased risk for addiction and abuse of psychotherapeutic drugs later in life" (Jones, Fullwood, & Hawthorn, 2012, p.13). Jones et al. (2012) also state prescription drug abuse as a major social problem and concern for counselors. According to the American Psychiatric Association (2013), it is the most prevalent mind disorder, encompassing some 40 percent of the diagnoses in the DSM-V. Inaba and Cohen (2011) call it the number one continuing health problem, as well as the number one prison problem in the United States.

SAMHSA (2008) found that adolescents are at the greatest risk for prescription drug abuse than at any other time in their lives. The number of teens and young adults (ages 12 to 25) who were new abusers of prescription painkillers grew from 400,000 in the mid-'80s to 2 million in 2000 (SAMHSA, 2008). Drugs can affect the central nervous system and it is this system that helps us gather and process information from the outside world. It is also responsible for our emotional and physical responses to our environment. Scientists have made great advances in understanding brain function and as a result, a number of drugs have been developed to treat such conditions as depression and anxiety (Hunter, 2013). Hunter also mentions that while these prescription drugs can improve the patient's quality of life, the misuse of these drugs can have just the opposite effect. Repeated misuse of prescription drugs can actually alter the normal

chemical balance in the brain. This can result in a physical dependence on the drug. This is a very important issue and one that experts and researchers say needs to be addressed and dealt with in order help assure that our youth population stays drug free, and more importantly, addiction free.

Review of Literature

The Difference between Drug Abuse and Addiction

It is important to understand and distinguish these terms, as most people tend to use them synonymously (DSM-5, 2013). ASAM (2011) defines addiction as "a primary, chronic disease of brain reward, motivation, memory and related circuitry." NIDA (2011, Drug Facts) defines addiction as a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the addicted individual and those around him or her. When a drug is taken in a way for which it is not intended, it is classified as drug abuse; this is a general definition found from numerous websites, such as NIDA and other sources.

According to the American Psychiatric Association (2013), which recently published the DSM-5, the major change with substance abuse and alcohol abuse and dependence disorders has been the removal of the distinction between "abuse," "addiction," and "dependence." In addition, the current version of the DSM does not include the term "addiction." The DSM-5 now combines the categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe (APA, 2013).

The DSM-5 also states that the criteria have also been strengthened; for example, mild substance use disorder in the DSM-5 requires two to three symptoms from a list of 11, whereas previously it only required one symptom. Additionally, the DSM-5 found the diagnosis of dependence caused major confusion because a large portion of the population linked it to addiction when in fact dependence can be a normal body response to a substance. There will be more on this later in the paper.

Prescription Drug Abuse

The National Institute on Drug Abuse (NIDA, 2011) defines prescription drug abuse as the intentional use of a medication without a prescription; in a way other than as prescribed; or for the experience or feeling it causes. It is not a new problem, but one that deserves renewed attention. Prescription drug abuse is a lot different than being able to obtain an over-the-counter (OTC) drug as well. OTC's can be obtained without a prescription; laws regulate prescription drugs. "A person who needs one of these drugs requires an official note, or prescription, from a licensed doctor in order to obtain and use it. Over the last few decades, Americans have turned to thousands of new prescription drugs to help them deal with physical and mental health problems" (Fitzhugh, 2006, p. 5). Hamilton (2009) also found it important to say prescriptions for nonmedical uses of specific drugs are written by a relatively small number of physicians who put themselves at risk of losing their medical license for providing drugs for substance abuse. For better or for worse, these medications have become an accepted part of our society; it is creating a dilemma for many other physicians in the profession of prescribing medicine. How can we make such medications readily available for being used therapeutically while limiting access for non-therapeutic misuse or abuse? According to Clark and Bizzell (2005), "such a dilemma poses challenges very different from those raised by illicit drugs, because control of prescription drugs must be achieved without impeding patients' access to needed medical care" (p. 262).

