

# Supporting Students in Recovery: Alcohol and Other Drugs

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# Introduction

Substance abuse is considered to be a nation-wide problem, affecting children, teenagers, and adults (5). The impact of substance abuse has affected thousands of families and friends; destroying lives and relationships (5). The purpose of this booklet is to provide awareness and information about how to support students in recovery so that they can one day live a successful and productive lives.

## Understanding Substance Abuse

**Substance abuse** “refers to the use of substances in a way that interferes with social, school, or occupational functioning” (Austin & Sciarra, p. 313). Terms that are associated with substance abuse are *tolerance* and *withdrawal*.

**Tolerance** refers to “a need for increased amounts of substance to achieve the desired effect and a noticeably diminished effect from use of the same amount of the substance” (Austin & Sciarra, p. 313). **Withdrawal** is defined as “the psychological and or mental readjustment symptoms following discontinued use of a substance, a person suffering from withdrawal may also use the substance to avoid symptoms of withdrawal” (Austin & Sciarra, p. 313).

# Commonly Abused Drugs

The table below provides a list of commonly abused drugs describes the specific classification for each substance, provides examples and nicknames of the substances and describes how the substances are administered.

<b>Substances: Category</b>	<b>Substances: Examples</b>	<b>How Administered</b>
Tobacco	Nicotine found in cigarettes or chewing tobacco.	Smoked and or chewed.
Alcohol	Found in liquor, beer, and wine.	Swallowed.
Cannabis	Hashish and marijuana.	Swallowed or smoked.
Opioids	Heroin and Opium.	Injected, snorted swallowed, or smoked.
Stimulants	Cocaine, Amphetamine and Methamphetamine.	Injected, snorted, swallowed, or smoked.
Club Drugs	MDMA (ecstasy), Flunitrazepam (roofies), and GHB (liquid ecstasy).	Swallowed, snorted, or injected.
Hallucinogens	LSD (acid), Mescaline (peyote), and Psilocybin (magic mushrooms).	Swallowed or smoked.
Prescription Medications	Depressants, Stimulants, and Opioid Pain Relievers.	Swallowed, snorted, or injected.
Inhalants	Solvents, gases, and nitrites.	Inhaled.

# **Adolescent Substance Abuse<sub>(1)</sub>**

Listed below are the four most commonly used and abused substances by adolescents.

## **Alcohol**

Around 70 percent of adolescents have consumed alcohol by the end of high school and 41 percent have done so by the end of middle school. Less than 50 percent of children that begin drinking alcohol before they turn 15 years old will become alcoholics (as cited in Austin & Sciarra, 2010)

## **Nicotine**

“Approximately 47 percent of youth have tried cigarettes by the grade 12, and 22 percent of twelfth graders identify themselves as smokers” (p. 314).

## **Marijuana**

Marijuana is the most widely used illegal drug in the United States and is typically the first illegal substance adolescents use (as cited in Austin & Sciarra, 2010). Although there is no physical dependency linked to the use of marijuana, the psychological dependency is very toxic and has proven to be a problem in stopping the use of marijuana in adolescents.

## **Inhalants**

Inhalants are the most commonly used drug among eighth grade students. Inhalants are defined as “breathable chemical vapors that produce psychoactive (mind altering) effects” (as cited in Austin & Sciarra, 2010). Example of inhalants are paint thinner , felt tip marker fluid, spray paint, and whipping cream aerosols.

# The Drug Continuum

The reasoning behind drug use and abuse falls on a continuum, in which, individuals deviate between the different uses based on situation, emotions, and physical dependency. There are four known uses on the continuum: experimental use, social use, operational use, and dependent use (1).

- **Experimental Use.** This particular use recognizes that many adolescents try a certain drug due to peer pressure, boredom, and curiosity. The main drugs that are typically experimented with are marijuana and alcohol (1).
- **Social Use.** “Adolescents at this stage seek the mood swing derived from substances that was experienced during the experimental phase” (Austin & Sciarra, 2010, p.314). Typically social use is done at social gatherings such as parties.
- **Operational Use.** “There are two types of operational users—the ‘pleasant pursuant user,’ who seeks to feel good through the drug; and the ‘pain avoidant’ user, who uses drugs to avoid painful feeling or to cope with difficult situations” (Austin & Sciarra, 2010, p.314).
- **Dependent Use.** These individuals become compulsive in their drug use, actively seeking out the elevated mood swings caused by the drugs. Typically these adolescents develop their sense of identity from the drugs (1).

