

Project Fresh Light

Partnerships in Action

Monthly
Update
August 2006

Project Fresh Light

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Project Fresh Light

endeavors to bring new energy, emphasis and effectiveness to the treatment, services and supports received by Wisconsin's adolescents with substance abuse and co-occurring disorders and their families. We intend to do this by improving our provider network, integrating service administration, resolving funding and regulatory barriers and improving data management.

www.projectfreshlight.org

From Susan's Cubicle

In this *Update*, we are pleased to continue our conversation regarding gender and treatment issues. Dr. Michael Witkovsky is a *Project Fresh Light* Consultant and will have an ongoing editorial page in the *Update*. This editorial continues the conversation regarding gender differences. In this case, we are examining gender-based differences relative to trauma and AODA issues. The Discussion Board on www.projectfreshlight.org will continue the conversation and reaction to this topic.

In the very near future, we will be publishing a new *Wisconsin Directory of Treatment Services for Adolescent Substance Use Disorders*. Thanks to our parent consultant, Stacey Slotty, and Brian Shoup of the Wisconsin Alcohol and Drug Treatment Provider Association (WADTPA) for organizing and completing this project.

This month, new resources and pages will be added to our website. We are committed to providing our web visitors with all sorts of resources for working with adolescents and their families and parents. Currently, our Resource page includes *Project Fresh Light Updates*, a Discussion Board, a Drug Glossary, Newly Enacted Wisconsin Laws, Events and Calendar, and Links regarding adolescent addiction, substance abuse and treatment. We will be posting new rules and regulations for adolescent treatment when we are made aware of them.



A Conference on *The Master Therapist Series*:

Adolescent and Young Adult Suicide: A Research, Prevention, and Intervention Update

Friday, September 22, 2006

8:00am - 3:30pm

Zoofari Conference Center

9715 W. Bluemound Rd

Milwaukee, WI 53226

To register: 414-456-7250

web site: www.mcw.edu/psych

This day-long conference will

feature Dr. Alan Berman and

Dr. Morton Silverman.

Michael Witkovsky, M.D.
Director, Child Psychiatry Consultation Service



Dr. Witkovsky focuses on the psychiatric care of children with medical illnesses involving collaborations with the Departments of Hematology, Oncology, and Neurology. He also played a major role in the efforts to develop a comprehensive learning disabilities/child development assessment program. He works with a multidisciplinary team dealing with autism, attachment disorders and thought disorders. In the context of these areas, he is developing special interests in individual and family psychotherapy, and pharmacotherapy within the broad spectrum of general child and adolescent services. (mtwitkov@facstaff.wisc.edu)

**Gender and Substance-Use Disorders
and Their Treatment**

There was a flurry of message activity after Leonard Sax spoke in Madison and presented his view on how we need to attend to gender differences in growth and development into adolescence. I could not attend that presentation but have since read his book *Why Gender Matters^a* to become aware of his position. In this book, Dr. Sax presents several specific key insights into some of the gender-based differences in AODA issues, critical themes for *Project Fresh Light*:

1. Girls are now more likely to be drinking regularly than boys due to increased female use, not decreased male use.
2. Girls with low self-esteem are more likely to use drugs; boys with high self-esteem are more likely to use drugs.
3. Girls with low self-esteem are less likely to have sex before age 16; boys with high self-esteem are more likely to have sex before age 16.
4. Girls use drugs to relieve stress, calm down, lose weight; boys use drugs to get a thrill.
5. Boys buy drugs from strangers; girls buy drugs from friends.
6. Girls smoke cigarettes to keep weight down; boys smoke to look cool.
7. Academic stress is a motivator for substance use in both sexes.
8. Parents consistently underestimate their children's drug experimentation and sexual activity.

Dr. Sax uses these points to advocate for drug treatment that is not "one size fits all." This stands within the overarching task of his book to challenge our notions that raising children can be gender neutral, by inserting the proposition that "gender is one of the two great organizing principles in child development – the other principle being age."^b By this, Dr. Sax asserts that we must be informed by the research on the core differences in male and female brains to effectively understand, parent, assess and treat children and adolescents. I welcome this perspective.