Abuse of Opioids, Depressants and Stimulants

According to NIDA (2011) the most commonly abused prescription drugs can be classified in one of three groups: opioid painkillers, depressants, and stimulants. Kirsh, Passik and Savage (2008) explain that opioids are normally prescribed to help a person suffering from pain, whether it is chronic pain, or temporary pain from a past or present medical procedure or

illness. Another author explains that painkillers, or opioids, represent a large population of abuse by adolescents for nonmedical use. Rozenbroek and Rothstein (2011) state that opioids are a type of prescription drug which are prescribed for pain relief and can produce euphoria or a sense of well-being when used nonmedically. Commonly abused painkillers include OxyContin, Vicodin, Morphine and Demerol. What makes these so popular is the intense feeling of pleasure or rush people get from their effects. Their pleasurable effects often derive from their ability to stimulate the brain's pleasure circuits, which are similar to the feelings of sexual pleasure or pleasure from eating a satisfying meal (Begley, 2001). Adding to the problem is that prescription opioids can become drugs of abuse when they are used illicitly as street drugs (Friedman, 2006). A survey by Friedman revealed approximately 5.5% of high school seniors report using opioids like OxyContin and Vicodin for use other than prescribed (2006).

A second category of prescription drugs is used to treat sleep disorders, anxiety, and panic attacks. These are commonly referred to as central nervous system depressants, or "downers." Two of the most popular ones are Valium and Xanax. Both of these prescription medications can be highly addictive if abused. For Central Nervous System (CNS) depressant abusers, the situation is likely more complicated based on the fact that abusers are also hooked on alcohol or other drugs as well. "On any given day, 100 million American are taking some stimulant, antidepressant, tranquilizer, or painkiller; smoking; inhaling from aerosol cans or glue bottles; or self-medicating with alcohol or illegal substances like marijuana, cocaine, heroin, methamphetamines, hallucinogens, Ecstasy, and other designer drugs" (Califano Jr., 2007, p. 1). Clearly an ongoing problem for most abusers, misuse of depressants when mixed with alcohol can be extremely dangerous, especially when overdosed (APA, 2013).

A third category of commonly abused prescription drugs is called central nervous system stimulants, or "uppers." Their effect on the body is not too different from that of cocaine or methamphetamines. Some common types of stimulants being abused are Concerta, Dexedrine, Adderall and Ritalin. Of the drugs in this group, Ritalin is perhaps the most widely abused and most likely to be illegally distributed. "Studies have reported that 16-20% of school-aged teenagers prescribed Ritalin for ADHD have been approached to sell, give away, or trade their medication" (Askenasy, Taber, Yang, & Dafny, 2007, p. 774). Ritalin is a very controversial drug on the market right now due to its availability; negative availability that is. When Ritalin is taken systemically, it is known to have a higher mortality rate than drugs like cocaine or amphetamines. Because of this, there are several reasons for people to be concerned about Ritalin being potentially abused, especially by adolescents (Askenasy et al., 2007).

Ritalin can also be referred to as "the study drug." Ritalin abuse can even occur when someone has good intentions, such as studying hard to get an A on an exam. According to many reports by Nora Volkow of the National Institute on Drug Abuse (2011), college and high school students regularly use Ritalin to stay awake to study. With the help of the drug, they can maintain abnormally high levels of concentration. NIDA (2011) also talked about how students hoping to excel in academics were playing a dangerous game relying on Ritalin. Teenagers taking prescription drugs to study are essentially playing roulette. Essentially it's like saying if you get addicted, not only will you not get into Harvard, but you will probably not even finish high school.

