

Light at the End of the Joint

A review of



Adolescent Substance Abuse: Research and Clinical Advances

by Howard A. Liddle and
Cynthia L. Rowe (Eds.)

Cambridge, England:
Cambridge University Press,
2006. 509 pp. ISBN 0-521-
82358-7. \$120.00

Reviewed by

[Rayna Vaught Godfrey](#)

☞ Many of us remember those old public service announcements with the frying egg: "This is your brain. This is your brain on drugs." Then there was Nancy Reagan's "Just Say No!" campaign. Now students participate in D.A.R.E. programs at school to learn about the inherent dangers of drugs and alcohol.

☞ Sizzling eggs on television, first ladies with slogans, and police officers at schools are making only a small dent in the epic problem of teen substance abuse. According to the annual survey done with 50,000 American adolescents by the Monitoring the Future (MTF) study (Johnston, O'Malley, Bachman, & Schulenberg, 2005), half of students have tried an illicit drug by the time they finish high school. Seventy-five percent of students have consumed alcohol by the end of high school, with 41 percent doing so by the 8th grade. Of striking concern is that in the MTF survey, 58 percent of 12th graders and 20 percent of 8th graders reported having been drunk at least once in their lives already. Although some

substance use among 8th, 10th, and 12th graders has declined since its peak in the 1990s, as a whole, it continues to remain a sizable and seemingly insurmountable problem.

— There has been much concern for, effort toward, and resources spent on substance abuse issues in adulthood. There is a myriad of addiction treatment options for the adult population, including self-help programs, psychotherapy options, and pharmacological avenues. This is not the case for adolescents. Treatment options are not one-size-fits all; what works for adults does not necessarily work for adolescents. Teens come replete with a whole host of complicating factors, such as their developmental levels (including the biological, cognitive, emotional, and social realms). For example, we know that substances have a different physiological effect on adolescent brains than they do on older brains, such that teens experience highs differently and do not develop tolerance the way adults do. In addition, the judgment center of the brain has not finished developing yet in adolescence, which hinders the ability to consider dire consequences (Steinberg, 2005). The list of differences is large and intricate and needs to be taken into account when researching and developing much-needed treatments for adolescents who abuse drugs and alcohol.

— Howard A. Liddle and Cynthia L. Rowe have edited a text that attempts to address some of these important issues. *Adolescent Substance Abuse: Research and Clinical Advances* is a noble undertaking that brings together an impressive array of research on a range of topics, including the theory behind interventions, research innovations, and funding trends; assessment and treatment with special populations; and practice and policy guidelines. It is intended for a wide audience of researchers, practitioners,

trainees, and policymakers. The editors designed this book to organize treatment research findings in conceptually coherent and meaningful ways as well as to show how to improve research and clinical work and emphasize the connection between the two. For the most part, they achieve their goals.

▬ The book is organized into six parts, which provide a loose overarching structure for the individual chapters, which do not necessarily relate to one another or flow together and could stand on their own. Chapter authors were asked to address the same set of questions within their topics, so even though content varies, there is a structure that can be followed. With the exception of one or two, the chapters are well written, fairly easy to read, and provide important information that is grounded in empirical data. Because the content of the book covers such a wide range of topics, the following overview is provided to give a sense of the scope of this text.

▬ Part I focuses on the theoretical, empirical, and methodological foundations for treatment and research on adolescent substance abuse. In addition to the editors' introductory chapter, it includes a chapter on developmental differences, one on specific statistics and design issues, and two chapters on clinical concerns. Chapter 2 (on the developmental context) is poorly written and difficult to understand, but readers should not let that set the tone for the rest of the book. The latter chapters of this section (Chapters 4 and 5) are excellent sources of information, and Chapter 5 even includes a Web site to access full treatment manuals for clinical use.

▬ Part II addresses practice and policy trends in the treatment of adolescent substance abuse. There is a chapter (Chapter 6) on the trends in Europe as a whole, as well as one on England specifically (Chapter 9). One chapter (Chapter 7) reports the findings of two

national (U.S.) outcome studies. Chapter 8 sets up the context for adolescent substance abuse treatment by providing information on delivery systems, provider characteristics, and financial issues as well as discussing ways to bridge the gap between research and practice. The last chapter of the section (Chapter 10) highlights missing pieces in the research and sets up directions for future health-services research.

▀ Part III examines assessment issues as well as integrative treatment planning. Chapter 11 starts this section by giving a good overview of clinical best practices for assessing adolescent drug abuse. The following chapter (Chapter 12) is an excellent discussion on psychopharmacological considerations for adolescents, not only for treating specific addictions but also how medicating co-occurring diagnoses (i.e., depression) impacts a teen's substance use and/or abuse. Chapter 13 takes a closer look at these comorbid diagnoses. The topic of the final chapter of this section (Chapter 14) may seem rather random, but it provides important information about preventing HIV in adolescents who abuse substances. It describes empirical links between substance abuse and HIV infection and highlights interventions to deal with these links.

▀ Part IV pulls together information on the research and practical implications of empirically based interventions. These interventions include therapeutic communities (Chapter 15), school-based group therapy (Chapter 16), behavioral and family interventions (Chapter 17), behavioral contingency management (Chapter 18), and cognitive-behavioral therapy (Chapter 19).

▀ Part V provides a very brief look at culturally based treatment development and includes two chapters. Chapter 20 looks at family-centered therapy for American Indian

and Alaskan Native adolescents, and Chapter 21 describes family-based therapy with Hispanic youth. This section could be expanded further to include other groups in future editions. Part VI is simply the final chapter (Chapter 22), in which the editors wrap up with a conclusion and call for a commitment to policy work in order to continue the efforts with research and treatment.

▬ Overall, the book does a solid job of presenting the research that has been done on adolescent substance abuse and setting up questions for future research. Although already grand in scope, the book does not address nicotine use to any real degree. On any given day, about 5,000 American teens will try smoking for the first time and about 2,000 of them will become established smokers (Gilpin, Choi, Berry, & Pierce, 1999). The MTF study revealed that in 2005, about one in eleven 8th graders had smoked within the past month. This increased to one in seven for 10th graders and one in four for 12th graders. Clearly, nicotine is a substance worth addressing in research and clinical arenas with adolescents beyond two short paragraphs (p. 248).

▬ With the prevalence of drug and alcohol use among adolescents at the rate that it is, we need more than fried eggs to examine and figure out how to help our youth. *Adolescent Substance Abuse: Research and Clinical Advances* brings together important information and poses imperative questions that will aid in the quest for effective interventions and innovations for adolescents who struggle with substance abuse. The editors of this book render a call to action to researchers, clinicians, and policymakers. It is a good start.

References

Gilpin, E., Choi, W., Berry, C., & Pierce, J. (1999). How many adolescents start smoking each day in the United States? *Journal of Adolescent Health, 25*, 248-255.

PsycINFO

Article

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2005). *Monitoring the future: National results on adolescent drug use. Overview of key findings, 2005*. Retrieved August 5, 2005, from <http://monitoringthefuture.org/pubs/monographs/overview2005.pdf>

Steinberg, L. (2005). *Adolescence* (7th ed). Boston: McGraw-Hill.

PsycCRITIQUES

November 22, 2006 Vol. 51 (47), Article 8

1554-0138

[© 2006 by the American Psychological Association](#)

For personal use only--not for distribution.