

Negative Effects of Alcohol Use Among Teens In America

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Substance Use, Substance Use Disorders, and their prevalence Among Americans

One of the prevalent social issues affecting people within America today, is substance use abuse. It is alarming to note that more nineteen million people in the United States population abuse substances, and are existing with a related disorder. It is also important to note that among those victimized in the prevalent addicted population, are nine hundred and ninety-four thousand adolescences, existing within the age group, twelve to seventeen years old. This number is found to be four percent of the total American population. There is a sad reality concerning substance use disorders, and those affected in America. The cause of helping those in the population who are affected is almost non-existent. Statistics show that only one point four million individuals of all those generally affected are enrolled in treatment programs.

Substance use can lead to extreme physiological impairments. These include permanent brain damage or alterations which may persist beyond recovery of the substance addiction. Those with acute impairments caused by substance use may also experience subsequent relapses to once again crave the substance, after seeming recoveries and therapeutic restoration. Substance use behavior is marked by individuals overusing, misusing or illegitimately consuming prescription and nonprescription drugs, and alcohol. Determination of substance addictions are categorized in eleven criteria groupings. These are further explained in cognitive, behavioral, and psychological categorical symptomatic reactions. Each classification group is outlined in the Statistical Manual of Mental Health Disorders, fifth edition (DSM-5). The determination of each category are proven facts garnered from adept observances and research. These

characterized segments are used to guide clinical theorists in making keen analysis, and appropriate diagnosis of patients who are inappropriately using, and abusing substances. Substances are being abused, and a diagnosis is necessary when individuals are obviously showing the categorical combination of signs and symptoms - syndromes – yet having an extreme difficulty desisting from use of the substances they are using. The eleven clusters and categories are explained in the next two succeeding paragraphs.

The *first* criteria group describes the substance user who persists with intake in great proportions, and uses the substance extensively, even though the prolonged time of time consuming the addictive matter, is not congruent to personal desire. The *second* is typical of the user who aims to use a strength method – decreasing dosage of substance, but remains ineffective in attempts. The *third* explains actions of a user who exerts great efforts trying to acquire the substance, use or overcome its addictions. The *fourth* group of addicted patients consequently use their greatest effort, time and attention focusing or concentrating on the substance and all that relates to it. The *fifth* group of users are seen to be those whose job related, educational life, and family stabilities are all affected as a result of the substance use.

The *sixth* classification of addicted substance users will have various people relational problems that arises as a result of the use of the substance, however, that does not desist them from using the substance. The *seventh* classification of users are those who literally withdraws from important family events, and undertakings due to having more time allotted to abusing substances. The *eighth* categorized group of users, are described as those who loses proper judgements. The fail to see danger,

because they are clouded by interests to consume addictive substances. The *ninth* group involves users who refuses to desist from the substance, despite various physiological impairments which they are experiencing as a result of their addiction. The *tenth* relates to tolerance. This involve the users who gain an increasing ability to intake substances. The beginning of their addiction may involve intake of a minimal amount of substance, however, as they persist in using substances, their high level of addiction causes them to desire more substance in order to experience the same level of response they had at the initial stage of their addiction. The *eleventh*, and final classification relates to withdrawal. This will be discussed later in this paper, in discussing an in-depth approach to alcoholic disorder.

Definition, Prevalence, and Description Specific to Alcohol Use Disorder

Statistical reports related to the prevalence of substance abuse is quite alarming. More than thirty-eight million Americans, within the age groups of twelve years or older, consumes alcohol. This concentrated population contains more than four million individuals who are diagnosed with an alcohol substance disorder - which refers to use of the substance in patterns leading to life interruptions, distress or so social and physiological impairment. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies alcohol disorder in a class of psychiatric illnesses which are marked by cravings, difficulties to control or withdraw from its use. According to DSM-5 standards, a diagnosis of alcohol use disorder is made, if two symptoms are developed within a twelve-month period.

Further research results indicate that nine hundred and seventy-eight thousand adults age sixty-five and over, from the approximate number of one million adults who experience substance use problems, suffer from alcohol addictions and alcohol use

disorder. Other reports also indicate that ten percent of users of substance within the age group of eighteen to twenty-five, have an alcohol use disorder. This number equates to three point four percent of young adults in the population. It is also alarming to note that four hundred and forty-three thousand, of the nine hundred and ninety-four thousand adolescences within the age group of twelve to seventeen who suffer with substance related problems, have an alcohol related disorder. Alcohol use disorder is also identified to be the most common disorder affecting American teens. It affects fourteen percent of this concentrated population.

It is important for one to note that drinking alcohol daily, and becoming intoxicated does not qualify an individual for a diagnosis of alcohol disorder, however, the DSM-5 presents alcohol use disorder as one of the main factors leading towards suicidal dangers, during severe intoxications. Consuming large volume of alcohol has the potential to result in repeated and significant distresses or impaired functioning. Using alcohol, like other addictive substances also affects an individual's brain function and its reward system. Biologists describes the brain reward system is a circuit in the head that causes feelings of pleasure, when it's activated by something that one enjoys – food, affect, and such alike, the brains note notes that something important is happening that's worth remembering and retelling. In the context of addictive substance abuse: The stimulation of the reward system generates pleasurable feelings at the use of the substance.