# Common Indicators of Drug Use

According to Time to Act, a website resource created by, Partnership for Drug-Free America, there are six categories of indicators (2).

## **1. Behavioral Cues**

- Change in relationships with family and friends.
- Loss of inhibitions
- Mood changes
- Unusually clumsy, stumbling, lack of coordination
- Sullen, withdrawn, depressed.
- Hostile, angry, uncooperative
- Decreased motivation
- Deceitful or secretive.
- Periods of sleeplessness or high energy, followed by long period of 'catch up' sleep.
- Loud obnoxious behavior
- Laughing at nothing
- Unusually tired
- Silent and uncommunicative
- Makes endless excuses
- Lethargic
- Unable to speak intelligibly
- Inability to focus
- Hyperactive

## **2. Personal Appearance**

- Messy, careless appearance
- Poor hygiene
- Burns or soot on fingers or lips
- Red, flushed cheeks of face
- Track marks on arms or legs
- Frequently wearing long sleeves in warm weather to cover track marks

## **3. School or Work Related Issues**

- Truancy
- Drop in grades
- Complaints from teachers or co workers
- Reports of intoxication at school or work
- Loss in extracurricular activities
- Failure to fulfill responsibilities at school or work

# Common Indicators (continued)

## **4. Personal Habits**

- Smell of smoke on breath or clothes
- Chewing gum or mints to cover up breath
- Frequently break curfew
- Cash flow problems
- Avoiding eye contact
- Heavy use of over the counter preparations to reduce eye reddening (eye drops), nasal irritation or bad breath (mints or gum)
- Locked bedroom doors
- Sudden voracious appetite
- Sudden or increase use of air fresheners, candles, or incense
- Reckless driving, car accidents, or unexplained dents in the car.
- Clenching teeth
- Going out every night
- Secretive phone calls

## **5. Health Issues**

- Runny nose, not caused by allergies or a cold.
- Frequent nose bleeds
- Sore spots around the mouth
- Queasy, nausea
- Seizures
- Vomiting
- Wet lips or excessive thirst (known as cotton mouth)
- Skin abrasions
- Accidents or injuries
- Depression
- Sweatiness
- Headaches
- Frequent sickness
- Sudden weight loss or gain

## **6. Home or Car Related Issues**

- Disappearance of prescription or over the counter pills.
- Missing alcohol or cigarettes
- Disappearance of money or valuables
- Unusual smell in the car or bottles, pipes, or bongs on the floor of in the glove box
- Appearance of unusual containers or wrappers or seeds left on surfaces, like Frisbees, used to clean marijuana
- Appearance of unusual containers and drug apparatus, including pipes, rolling papers, small medicine bottles, butane lighters or make shift smoking devices like bongs made out of aluminum foil
- Hidden stashes of alcohol



# Risk Factors

Below is a list of risk factors that indicate whether a child or adolescent is at risk for substance abuse (1).

- Engaged in early alcohol or drug experimentation
- Substance-dependent parents
- Substance-abusing siblings
- Children and adolescents with conduct disorder
- Children and adolescents with psychiatric disorders
- Children and adolescents with deviant and substance abusing peers
- Children and adolescents with impulse and self control problems
- Poor parental supervision
- Living in a heavy drug use neighborhood
- School problems
- Social skill deficits
- Victim of trauma, abuse, and neglect.

# Case Study: Mindy

In high school, Mindy was a honor roll student, a member of two honor societies, and she actively participated in a variety of extracurricular activities, such as; community service groups, prom committee, and so forth. She had very high aspirations to attend a four year college, graduate with honors, and continue her education by pursuing a doctorate degree in psychology.

Mindy grew up with an abusive alcoholic father, so in high school she was very skeptical about drinking alcohol. She was always nervous being around others that were drinking because she never knew if the situation would end in violence. Unfortunately, at the end of her senior year in high school, Mindy began to experiment with alcohol. She enjoyed the euphoric feeling alcohol gave her, especially, hard liquor. Drinking vodka made her feel happy; she always had a good time with my friends. Drinking began to interfere with her school life when her and her friends incorporated ‘wet Wednesdays’ and ‘thirsty Thursdays’ to their academic schedule. They would put vodka in water bottles and consume the entire water bottle throughout the day. Mindy’s grades started to decline; however, she was not concerned because she was already accepted into a good four year college.

