



## Adolescent Substance Use in the U.S. *Facts for Policymakers*

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Adolescence is an important period of physical, social, psychological, and cognitive growth. No longer children and not yet adults, adolescents make significant choices about their health and develop attitudes and health behaviors that continue into adulthood. Substance use disorders among adolescents can impede the attainment of important developmental milestones, including the development of autonomy, the formation of intimate interpersonal relationships, and general integration into adult society.<sup>1</sup> Similarly, the use of alcohol and illicit substances by youth often leads to adverse health outcomes.<sup>2</sup>

Because heightened peer influence and a tendency towards risk taking are normal developmental changes in adolescence, experimentation with substances during this period is common. However, using drugs and alcohol at a young age increases the risk of dependency and addiction,<sup>3</sup> and early onset of drinking increases the likelihood of alcohol-related injuries, motor vehicle crash involvement, unprotected intercourse, and interpersonal violence.<sup>4</sup>

The more risk an adolescent is exposed to, the more likely it is he or she will abuse substances.<sup>5</sup> Some risk factors, such as peer influence, may be more powerful during adolescence, and likewise some protective factors, such as a strong sense of school belonging and a meaningful positive adult presence, can have a greater positive impact during this period. An important goal of substance abuse prevention is to reduce risk and increase protective factors in the lives of all adolescents, and particularly among disadvantaged youth.<sup>6</sup>

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## Facts about Adolescent Substance Use<sup>7</sup>

### Prevalence

- ◆ In 2009, 10 percent of youth aged 12 to 17 were current illicit drug users. See Figure 1 for a breakdown by drug type.
- ◆ In 2009, rates of current alcohol use were 3.5 percent among persons aged 12 or 13, 13 percent of persons aged 14 or 15, and 26 percent for 16 or 17 year olds.
- ◆ An estimated six percent of 16 or 17 year olds and nearly 17 percent of 18 to 20 year olds reported driving under the influence of alcohol in the past year.
- ◆ Rates of current cigarette smokers also climbed steadily by age, with one percent of youth aged 12 and 13, seven percent of 14 and 15 year olds, and 17 percent of those 16 and 17 years of age reporting current usage.

### Racial and Ethnic Disparities

- ◆ Among youths ages 12 to 17 in 2009, Asians had the lowest rates of current alcohol use (6.5 percent), compared to 10.6 percent of African-Americans, 11.9 percent of American Indians or Alaska Natives, 15.2 percent of Hispanics/Latinos, 16.1 percent of whites, and 16.7 percent of Multi-racial youths.
- ◆ White adolescents smoked cigarettes at a higher rate than did African-American adolescents in 2009, with 24 percent of white high school seniors reporting that they smoke compared to only nine percent of African-American seniors.<sup>8</sup>
- ◆ Marijuana usage rates were nearly identical among white and African-American adolescents; about 21 percent of high school seniors from both racial/ethnic groups reported usage in 2009.<sup>9</sup>

