Title
Prisoners Here of Our Own Device: Why we let our youth struggle with substance use disorders alone

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Prisoners Here of Our Own Device:
Why we let youth fight substance use disorders alone

About 1.6 million adolescents between the ages of 12 and 17—more than 6 percent of all U.S. youths that age—meet the requirements for treatment for an illicit drug or alcohol use problem, according to the 2012 National Survey on Drug Use and Health.

Yet only 157,000 of those youth—less than 10 percent—received treatment in a program, according to the same report.

Only relatively recently have drug treatment programs been developed specifically for youth, as theories about the nature of addiction evolved. But funding for youth programs still lags in California, especially in rural areas.
Part 1: Treatment

Clara sits in the hard plastic chair perched like a bird, body erect. She has the porcelain skin of a doll. A doll with a lip stud.

She says her parents told her that when she was three she would “steal alcohol from weddings.” “In middle school I was smoking weed and it just progressed,” The Bay Area teen says in a matter of fact tone.

At 15 she says she began shooting heroin. She says it nonchalantly, like she could be sharing the beginning of a funny story at a party.

It started when she was a freshman in high school. She was dating a boy who was smoking heroin. The first time she tried it out of curiosity. She says she didn’t feel anything the first couple of times, so she just kept trying, in search of the high everyone else talked about.

The boy got expelled, but she kept doing it with his friends until it became a daily thing to get high before class. It took a year before she began using needles and injecting herself with the drug.

“I would go through withdrawals and get sick in class,” she says.

Clara, which is not her real name to protect her privacy, overdosed twice, and it wasn’t until she was in the hospital for the second time that she says her family acknowledged how bad the problem had become.

“Everyone in my family did drugs. It was ... acceptable,” she adds. “It was an escape — I just didn’t want to deal.”

At that point, her father placed her in an outpatient program, in which she was able to quit doing heroin. But she still smoked marijuana, and two weeks later she was caught and expelled from school. She was 16.
History of Treatment

The most effective way to do substance use treatment is to address the whole patient, not just their drug problem, and with youth like Clara that means recognizing that although they may have seen a lot of "adult" things or have grown up quickly, they aren't adults, says Alicia Occhiuto, a residential program supervisor at Thunder Road.

"A 19-year-old going into a program with 42-year-olds—there's a certain amount of they're not even on the same page," says Occhiuto. "There's still growth that a client that's 19 has to do that a client that's 42 has already experienced. They might have a family; they may have had a job. Versus a 19-year-old, they might not have had their first job. They haven't had their 21st birthday. Any of those things changes treatment."

"People need the resources to make the change — social, financial support, physical support, medical support."

Treating Youth

Youth also don't look at drug use the same way their adult counterparts do. In a study of 118 youth in treatment published in the Journal of Adolescent Health by researchers at the School of Public Health at UCLA in August 2012, 80 percent of the youths did not view addiction as a life-long ailment. Sixty-five percent saw substance use as a result of poor behavior or choices or "a phase" in a person's life.

These short-term perspectives also shaped youths perceptions of treatment programs. For example, the researchers found most youth expressed frustration with the 12-step method of recovery, which calls for a lifelong recognition that substance use is a disease that you must be constantly fighting. Adolescents used phrases like "a waste of time" or "boring and for older people" to describe that approach.
Part 2: Addiction

The Nature of Addiction

Dopamine is often called the pleasure chemical. Human brains are wired to naturally produce dopamine when we do things that are good for us or pleasurable, from eating to having sex to laughing.

Many drugs flood the brain with dopamine, producing intense pleasure or a feeling of euphoria referred to as a “high.” A simple desire to recreate those intense feelings is usually what leads a person to take a drug again.

Over time, if a person continues to take a drug, their brain will adjust to the intense amounts of dopamine being produced, by producing less natural dopamine or decreasing the number of neuro-receptors that process the chemical in the brain. That can change the balance of a person's pleasure center in the brain, leading them to take drugs just to feel a “normal” amount of pleasure. Over time they build up a tolerance and have to take more of a drug to create their “high.”

Most people initiate and experiment with drugs in adolescence. The National Institute on Drug Abuse labels addiction a developmental disease because it typically begins in childhood or adolescence.

“A youth is in a different place in their life...Youth are looking for novel experiences,” says Dr. Redonna Chandier, acting director for NIDA’s division of epidemiology services and prevention research. “Some are interested in taking
Why Take Drugs?

