Colorado State University
Extension

Adolescent Alcohol and Other Drug Abuse

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Across the U.S., many families struggle with teen alcohol and other drug (AOD) use or misuse. Results from a 2010 survey show that by the 8th grade about 36% of teens in the U.S. have used alcohol at some point in their life; this number increases to 71% by the 12th grade (NIDA, 2011). As for use of any illegal drugs, about 21% of teens have used some form of illegal drug by 8th grade, with the number increasing to just over 48% by the 12th grade (NIDA, 2011). Although the number of teens who report that they have used AODs has gone down over the past ten years, there are still many teens that are using drugs and alcohol regularly and in unsafe ways.

Teens in Colorado are not different from those across the U.S. Results from a 2009 survey show that by the 12th grade 81% of Colorado teens have used alcohol at some point in their life, with almost 19% having had their first drink before age 13 (CDPHE, 2009). Up to 56.5% of Colorado teens have used some form of illegal drug by the 12th grade, with up to 6.8% having used an illegal drug before age 13.

Why Do Teens Use Alcohol and Other Drugs (AODs)?

Even though it is illegal for anyone in the U.S. under age 21 to buy or be caught with alcohol or illegal drugs, many teens are still using. Alcohol use and the abuse of prescription drugs are common among teens. The most common drugs teens report using include alcohol, tobacco, caffeine, pot or weed (marijuana), and pills that were not prescribed to them. Other less used drugs include opiates, cocaine, amphetamines, hallucinogens, depressants, inhalants, club drugs, and performance enhancing drugs (Goldstein, 2011).

Experts believe there are a number of reasons youth use AODs. First, recent research shows that the brain does not fully develop until around a person's mid-twenties (Winters & Arria, 2011). The area of the brain that is last to develop is the pre-frontal cortex, which is in charge of judgment and decision-making. This is thought to be one reason why risky behaviors among teens is so common and why adults always puzzle over poor decisions teens make.

Researchers have found that teens start using drugs and alcohol for four main reasons: (1) to improve their mood; (2) to receive social rewards; (3) to reduce negative feelings; and (4) to avoid social rejection (Kuntsche, Knibbe, Gmel, & Engels, 2005). Teens who reported social reasons for drinking were more likely to report moderate drinking. Those who wanted to improve their mood reported heavy alcohol use while those looking to reduce negative feelings showed problematic drinking patterns. Experts point to peer pressure and other social reasons for initial use of substances during teen years (Terry-McElrath, O'Malley, & Johnston, 2009). Teens will sometimes copy what their friends do to feel accepted, and some are curious about the effects of drugs on their mood and behavior.

What Are the AOD Use Trends in Colorado?

In a large survey of adolescent health in 2007, Colorado ranked in the top ten for rates of past-month marijuana and other illegal drug use among 12 year olds and those between 18-25 years (SAMHSA, 2010). According to the Attorney General's Colorado Department of Law website in 2009,

> "Colorado youth in particular are abusing prescription drugs at an alarming rate. According to statistics from the Colorado Division of Behavioral Health and other state

Quick Facts

- Many families struggle with teen alcohol and other drug (AOD) use or misuse.
- Even though it is illegal for anyone in the U.S. under age 21 to buy or be caught with alcohol or illegal drugs, many teens are still using.
- In a large survey of adolescent health, Colorado ranked in the top ten for rates of past-month marijuana and other illegal drug use among 12 year olds and those between 18-25 years.
- Drug and alcohol use during teen and young adult years can lead to many problems for teens and their families.
- Prevention programs exist for children from the time they are able to understand the concept of AOD use.
- A brief meeting with a trained professional can help determine the amount and type of AOD misuse so that the teen and his or her family can get the right type of help, whether it is outpatient counseling or inpatient programs.

