

Chapter 16

Addiction Issues in the Schools

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ABSTRACT

This chapter explores common issues relevant to addiction that school counselors encounter in their work. Prevalence rates are introduced that provide a context for counselors to understand how common the issue is, whether it is use amongst children/adolescents or in the households the students reside. The brain disease model is explained along with common substances of addiction as well as a discussion of behavioral addictions. Direct and indirect services focused on addiction issues in the schools. Resources for further learning are included at the end of the chapter.

INTRODUCTION

This chapter explores addiction issues that are relevant to professional school counselors. The first part of this chapter provides background information to aid in school counselors' knowledge of addiction issues. This begins with an overview of prevalence rates, both for use by youth as well as adults who are likely in the household. An overview of information about addiction is provided including an explanation of the **brain disease** model, common substances of addiction, as well as **tobacco**. This chapter then transitions to discussing the role of school counselors in delivering direct and indirect services focused on addiction issues in the schools. The end of this chapter includes resources for further learning. Readers will be able to describe common substances of use, the **brain disease** model of addiction, and articulate appropriate direct and indirect services focusing on the broad spectrum of addiction in school settings upon completion of this chapter.

ADDICTION OVERVIEW

Prevalence of Addiction

There is a high probability that school counselors will interact with someone who currently meets the criteria for a substance use disorder, whether that is the child or adolescent they interact with daily, or a family member (e.g., sibling, parent, guardian) of a student. A key report from 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA; 2019) estimated that 21.2 million people (ages 12 and older) needed substance use treatment in the United States (US), which represents 1 in 13 Americans. Among adolescents ages 12 to 17, approximately 1 in 26 (3.8%) need treatment (SAMHSA, 2019). In addition to these folks who meet diagnostic criteria, there are many more individuals using substances in risky ways. In 2018, approximately 164.8 million Americans (ages 12 and over) used a substance within the previous 30 days, representing over 60% of the population (SAMHSA, 2019).

Brain Disease Model of Addiction

While the **etiology** of addiction continues to be a heated debate (Volkow & Koob, 2015), there is a general acceptance amongst professionals of the **brain disease** model of addiction. Addiction is defined as “a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences” (American Society of Addiction Medicine, 2019, para. 1). The **brain disease** model has been influential to understand why, despite a great multitude of negative consequences, individuals continue to use substances and engage in risky behaviors.

According to the model, repetitive use of substances leads to changes in the brain that limit an individual’s self-control and their ability to resist intense urges (National Institute on Drug Abuse [NIDA], 2018). The changes in the brain occur largely in the reward pathway, which is activated by a surge in dopamine (NIDA, 2018). Historically, our brains used the reward pathway to reinforce behaviors for survival, and as humans have adapted, the pathway is further reinforced by pleasurable behaviors such as the use of substances that produce euphoria (NIDA, 2018). While the initial use of a substance or behavior is typically voluntary, the changes in the brain structure after initial use or engagement result in less control for the individual; the brain has learned the route to take to “feel good” and will take that route until it learns another route. When engaging in treatment for addiction, individuals learn about the brain reward pathway. This then allows for further education about how the brain can be restructured (or rewired), also known as neuroplasticity. While there are commonalities about what is successful in this rewiring process (e.g., periods of abstinence, involvement of counseling, specific counseling techniques), it is largely an individual process. Addiction is also characterized as a chronic disease, one that requires those in recovery to maintain the rewiring they have worked so hard on achieving.

The most recent release of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) by the American Psychiatric Association (APA) further classifies the disease of addiction as consisting of a spectrum; individuals can be diagnosed with a mild, moderate, or severe use disorder (APA, 2013). This spectrum represents the larger world of addiction, in contrast to the historical binary system of either being addicted or not. Embracing the **brain disease** model is an important step for professional school counselors as it helps to reduce the stigma associated with addiction (Volkow & Koob, 2015).

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