“When you’re treating adult addicts you’re pretty certain they’re addicted. No matter how they started... by the time you’re treating them you’re treating addiction,” says Gavin O’Neill, who heads the dependency drug courts in Alameda County and who has worked with youth for many years in the Bay Area. “With kids that’s not true.”

“Say you have 10 kids sitting in front of you,” O’Neill says, “and all of them are smoking marijuana on a daily basis”:

- One kid may have a genetically inherited addiction and can’t stop.
- The kid next to him may have parents that smoke everyday, and if family use is dealt with the kid won’t smoke anymore.
- The kid next to him doesn’t have parents or a strong parental figure and he’s just running around unsupervised.
- Another kid feels insecure and uses weed so he can fit in with the lifestyle of a group of kids with whom he identifies.
- Another kid has an undiagnosed mental health issue and is self-medicating.
- Yet another kid has a learning disability, can’t deal with school and is hanging out with other kids not going to class.

History of Drug Use

Humans have used drugs and alcohol for thousands of years. Scroll through to see our substances of choice over the centuries.

Historically addiction has been a problem in our society for thousands of years. Scroll through the timeline to learn more.
Part 3: Funding in California

**Through the Juvenile Justice System**

“By far, the largest proportion of adolescents who receive treatment are referred by the juvenile justice system,” according to a National Institute on Drug Abuse (NIDA) guide on youth substance use treatment.

According to 2010 data from the federal Substance Abuse and Mental Health Services Administration, nationally there were 132,850 admissions for youth ages 12 to 17 to substance use treatment programs in 2010. On a typical day, the data shows that 163 referrals were by the criminal justice system; the next highest referral was from the youth or his/her family at 62. Forty-nine referrals came from schools, 44 from community organizations, 23 from alcohol and drug abuse care providers, and 17 from health care providers.

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**Image Description:**

A bar chart titled "Drug Use on a Typical Day by Principal Source of Referral 2010-2011." The chart shows the number of referrals from different sources: criminal justice (163), family (62), schools (49), community organizations (44), alcohol and drug abuse care providers (23), and health care providers (17).
Part 4: Rural vs. Urban disparities in treatment

Historically, rates of substance abuse between rural and urban areas have been comparable; however, recent studies have found greater use of alcohol, OxyContin, and meth among rural youth. Alcohol abuse is also higher in rural communities and federal statistics show that rates of driving under the influence are higher.

Substance abuse is a significant rural issue, says Jennifer Lenardson, a research associate for the Cutler Institute for Health and Social Policy at the Muskie School of Public Service at the University of Southern Maine. She is part of a team with which the federal Office of Rural Policy contracts to crunch national data on substance use issues in rural communities.

“People think of rural areas as white picket fences and farmland and somewhat secluded from the tortures of urban environments and that's not the case at all,” she says. “Prevalence is higher in rural areas and treatment is less available, so it’s a recipe for disaster.”

Striking disparities exist between rural and urban youth in access to treatment.
Yuba and Sutter Counties

Total population: 167,948
Federal block grant funding for treating youths in 2013-14: $23,338
Funding per 1,000 people: $138.96

In Yuba and Sutter Counties there is one man.

Rudy Rodriguez runs the only outpatient treatment program administered by the counties, serving youth 14-18. As far he knows, Rodriguez says, the only outpatient option for youth in the two counties is his program, called Options for Change, which is funded with federal block grant dollars.

Most of his clients are referred through a school or county probation office.

There is no inpatient program option for youth in Yuba and Sutter Counties.

“If you have a teenager who needs to be detoxed (at an inpatient facility), it comes back to funding,” Rodriguez says. “Do we have it? No. If the student is at the point where (he's) harming himself, you’d have to declare a 5150 (an involuntary psychiatric hold in a hospital). That's probably the only way they're going to get help.”

The other option, Rodriguez says, is to try to get the youth help under the guise of their having a mental health problem, which in many counties still receives separate funding.