Dangers of Prescription Drug Abuse

Statistics about the dangers of prescription drug abuse are clear. Between 1999 and 2004, automobile crashes were the number one accidental death in the United States. For many years,

fatal injuries from falls were the second-leading cause, but by 2004, prescription drug overdose took over the number two spot. According to the CDC (2011), drug overdose death rates in the United States have more than tripled since 1990 and have never been higher. In 2008, more than 36,000 people died from drug overdoses; prescription drugs caused most of these deaths. This report was primarily based on death certificates, which, according to the research, do not clearly point out in detail which of the drugs played the greatest role; however, CDC researchers said they believe certain sedatives and prescription painkillers such as Vicodin and OxyContin were the primary cause of this increase. NIDA (2011) estimated that 495,732 visits to the hospital emergency rooms involved prescription or over-the-counter drug abuse. NIDA also estimated that as many as nine million Americans of all ages abused prescription drugs annually.

There are many more dangers associated with the misuse and abuse of prescription drugs. As explained by emedicinehealth.com (2011), long-term use of opioids can lead to a physical dependence, meaning the body will eventually become used to having certain substances in it and will react in a negative way if it is suddenly taken away. Because the brain can't normally regulate the differences between pleasure and withdrawal, the symptoms of withdrawal are often very severe. In as little as six hours, withdrawal from the drug can create feelings of anxiety, irritability, cramps, hot and cold flashes, vomiting and much, much more. Such nontherapeutic use and abuse is associated with many adverse social and health consequences.

Another danger can be correlated with the need to be popular or boost self-esteem. "Some of these users just want to have fun, try something new, or fit in, and take prescription drugs because they like the feeling they get from them" (Fitzhugh, 2006, p. 8). It is the same reason teenagers consume alcohol, smoke marijuana, or snort cocaine. One of the main problems is that many teenagers do not even realize the degree of the damage these substances can do to

their bodies over a certain amount of time. Many teenagers have also become susceptible to prescription drugs and start throwing get-togethers called "pharm-parties." "A pharm party is often held in a teenager's home, usually when parents are out or away. Friends then gather to consume pills, often foolishly adding alcohol in the mix. This may sound fun, but when the drugs kick in, people's behavior becomes unpredictable, and bad things often happen" (Shearin Karres, 2011, p. 205). One of the major problems during these parties is that friends exchange pills, many times not knowing what the pills are even used for. They just take them because they want to be "part" of the party and fit in. The end result can be dangerous and deadly, especially when there is no way of telling what kind of drug cocktails are being created.

As stated earlier, Ritalin poses a large threat when misused to the point of abuse. It can take a heavy toll on the body because Ritalin can be crushed and snorted; it then gets absorbed through the mucous membrane of the nose where it is more quickly able to get to the brain. This snorting can lead to an irreversible damage to the nose by drying out the mucous membrane; thus, nosebleeds are common, there is trouble with breathing, and the sense of smell can be permanently lost in some cases. Also, too much Ritalin can create a dangerous irregular heartbeat and cause the body temperature to rise quickly, which could cause the cardiovascular system to fail as a result.

What School Counselors Can Do to Be Aware

According to Weigel et al. (2007), a person is considered physically dependent on a substance such as prescription drugs if withdrawal symptoms appear after he or she suddenly discontinues use of the substance. Tolerance, however, is a different condition wherein the person must continue to take higher dosages of the drug to achieve desired effects (Weigel et al., 2007, p. 211). Distinguishing the difference between dependence and tolerance is an important

issue not only for counselors but for other professionals as well. A person can develop a dangerous tolerance to prescription drugs when the body needs more of a drug to get the same results. Taking Vicodin, OxyContin or Ritalin regularly, for example, will soon lose its feeling of a rush after doing so for a week or two; soon enough, ingesting more and more of these drugs will get a better high than the one before, and before you know it, addiction is well on its way. School counselors need to collaborate with doctors, physicians, and pharmacists because many adolescents are taking advantage of medical personnel when obtaining prescription drugs. "Counselors may serve as consultants to physicians who work with at-risk clients. It is recommended that physicians seek specialist consultation to assist in monitoring substance-related disorders among their patients" (Weigel et al., 2007, p. 213). This is especially crucial in the case of 'doctor shopping' and 'pharmacy shopping.' Weigel et al. used the term doctor shopping wherein an adolescent seeks out medications from a wide variety of physicians who are considered the most gullible and constantly return to them to take advantage of easy access. From the same research by Weigel and his colleagues, the term pharmacy shopping is also used, whereby adolescents repeatedly refill their medications by the same pharmacist to avoid suspicion of fabrication.

