**The Initiation of Smoking and Other Addictive Behaviors**

**What are Addictions?**

 **\*Patterns of intentional, appetitive behaviors**

**\*Become excessive and produce serious consequences**

**\*There is a stability of problematic behavior over time**

**\*There are interrelated physiological and psychological components**

**\*Addicted individuals have difficulty modifying and stopping them**

**\*Physically dependent (pain meds) can become addictive, so they are now also psychological**

**\*Kids as young as six years old have expectations around alcohol…you drink at parties**

**Becoming Addicted**

**\*Happens over a period of time**

**\*Has a variable course (may try several times in life)**

**\*Involves a variety of predictors that can be both risk and protective factors (depends on your personality)…more or less cautious**

**\*Involves a process of change**

**Course of Addiction: Experimentation-🡪Casual Use-🡪Regular Use-🡪Abuse-🡪Dependence**

**Change the Integrating Principle**

**\*No single developmental model of singular historical path can explain acquisition of and recovery from addictions. (That’s why all siblings don’t become addicts.)**

**\*A focus on the process of change and how individuals change can bring together different perspectives and help us to understand the pathway**

**Initiation of Smoking: Personal Pathways to Change**

**\*Are influenced by personal decisional considerations and CHOICES**

**\*Personal choices are influenced by and influence genetic, psychological and social forces (risk and protective factors)**

**\*There is an interaction between the individual and the internal and external risk and protective factors. That’s why you can be surprised who does and doesn’t use.**

**How Do People Change?**

**\*People change voluntarily ONLY when:**

 **+They become *interested or concerned* about the need for change**

 **+They become *convinced* that the change is in their best interest or will benefit them more than it will cost them**

 **+They *take the actions* that are necessary to make the change and sustain the change**

**Stages of Changes Tasks**

**\*Pre-contemplation: (not interested)**

**\*Contemplation: (considering)--🡪Risk-Reward Analysis & Decision Making**

**\*Preparation: (preparing)--🡪Commitment & Creating and Effective/Acceptable Plan**

**\*Action: (initial change)--🡪Implementation of Plan and Revising as needed**

**\*Maintenance: (sustained change)--🡪Consolidating change into lifestyle**

**Perspectives**

**\*Epidemiology: seeks *prevalence*…number of individuals who used during the past 30 days, not the amount they used**

**\*Behavioral: seeks to use *quantity and frequency* behaviors as indicators**

**\*Attitudinal: focuses on *acceptability, risk perceptions, peer approval***

**\*Process: combine *attitudes, intentions, behavioral and temporal indicators***

***If you have smoked 100 cigarettes in your life: you are or were a smoker***

**Stages of Smoking Initiation**

**Pre-contemplation: Youth who are NOT currently smoking and have made a firm commitment not to start smoking within the next year**

**Contemplation: Youth who are not currently smoking and did NOT express a firm commitment to not smoke in the next year.**

**Preparation: Youth who have minimally tried cigarettes (<100) who may be currently smoking (less than 6 in the past 30 days) and definitely plan on smoking in the next year**

**Action: Youth who have smoked on 6 or more days during the past 30 days and for < 6 months**

**Maintenance: Youth who have smoked on 6+ days during the last 30 days and for at least 6 months.**

**Staging Your Smoking**

**\*Lifetime prevalence: About how many cigarettes have you smoked in your entire life?**

**\*Future Intention: Do you think you will smoke a cigarette in the next year?**

**\*Current Smoking: During the past 30 days, on how many did you smoke?**

**-Some people experiment but do not go further**

**-Programs try to get the person to go back to pre-contemplation**

**PREVENTION IS KEY IN ELEMENTARY SCHOOL !!!**

**MIDDLE SCHOOL WILL BE PRE-CONTEMPLATION**

**HIGH SCHOOL IS THE ADOPTION OF SMOKING**

**Things that influence young people’s decisions to smoke**

**\*Feeling that it makes them look cool or fit in**

**\*Wearing or using tobacco related merchandise**

**\*Offer from best friend to have a cigarette (HUGE!)**

**Status in Schools**

**\*Overall we are doing a good job because kids are smoking less; however cigar smoking has increased .**

**A. They come in flavors and are marketed to kids, just like the vodka.**

**B. Cigars have increased their marketing and in the 7-11 right near the candy**

**C. Cigarette taxes are higher than cigars**

**D. Cigars worse for you because there is tobacco in the wrapper (not paper)**

**E. They empty the tobacco and put in pot**

**\*It has been found that those who smoke have a much higher incidence of smoking drugs other than cigarettes and also use more alcohol than non-smokers**

**\*Maintenance smokers often binge drink**

**\*Kids are actually doing more alcohol and pot than cigarettes, overall**

**Gateway Pattern**

**\*Usual pattern is cigarettes-🡪 alcohol-🡪marijuana. Recent survey said only 4% followed this.**

**\*Now most common patters of initial use:**

**Cigarettes first: 12.7% (no demographic difference)**

**Alcohol first: 51.1% (more likely female and white)**

**Marijuana first: 10.1% (more likely male, African American & older in high school)**

**All 3 at the same age: 26.1% (more likely to be younger such as middle school and either Hispanic or from another minority group**

**BE AWARE OF YOUTH AT RISK!!!!!!!!!**

* **Not every kid who smokes pot needs a *recovery* program. If in the beginning of the process, they need a *prevention* program.**
* **Teach kids how to find natural ecstasy in life.**
* **Your beliefs form your actions: If you believe that pot is a soft drug, then you think people should be glad that you are not doing hard drugs. Get to know that the kids’ beliefs are!**
* **Teach kids to research anything that they put into their mouths!!!!**

**Prevention**

**\*We need a broad approach to use of substances**

**\*Focus on benefits of wellness and managing any consumption of substances and medications**

**\*Identify and message to high risk youth differently from general prevention programming**

**\*Need environmental as well as personal and group strategies (policies, enforcement, modeling, etc.)**