(continued on Page Three)

“My wife’s career is just as vital as mine and family resources should reflect that. I ride a Harley, she rides a Honda. This reflects the genetics of physical stature, not socially derived differences of importance. She rides more skillfully than me; I ride more aggressively. This is a manifestation of the genetics of information processing and sensory activation that may favor female survival and male-thrill satisfaction.”

--Dr. Witkovsky

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One of the most difficult aspects of working with adolescents, and more imposing with drug-dependent youth, is the establishment and sustaining of a therapeutic alliance. This can be seen as the ability to substitute a peer-sanctioned, neurologically rewarded pleasure, for an effortful, sometimes coerced, relationship with an adult in a seemingly unending process towards an often never-before experienced, and frequently transient, state of mind called health. The attainment of a therapeutic alliance can be enhanced if we start the process from a position of understanding of the innate tendencies and inherent strengths of the adolescent. The attainment can be made impossible if we force the adolescent to fit into a set of expectations about: who they are; what they need to do; and, how they should become themselves in the future. Awareness of gender-organized differences as manifest in AODA issues may help advance therapeutic alliance and decrease treatment resistance and recidivism.

This apparent promise of enhanced outcome overshadows any affront to my own sensibilities about gender. I see this perspective not as a rigid notion that gender, as an outcome of genetics, is destiny. My daughter will continue to have the same opportunities as my son’s, inasmuch as I can influence their availability. But she may have a different set of problems, and solve them in different ways, than my son’s. My wife’s career is just as vital as mine and family resources should reflect that. I ride a Harley, she rides a Honda. This reflects the genetics of physical stature, not socially derived differences of importance. She rides more skillfully than me; I ride more aggressively. This is a manifestation of the genetics of information processing and sensory activation that may favor female survival and male-thrill satisfaction.

Since reading Dr. Sax’s book, I looked further into the literature on gender and AODA issues. Here are a few insights that this review generated showing that boys and girls:

1. Are initiated into drug use by different people
 - Females tend to be introduced to substance use by a romantic partner, males by peers.^c
2. Experience the same drug in different ways
 - Females tend to have a more severe response to perceptual distortions during marijuana intoxication.^d
 - Females, in animal models, are more vulnerable to brain-damage effects of alcohol than are males.^e
 - Girls are more likely to become physically and psychologically dependent than boys.^f
 - Women are more likely to experience depression in response to use and withdrawal of substances, and this mood effect is cortisol mediated.^g
3. Use different drugs
 - Females are more likely to use inhalants and stimulants, and
 - Are more likely to smoke cigarettes.^h
4. Have a different course of drug addiction
 - Girls’ substance use is predicted by depression, low self-esteem, and sexual abuse; boys’ use is predicted by delinquency and age at first use.ⁱ
 - Boys tend to initiate a greater number of substances at once, show a slower rate of linear increase in use, but an accelerated trend of increase over time.^j
 - Depression
 - Precedes marijuana dependence, but not other substances, for

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“Awareness of gender-organized differences as manifest in AODA issues may help advance therapeutic alliance and decrease treatment resistance and recidivism.”

--Dr. Witkovsky

(continued from Page Three)

- both sexes.
 - Trauma or abuse tends to precede depression for girls but not for boys.
 - In boys, is the result of substance abuse.^k
 - Boys are more likely than girls to attempt suicide while intoxicated.^l
- 5. Respond to different therapy, or the same therapy differently
 - Therapy for males should include learning emotionally based methods of anxiety reduction; for females should include learning cognitive problem solving.^m
 - Girls tend to make intuitive use of interventions that include stress reduction, address vulnerability to peer pressure and speak to the intention of drug abuse such as weight reduction.ⁿ
 - Boys trend to solve problems by ignoring them, resisting social exposure, or proscribing corrective actions; girls tend to value education and social support.^o

(Endnotes)