Weigel and colleagues (2007) also found many other ways in which adolescents acquire medication such as stealing from family and friends, forging or altering prescriptions, burglarizing pharmacies, buying from drug dealers on the street, and even using the internet for purchasing (p. 214). Hamilton (2009) reported that prescription medications that are being abused are seen as legitimate and safe, used by family members, and prescribed by the family's doctor. She then went on to say teaching children and adolescents the dangers of prescription drugs seems counterintuitive when a common parental injunction is "take your medicine, it will

help you get better" (p. 896). According to Hamilton, "The responsibility to help keep adolescents safe falls on all of us; schools can help by educating students about the effects of medications and the dangers of using drugs that are prescribed for someone else" (p. 896).

Forming a Prevention Team: A Collaborative Approach

Jones and colleagues are making it a priority for communities and schools to begin to recognize the urgent need for combating the increasing levels of prescription drug abuse by adolescents. The authors present a 'toolkit' designed to be adapted and utilized in different settings by Prevention Awareness Teams (PAT). Jones et al. state it is vital to the success of this toolkit that the team develop, implement, and evaluate the prescription drug abuse prevention program. Jones et al. also recommended appointing a school counselor as the chair of the PAT because of the link between the community and the school system. This is the first step in forming the PAT and the authors presented many reasons for this recommendation. First, because of time constraints for higher school administration, the commitment from the school counselor can be more beneficial for long-term success. Second, for most schools, there is already D.A.R.E. programs set up in which the school counselor is actively involved in (Jones et al. (2012). Lastly, the school counselor maintains routine visits to classrooms to deliver guidance and lessons on similar issues related to drug abuse.

Jones et al. (2012) found establishment of co-chairs such as the school principal, school nurse, and health educators to be of most importance. This is followed by then having student representatives, a city council member, a local pharmacist, a pediatrician, local business owners, and local media personnel as members of the team (Jones et al., 2012). The next step after forming the team is developing a prescription drug abuse prevention program. From reading this research, the authors examined many resources and came up with numerous goals for success.

Team members need to be educated and data specific to the geographic area need to be gathered to formulate a needs assessment (Jones et al., 2012). The authors also found it important to identify objectives for program implementation and identify a target audience as well as other potential outlets for implementing the program. The last part, as stated by Jones et al., in developing the program is to evaluate and find materials such as brochures, video presentations, testimonials, and posters to be presented as part of the community outreach campaign.

Finally, after developing the program, the PAT needs to implement and evaluate the program to determine its success. According to Jones et al. (2012), there is a seven step process which include: administering pre-tests to a sample group, delivering a pilot presentation, collecting post-test data and other feedback, reviewing the feedback and making necessary changes, implementing the program to the entire intended audience, conduct outcomes measures, and incorporating any needed changes into program and plan for additional venues for program presentation. This collaborative model serves as just one way, among many, in which community and school leaders can take charge of preventing such risks during adolescence. "The development of a Prevention Awareness Team and the utilization of the resources within this toolkit should serve as an excellent first step in the amelioration of the potential health risk" (Jones et al., 2012, p. 16). A very helpful list of resources for counselors to utilize the PAT toolkit is located in Appendix C.