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agencies, Coloradans ages 24 and younger comprised 20 percent of all admissions to Colorado drug treatment facilities to treat addictions to opioids, such as oxycodone and hydrocodone. Coloradans ages 24 and younger comprised 29 percent of all admissions to Colorado drug treatment facilities to treat addictions to stimulants. Ready access to prescription drugs has fueled this rising trend among youth over the past decade. From OxyCotin to Vicodin, young Coloradans have ready access to potent drugs often inside their own homes. According to the 2008 National Survey on Drug Use and Health, nearly 82 percent of people across the county reporting prescription-drug abuse said they obtained the drugs from a friend or relative for free. Trends in young Coloradans' increasing abuse of prescription drugs track alongside national trends, as documented by the National Survey on Drug Use and Health, even as this demographic has reported declining use of methamphetamine and inhalants, such as paint or glue."

What Are the Problems with Teen Drug and Alcohol Use?

Drug and alcohol use during teen and young adult years can lead to many problems for teens and their families. Teen AOD misuse can lead to skipping school, bad grades, conflict in relationships with friends and peers, rocky family relationships, and can cause poor brain function, concentration, and other areas of brain development (NIAAA, 2009). Some teens also get in trouble with the law and end up in court, involved with police and Social Services, and may spend time in juvenile detention (USDOJ, 2003). Teens that begin using AODs earlier are more likely to be heavy users and may become chemically dependent on substances later (NIAAA, 2009). These problems have a negative impact on the life of the teen and on their future work life, family relationships, friendships, and overall health.

Is Teen AOD Misuse a Family Issue?

Many experts have pointed to AOD misuse as a family issue, not an individual problem. When it comes to teens, it becomes even clearer. Teens copy what they see the adults in their lives doing, and will use AODs to feel more grown up or to rebel against adults. AOD use is something teens learn to do from their parents and other adults who misuse alcohol and drugs (Rowe, 2012). It is helpful for parents to give clear messages about the dangers of teen AOD use and pair those messages with rules and consequences that are firm but fair. Following their own rules in the home as an example of responsible, legal, and safe use of alcohol is another important hint for parents. Modeling what you want your child or teen to do in terms of drug and alcohol use is key. Researchers also have found a genetic link that puts people at higher risk for addiction, but they also now know that there is no single "alcoholism gene" that causes addiction (Epps & Wright, 2012). We now know that many risk factors act together to add to a person's risk of becoming addicted.

What Are the Risk and Preventive Factors for Adolescent Alcohol and Other Drug (AOD) Use and Misuse?

Experts have found that there are a number of risk factors that make a teen more likely to have problems with AOD use in the future. These include individual, family, and community risk factors (Goldstein, 2011). Individual risk factors including being male, having an untreated mental health issue (especially ADHD, mood disorders, learning disorders, and PTSD), having low self-esteem, poor grades in school, and poor social and coping skills. Family risk factors include family history of AOD abuse, poor modeling from parents, chaos at home, and poor communication between parents and children. Community risk factors are high incidence of AOD abuse and availability of drugs in the community. Obviously if a teen never encounters AODs, they have no opportunity to use, thereby reducing their risk of addiction to zero. For this reason, experts believe limiting teens' access to AODs and individuals who use AODs is the very best protective factor for long-term health. While this "abstinence" approach makes sense, it is not likely that teens' exposure to substances will be extinguished entirely.

Experts also focus on the factors that protect teens from AOD abuse. These include factors involving parents, peers, community, and school (Goldstein, 2011). Parents who model positive behaviors, have good communication skills, set limits, and supervise their teens can improve the chances that their children will avoid AOD use. Having friends who do not abuse AODs helps protects kids, as does having a zero tolerance policy in the local community. Schools help by providing after school activities, sports, teachers and coaches who are good role models, and quality education.

What are Professionals Doing to Prevent AOD Misuse in Teens?

Prevention programs exist for children from the time they are able to understand the concept of AOD use. Many of these are offered in schools, though programs to prevent AOD use work best when they are offered to teens that are most at risk. Schools, neighborhoods, and community agencies who work with the most at risk children should offer these programs. One AOD program that has been found effective in reducing the drinking and smoking by 8th grade is the Communities That Care (CTC) program (Hawkins et al, 2009). The National Youth Anti-Drug Media Campaign also provides messages to young people about drug use and its consequences (Executive Office of the President of the United States, n.d.). This program is used in Colorado. Above the Influence is one component of the Campaign. The program helps young people learn how to reject AOD use by way of local and national ads and activities as well as helping Colorado communities improve drug prevention programming.