- a Leonard Sax, Why Gender Matters, Broadway Books, New York, 2005.
- b *ibid*, page 35.
- c Linda S. Cook, Louise Epperson, Peter Gariti, “Determining the Need for Gender-Specific Chemical Dependence Treatment: Assessment of Treatment Variables”, *The American Journal of Addictions*, 14:328-338, 2005.
- d Patrick D Skosnik, Giri Krishnan, Jennifer Vohs, Brian F O’Donnell, “The Effect of Cannabis use and Gender on the Visual Steady State Evoked Potential”, *Clinical Neuropsychology*, 117: 144-156, 2006.
- e Kristen Wiren, Joel Hashimoto, Paul Aiele, Leslie Devaud, Kimber Price, Lawrence Middaugh, Kathleen Grant, Deborah Finn, “Impact of sex: Determination of Alcohol Neuroadaptation and Reinforcement”, *Alcoholism: Clinical and Experimental Research*, 30, 2: 233-242, 2006.
- f Steven Schinke, Traci Schwinn, “Gender-specific Computer-Based Intervention for Preventing Drug Abuse Among Girls” *The American Journal of Drug and Alcohol Abuse*, 31:609-616, 2005.
- g Amy Wisniewski, Todd Brown, Majnu John, Joseph Cofranceso, Elizabeth Golub, Erin Ricketts, Gary Wand, Adrian Dobs, “Cortisol Levels and Depression in Men and Women using Heroin and Cocaine”, *Psychoneuroendocrinology* 31, 250-255, 2006.
- h *op. cit.*, Schinke.
- i Daniel Becker, Carlos Grilo, “Prediction of Drug and Alcohol Abuse in Hospitalized Adolescents: Comparisons by Gender and Substance Type”, *Behavior Research and Therapy*, 2005.
- j Catherine Lillehoj, Linda Trudeau, Richard Spoth, Stephanie Madon, “Externalizing Behaviors as Predictors of Substance Initiation Trajectories Among Rural Adolescents”, *Journal of Adolescent Health*, 37:493-501, 2005.
- k Anne Libby, Heather Orton, Shannon Stover, Paula Riggs, “*What Came First, Major Depression or Substance Use Disorder? Clinical Characteristics and Substance Use Comparing Teens in a Treatment Cohort*”, *Addictive Behaviors*, 30:1649-1662, 2005
- l Shelly Groves, Leo Sher, “*Gender Differences in Suicidal Behavior and Alcohol Abuse in Adolescents*”, *International Journal of Adolescent Medical Health*, Jul-Sep;17(3):307-9, 2005
- m *op. cit.* Cook, et. al.
- n *op. cit.* Schinke
- o Constance Flanagan, Elvira Elek-Fisk, Leslie Galloway, “*Friends don’t let Friends...or do They? Developmental and Gender Differences in Intervening in Friends’ ATOD use.*”, *Journal of Drug Education*, 34(4) 351-371, 2004.

Project Fresh Light

Project Fresh Light Calendar

August 2006						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 Aug 2 Project Fresh Light Leadership Team Meeting	3	4	5
6	7	8	9	10 Aug 10 WI Public Psychiatry Network Teleconference Art Walaszek, M.D.	11	12
13	14	15 Aug 15 PFL Progress Notes Due	16	17	18	19
20	21	22 Aug 15 Health Insurance for all Kids 1819 Aberg Ave Madison WI 10am-11:30am	23	24	25	26
27	28	29	30 Aug 30 Project Fresh Light Leadership Team Meeting	31		

