Running On Fumes:

Young adults and psychostimulant use disorder

Dr. John Dyben
DHSc, MCAP, CMHP
Chief Clinical Officer, Origins Behavioral Healthcare
Today’s Points

• Non-prescription psychostimulant use amongst young adults

• Perceptions and consequences

• Generational cohorts & the “Millennials”

• Addressing “Failure to Launch”
A Changing Landscape

- New synthetic drugs
- Increase in THC content in pot
- Dramatically more powerful opiates
- Prescription drugs
The Current Scene

Alcohol remains the primary chemical leading to substance use disorders but it is often used concurrently with other drugs.

Amongst college students and other young adults, nonmedical use of prescription stimulants (NPS) may be the most common form of drug use following alcohol.
Nonprescription Use of Stimulants

Commonly misused psychostimulants include:

- dextroamphetamine (Dexedrine)
- dextroamphetamine/amphetamine combination (Adderall)
- and methylphenidate (Ritalin, Concerta)

Sometimes referred to as:

- Speed, Uppers, Skippy, Kibbles-and-bits, Vitamin R
- Others?
Nonprescription Use of Stimulants

• Schedule II – Most similar to Meth & Cocaine

• More than 10% of college students regularly.

• More than 30% in history.

• Survey of over 1300: Almost 25% using, fewer than 10% have scripts.

• Inexpensive and easy to access, these drugs are viewed by many as harmless or even helpful.
Consequences

High Doses:
  • seizures
  • heart failure
  • hyperthermia
  • irregular heartbeat

Repeated Use:
  • paranoia/anger
  • convulsions
  • impulsivity
  • impaired judgement
  • psychosis
  • addiction
What is Addiction?

“...a primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.”

AAPM, APS, ASAM
Liaison Committee on Pain and Addiction (2001)
Brain reward (dopamine) pathways

These brain circuits are important for natural rewards such as food, music, and sex.
Why take it & why so normal?

Realities:
- Doesn’t help, might even hurt (only feel like I’m doing better)
- Increased risk for ED and other health problems.
- Starve the body of nutrients.

Reasons for Use:
- Believe it will help school performance.
- Families believe it.
- Weight loss.
- Drink more.
Generational Cohorts

• Groups of people born within a given time frame
• Experienced common events
• Lives shaped by formational experiences
• Effects remain through lifespan
• Relevant for cultural awareness
The “Millennials”

• Second largest cohort in the general population

• Raised in a time where violence, terrorism, and drug overdose are normal realities of life.

• Raised by nurturing parents and drawn to family for safety and security.

• Global and multicultural

• Technology and instant communication always part of their lives.
 Adolescence is the transition from childhood to adulthood.

It extends from the beginnings of sexual maturity to the achievement of independent adult status which is very roughly the ages of 11-19.

Some people continue to function in adolescence well into their 20s.
Human Development

Five recognized psychosocial indicators of having moved from adolescence to adulthood:

- Establishing an identity
- Establishing autonomy
- Establishing intimacy
- Becoming comfortable with one's sexuality
- Achievement
“Failure to Launch”

In some cases individuals may enter adolescence but never actually develop the skills for independent living necessary to move beyond adolescence and into adulthood.

This is often referred to as “failure to launch,” and the situation is essentially characterized by remaining stuck in a state of perpetual adolescence.
“Failure to Launch”

Risk factors include:

• Substance abuse in childhood/adolescence

• Childhood/adolescence traumatic events

• Family system that does not allow for development of independent living skills.
Living at home is not the only indicator of FTL but it is most often a symptom and presents a red flag.

It is possible to live outside of parents’ home and have FTL. The converse is also possible.

The key issue here is has one achieved and maintained social independence?

Young adults in U.S. live with parents at highest rate since Great Depression

Share of U.S. young adults (ages 18-34) living in their parent(s)’ home

![Graph showing the percentage of young adults living at home from 1880 to 2014. The graph shows a peak of 32.1% in 2014.]


Pew Research Center
Though this issue effects both genders, amongst those 18-34, since 2008 men are more likely to live with parents then with spouse or in cohabitation.

Frey (2016) Pew Research Center
Barriers to Recovery

Patients with this profile seeking treatment for addiction that began in adolescence have a dual concern.

First, they must develop skills for living life without drugs and alcohol.

On top of this, they must learn essential independent living skills so that they can truly move out of adolescence and into adulthood.
Treating This Population

• FTL occurs in the context of a family system.

• Addressing FTL necessarily means addressing the system, particularly parents/guardians who are primarily providing accommodations.
Family Systems

Families have been traditionally seen as a group of more or less independent agents linked by their membership in the family, and any given member's behavior was not necessarily related to the behavior of any other member.
With such a restricted view of the family, it is entirely likely that a parent might state, "I have two children; my daughter is terrific, but my son is always in trouble. Since I raised them both the same way, there must be something dreadfully wrong with my son."
Family Systems

By definition, a family system functions because it is a unit, and every family member plays a critical, if not unique, role in the system. As such, it is not possible that one member of the system can change without causing a ripple effect of change throughout the family system.

H. Dan Smith, Ed.D., MFT
Family Homeostasis

Families are dynamic systems and are influenced by changes that occur both within and outside of the family system.

Natural tendency of families to behave in such a manner as to maintain a sense of balance, structure, and stability in the face of change. It is a kind of inertia which actually works against change in the system.
Treating This Population

The big questions:

What do you want?

What is missing?
Treating This Population

The big questions:

For most, especially as we get older, the answer is *Peace*.

For these young people, the answer that must come first is *Identity*. 
Treating This Population

**Function** (this is what you do...)

+ 

**Purpose** (this is how you fit...)

+ 

**Meaning** (this is why it matters...)

= **Identity** (This is who I am.)
Function

Life skills training:

- Meal planning and cooking
- Money management
- Educational and vocational support services
- Time management
- Exercises in responsibility of self-care
- Service
Purpose

Interpersonal development:

• Community living
• Citizenship
• Fulfilling family obligations
• Teamwork
• Group therapy (early)
• Service
Meaning

Exploring the transcendent:

- Spirituality
- Love
- Peace
- Group therapy (advanced)
- Service
Questions?
References


References


Dr. John Dyben
jdyben@originsrecovery.com
(561) 841-1254