Determining Risk for Abuse or Addiction

There are many ways to assess whether students are at risk for abuse or addiction. A very reliable and realistic questionnaire called the Adolescent Drug Involvement Scale (ADIS) can be used to get an understanding of whether students who use drugs actually use them for reasons other than their medical use. According to Moberg and Hahn (1991), the ADIS was constructed

as a research and evaluation tool to appropriately measure differing levels of drug involvement among adolescents. The authors also suggest that the ADIS helps distinguish heavier, problematic drug users from those who are less involved in drug use and experience much smaller problems related to their usage. In some cases, the ADIS is also used in conjunction with the Adolescent Alcohol Involvement Scale, or AAIS.

The ADIS is 13-item multiple response questionnaire that is adapted from the AAIS. Responses to each item are weighted, leading to a single score. It has been formatted as a self-administered test requiring only a fifth grade reading level. The test takes around ten minutes to administer and is available in other languages. Moberg and Hahn (1991) state that the main function of the test is to distinguish drug abusers from non-abusers; also, in most circumstances the test can be administered for free. They also suggest that the setting in which the instrument is most suited for administration is a mental health or substance treatment agency or a school health clinic. All items involve aspects of drug use and the final item asks for use frequency estimates of various types of drugs.

When looking at an example of the test, the person administering the test will find that only items 1-12 are scored. The weights assigned are basically the same as those used on the AAIS. For each item 1-12, add the highest weight circled. If more than one answer is circled, use the highest. The higher the total score, the more serious the level of drug involvement is. For the drug use scales (item 13), an index of multiple drug use can be created by simply adding the weights (1-8) for each drug. Again, a higher index score indicates more extensive drug involvement, for research purposes. A list of the full test can be found in Appendix A.

When it comes to checking for reliability, the ADIS has a history of being a “very good” instrument for drug abuse assessment as the primary emphasis was placed on evaluation of

internal consistency for self-reported scales. The validity, on the other hand, received an "okay" or average rating for the ADIS as concurrent and criterion validity needed some work, however predictive validity was very high as the test did a great job at predicting possible future drug abuse. Other areas of the test that received praise were the ease of administration, ease of scoring, readability, face validity, response bias, and outcomes (or how useful this instrument may be in a clinical setting in which the effects of some treatment was evaluated over time; i.e. pre-test/post-tests).

Another simple but effective way to assess a student's risk for drug addiction is by using a Likert scale questionnaire; this will aid in detecting the level of risk students have for addiction to drugs. School Counselors can create and administer their own using resources from books, articles and the Internet. According to Jamieson (2004) a Likert scale is a type of psychometric response often used in questionnaires and is considered the most widely used scale in survey research. When responding to a Likert questionnaire item, respondents specify their level of agreement to a statement. The author also found that traditionally, a five point scale is used, however many administrators advocate using a seven or nine point scale. After the questionnaire is completed, each of the items can be analyzed separately or summed to create a score for groups of items; this is often referred to as a summative scale (Jamieson, 2004). Jamieson (2004) also state that responses to a single Likert item are usually treated as ordinal data, whereas when responses to several Likert items are summed, they can be treated as interval data. An example of a typical Likert scale is located in Appendix B.

Other Prevention Aspects

"Despite the fact that lives have been taken and ruined by prescription drug abuse, there is still a hope. A educational program can be the best help for those struggling with prescription

drug abuse, but the most effective drug treatment depends on what drugs are being taken by a particular individual" (Smith & Passik, 2008, p. 271). This is where education and training comes in. Parents and adolescents in particular need to have a better understanding of the dangers of the misuse and abuse of prescription drugs. Frosch, Grande, Tarn and Kravitz (2010) argue that although there are currently major strides in raising awareness about the dangers illegal drugs possess, the larger population still doesn't realize that the misuse or abuse of prescription drugs could perhaps be just as dangerous as the misuse or abuse of illegal drugs, which could possibly lead to addiction or even death.

