Kronkosky Charitable Foundation

Research Brief

Adolescents and Substance Abuse

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Adolescent substance abuse remains a critical national health issue. According to the National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia) (2011), adolescent smoking, drinking, misusing prescription drugs and using illegal drugs constitute a public health problem of epidemic proportion, presenting clear and present danger to millions of America's teenagers with severe and expensive long-range consequences for our entire population. The most recently published national survey of teen attitudes on substance abuse revealed that:

- 97% of high school students said that classmates drink, use drugs, or smoke
  - 47% drink alcohol
  - 40% use drugs
  - 30% smoke
- 86% said that some classmates drink, use drugs, and smoke during the school day
- 52% said there is a place on or near school grounds where students go to use drugs, drink, and smoke during the school day
- 36% said it is very or fairly easy for students to drink, use drugs, or smoke during the school day without getting caught
- 44% knew of a student who sells drugs at their school
  - 91% knew someone who sold marijuana at school
  - 24% knew someone who sold prescription drugs
  - 9% knew someone who sold cocaine
  - 7% knew someone who sold ecstasy

The problem of substance use is not only endemic in public schools. Private high schools have seen a significant increase in substance use as well. "In 2002, 46 percent of students at public high schools said their school was drug infected compared to 24 percent of students at private high schools; in 2012, 61 percent of students at public high schools said their school was drug infected compared to 54 percent of students at private high schools. The 22 percent gap has narrowed to seven percent" (CASAColumbia, 2012, p.iii).

Recent research indicated that 8.8% of American adolescents aged 12 to 17 used illicit drugs within the past month (current use) at the time of the survey in 2015. Illicit Drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription tranquilizers, stimulants, and/or sedatives used nonmedically. The same national survey reported that the rate of current alcohol use dropped from 11.5% in 2014 to 9.6% in 2015 for 12 to 17 year olds. The rate of past month use of tobacco among 12 to 17 year old youth has declined steadily each year since 2002 when it was 13% to 4.2% in 2015 (Center for Behavioral Health Statistics and Quality, 2016).

By 12th grade, Texas students reported higher lifetime use of alcohol, cigarettes, inhalants, and ecstasy than the national average (Table 1). Alcohol remained the most widely used substance by Texas adolescents although its use continued to trend downward from previous years. In 2016, 12% of high school students reported episodic heavy or binge drinking (5 or more drinks on one occasion) within the previous month, down from 14% in

2014 (Texas Department of State Health Services [DSHS], 2016).

TABLE 1. LIFETIME SUBSTANCE USE AMONG 8TH, 10TH, AND 12TH GRADERS IN THE UNITED STATES AND TEXAS: 2016

	Lifetime Use	
	United States (%)	**Texas (%)**
Alcohol		
Grade 8	22.8	43.3
Grade 10	43.4	58.6
Grade 12	61.2	71.8
Cigarettes		
Grade 8	9.8	11.0
Grade 10	17.5	18.2
Grade 12	28.3	30.0
Marijuana		
Grade 8	12.8	11.4
Grade 10	29.7	25.2
Grade 12	44.5	40.2
Any Illicit Drugs		
Grade 8	17.2	13.2
Grade 10	33.7	27.0
Grade 12	48.3	41.8
Inhalants		
Grade 8	7.7	13.8
Grade 10	6.6	11.3
Grade 12	5.0	9.7
Hallucinogens		
Grade 8	1.9	1.3
Grade 10	4.4	3.2
Grade 12	6.7	7.2
Ecstasy (MDMA)		
Grade 8	1.7	1.4
Grade 10	2.8	2.6
Grade 12	4.9	5.2

(National Institute on Drug Abuse, 2016; Marchbanks III, et.al., 2016)

SUBSTANCE USE DISORDER

The recently released Diagnostic and Statistical Manual of Mental Disorders (DSM-5) combines the disorders previously identified as Substance Abuse and Substance Dependence into one disorder, Substance Use Disorder. Listing eleven (11) criteria, DSM-5 specifies that Substance Use Disorder be evaluated on a continuum with the severity of the disorder determined by the number of criteria being met:

- 2–3 criteria indicate a mild disorder
- 4–5 criteria, a moderate disorder
- 6 or more, a severe disorder

(Grohol, 2013)

The criteria include items such as: continued use despite negative consequences; repeated inability to carry out major obligations; recurrent use in physically hazardous situations; tolerance (need for increased amounts), manifesting withdrawal; and cravings (BupPractice, 2016).

RISK FACTORS FOR SUBSTANCE ABUSE

A study of adolescents receiving substance abuse treatment found that 75% listed social pressure and experimentation as the major reasons they began using substances (The National Child Traumatic Stress Network, 2008). A wide variety of factors increase the risk for young people to potentially become substance abusers. Some of the most common risk factors leading to substance abuse are:

- A genetic predisposition toward developing an addiction or a family history of substance use disorders
- Adverse childhood events, such as abuse, neglect or other trauma
- Co-occurring mental health problems
- Peer victimization or bullying
- Engagement in other health- and safety-risk behaviors such as early or unsafe sex, risky driving or violent or aggressive behavior

If exposed to such risk factors, teens become more likely to engage in the use of addictive substances and to develop Substance Use Disorder. These exposures may lead to using substances at a younger age, to use multiple addictive substances, and to progress more quickly to heavy use and addiction (CASAColumbia, 2011).

