

# ED304628 1988-00-00 Alcohol and Drug Use among Adolescents. Highlights: An ERIC/CAPS Digest.

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## Alcohol and Drug Use among Adolescents. Highlights: An ERIC/CAPS Digest.

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Drug use among children has been reported to be ten times more prevalent than parents suspect (U.S. Department of Education, 1986). The same problem exists within the schools. The percentage of students using drugs by the sixth grade has tripled over the last decade. Now one in six 13-17 year-olds has used marijuana. Nearly two-thirds of all American young people try an illicit drug before they finish high school (Johnston, O'Malley, & Bachman, 1985).

The following questions must be answered if those in a position to intervene are to acquire the tools for overcoming this pervasive problem: (1) Why does substance abuse exist? (2) How do we identify substance abusers? (3) What is the role of the school? and (4) What are the components of successful prevention programs?

## INCIDENCE

A survey reported by the National Institute on Alcohol Abuse and Alcoholism (Department of Health and Human Services, 1982) of men aged 21 to 59 found the highest proportion of drinking problems among the group aged 21 to 24. These studies suggest that alcohol problems begin early among the youth in the United States, increase continuously in each school year, and peak during students' collegiate and post-graduate years.

Added to the prevalence data are changes in the drugs themselves. Johnston et al. (1985) have cautioned against the use of prevalence information alone when trying to gain an understanding of the trends in drug use. There are other dramatic trends. Although prevalence of use of some drugs may be down, the intensity of use may be going up (McCurdy, 1986). Today's drugs are more potent and addictive than ever. For example, marijuana today is five to twenty times stronger than it was previously. Crack, a new, highly addictive form of cocaine which is smoked (a particularly dangerous and psychologically addictive method of use) and the so-called new "designer drugs" (analogs of certain illegal drugs) have been known to cause permanent brain damage. Slight increases are also being seen in the use of inhalants and PCP (phenocyclidine). In fact, daily use of inhalants, PCP, and cocaine have become more prevalent than ever (Johnston et al., 1985; McCurdy et al., 1986).

## CAUSES OF SUBSTANCE ABUSE

Social pressures, from peer, family, and societal role models are at the top of the list of reasons why adolescents take drugs. Predisposition toward rebelliousness, nonconformity, and independence also figure prominently (Towers, 1987). Also, a high correlation has been found between parental drug use and abuse and drug abuse patterns among their children (Kandel & Yamaguchi, 1985). Some experimentation with

mind-altering substances appears to be part of the adolescent "rites of initiation" (Bratter, 1984). During the 1950s, any drug use was considered to be pathological. Thirty years later, in contrast, abstinence from drugs can be defined as "deviant" (Collabolletta, Bratter, & Fossbender, 1983).

## STEPPING-STONE THEORY

There has been much debate about sequential use of drugs. It is likely that the use of a particular drug makes the use of the next drug in the sequence, considered the next most risky or deviant, seem a smaller and more acceptable step. The progressively greater legal tolerance for marijuana, although it may be seen as desirable for reasons of political philosophy, is not a favorable development from the point of view of public health. While all marijuana users do not go on to use harder drugs, they are, nonetheless, the population at risk for the use of harder drugs. When the use of marijuana expands, the population at risk grows greater.

It is important to note that alcohol precedes marijuana in the developmental sequence and that alcohol serves as the gateway to other drug use. Stated simply, alcohol use precedes all other drug use.

## IDENTIFICATION OF ADOLESCENT SUBSTANCE ABUSE

Identifying the adolescent alcohol abuser is difficult but possible. Early recognition can result in early intervention and treatment. And treatment is essential because frequent and heavy use of any drug among adolescents is often a coping mechanism for dealing with personal problems that need to be confronted and resolved if normal development is to occur. When drugs are used to cover feelings and to cope with stress, normal adolescent social and psychological growth is blocked.

Specific behaviors and characteristics to watch for to determine whether or not alcohol or other drug abuse is occurring include, but are not limited to, the following: -- frequent absenteeism, -- decline in academic performance, -- conflicts with authority figures, -- problems with peers, -- new peer relationships, -- evidence of self-destructive behavior, -- avoidance and distancing, -- depression, -- lack of energy, -- impulsive behavior, -- lack of concern about personal well-being and hygiene, -- obvious signs of intoxication, -- evidence of a troubled home life.

Those who have substance abuse problems are usually the last ones to realize or admit it. They think they can handle it and feel they are still in control. The process of falling into abuse and addiction is very subtle and the stages of addiction incremental. For this reason identification is not always straightforward. The mechanism of denial can also be at work on the part of parents and other adults.

## THE ROLE OF THE SCHOOL

The school does not own the responsibility for the students' emotional and physical problems. However, when the school is the only constant in the adolescent's life, and when children of all ages bring their problems (e.g., drug and alcohol) to the school environment and to the athletic field, the school has the obligation to address these problems and try to implement change.

The process of identification is often an overlooked step in many schools' programs. This step is the link between prevention and treatment; its importance cannot be overemphasized. Considering the progressive nature of the problem, and the diminishing hope for recovery as addiction progresses, interventions that can possibly prevent further damage are worth the effort.

Successful school programs have been developed using two components: (a) a "core team" who receive formal training, and (b) a referral system for identifying potential substance abusers. With a system such as this, teachers are able to identify students exhibiting problematic behavior through the referral system (usually a confidential form). The core team then follows up with another identification process to determine whether or not assessment and intervention are needed.

Treatment is not an issue for schools, apart from referral to outside agencies and aftercare to help the student make the transition back to the school from a treatment facility.

## SUBSTANCE ABUSE PREVENTION

Prevention programs offer more hope for reducing adolescent drug use than any other method. The object is to aim at the reduction, delay, or prevention of drug use before it has become habitual or clearly dysfunctional.

Some recommendations for planning prevention programs include: Use a Broad-Based Approach. Deter drug use by limiting the availability of drugs and enforcing penalties for use, possession, and distribution. Continue to provide information on the effects of drugs but couple this with social skills training.

Start Prevention Activities Early. Prevention efforts should begin before youngsters are faced with the decision to use drugs, usually between 12 and 18 years of age.

Help High-Risk Students First. We know from research, experience, and common sense that some kids are at greater risk of becoming drug abusers than others.

Cover All Bases. Prevention efforts should be a continuum of interrelated and complementary activities including those at school, at home, and in the community.

## CONCLUSION

The importance of prevention and early intervention cannot be overemphasized.

Substance abuse problems, if left unrecognized, will, in most cases, get worse. One does not have to be trained as a counselor to recognize signs and symptoms. Intuition is a valuable tool. Most people just need an established channel for referral and assessment and a sense of responsibility.

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