Frosch et al. (2010) found that a common misconception for many adolescents and parents is illegal drugs are much more dangerous than prescription drugs because prescription drugs are FDA-approved. Furthermore, many parents are not aware of the prescription drug abuse among adolescents and continue to leave unused drugs in open medicine cabinets. Frosch et al. (2010) addressed that negligence also plays a key factor in that many well-meaning parents forget or do not understand the risks associated with giving prescribed medication to someone whom the medication was not prescribed.

In addition to these misconceptions is the little training most professionals receive on the importance of prescribing and distributing prescription drugs. As stated earlier, physicians, nurses, pharmacists, psychologists, and dentists all have a key role in reducing prescription drug misuse and abuse. According to Polydorou, Gunderson and Levin (2008), outside of specialty addiction treatment programs, many healthcare providers receive minimal training in how to identify substance abuse in their patients. Polydorou et al. (2008) maintained that health professional schools, such as medical, dental, and pharmaceutical do not provide much in depth training for substance abuse; what's more, education about substance abuse is usually limited to

classroom or clinical electives taken by professionals. A study by Isaacson, Fleming, Kraus, Kahn and Mundt (2008) found in a national survey of medical residency programs, only 56 percent of programs made substance use disorder training mandatory, and the number of curricular hours required to graduate in the program varied between 3 and 12. A recent follow-up to this study by Isaacson et al. (2008) uncovered some evidence of progress being made to improve medical school, residency, and post-residency substance abuse education, although it has not been applied in all programs or schools.

For school counselors, educating prescribers on substance abuse, particularly prescription drug abuse, is vitally important. Weigel et al. (2007) emphasized even brief interventions by primary care providers are proven effective for reducing or even eliminating substance abuse in people who are constantly abusing drugs, yet are not quite addicted to them. Moreover, educating healthcare providers about prescription drug abuse will help advocate an understanding of this growing problem for prescribers so they do not succumb to over-prescribing certain medications needed to treat minor conditions (Weigel et al., 2007). This will also help reduce an overwhelming amount of unused and unprescribed medications sitting in medicine cabinets waiting to be mishandled by curious and mischievous adolescents.

Discussion

Prescription drug abuse has become a multi-faceted issue among adolescents and the need for it to be addressed can be done through a variety of methods. Furthermore, it has become evident that communities across this nation need to be aware of the ever-increasing abuse of prescription drugs. Unfortunately, it is often through tragedies such as hospitalization, overdose, or even death among teenagers in which awareness begins to take place. Prescription medications are ordinarily seen as legitimate and safe, prescribed by a family doctor, and used by family members. Parents are much less likely to discuss with their children the risks of prescription drugs versus illegal drugs, mainly because of the parent's belief that prescription drugs are usually safer to abuse than illegal drugs (McCabe and Boyd, 2006). The key point is that parents and the community need to be taught about the dangers of prescription drugs and the threat they pose to adolescents.

According to Jones et al. (2012) School Counselors need to be aware of this defeating trend within the school system and bring awareness as it is critical for the success of the students needs. Through collaboration with other professionals, programs such as the PAT and other prevention related strategies can be developed. The utilization of these and other resources serve as excellent steps in the amelioration of this potential health risk (Jones et al., 2012). In addition, educational programs must be targeted toward people of the community such as peers, parents, physicians, youth workers, coaches, pharmacists, and other caring adults within the community (Wade-Mdivanian, Anderson-Butcher, Hale, Kwiek, Smock, Radigan, & Lineberger, 2012).

Limitations and Implications

After extensive research on prescription drug abuse, a common theme presents itself in that there is a need for counselors to create a heightened awareness in professional practice settings. Prescription drug abuse is a major social problem and concern for counselors. Although many school, rehabilitation, and mental health counselors receive parts of this information during their education, they do not require expertise in this area as a prerequisite to receiving a degree (Polydorou et al., 2008).