Figure 1: Illicit Drug Usage for Youth 12-17 in 2009

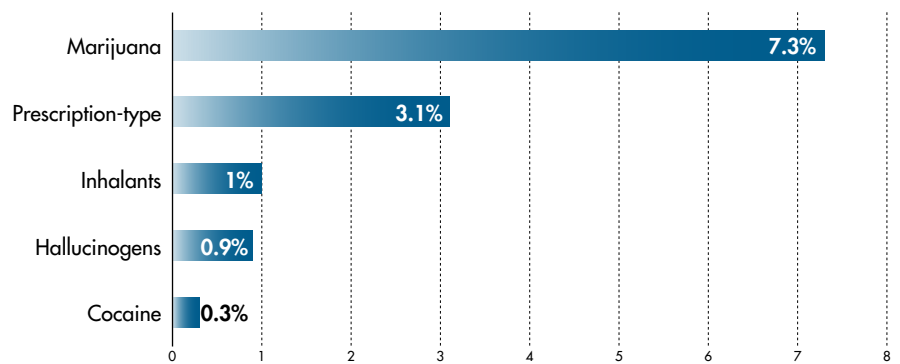
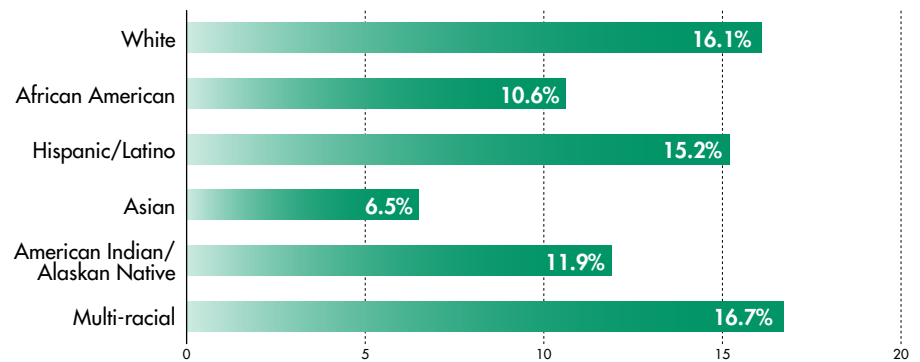


Figure 2: Racial and Ethnic Disparities in Alcohol Use for Youth 12-17 in 2009



Source: National Survey on Drug Use and Health

### Access/Risk Factors

- ◆ In 2009, half (49.9 percent) of youths aged 12 to 17 reported that it would be “fairly easy” or “very easy” for them to obtain marijuana if they wanted some. Fourteen percent indicated that they had been approached by someone selling drugs in the past month.
- ◆ In 2009, 55.9 percent of underage drinkers reported that their last use of alcohol occurred in someone else’s home.
- ◆ Thirty percent of underage drinkers paid for the alcohol the last time they drank. Among those who did not pay, 37.1 percent obtained the alcohol from an unrelated person of legal drinking age, 19.9 percent received it from other underage persons, and 20.6 percent were provided alcohol by their parents, guardians or adult family members.
- ◆ Among persons aged 12 or older (2008 to 2009) who used pain relievers non-medically, 55.3 percent got the drug they most recently used from a friend or relative for free.
- ◆ Homelessness is a significant risk factor for substance use. The majority of homeless youth on the streets use substances such as tobacco (81 percent), alcohol (80 percent), or marijuana (75 percent).<sup>10</sup>

## Protective Factors

- ◆ The percentages of youth reporting binge alcohol use and use of cigarettes and marijuana were lower among those youth who perceived great risk in using these substances.
- ◆ Youths aged 12 to 17 who had heard drug or alcohol prevention messages in the last year from a source inside and/or outside of school had a lower prevalence of illicit drug use than those who had not heard such messages (9.2 and 9.7 versus 12.7 and 11.3 percent).
- ◆ In 2009, past month use of illicit drugs, cigarettes, and alcohol was lower among youths aged 12 to 17 who reported that their parents always or sometimes engaged in monitoring behaviors.
- ◆ Parent-family connectedness (feelings of warmth, love, and caring) and school connectedness and engagement (perceived caring from teachers and high expectations for student performance) have been associated with lower levels of cigarette, alcohol, and marijuana use.<sup>11</sup>
- ◆ According to the National Center on Addiction and Substance Abuse at Columbia University, a child that reaches the age of 21 without smoking, using illicit drugs, or abusing alcohol is virtually certain never to do so.<sup>12</sup>

## System-level Challenges to Decreasing Adolescent Substance Use

Below are some of the factors that make monitoring and decreasing adolescent substance use especially difficult.

