

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 a 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:

- "More than 1 in 4 teens reported having personally seen someone using illegal drugs in real life, with the most frequency reported location for this being at their own school" (CASAColumbia, 2019, p.4).
- Additionally, many of the respondents admitted they would be able to obtain these illicit substances within one day:
 - 33% beer and other forms of alcohol
 - 30% cigarettes or e-cigarettes
 - 20% marijuana
 - 10% prescription pain relievers or prescription drugs
 - 5% heroin, cocaine, or methamphetamine
- Adolescents are more likely to experiment with drugs if they have friends that use illicit substances. Of those with intentions to try substances in the future:
 - 82.5% have at least one friend that uses drugs
 - 46.0% don't have any friends that use drugs

- Of the 82.5% that have at least one friend who uses drugs:
 - 32.6% have friends that drink Beer
 - 28.9% have friends that smoke Cigarettes
 - 28.7% have friends that smoke Marijuana
 (CASAColumbia, 2019)

Recent research indicated that 7.9% of American adolescents aged 12 to 17 used illicit drugs within the past month (current use) at the time of the survey in 2017. Illicit Drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, prescription tranquilizers, stimulants, and/or sedatives used non-medically. The same national survey reported that the rate of current alcohol use recently increased from 9.2% in 2016 to 9.9% in 2017 for adolescents aged 12 to 17. However, there's still an overall decrease from 11.5% in 2014. The rate of past month use of tobacco products among youths aged 12 to 17 has declined steadily each year since 2002 when it was 15.2% to 4.9% in 2017 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018a).

By 12th grade, Texas students reported higher lifetime use of alcohol, hallucinogens, inhalants, and ecstasy than the national average. Alcohol remained the most widely used substance by Texas adolescents although its use continued to trend downward from previous years. (Marchbanks III, et.al., 2018).

TABLE 1. LIFETIME SUBSTANCE USE AMONG 8TH, 10TH, AND 12TH GRADERS IN THE UNITED STATES AND TEXAS: 2018

Lifetime Use		
	United States (%)	Texas (%)
Alcohol		
Grade 8	23.5	42.5
Grade 10	42.2	55.9
Grade 12	58.5	68.5
Cigarettes		
Grade 8	9.1	8.3
Grade 10	16.0	16.1
Grade 12	23.8	23.0
Marijuana		
Grade 8	13.9	12.1
Grade 10	32.6	25.0
Grade 12	43.6	39.7
Any Vaping		
Grade 8	21.5	16.1
Grade 10	36.9	30.3
Grade 12	42.5	41.2
Any Illicit Drugs		
Grade 8	18.7	13.4
Grade 10	36.3	26.2
Grade 12	47.8	40.6
Inhalants		
Grade 8	8.7	14.0
Grade 10	6.5	9.7
Grade 12	4.4	9.7
Hallucinogens		
Grade 8	2.2	1.1
Grade 10	3.9	3.5
Grade 12	6.6	7.1
Ecstasy (MDMA)		
Grade 8	1.6	1.0
Grade 10	2.4	2.4
Grade 12	4.1	4.2

(National Institute on Drug Abuse, 2018; Marchbanks III, et al., 2018)

SUBSTANCE USE DISORDER

The 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 (Hartney, 2019).

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 aggressive/violent 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, 2015, p.1).

A telling example of the dire consequences of substance abuse is that Texas had the fourth highest rate of alcohol-related traffic fatalities

(39%) in the country, much higher than the national average for alcohol-related traffic fatalities (29%) in 2017 (U.S. Department of Transportation, 2018). During the same year, 5.5% of high school students (of the 62.6% who drove) reported driving a car during the past 30 days when they had been drinking alcohol. 16.5% of students reported riding with a driver who had been drinking (Centers for Disease Control and Prevention [CDC], 2018).

TREATMENT OF ADOLESCENT SUBSTANCE ABUSE

In 2017, 1.0 million adolescents aged 12-17 needed treatment for a problem related to the use of alcohol or illicit drugs. Unfortunately, only 8.8% (88,000) of those adolescents who needed treatment received help (SAMHSA, 2018a).

According to the National Survey of Substance Abuse Treatment Services (N-SSATS), in 2017, there were 431 substance abuse treatment facilities in Texas, reporting 37,370 clients in substance abuse treatment in 2015. 115 of those facilities (26.7%) had programs for adolescents (SAMHSA, 2017, 2018b). A total of 3,857 adolescents ages 12-19 received treatment for substance use in 2015 (SAMSHA, 2017).

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	2015
Alcohol	35
Alcohol with secondary drug	159
Cocaine (smoked)	7
Cocaine (other route)	70
Marijuana	3,075
Heroin	148
Other opiates	34
PCP	1
Hallucinogens	14
Amphetamines	205
Other Stimulants/not specified	15
Tranquilizers	87
Sedatives	0
Inhalants	7
(SAMHSA, 2017)	

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.