CONSEQUENCES OF SUBSTANCE ABUSE

Some of the direct and indirect consequences of substance use and abuse as they relate specifically to adolescents can have long-term consequences. “Students who use illicit drugs are more likely to engage in risky sexual behavior, delinquency and crime, and to be at increased risk for depression…often have problems in school, including low attendance rates and poor academic performance, and are more likely to drop out or be expelled” (Child Trends Data Bank, 2016, p.2).

A telling example of the dire consequences of substance abuse is that Texas had the third highest rate of alcohol-related traffic fatalities (38%) in the country, much higher than the

national average for alcohol-related traffic fatalities (29%) in 2015 (U.S. Department of Transportation, 2016). During the same year, 7.8% of high school students (of the 61.4% who drove) reported driving a car during the past 30 days when they had been drinking alcohol and 7.4% had used marijuana. 20% of students reported riding with a driver who had been drinking (Centers for Disease Control and Prevention, 2016).

Treatment of Adolescent Substance Abuse

In 2015, 1.3 million adolescents aged 12-17 needed treatment for a problem related to the use of alcohol or illicit drugs. Unfortunately, only 6.3% (81,900) of those adolescents who needed treatment received help (Center for Behavioral Health Statistics and Quality, 2016).

According to the National Survey of Substance Abuse Treatment Services (N-SSATS) (most recent available), there were 480 substance abuse treatment facilities in Texas, reporting 39,485 clients in substance abuse treatment in 2014. 119 of those facilities (25%) had programs for adolescents (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015; 2016). A total of 5,039 adolescents ages 12-19 received treatment for substance use in 2014 (SAMSHA, 2016).

Table 2 presents the most recent admissions statistics, of youth ages 12-19 in Texas, to substance treatment programs licensed or certified by the State.

Table 2. Admissions to Substance Abuse Treatment Programs in Texas Number of Youth (ages 12-19)

Substance	2014
Alcohol	65
Alcohol with secondary drug	147
Cocaine (smoked)	10
Cocaine (other route)	81
Marijuana	4,090
Heroin	196
Other opiates	50
PCP	2
Hallucinogens	14
Amphetamines	259
Other Stimulants/not specified	20
Tranquilizers	259
Sedatives	9
Inhalants	4

(SAMHSA, 2016)

A detailed description of the facilities with programs for adolescents located in the San Antonio area, their services, and methods of payment appears in Table 3 at the end of this brief.

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TABLE 3. SAN ANTONIO SUBSTANCE ABUSE TREATMENT FACILITIES WITH PROGRAMS FOR ADOLESCENTS

Name of Facility	*Primary Focus*	*Services*	*Type of Care*	*Payment Accepted*
Alamo City Treatment Services	Substance abuse treatment	Substance abuse treatment	Outpatient	State insurance (other than Medicaid); Private insurance, self- pay; sliding fee scale
Association for the Advancement of Mexican Americans (AAMA)-Selena Treatment Center	Substance abuse treatment	Substance abuse treatment	Short and long term residential; outpatient	Self-pay (assistance available); Medicaid; Non-Medicaid state insurance; Private insurance; Military insurance; Access to Recovery vouchers*
The Center for Healthcare Services-Children and Adolescent MH Program	Mental health and substance abuse services	Substance abuse treatment	Outpatient	Medicare; Medicaid; State insurance (other than Medicaid); Private insurance; Military insurance; Access to Recovery vouchers; sliding fee scale
The Center for Healthcare Services-Bexar County Board of Trustees	Mental health and substance abuse services	Substance abuse treatment	Outpatient	Medicaid; State insurance (other than Medicaid); Private insurance; Military insurance; self-pay; sliding fee scale
Elite Counseling	Substance abuse treatment	Substance abuse treatment	Short-term Residential (30 days or less); Outpatient	Medicare; Medicaid; Self-pay (sliding fee scale) and Access to Recovery vouchers
Laurel Ridge Treatment Center	Substance abuse services	Substance abuse treatment, Detoxification; Buprenorphine Services	Hospital inpatient (detoxification and treatment)	Medicaid; Non-Medicaid state insurance; Private insurance; Military insurance; self-pay
Rise Recovery (Palmer Drug Abuse Program)	Drug Recovery services	Counseling and other drug treatment services	Outpatient	No charge
TRS Behavioral Care Inc. The Right Step	Substance abuse treatment	Substance abuse treatment	Outpatient	Self-pay; private health insurance
A Turning Point	Substance abuse treatment	Substance abuse treatment	Outpatient	Self-pay; private health insurance; sliding fee scale

* The Access to Recovery project, funded by a three-year, $23 million federal grant, provides court-ordered treatment through enrolled providers where providers are reimbursed through an electronic voucher.

(Rise Recovery, 2016; SAMHSA, n.d.)