September 2006						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8 Sept 8 MH/SA Listening Sessions (Open to deaf, hard of hearing, late deafened and deafblind) 1109 Williamson St Madison WI, noon-6:30pm	9 Sept 9 MH/SA Listening Sessions (Open to deaf, hard of hearing, late deafened and deafblind) 2306 S 98th St West Allis WI, 12:30-7:15pm
10	11	12	13	14	15 Sept 15 MH/SA Listening Sessions (Open to deaf, hard of hearing, late deafened and deafblind) 325 E Franklin St Appleton WI, 12:30-7:15pm	16 Sept 16 MH/SA Listening Sessions (Open to deaf, hard of hearing, late deafened and deafblind) 1220 Denton St LaCrosse WI, 12:30-7:15pm
17	18	19	20	21	22	23
24	25	26	27	28 Sept 28 PFL GAIN Consortium Ambassador Inn Wisconsin Dells, WI 8-5pm	29 Sept 29 PFL Work- plans due Sept 28 & 29 10th Annual Crisis Intervention Conference Ho-Chunk Casino Hotel Wisconsin Dells	30

October Dates To Remember

2nd Annual Mental Health & Substance Abuse Services Training Conference

When: Oct 25 & 26, 2006

Where: Holiday Inn
Stevens Point WI

Title: *Seeking Evidence of
Change: How to
Measure Recovery in
Substance Abuse and
Mental Health*

www.uwsp.edu/conted/conferences/

Phone Registration: 800-898-9472 Press 3

Coming in June 2007!

**2nd Annual
Boys-at-Risk Summit**
Olympia Resort & Spa
Oconomowoc, WI
cdunleavy@dcs.wisc.edu

Substance Use Treatment Need Among Adolescents: 2003-2004

Table 1. Percentages of Youths Aged 12 to 17 Who Were Classified as Needing Substance Use Treatment in the Past Year, by Demographic Characteristics: 2003 and 2004

Demographic Characteristics	Alcohol Use Treatment Need (percent)	Illicit Drug Use Treatment Need (percent)
Gender		
Male	6.0	5.5
Female	6.3	5.3
Age Group		
12 or 13	1.2	1.4
14 or 15	5.3	5.4
16 or 17	12.0	9.5
Race/Ethnicity*		
White, non-Hispanic	6.9	5.8
Black or African American, non-Hispanic	2.8	3.8
American Indian or Alaska Native, non-Hispanic	14.1	11.8
Native Hawaiian or Other Pacific Islander, non-Hispanic	5.4	**
Asian, non-Hispanic	2.9	2.3
Two or More Races, non-Hispanic	9.7	9.5
Hispanic or Latino	6.1	5.6
Family Income		
Less Than \$20,000	6.0	6.2
\$20,000-\$49,000	6.0	5.8
\$50,000-\$74,999	6.3	5.2
\$75,000 or Higher	6.2	4.7
Source: SAMHSA, 2003 & 2004 NSDUHs		

Table 2. Percentages of Youths Aged 12 to 17 Receiving Substance Use Treatment in the Past Year Among Those Who Were Classified as Needing Substance Treatment in the Past Year, by Demographic Characteristics: 2003 and 2004

Demographic Characteristics	Alcohol Use Treatment Need (percent)	Illicit Drug Use Treatment Need (percent)
Gender		
Male	8.8	10.2
Female	5.7	7.9
Age Group		
12 or 13	4.0	3.5
14 or 15	6.5	8.3
16 or 17	7.9	10.4
Race/Ethnicity*		
White, non-Hispanic	8.0	10.5
Black or African American, non-Hispanic	7.8	7.2
American Indian or Alaska Native, non-Hispanic	**	**
Native Hawaiian or Other Pacific Islander, non-Hispanic	**	**
Asian, non-Hispanic	**	**
Two or More Races, non-Hispanic	**	**
Hispanic or Latino	4.0	6.1
Family Income		
Less Than \$20,000	9.7	9.6
\$20,000-\$49,000	8.2	11.0
\$50,000-\$74,999	5.4	6.2
\$75,000 or Higher	5.7	7.9
Source: SAMHSA, 2003 & 2004 NSDUHs		

Project Fresh Light Update

is published monthly from the Bureau of Mental Health and Substance Abuse Services. It is our hope that these *Updates* will keep conversation flowing between and among the wonderful people presently involved in the *Project*. They are working towards the common goal of supporting and providing services to one of the most underserved populations in the state--adolescents. Send comments or topic suggestions to Mary at unmutmj@dhfs.state.wi.us or 608-266-9612.