In-depth Approach to Alcohol Use Disorders; Intoxication, Withdrawal,

Unspecified Alcohol Related Disorders, Other Induce Disorders,

Proving that one is intoxicated is marked by substantial variables that relates to changes in people's emotional reactions. These changes could include different ways may be described as one's inappropriate sexual or bellicose behavior, their mood or the way they view situations –

impaired judgement. Trained clinical therapists has the ability to assess all these variables. It is also imperative to note that the actions that give evidence to intoxication should not be attributed to other medical conditions. Situations being such, requires ruling out of intoxication. It must also be noted that alcohol intoxication may also be related to oblivion – forgetfulness. Increased mood levels or verbosity is also an indication. Specific markers identified by clinical assessors include inaudible speech, incoordination, unstable pace of standing or walking, and nystagmus.

Withdrawal is related to one of the eleven classification levels of alcohol addiction and disorder. Withdrawal occurs when the user is at the stage of trying to desist from using the addictive substance. At this stage, the addicted patient will experience a great level of physiological discomforts that are not related to non-addiction causes. The diagnostic criteria for withdrawal includes, autonomic hyperactivity which has to do with perspiring or having a pounding pulse rate greater than one hundred beats per minute, increased shaking reaction in the hand, sleeplessness, queasiness or vomiting, hearing sounds that does not exist or having deceptions in ways things are perceived. Indications also include, anxious reactions in ways things are done, and generalized losing consciousness or having stiff muscles.

In making assessment for alcohol use disorder, it is imperative for clinical scientists or counselors to engage an in-depth differential diagnosis. This is imperative as physiological reactions resembling the criteria for alcohol use disorder can be identified with patients who uses the substance, but are not qualified for a diagnosis. As such, an assessment of the patient's medical his history needs to be done. Additional to this, a psychological assessment or proper client intake needs to be administered.

Some of the various impairments that can occur as a result of alcohol abuse are alcohol induced disorders. Although this is factual, it is important to note that the condition have

qualities or features in close appearance to other mental health disorders. Such reality demands the importance of clinical assessors, conducting in-depth questioning which to ensure the condition was formulated during the process of severe intoxication, and not from another non-alcohol induced disorder.

Treatment Plans for Alcohol Abused Patients

Research methods have proven three primary approaches to alcohol use disorders. These are known as the medical model, the twelve step model, and the strengths-based approaches. Clinicians who uses the *medical model*, assesses the alcohol disorder as a prolonged illness similar to diabetes, heart disease and such types of progressive maladies. When this approach is used to help someone that is addicted to alcohol, it is common for detoxification –cleansing methods to be administered. It is common that prescription drugs be used to assist the patient build coping skills. The *twelve-step model* – otherwise known as the Anonymous Alcoholics or AA, on the other hand, allows the addicted patient to participate in reoccurring daily meetings to support others who face the same ills in modes of conversation. The concept of the twelve-step model surrounds the belief that recovery is possible, but those being treated will remain alcoholics, taking steps abstinence, one-day at a time. The model is spiritually focused, but is not affiliated to any religious organizations. The third method, strength-based approaches, stands as an substitute to the medical model. An addicted person using this method will be found exercising a minimization concept. The user of the substance, seeking recovery through this theory will continue to use the substance, but in smaller proportions, holding to the belief that abstinence is only one among many harm reductions. Hope with this method is seen as an attribute cultivated by the client, in addition with other assets such as the ability to create self – accomplishment, and development of a useful social system.

Individuals who are abusers of alcohol have access to various community help and medical centers. Specialized therapists working in mental health settings can be found in neighborhood agency settings, infirmaries, correction locations, private practice, pastoral counseling help centers, and wilderness therapy course programs. Restoration therapists work in many of the same settings as mental health counselors; giving attention to people with their alcohol addictions and other social problems. It is imperative that a client with alcohol addiction, seeing seeking help intervention, choose a helping professional that who is able to relate to his or her specific situation.

It is worth noting that although there are many complexities which surrounds the matter of alcohol addiction and the accompanying disorders, the recovery is possible and has been seen in many instances. The various help agencies – clinical, social and faith based has provide to be the best intervention systems getting people back on track from an addictive set back. Statistics have shown that among demographics affected by alcohol addictions, a study was conducted. Participants – mostly middle aged white men – began drinking alcohol a year before the study. More than a third of participants thirty-five percent of the participants were fully recovered from alcohol dependence after entering treatment interventions.

The future is Great

With many studies and interventions, the future of reduced addictions is possible to be seen. Although the issue may not be totally be eradicated. Hope exists for the future generations.

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