What is Available to Help Teens Who Are Using AODs?

AOD intervention programs are useful after a teen has been found to be using or abusing AODs. To decide which program is best for a teen who is drinking or using drugs, a doctor or therapist should meet with the teen to decide how far along their drug use is. Having a parent at the meeting is important so information from more than one person can be gathered to get a full picture of the AOD use.

It is important to remember is that AOD use is on a scale from no use to heavy use. A small portion of teens fall on the high end of that scale (drug or alcohol dependence). While teen misuse of AODs calls for some type of intervention, adults should remember that very little use, while still a risk factor, may not need intervention at all. Research tells us, however, that the earlier a teen begins AOD use, the higher at risk they are of future problems. When deciding what programs a teen needs to help them quit drinking or using drugs, the first step is to figure out how much of what the teen is using. While teen use of AODs calls for some form type of program, adults should remember that very little use, while still a risk factor, may not need intervention at all. Health care workers are the best people to decide the need for programs for teens.

Once a healthcare professional has recommended a program for a teen and their family, there are many options that have been found to be helpful. Most teens who have been abusing substances for a short period go into an outpatient program that involves group therapy, individual therapy, and drug education. Most larger communities provide these services. Because teens who are in these types of programs stay where they are living, experts think having the family involved gives the best results for short and long term success.

Teens who have been assessed and found to be chemically addicted or dependent on AODs most likely will be referred for inpatient treatment. Most major cities have an inpatient treatment program that is either privately owned or run through the county mental health services department. Inpatient treatment may begin with a medical detoxification process for some teens who are at risk of medical complications as the drugs or alcohol leave their system. Others enter inpatient treatment directly where they will experience daily individual and group therapy sessions and academic tutoring. All of their medical, emotional, and mental health issues are addressed in inpatient treatment. Programs that pay attention to all parts of the teen's health and lifestyle are most helpful, and research has shown that the longer the teen is in the program, the better they do in the long run. Because these programs are usually less than 30 days, many teens are then sent to outpatient programs to continue to learn how to live drug and alcohol free.

There are many kinds of therapy that are used with teens to help them learn how to cope without drugs and alcohol. Studies show that it is not as important what kind of program a teen attends, but that they feel supported and safe while learning a new skill set. Family therapy is also helpful for many teens who are trying to live without drugs and alcohol (Rowe, 2011). For more information on family therapists in Colorado, go to www.therapistlocator.net to locate a family therapist in Colorado, or the Center for Family and Couple Therapy if you are in Northern Colorado at www.hdfs.cahs.colostate.edu/centers_outreach/cfct/Default.aspx.

Another type of program that some teens and families find useful in dealing with AOD use and misuse are self-help groups. These include Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), and are also known as 12-Step groups. These groups are run by other people recovering from addictions and give support to those who are learning to live drug free lives. These should not be used in place of good treatment programs but as an addition to the support needed for recovery.

What About College-Age/ Young Adult Interventions in Colorado?

Adolescents and young adults have brains that are not yet fully developed. When they drink large quantities of alcohol, they are at a higher risk of problems like alcohol poisoning, car accidents, and violence (NIAA, 2008). Many teens start college around age 18 where they learn from their peers many unhealthy drinking and drug use behaviors (NIAAA, 2009). Programs like Drugs, Alcohol, and You at Colorado State University offer education and recovery programs for college students who have gotten into trouble for drug and alcohol use. Most colleges have some sort of drug and alcohol program, though CSU is one of the only colleges in the country to treat substance abuse problems on campus while students continue with their education (Matheson, Gloeckner, Rein, & Miller, 2008).

Conclusion

While about 80% of teens begin AOD use early in their teen years, only some end up having serious problems because of AOD use. For these teens, professionally run programs can help them stop using and help guard against long-term health and social problems. A brief meeting with a trained professional can help determine the amount and type of AOD misuse so that the teen and his or her family can get the right type of help, whether it is outpatient counseling or inpatient programs. Teens in college now have more options for treatment as well if their AOD use becomes a problem on or off campus.

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