Adolescent Athletes and Substance Abuse

by

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The teen years are fraught with decisions, opportunities, biological and emotional changes, and a multitude of influences. Life is often hectic and eventful for the teen and his/her family under the best of circumstances with family, school, and friends all making demands of the teen's resources, energy, and time. Often there are the added complications of dating, part-time employment, and involvement with some form of organized spiritual expression. Along with the numerous typical issues of adolescence (i.e., sexuality issues, identity, autonomy, self-esteem), these various sources together can place a strain on a teen's time, coping, and stress management skills. If that teen is also an avid, serious participant in some form of organized, competitive athletics, added dimensions are introduced to the scenario. There are the added possible benefits of increased popularity, self-esteem, self-efficacy, feelings of belongingness, and scholarships or other forms of financially beneficial remunerations. If attained at all, however, these desirable aspects must be bought at the price of added pressures for the teen. These include such things as less time for friends, dates, family, school, and/or work, less energy for coping with existing responsibilities, pressure to live up to the expectations of parents, friends, other team players (in a team-related sport), and the coach or trainer, and less time to deal with the usual developmental issues associated with adolescents. With our society's overemphasis on immediate gratification, being the best, and "winning at all costs", teens often internalize these messages — an internalization that can lead them to attempt to maximize their physique and athletic prowess through self-defeating and/or self-destructive manners. Having worked with adolescent and young adult athletes in three different states over the past seven years, the most frequent problems plaguing athletically-involved youth I've witnessed include recreational chemical abuse, anorexia nervosa, bulimia nervosa, anxiety-based performance issues, drug-related attempts at "self-improvement" (especially sympathomimetically-based compounds and steroid use), and depression. While these multiplicity of issues are often inexorably intertwined, the nature of this newsletter prevails upon me to focus on the chemical

abuse issues in the recreational, "self-improvement", and amelioration of current depression and/or anxiety categories.

Recreational chemical abuse is often seen in various forms. Most often, it is done as a form of either celebrating, "blowing off steam", or "winding down" after an intense competition or hard practice. Also, when the adolescent participates in a team sport, it can be a method of identification and "bonding" with other members of the team during "off" hours. In spite of popular misconceptions that athletes only engage in health-related life-style practices and, therefore, don't participate in substance abuse, increasing numbers of adolescent and young adult athletes are abusing chemicals recreationally. Further, many popular athletes who do or have been known to use or abuse drugs provide negative role models that teens emulate, even when the famous athlete comes out verbally against drugs. This is largely due to the fact that when the words and actions of role models aren't congruent (i.e., they come out against drugs, but are caught using), teens usually follow the models' actions rather than their words. Finally, many media ads display young adults playing hard and having a beer as a reward for their effort, thus reinforcing the notion that substance abuse and hard work or hard play go hand in hand. For those teen athletes recreationally using drugs, this use too often turns into abuse and, eventually, addiction. This is particularly true for those who associate with teammates and/or friends socially who also abuse substances. As with other addicts, this process of use, abuse, and dependency must be spotted early, with appropriate therapeutic services being offered.

With the current movement to "be the best", the number of youthful athletes who are resorting to self-defeating "performance enhancers" is growing. Most often, this takes the form of steroid and/or sympathomimetic (usually either some form of cocaine and/or popularly-used amphetamines) abuse. This is in spite of the plethora of research that indicates steroid abuse leads to serious side effects in the short run and long-term decrements in one's overall health and wellness. In addition, many famous professional athletes have come out verbally against using steroids. Unfortunately, however, the role models themselves often indicate that they were once steroid abusers — a fact that teenage steroid abusers use to justify their short-term steroid ingestion. Also, invulnerability myths are prevalent among some teen and young adult athletes. Finally, even when the youthful athlete admits to the potentially deleterious effects of

steroid use, the motto appears to be "Live strong; die young!" Complicating this issue further is the fact that some trainers and coaches actually encourage their athletes to use steroids, sometimes personally supplying them with these substances. Sometimes, sympathomimetics are used (either alone or in conjunction with steroids) to give the athlete extra "get up and go". Since some forms of cocaine have also been equated with money and/or success, its use is seen as a "status symbol" that an athlete "has arrived". Parents, significant others, coaches, and trainers who are not supportive of substance use can spot steroid and/or cocaine abuse before too long in the young athlete. Such telltale signs usually include having "a short fuse", frequent anger outbursts (both on and off the playing arenas) in excess of the stimulus value of the environmental precursors (i.e., "roid rages"), hyperactivity and/or manic-like behaviors, impatience, and emotional lability. With this population, debunking the myth of drugs as "self-enhancers" is crucial.

Depression may occur as a result of athletically induced injuries that prevent the athlete from competing for a period of time — sometimes permanently. A general rule of thumb is that the length of "down time" from competing is usually directly related to the degree of depression in the athlete. This may also be evidenced if the youthful competitor experiences a long string of extremely poor performances (especially those significantly contributing to his/her team losing games) or is cut from the team or competition due to such things as scholastic ineligibility resulting from declining grades. Since teens aren't always the best judge of or in touch with their true emotional states, depression may often be converted into or manifested as aggression against others, self, or both. Parents, coaches, and significant others in the teen's life may notice increased hostility, argumentativeness, or self-destructive activities (in extreme cases). In order to cope with these tendencies, teens often resort to self-administered substances rather than seeking professional help. Even when professional help is being sought as a result of a physical injury, some youth competitors inappropriately self-administer physician-prescribed medications that result in addiction. Teaching appropriate emotional and/or biophysiological management techniques for the pain and/or depression is important with this population.

Performance-related anxieties exist in almost every sport to some degree. In those young athletes for whom this gets overwhelming, it usually results in them "choking" at crucial

moments during their performance or avoiding performing (by feigning illness or simply dropping out of the sport). With more severe cases, adolescent and young adult athletes have had panic attack-like episodes during competition. While the more "minor" versions of these can be hidden from the general public, the more severe cases are evident to those close to the athletic performer (i.e., coaches, team mates, parents). When this is the case, some teens will turn to self-medication (usually in the form of central nervous system depressants) in order to ameliorate the symptoms. This, in turn, can lead to chemical dependency if gone unchecked. Others can evidence depressive symptomatology after a long period of anxiety-related poor performances, often self-medicating to deal with the depression. As with depression, effective nonchemical treatment alternatives need to be taught to the adolescent athlete.

Mental health professionals who work with adolescent and young adult athletes need to have special coursework, training, and/or supervision with this population in order to be maximally effective. Not only must they be exquisitely familiar with adolescent development and therapy, but also counselors working with youthful athletes need to have an understanding of a variety of dynamics related to the field of sport psychology. These issues include individual and team sport, motivation, adherence to exercise and/or training, self-efficacy (as relates to athletic performance), rehabilitation from injury, retirement from sports, sport-related anxiety, diet and nutrition, drugs (both street and "performance enhancers"), time and resource management, internal coping strategies, and limited exercise physiology. The therapist who is adequately prepared to work with this population will find them an interesting and rewarding group.