Introduction

Adolescent substance abuse is a serious concern nationwide. From the 1980s to the 1990s, the percentage of American youth ages 14-18 who required treatment for substance abuse doubled. Furthermore, beginning in 1992, rates of substance use by teens rose steadily and have only recently leveled off or slightly decreased.

Substance use by youth has serious health and social implications. For example, although most youth who use drugs do not commit violent crimes, there is a correlation between frequency and severity of juvenile delinquency and frequency and severity of drug use. In addition, health issues such as the long-term physical effects of tobacco use and increased risk of childhood injuries are critical concerns related to substance abuse by adolescents.

Scope of the Problem

Illicit Drugs

According to the National Survey on Drug Use and Health (NSDUH), illicit drugs include marijuana (includes hashish), cocaine (includes crack), heroin, hallucinogens, inhalants, and non-medical use of prescription type pain relievers, tranquilizers, sedatives, and stimulants.

In 2003, an estimated 19.5 million Americans aged 12 or older stated that they have used an illicit drug during the month prior to the NSDUH survey. Marijuana was the most commonly used illicit drug, being used by 75.2% of current illicit drug users in 2003 (U.S. Department of Health and Human Services, 2003).

The rate of illicit drug use varies by age. The 2003 NSDUH indicated that 3.8% of 12–13 year olds used illicit drugs within the past year; 23.3% of 18–20 year olds used illicit drugs within the past year; and for those 20 years and older, the rates generally declined (U.S. Department of Health and Human Services, 2003).

Alcohol
Alcohol use among 12–20 year-olds has remained constant for several years. In 2003, 10.9 million (29.0%) youth in this age group reported drinking alcohol in the past month. Of those, 7.2 million (19.2%) were binge drinkers, and 2.3 million (6.1%) were heavy drinkers (U.S. Department of Health and Human Services, 2003).

Rates of alcohol use by adolescents increase with age. For example, in 2003, prevalence at age 12 was 2.9% and reached a peak of 70.0% at age 21. In addition, college students ages 18–22 were more likely than non-college students of the same age group to drink, binge drink, and drink heavily (U.S. Department of Health and Human Services, 2003).

**Tobacco**

Tobacco use includes cigarette smoking, cigar smoking, and use of smokeless (chewing) tobacco.

Approximately fourteen percent (14.4%) of youth aged 12 to 17 reported using a tobacco product in the past month in 2003 (U.S. Department of Health, 2003). The percentage of usage did not significantly differ from the previous year.

Tobacco use also varies greatly by age. Young adults aged 18 to 25 reported the highest rate of current use of any tobacco products (44.8%). In contrast, only 14.4% of youths aged 12 to 17 reported using a tobacco product in the past month.

Smoking can lead to using other substances. Youth who smoke are 3 times more likely to use alcohol, 8 times more likely to use marijuana, and 22 times more likely to use cocaine (Centers for Disease Control and Prevention, 2001).

**Risk Factors**

A variety of biological, psychosocial, and environmental factors act alone or in combination to place youth at risk for substance abuse (Weinberg, 2001; National Youth Violence Prevention Resource Center, 2001).

**Genetics and Biology**

Studies of twins indicate that genes may account for some degree of risk in substance abuse. According to Weinberg (2001), it is likely a combination of genes, rather than one gene alone, that contributes to drug and alcohol use. Independent of the genetic factor, however, prenatal exposure to tobacco, alcohol and drugs puts infants at risk to develop substance problems later on. In addition, biological factors such as temperament (impulsivity, aggression, hyperactivity, sensation seeking, and rigidity) and brain chemistry (dopamine/drug interaction) are associated with substance abuse.

**Psychosocial Influences**
Some psychosocial factors have been associated with adolescent substance abuse. For example, childhood psychopathology such as conduct disorder and ADHD, academic failure and learning difficulties, low self-esteem, and deficits in social competency have been linked to tobacco, alcohol, and drug use in teenagers. Adolescent antisocial behavior such as aggression, fighting, and truancy, as well as antisocial beliefs and values about substance use, are also considered to be risk factors.

Environment

Various aspects of family life, peer groups, school environment, and community contribute to adolescents’ proclivity toward substance abuse. Risk factors within the family include: a family history of substance abuse; access to tobacco, alcohol, or drugs in the home; poor family management, lack of discipline, and low parental monitoring; low levels of nurturing and attachment; and abuse in the home.

Having peers who use drugs or hold positive beliefs about substance use increases adolescents’ risk for substance abuse. The opposite is also true. That is, the likelihood of using drugs decreases among youth whose peers have positive values and anti-drug attitudes. In addition, school-related factors influence youth substance abuse. For example, lack of belonging or bonding to school and low achievement and poor academic performance are indicators of risk for drug use.

Risk factors for substance abuse also are found in the community. Risks include low levels of community resources and opportunities, lack of community bonding, pro-drug attitudes within the community, pro-drug messages in the media, and lack of services and opportunities for youth.

Promising Strategies

Traditional intervention and prevention strategies such as incarceration, detoxification and rehabilitation, and public health education have not had much sustainable impact on reducing adolescent substance use and abuse. Some recent successes have been documented using the social influence approach and the competence enhancement approach. Botvin (2000) describes these two approaches in detail.

The social influence approach focuses on the social and psychological factors that contribute to onset of use. Two major components of this approach include normative education and resistance skills training. The purpose of normative education is to rid teenagers of the belief that “everybody does it.” Resistance skills training teaches teens skills to resist pro-drug influences from peers, media, and society. Studies show social influence approaches to yield a 30 to 50 percent reduction in smoking prevalence, alcohol, and marijuana use (Botvin, 2000). In addition, follow-up studies show positive behavioral changes for up to three years. However, long-term follow-up studies indicate a decay of positive effects over time.
Life Skills Training (LST) represents a variation of the social influence approach known as competence enhancement. LTS is based on social learning theory and problem behavior theory. The underlying assumption is that drug use is a learned behavior influenced by the interaction of social and personal factors. Thus, LST teaches youth social and personal management skills. Examples of skills taught are: decision making and problem solving; cognitive skills for resisting social and media influences; personal control; goal setting; stress and anxiety management; assertiveness; and general social skills. Prevention efforts are generally aimed at 7th – 10th graders and typically vary in length from 7 to 20 sessions. Skills are taught by teachers and/or outside professionals such as project staff, graduate students, and social workers.

This approach has been empirically tested and demonstrated to reduce tobacco, alcohol, marijuana, and polydrug use in adolescents (Botvin, Griffin, Diaz, Scheier, Williams, & Epstein, 2000). Furthermore, the effects seem to be stable over time. A long-term follow up study with 6,000 participants who received LTS in the 7th grade, showed lower drug use at the end of the 12th grade for LTS youth than for controls.

References


Internet Resources

Center for Substance Abuse Prevention: http://www.samhsa.gov/centers/csap/csap.html

Centers for Disease Control and Prevention: http://www.cdc.gov

National Clearinghouse for Alcohol and Drug Information: http://www.health.org

National Institute of Health: http://www.nih.gov

National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov


Substance Abuse Funding News: http://www.cdpublications.com/fnding/saf.htm


Your Time, Their Future: http://www.health.org/yourtime