Counselors without training will need to counsel individuals who present related problems of substance abuse; therefore, counselors will need to empower these individuals with substance abuse problems to seek help versus treating them. Counselors also need to address client's problems directly and identify a need for change when focusing on the counseling relationship. Being able to implement intervention strategies that are appropriate for both the client and the counselor are also crucial when dealing with substance abuse (Wade-Mdivanian et al., 2012). Quite possibly, counselors will be more helpful to the client if all of these things are stressed for their importance during all stages of their education.

Another aspect to be aware of is being able to know when a physical need for drugs may not exist anymore; however, there may still be a psychological need for drugs (Inaba and Cohen, 2011). The process of staying clean and drug free is especially important; that is where ongoing counseling sessions become a necessary part of an abuser or addict's life. Narcotics Anonymous, for example, is a group where addicts come together and support each other on the road to recovery (Humphreys, 2004). This support group has helped millions and continues to do so. Another common group, such as family counseling may also be an answer for families wanting to reconnect with a loved one who abuses drugs. Something to consider, however, is the fact that not all abusers will willingly go to get help, especially if family is involved.

A final obstacle of learning about prescription drug abuse is that it essentially has no easy answers. As pharmaceutical companies continue to produce billions of dollars by creating new and more accessible drugs, it is not very likely that the issue of prescription drug abuse will go away anytime soon. Intervention and prevention by counselors are the key ingredients to reducing where our society is heading in the world of drug abuse, especially for the future of adolescents in this country.

Conclusion

In conclusion, the detrimental impacts that abusing prescription drugs has among adolescents is clear. Partnering with the community to address this issue is integral to preparing teenagers to better understand how to use prescription drugs safely. There continues to be an urgency created by this alarming trend**,** which requires immediate attention from all parties involved. The responsibility to help keep children and adolescents safe falls to all of us. Taking action now and educating students about the dangers of prescription drugs is the first step among many to eliminating this increasingly negative trend.

Author's Note

The ideas and research from this paper reflects my own awareness of the issues surrounding prescription drug abuse and how it can negatively affect proper adolescent development. This paper promotes an area of my life in which I experienced two of my closest friends' lives being taken over by the rapid abuse and addiction of prescription drugs. The nature in which I present this material and research only intensifies my advocating for the awareness of the dangers prescription drug abuse and addiction can have in our youth today. Though there will never be an end to this seemingly horrific epidemic, it is my hope I can instill an understanding and awareness for colleagues, friends, and family in which I come in contact with. It is also my hope that other people in my profession will take heart to the information I have found and use it to increase their awareness and professional development which will ultimately benefit from a deeper understanding of the dynamics that influence adolescents to partake in misuse and abuse of prescription drugs. I also want to take this opportunity to thank my capstone advisor, Dr. Mitchell Moore, for guiding me through this process as well as providing insight and an appreciation for this particular field of study.

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Appendix A

Adolescent Drug Involvement Scale (ADIS) Example:

Adapted from the Journal of Adolescent Chemical Dependency

These questions refer to your use of drugs other than alcohol. Please circle the letters of the answers which best describe your use of the drug(s) you use most. Even if none of the answers seems exactly right, please pick the ones that come closest to being true. If a question does not apply to use, leave it blank.

Circle the LETTER (a. b. c. d. e. f. g.) next to your answer, not the number.

1. How often do you use drugs?

(0) a. never

(2) b. once or twice a year

(3) c. once or twice a month

(4) d. every weekend

(5) e. several times a week

(6) f. every day

(7) g. several times a day

2. When did you last use drugs?

(0) a. never used drugs

(2) b. not for over a year

(3) c. between 6 months and 1 year ago

(4) d. several weeks ago

(5) e. last week

(6) f. yesterday

(7) g. today

3. I usually start to use drugs because:

(CIRCLE ALL THAT ARE TRUE OF YOU)

(1) a. I like the feeling

(2) b. to be like my friends

(3) c. to feel like an adult

(4) d. I feel nervous, tense, and full of worries or problems

(5) e. I feel sad, lonely, and sorry for myself

4. How do you get your drugs?

(CIRCLE ALL THAT YOU DO)