The problem, he says, it that currently in Sutter and Yuba Counties substance use is not

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Note: data is for 2008 and is from the Indicators of Alcohol and Other Drug Risk and Consequences for California Counties state reports released in 2010.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Sutter County</th>
<th>Yuba County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile arrests for drug-related offenses, 17 and under</td>
<td>63 persons, rate of 491.5</td>
<td>47 persons, rate of 450.45</td>
<td>22,154 persons, rate of 480.84</td>
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<tr>
<td>Juvenile arrests for alcohol-related offenses, 17 and under</td>
<td>37 persons, rate of 288.45</td>
<td>64 persons, rate of 613.38</td>
<td>11,059 persons, rate of 240.03</td>
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<tr>
<td>Juvenile admissions to treatment, 17 and under</td>
<td>1 person, rate of 1.93</td>
<td>1 person, rate of 1.93</td>
<td>26,679 persons, rate of 266.69</td>
</tr>
</tbody>
</table>

Alameda County

Population: 1,553,960
Federal block grant funding for treating youths in 2013-14: $412,130
Funding per 1,000 people: $265.21

In Alameda County, if a youth needs help for a drug or alcohol problem there are several "doors" through which they can enter, says Ivan Becerra, communications coordinator for Alameda County Behavioral Health Care Services.

The three main options are pre-treatment services (called "Bridge to Treatment"), outpatient programs and inpatient treatment.

Bridge to Treatment programs are for youth ages 11 to 20 who receive an individualized substance use assessment and can participate in group sessions to address their use. There is also a family support component, in which family members are offered information on
For outpatient treatment, Alameda County contracts with nine different programs. For 2012-2013, the programs served 484 youth.

For in-patient treatment, the Thunder Road Adolescent Treatment Center in Oakland is the only residential facility in Alameda County for youths with substance use disorders. Last year it received $321,581 in federal block grant money via Alameda County Behavioral Health Care Services.

But Alameda County falls well below the state average for juvenile arrests for both drug and alcohol related offenses. It also has a lower rate of admission for treatment.

Note: data is for 2008 and is from the Indicators of Alcohol and Other Drug Risk and Consequences for California Counties state reports released in 2010.

<table>
<thead>
<tr>
<th>Indicator (Rate per 100,000 unless otherwise noted)</th>
<th>Alameda County</th>
<th>California</th>
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<tbody>
<tr>
<td>Juvenile arrests for drug-related offenses, 17 and under</td>
<td>640 persons, rate of 404.01</td>
<td>22,154 persons, rate of 480.84</td>
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<tr>
<td>Juvenile arrests for alcohol-related offenses, 17 and under</td>
<td>180 persons, rate of 113.63</td>
<td>11,059 persons, rate of 240.03</td>
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<tr>
<td>Juvenile admissions to treatment, 17 and under</td>
<td>578 persons, rate of 159.52</td>
<td>26,679 persons, rate of 266.69</td>
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</tbody>
</table>

Source List

People:
- Douglas Bodin, private youth counselor
- Dr. Daliah Heller, a drug policy expert and previous Assistant Commissioner for the Bureau of Alcohol and Drug Use Prevention, Care and Treatment for the New York City Department of Health and Mental Hygiene
- Gavin O’Neill, who heads the dependency drug courts in Alameda County
- Amanda Reiman, policy manager for Drug Policy Alliance and lecturer at the School of Social Welfare at UC Berkeley
- Rudy Rodriguez, Sutter-Yuba County Options for Change program administrator
- Ivan Beccera, communications coordinator for Alameda County Behavioral Health Care Services.
- Sue Heavens, program supervisor for the California Access to Recovery program
- Allan Scott, Chief of Programs and Grants Managements for the California Department of Health Care Services
- Alicia Occhiuto, residential program supervisor at Thunder Road

Reports/documents:
- “California Mental Health and Substance Use System Needs Assessment and Service Plan” released in September 2013
• Department of Health Care Services application for the fiscal year 2014-2015 SAPT BG
• “Clean: Overcoming Addiction and Ending America's Greatest Tragedy” by David Sheff
• NIDA’s Youth Treatment Principals guide and Science of Addiction guide
• 2010 National Survey on Drug Use and Health
• Article in Counselor Magazine by William White, Michael Dennis, and Frank Tims
• Study conducted by researchers at the School of Public Health at UCLA and published in the Journal of Adolescent Health in August of 2012
• Census data
• Community Health Needs Assessment prepared for Fremont-Rideout Health Group, Inc. and its Community Stakeholders released September 30, 2013
• NIH, NIDA, SAMHSA, and AA websites