Once Mindy entered college, her drinking escalated very quickly. The first month of school at the college she attended was a dry month; no alcohol was permitted on campus. During the first two weeks of the dry month, Mindy was caught drinking 3 times, 2 out of the three times the paramedics were called due to her high levels of intoxication. The proper disciplinary protocol was zero tolerance and Mindy should have been expelled from college; however, the administrator's turned their cheek to the situation and only gave her a few fifty dollar fines. Mindy attended a school with a population of less than 5,000 students so unfortunately, a good reputation she wanted to build within the first month of school was already tarnished due to her excessive drinking. Mindy became known as “that girl”- the “drunk, fun girl.”

Mindy’s grades were deteriorating. She was failing every class and it was only the second month of school. If she went to class, she would show up hung over or still intoxicated. She was a distraction to the other students in the class. Regardless of her failing grades, she was still drinking every day. She had no motivation to do an ounce of homework because making friends and getting drunk was so much more fun. At this point, Mindy could care less about school. Unfortunately, a cruel reality set in during the middle of the second month of school. Around 3am on a Saturday morning, Mindy’s mother received a phone call from a hospital. She was told that Mindy had alcohol poisoning and that the doctors were not sure if she was going to live. Mindy went to college only 45 minutes away from my home so her mother and brother drove in the middle of the night to be by her side. By the time Mindy’s mother and brother arrived at the hospital, she was in the intensive care unit on life support. The doctors explained to Mindy’s mother that her heart had stopped three times and luckily the doctors were able to bring her back each time. Mindy was unconscious for three days. When she finally woke up, it was very hard for her to breathe. She was scared, did not know where she was, and she could feel tubes in her mouth. Mindy pulled the tubes out of her mouth and when she did her right lung collapsed. She fainted immediately.

When her lung collapsed, fluid got into her lungs causing Mindy to have pneumonia. Not only was she on life support for alcohol poisoning, but now she had a collapsed lung and pneumonia. After spending a week in the intensive care unit and another week in the regular care unit, Mindy was finally discharged from the hospital. She was happy to be alive, but devastated with what had happened. She could barely look at myself in the mirror because of the hurt and pain she had caused my family. Her mother was emotional distraught for years after dealing with the situation, her father was upset he could not be with her because he was in Iraq serving in the military, and her little brother could barely look at her he was so disappointed that his older sister, the girl he looked up to, did this to herself.

The most disappointing part of the situation for Mindy was when she found out how she ended up at the hospital. Her 'friends' that she had made at college left her unconscious on the floor of a dorm room, hoping that in a few hours she would have slept off the alcohol. Later, when they noticed her face turning white, instead of calling 911,(they were afraid of getting in trouble for underage drinking) they decided to drive me to the hospital while they were intoxicated. They pulled Mindy's body out of the car, left her on the floor of the emergency room with her drivers license on her chest and left. She was so hurt to find out the friends she partied with did that to her.

Once Mindy left the hospital, her problems with alcohol did not end. She received a phone call from the assistant dean explaining her that she was on trial for expulsion. Her alcohol poisoning was the last straw and the school felt like she was a threat to herself and to others. She was told that she was not allowed to live on campus during the trial and that if she were to attempt to still attend my classes, she was only allowed to drive on campus, go to class, and then leave. If she was found in any dorms, the library, gym, anywhere that was not my class, she would be arrested for trespassing. Mindy cried herself to sleep every night because it was only the second month of school and she had experienced her heart stopping three times, being on life support for a week, and now she was failing all of her classes and potentially about to be expelled from college. Thankfully, the assistant dean saw hope in her. He told Mindy that if she got help, attend AA meetings twice a week, got counseling with an addiction counselor, plus once a week counseling sessions with the school psychologist, she would not be expelled. Mindy did as he said and attended every AA meeting, went to all of her counseling sessions, and she was finally allowed to move back to campus. Although, she lost majority of my friends and failed all of her classes the first semester of college, she learned so much from my alcohol poisoning experience. Mindy decided to share her story with others, and now is a part of the college's alcohol awareness lesson for the in-coming freshman.