(1) a. use at parties

(2) b. get from friends

(3) c. get from parents

(4) d. buy my own

e. other (please explain) _____

_____

5. When did you first use drugs?

(0) a. never

(1) b. recently

(2) c. after age 15

(3) d. at ages 14 or 15

(4) c. between ages 10-13

(5) f. before age 10

6. What time of day do you use drugs?

(CIRCLE ALL THAT APPLY TO YOU)

(1) a. at night

(2) b. afternoons

(3) c. before or during school or work

(4) d. In the morning or when I first awake

(5) e. I often get up during my sleep to use drugs

7. Why did you first use drugs?

(CIRCLE ALL THAT APPLY)

(1) a. curiosity

(2) b. parents or relatives offered

(3) c. friends encouraged me

(4) d. to feel more like an adult

(5) e. to get high

8. Who do you use drugs with?

(CIRCLE ALL THAT ARE TRUE OF YOU)

(1) a. parents or relatives

(2) b. with brothers or sisters

(3) c. with friends own age

(4) d. with older friends

(5) e. alone

9. What effects have you had from drugs?

(CIRCLE ALL THAT APPLY TO YOU)

(1) a. got high

(2) b. got wasted

(3) c. became ill

(4) d. passed out

(5) e. overdosed

(6) f. freaked out

(7) g. used a lot and next day didn't remember

10. What effect has using drugs had on your life?

(CIRCLE ALL THAT APPLY)

(0) a. none

(2) b. has interfered with talking to someone

(3) c. has prevented me from having a good time

(4) d. has interfered with my school work

(5) e. have lost friends because of drug use

(6) f. has gotten me into trouble at home

(7) g. was in a fight or destroyed property

(8) h. has resulted in an accident, an injury, arrest, or being punished at school for using drugs

11. How do you feel about your use of drugs?

(CIRCLE ALL THAT APPLY)

(0) a. no problem at all

(0) b. I can control it and set limits on myself

(3) c. I can control myself, but my friends easily influence me

(4) d. I often feel bad about my drug use

(5) e. I need help to control myself

[6) f. I have had professional help to control my drug use.

12. How do others see you in relation to your drug use?

(CIRCLE ALL THAT APPLY TO YOU)

(0) a. can't say or no problem with drug use

(2) b. when I use drugs I tend to neglect my family or friends

(3) c. my family or friends advise me to control or cut down on my drug use

(4) d. my family or friends tell me to get help for my drug use

(5) c. my family or friends have already gone for help for my drug use

Appendix B

Assessment for the Risk of Addiction Questionnaire

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
I would use drugs other than those prescribed for medicinal reasons.						
I would use more than one drug at a time.						
I couldn't get through the week without using drugs.						
I couldn't stop using drugs whenever I wanted to.						
I often feel guilty about using drugs.						
I would risk my life to continue using drugs.						
I would steal drugs if I couldn't easily obtain them.						
I would use drugs to make myself happy.						
I feel it is impossible to live without drugs.						
I would go to someone for help if I had a drug problem.						

Appendix C

Online Resources to Utilize as Part of the PAT Toolkit (as adapted from Jones et al., 2012, p. 15).

- AntiDrug website, sponsored by The National Youth Anti-Drug Media Campaign: *www.theantidrug.com*
- D.A.R.E. Evaluation Tool: *www.dare.com/home/Resources/documents/DAREReport0821_final.pdf*
- Monitoring and Evaluating Youth Substance Abuse Prevention Programs: *www.unodc.org/pdf/youthnet/action/planning/m&e_E.pdf*
- Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens: *www.theantidrug.com/pdfs/prescription_report.pdf*
- Prevention and Treatment Resource Press: *www.ptrpress.com/substance-abuse/prescription-otc.html*
- TeenDrugAbuse website: *www.teendrugabuse.us/prescription_drug_abuse.html*