REFERENCES

Centers for Disease Control and Prevention (CDC). (2018). *Youth risk behavior surveillance - United States, 2017*. Retrieved from <https://www.cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm>

Child Trends Data Bank. (2015). *Illicit drug use*. Retrieved from https://www.childtrends.org/wp-content/uploads/2016/02/indicator_1456642527.76.pdf

Grohol, J. (2013). *DSM-5 changes: Addiction, substance-related disorders & alcoholism*. Retrieved from <http://pro.psychcentral.com/dsm-5-changes-addiction-substance-related-disorders-alcoholism/004370.html#>

Hartney, E. (2019). *DSM 5 criteria for substance use disorders*. Retrieved from <https://www.verywellmind.com/dsm-5-criteria-for-substance-use-disorders-21926>

Laurel Ridge Treatment Center. (n.d.). *Child & adolescent program*. Retrieved June 21, 2019, from <https://laurelridgetc.com/programs/adolescent-services-13-17/>

Marchbanks III, M., Pearson, S., Baker, C., Rhodes, S., Williams, A. (2018). *Texas school survey of drug and alcohol use 2018: State report*. Retrieved from <http://texasschoolsurvey.org/Documents/Reports/State/18State712.pdf>

The National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia). (2011). *Adolescent substance abuse: America's #1 public health problem*. Retrieved from <https://www.centeronaddiction.org/addiction-research/reports/adolescent-substance-use-america%E2%80%99s-1-public-health-problem>

The National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia). (2019). *Teen insights into drugs, alcohol, and nicotine: A national survey of adolescent attitudes toward addictive substances*. Retrieved from <https://www.centeronaddiction.org/addiction-research/reports/teen-insights-drugs-alcohol-and-nicotine-national-survey-adolescent>

The National Child Traumatic Stress Network. (2008). *Understanding substance abuse in adolescents: A primer for mental health professionals*. Retrieved from https://www.nctsn.org/sites/default/files/resources/understanding_traumatic_stress_in_adolescents_mental_health_professionals.pdf

National Institute on Drug Abuse. (2018). *Monitoring the future study: Trends in prevalence of various drugs*. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>

RecoveryWerks! (n.d.). *About us*. Retrieved July 3, 2019, from <http://www.recoverywerks.org/about-us-2.html>

Rise Recovery. (n.d.). *PDAP*. Retrieved June 21, 2019, from <https://www.riserecovery.org/about-us/our-services/pdap/>

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Behavioral health treatment services locator*. Retrieved June 21, 2019, from <https://findtreatment.samhsa.gov/>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *Treatment episode data set (TEDS): 2005-2015. State admissions to substance abuse treatment services*. Retrieved from https://www.dasis.samhsa.gov/dasis2/teds_pubs/2015_teds_rpt_st.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018a). *Key substance use and mental health indicators in the United States: Results from the 2017 national survey on drug use and health*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHF2017/NSDUHF2017.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018b). *National survey of substance abuse treatment services (N-SSATS): 2017*. Retrieved from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/2017_NSSATS.pdf

U.S. Department of Transportation. (2018). *Traffic safety facts*. Retrieved from <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812630>

TABLE 3. KCF COUNTIES OF INTEREST SUBSTANCE ABUSE TREATMENT FACILITIES WITH PROGRAMS FOR ADOLESCENTS

<i>Bexar County</i>				
<i>Name of Facility</i>	<i>Primary Focus</i>	<i>Services</i>	<i>Type of Care</i>	<i>Payment Accepted</i>
Alamo Area Resource Center	Assists the homeless, disabled, and those with life-challenging illnesses	Care & Support	Outpatient	Self-pay (assistance available); Sliding fee scale
Alamo City Treatment Services	Substance abuse treatment	Counseling & Substance abuse treatment	Outpatient	Private health insurance; Self-pay; Sliding fee scale; State Insurance (other than Medicaid)
Association for the Advancement of Mexican Americans (AAMA)-Selena Treatment Center	Substance abuse treatment	Prevention & Counseling	Long-Term & Short-Term Residential; Outpatient	Medicaid; Medicare; Self-pay (assistance available); Sliding fee scale
Elite Counseling	Substance abuse treatment	Substance abuse treatment	Outpatient	Medicaid; Self-pay (assistance available); Sliding fee scale; State Insurance (other than Medicaid)
Laurel Ridge Treatment Center	Substance abuse treatment	Substance abuse treatment	Inpatient, Partial Hospitalization, Outpatient, & Residential	Private Insurance; Medicaid; Medicare; Military insurance; Self-pay
Rise Recovery (PDAP - 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	Private health insurance; Self-pay
A Turning Point	Substance abuse treatment	Substance abuse treatment	Outpatient	Self-pay; Sliding fee scale
<i>Comal County</i>				
<i>Name of Facility</i>	<i>Primary Focus</i>	<i>Services</i>	<i>Type of Care</i>	<i>Payment Accepted</i>
Komedix Healthcare	Substance abuse treatment	Alcohol and Opioid Use Disorder Treatment	Outpatient	Self-pay
RecoveryWerks!	Drug Recovery services	Counseling and other drug treatment services	Outpatient	No charge
(Laurel Ridge Treatment Center, n.d.; RecoveryWerks!, n.d.; Rise Recovery, n.d.; SAMHSA, n.d.)				