

Substance Use, HIV, and Youth: Tips for HIV Clinicians

Why do young people use psychoactive substances? While there are many reasons for the initiation into and continued use of alcohol and drugs, key motivators pivot around a few main factors. People may experiment with substances because of peer pressure, to cope with family problems, or for medical reasons—particularly as a way to alleviate physical pain. After initiation to alcohol or drug use, there are many reasons young people continue to use these substances—they may be good ways to relieve stress or pain, or ways to help the individual function better in specific situations. For example, alcohol may help some young people feel more at ease in social situations, while stimulant drugs like cocaine or amphetamines may help some individuals stay alert and focused while studying or working. Also, because of their effects on neurotransmitters, psychoactive substances may help alleviate the symptoms of mental health disorders for some individuals. These motivators are not mutually exclusive, and may co-occur for many young people¹.

At first, adolescents and young adults may perceive what seem to be positive effects of their substance use. They also may believe that they can control their use; however, alcohol and other drugs can quickly take over their lives. Over time, if the substance use continues, pleasurable activities become less pleasurable, and substance use becomes necessary for the individual to simply feel "normal." Substance users reach a point where they seek and take drugs, despite the tremendous problems caused for themselves and their loved ones. Some individuals may start to feel the need to take higher or more frequent doses, even in the early stages of their substance use¹.

Many social and developmental changes take place during adolescence and into young adulthood. Social and parental control lessens during this period, and young people become freer to choose behaviors, such as drug use or heavy drinking, and lifestyles that are not constrained by others. Because some emerging adults will maintain or increase their problematic drug or alcohol use over time, it is important to identify potential problems early intervene effectively before long-lasting drug use patterns or disorders develop.

Adolescents are Not Just “Miniature Adults”

The exact impact of substance use on the developing brain is not known². What we do know, however, is that the brain undergoes dramatic changes during adolescence, and continues to develop into adulthood. In other words, young brains are different from older brains³.

Substance Use Disorder Onset

With regards to onset of substance use disorders, we see a rapid increase (or onset) in individuals under the age of 20, and then a gradual decline (or remission) during adult years. The vast majority (90%) of adults with diagnosable dependence started using alcohol and/or drugs under the age of 18; half (50%) started using under the age of 15. Screening, assessment, and evaluation (through data collection and monitoring, at minimum) is a key way to inform clinicians how to intervene and address substance-related problem as early as possible. If an individual reaches adulthood without developing substance dependence, he/she is less likely to develop substance dependence in adulthood⁴. Further, according to data from the 2011 and 2012 National Survey on Drug Use and Health, most illicit drug use starts in the teenage years, with use starting as young as 12-13 years of age (or younger)¹.

What is the Lifetime Prevalence of Substance Use among Adolescents?

It is not normative for youth to experiment with drugs and alcohol during adolescence, as is evidenced by this prevalence data from the National Survey on Drug Use and Health. In 2012, youth aged 12-17 were most likely to report lifetime use of alcohol (32.4%), followed by any illicit drug (24.2%). Lifetime use of marijuana was highest (17.0%), followed by non-medical use of prescription medications (psychotherapeutics; 10.0%) and cocaine (1.1%)⁵.

What are a Few Hot-Button Issues with Regards to National Adolescent Drug Trends?

We have witnessed evolving attitudes among adolescents and young adults towards the use of prescription opioids and heroin. The public is still coming to terms with the fact that while prescription opioids are extremely helpful in managing pain, the reality is that they can also be dangerous when used improperly. Several issues are at the forefront of national drug trends, namely the switch among young opioid users from prescription opioids to heroin; inhalant use; and synthetic and club drug use. Relatively speaking, rates of methamphetamine, cocaine, and heroin are low among adolescents (as compared to rates of tobacco, alcohol, and marijuana use). Access and availability of alcohol and drugs plays a significant role in the drug trends seen among young drug users.

What is the Link between Substance Use and HIV?

Substance abuse and addiction have been closely linked with HIV/AIDS since the beginning of the epidemic.

- Injection Drug Use
- Poor judgment and risky behavior
- Biological effects of drugs
- Substance use disorder treatment as HIV prevention

People often associate drug abuse and HIV/AIDS with injection drug use and needle sharing. But drug abuse by any method or route of administration can put a person at risk for contracting HIV. Drug and alcohol intoxication affect the way a person makes decisions and can lead to unsafe sexual practices. In addition, substance use can worsen the progression of HIV and its consequences, especially in the brain. Since the late 1980s, numerous researchers have found that if you treat substance use disorders, you can prevent the spread of HIV. When people who have a substance problem enter treatment, they stop or reduce their alcohol and/or drug use and related risk behaviors, including drug injection and unsafe sexual practices. Substance use disorder treatment programs also serve an important role in getting out good information on HIV/AIDS and related diseases, providing counseling and testing services, and offering referrals for medical and social services⁶.

It is Important to Know your Community Support and Treatment Resources!

Substance use transcends age, racial/ethnic, and geographic boundaries and impacts a very diverse array of populations. Though referral resources vary from location to location, Narcotics Anonymous, 12-step programs, substance use disorder treatment programs, and relapse prevention groups are often available for specific groups (young MSM, women, HIV+ individuals, etc.). Both medical and behavioral treatment interventions have been shown to be effective in treating alcohol and opioid addiction⁷⁻¹⁰. You should become familiar with local treatment programs that have experience in treating young substance users. Treatment works...recovery is possible!

HIV/Substance Abuse Websites Geared towards Adolescents and Young Adults

drugs + HIV > Learn the Link: <http://hiv.drugabuse.gov>

NIDA for Teens – The Science behind Drug Abuse: <http://teens.drugabuse.gov/drug-facts/hiv-aids-and-drug-abuse>

IKNOWHIV.ORG: <http://www.iknowhiv.org>

Keep a list of your local referral resources and update it regularly. Write down referral information you can share with your patient!

Need a local substance abuse treatment referral? Phone: 1-800-662-HELP (SAMHSA National Helpline); Website: <http://findtreatment.samhsa.gov>

Need a local 12-Step meeting? Alcoholics Anonymous: <http://www.aa.org> (On the home page, click on the "How to Find A.A. Meetings" tab and then click on either the "Click Here" link [for A.A. Meetings in the U.S. or Canada] or "international General Services Office" link [for meetings located outside the U.S. or Canada])

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