- ◆ The many varied challenges parents face in effectively engaging with their children.
  - Though the importance of parent connectedness and physical presence in the home have been noted as key protective factors for adolescents, many parents struggle to find enough time, largely due to workforce pressures.<sup>13</sup>
  - Many parents believe that their adolescent children follow their directives, and often underreport their own children's drug and alcohol use.<sup>14</sup>
- ◆ Scarcity of school-based and other prevention programs that provide drug and alcohol education and interpersonal and behavior skills training.<sup>15</sup>
  - Of every federal dollar spent on substance abuse and addiction, only 1.9 cents went to fund prevention and treatment programs aimed at reducing the incidence and consequences of substance abuse and addiction.<sup>16</sup>
  - Universal school-based prevention programs often do not contain content tailored for at-risk youth and families.<sup>17</sup>
  - Limited government funding for substance use treatment is one of the main challenges in delivery of care.<sup>18</sup>
  - Even where treatment programs exist, not all states allow minors to consent to their own care for substance use disorders.<sup>19</sup>
- ◆ Lack of access to and funding for confidential substance use prevention and treatment.

### School-based Substance Abuse Prevention Programs

In *Evidence-based Health Promotion Programs for School and Communities*,\* the authors identify evidence-based, peer-reviewed programs designed to prevent health problems often experienced by adolescents. For school-based prevention of tobacco and substance abuse, the authors recommend the following programs:

#### Protecting You/Protecting Me

Focuses on reducing alcohol use and increasing protective factors for children age 6 and up. [www.madd.org/underage-drinking/pypm](http://www.madd.org/underage-drinking/pypm)

#### Life Skills Training

Seeks to prevent substance use and violence by improving drug refusal skills and increasing knowledge. [www.lifeskillstraining.com/index.php](http://www.lifeskillstraining.com/index.php)

#### CASASTART

Aims to reduce alcohol and drug use, decrease association with delinquent peers, improve school performance, and reduce violent offenses. [www.lifeskillstraining.com/index.php](http://www.lifeskillstraining.com/index.php)

#### Class Action/Project Northland

Focuses on delaying the onset of alcohol use, decreasing likelihood of alcohol use and reducing alcohol-related problems for adolescents

#### Project ALERT

Aims to give middle school-age students insight and skills for resisting substance use. [www.projectalert.com](http://www.projectalert.com)

\*Inman, D. D.; van Bakergem, K. M.; LaRosa, A. C.; Garr, D. R. 2011. Evidence-based Health Promotion Programs for School and Communities. *American Journal of Preventive Medicine* 40(2): 207-219.

## Recommendations

- ◆ **Initiate public awareness campaigns to inform both youth and adults, particularly parents, of the risks of substance use.** Many adolescents gain access to substances through parents and other adults, and prevention messages from sources outside of school may help to highlight risks.<sup>20</sup>
- ◆ **Provide funding to inform and support parents at the community level.** Family-focused prevention programs have decreased the use of alcohol and drugs in older children and improved effectiveness of parenting skills that favorably affected their children's risk factors.<sup>21</sup>
- ◆ **Support the replication of effective culturally and linguistically competent school- and community-based prevention programs.** At-risk students are more likely to internalize prevention content if it is focused on their individual needs,<sup>22</sup> and community-based organizations are able to tailor their intervention and prevention programs specifically to the needs of their target communities.<sup>23</sup>
- ◆ **Provide more school-based extracurricular activity opportunities.** Adolescents aged 12 to 17 who participated in extracurricular activities in 2009 were less likely to have used alcohol, cigarettes, and illicit drugs in the past month.<sup>24</sup>
- ◆ **Ensure confidential access to mental health services and substance use treatment for adolescents.** Removing barriers to care will help adolescents get treatment earlier and avoid substance-use disorders.<sup>25</sup>
- ◆ **Fund accessible, comprehensive, and intensive substance abuse prevention and treatment programs targeted at homeless youth.** Efforts such as increasing the number and visibility of mobile vans and outreach staff, locating storefronts with "street-wise" staff in areas where youth congregate, and strengthening links among existing service systems may lead to more homeless youth receiving needed services.<sup>26</sup>

## Endnotes

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