# In-School Support for Student's in Recovery

## Peer Recovery Support System (6)

- The purpose of the intervention is to provide recovering adolescents with an opportunity to gain support and guidance from a fellow peer that has already been successful in recovery.
- Overall positive social support has been linked to successful recovery through peer interaction. Social support was divided into four social categories: emotional, informational, instrumental, and affiliation support.
- The outcomes of students using this intervention, suggests that these four aspects of social support are an effective means of support when implemented by a peer; resulting in an increased chance of successful recovery.
- Examples of the implementation of social support through peer interaction are as follows: peer mentoring, peer led support groups, job readiness training, sport league participation, and alcohol-drug free social activities.
- To support the aspect of social support, teachers can provide more group based assignments in class promoting group cohesion and support amongst group members; along with providing alcohol-drug free social activities on a smaller scale, such as homeroom parties, this would provide the recovering student with a controlled social environment promoting sober fun.

# In-School Support for Student's in Recovery, continued

## **Brief Interventions(8)**

- Brief interventions, in which, two forms of brief interviews were used with drug recovering adolescents in a school setting to help students discuss their relationship with drugs, set goals, and discuss the impact drugs had on their relationships with their friends and family.
- The brief interventions take place during school hours for no more than 30 minutes per session with a licensed counselor.
- There are two kinds of brief interventions. The first is a session held with just the student and the counselor. While the other intervention incorporates parents being present in school and actively participating in the session, discussing their feelings and concerns about their child's drug problem.
- Previous results from using this form of intervention concluded that both brief interventions demonstrated a significant decrease in use of drug and alcohol use among the drug abusing participants. In addition, evidence clearly supported the brief intervention incorporating parents as it demonstrated a larger impact on the student, resulting in a superior decrease in drug use compared to the other brief intervention.
- Teachers can support their recovering students by advocating for the implementation of the brief intervention incorporating parents in their school system. Teachers have to be willing to allow the student to leave their class to participate in the brief intervention. Therefore, teacher support is necessary for an effective intervention to take place.

# Tips for Teachers

Promoting positive social interactions in the classroom is essential in supporting a student in recovery from substance abuse. Below are names and links of effective classroom activities that promote positive social interactions.

- The Jigsaw Classroom  
<http://www.jigsaw.org/>
- Environmental Strategies to Promote Positive Social Interaction  
<http://csefel.vanderbilt.edu/briefs/wwb6.pdf>
- Activities to Encourage Social Interaction  
<http://www.kidsbehaviour.co.uk/activities-to-encourage-social-interaction.html>

In addition to the links listed above, teachers should promote extracurricular activities to their student in recovery. The purpose of promoting extracurricular activities is to provide the student with an opportunity to make new friends and have new hobbies to replace the previous addiction to drugs (3).

# Interesting Facts

- Overall usage of the following drugs has declined: cigarettes, marijuana, methamphetamine, amphetamines/cocaine, alcohol, and hallucinogens. However, there was an increase in the use of smokeless tobacco, Vicodin, and OxyContin.
- There is an increase in youth fearing the harmful use of LSD, amphetamines, sedatives, heroin, and cocaine; along with a decrease in perception of drug availability.
- The overall results from the high school youth trend report provide promising information that relates to the topic of teachers supporting recovering students. The decline in drug use could motivate teachers to further support and advocate for their recovering students (5).
- Family stability, family cohesion, and social support may have a tremendous impact on decreasing externalizing risks that may have an effect on a successful recovery for an adolescent (3).

# Helpful Resources

## **For Students**

- National Institute on Drug Abuse for Teens  
<http://teens.drugabuse.gov/>
- Alcohol Anonymous  
<http://www.aa.org/?Media=PlayFlash>
- 24 hour Addiction HELPLINE  
<http://24houraddictionhelp.org>
- Drug Addiction/ Alcohol Support Groups  
<http://www.recoveryconnection.org>

## **For Parents**

- National Institute on Drug Abuse for Parents  
<http://www.drugabuse.gov/parent-teacher.html>
- Time to Act!  
<http://timetoact.drugfree.org/>
- Drug Addicts Family Support Groups  
<http://www.projectknow.com/addiction-recovery/drug-addicts-family-support-groups.html>

## **For Teachers**

- National Institute on Drug Abuse for Teachers  
<http://www.drugabuse.gov/parent-teacher.html>
- Help Keep Kids Safe  
[http://www.helpkeepkidssafe.org/pt\\_plans.html](http://www.helpkeepkidssafe.org/pt_plans.html)



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