Adolescent Substance Abuse

An Empirical-Based Group Preventive Health Paradigm

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Preface

People of all ages are dying from substance abuse at an alarming rate. In spite of the magnitude of the problem, however, there is concern that society's attitude toward drugs is one of ambivalence (Nobel, Maxwell, and West, 1984). Macrosystem changes are needed to reorient society to the dangers of its complacency. Substance abuse is a problem for all age groups as well as the social system in its entirety. The individual, his or her peer group, family (both nuclear and extended), school, and community at large are all affected by the escapades of even one substance-abusing person.

Substance abuse is frequently either the cause or the effect of stress experienced during adolescence (Hamburg and Petersen, 1986). Because school, peers, and family are the primary influences in an adolescent's life, preventative programs should focus on these areas to increase their prosocial influences.

Attempts to reverse the trend of acceptance of substance abuse have been characterized by their focus on only certain aspects of the problem. This singular focus has resulted in the limited effectiveness of prevention programs (Johnson, 1984; Wodarski and Hoffman, 1984).

With multiple forces influencing adolescents and resulting in substance abuse, macrolevel change in societal norms and values regarding substance abuse is necessary. There are a number of agents of change that can be effective: development of appropriate treatment paradigms, family intervention, school and peer-group environments, the teams-games-tournaments program, the media, community movements, law enforcement, and business and industry.

The solution to the problem of substance abuse requires an all-out effort by those societal forces capable of effecting change. Families, schools, peers, communities, businesses, and the media all must share the responsibility both for previously condoning actions that

have perpetuated the problem and for working toward mutual goals and solutions in the future; they all possess the power to help eradicate this social problem. The campaign cannot be waged on one front; combined, cooperative efforts are essential. This text is devoted to helping practitioners reduce the significant costs of adolescent substance abuse.

John S. Wodarski
Marvin Feit

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Chapter 1

Adolescent Substance Abuse: An Introduction

America today is a chemical culture (Morrison, 1985). An estimated 18 million adults 18 years and older in the United States currently experience problems as a result of alcohol use. Of these, 10.6 million suffer from the disease of alcoholism. Alcohol-related problems may include symptoms of alcohol dependence such as memory loss, inability to stop drinking until intoxicated, inability to cut down on drinking, binge drinking, and withdrawal symptoms.

Seventy million Americans, or 37 percent of the total U.S. population aged 12 and above, have used marijuana, cocaine, or another illicit drug at some time in their lives according to National Household Survey of Drug Abuse (National Institute on Drug Abuse, 1985). Of these 23 million, or 12 percent, were "current" users, i.e., they had used an illegal drug within the last 30 days. The use of marijuana and other drugs had declined since the comparable 1982 survey, although cocaine use increased.

The use and abuse of chemical substances exacts an incalculable cost for substance abusers and nonsubstance abusers alike. Alcohol abuse and alcoholism cost the United States $116.8 billion in 1983. Costs due to premature death were $18 billion. Yet, drug abuse-related deaths, injury, disease, and family and emotional disturbance are consequences that cannot be measured in monetary figures. Annually, 100,000 to 120,000 deaths are directly attributable to substance abuse, and another 120,000 to 150,000 deaths are substance abuse related.

Alcohol is a factor in nearly half of all accidental deaths, suicides, and homicides, including 42 percent of all deaths from motor vehicle accidents. Of increasing concern is the role of drug use in

the transmission of HIV. The intravenous drug-user population (including homosexual intravenous drug users) accounts for 25 percent of all AIDS patients. The disease is contracted through sexual transmission and the sharing of contaminated needles among this group (National Institute on Drug Abuse, 1985).

The abuse of alcohol and other drugs among our youth is a problem of alarming scope and gravity. According to the American Medical Association (1991) in 1988, 6 percent of 12 to 17 year olds consumed alcohol daily, 4 percent used marijuana daily, and 0.5 percent used cocaine daily. Morrison (1985) notes that two-thirds of high school students use drugs and alcohol with regular frequency, and 85 percent of these students use drugs and alcohol at least three times a week. Additionally, 65 percent to 70 percent of junior high school students use drugs and alcohol two to three times weekly.

Findings from the University of Michigan's Institute for Social Research's multi-year Monitoring the Future surveys ("Patterns of Drug Use," 1987-1988) continue to tell a troubling story of drug use among young people nationwide. Responses to the 1987 survey indicate that over half of last year's high school seniors (57 percent) had tried an illicit drug, and over one-third (36 percent) had tried an illicit drug other than marijuana. One in every six or seven high school seniors had tried cocaine (15.2 percent) and one in 18 (5.6 percent) had tried "crack"–the especially risky form of cocaine. The study also reveals that by age 27, 40 percent of young adults have had some experience with cocaine. Two other classes of drugs–alcohol and cigarettes–have remained overwhelmingly popular among young people. Nearly all of 1987's high school seniors (92 percent) reported some experience with alcohol, and nearly 40 percent reported having had five or more drinks in a row in the two weeks just prior to the survey.

Adolescence has been identified as a time when experimentation with drugs may be most active (Mayer & Filstead, 1980). The acute consequences of substance use and misuse include traffic accidents, death due to accidents, later life health problems, suicide, school-related problems, temporary sickness, and absenteeism (Barr, Antes, Ottenberg, & Rosen, 1984). One-fourth of all alcohol and drug-related motor vehicle fatalities involve males age 16 to 19 (Morrison 1985). Drug overdoses result in 88 percent of all adolescent sui-

cides, and more teenagers die in alcohol and drug-related motor vehicle accidents than from any disease (Morrison, 1985).

The cost of drinking and subsequent driving among teenagers presents a significant social problem in this country. In 1980 alone there were 1,289,443 persons arrested for driving while under the influence of alcohol. Of those, 29,957 were under the age of 18 and 696 were under age 15! And there appears to be a trend toward a progressively worsening situation. Arrests for DUI among those 18 and under increased 236 percent between 1971 and 1980. The outcomes of adolescent DUI are deadly. In one account, 43 percent of the approximately 50,000 persons killed in motor vehicle accidents were correlated with adolescent DUI (*Alcohol Health and Research World,* 1983). In an address at the NIAAA Alcohol and Drug Education Conference on October 4, 1982, former Health and Human Services Secretary Richard S. Schweiker stated that over 10,000 young people die in alcohol-related motor vehicle crashes each year (Allen, 1983, p. 4).

Several studies have delineated the possible consequences of adolescent substance abuse which manifest themselves in antisocial behaviors (Kane & Patterson, 1972; Mackay, 1961). Long-range consequences of teenage substance misuse include the failure to formulate goals for the future and stigmatization following an arrest while under the influence of drugs. The labeling of an adolescent under these circumstances can result in the loss of status, opportunity, and personal self-esteem (Mayer & Filstead, 1980). Patterns of substance abuse also have significant health consequences (Elliott, Huizinga & Menard, 1989; Prendergast & Schafer, 1974).

Substance use by teens takes its toll in other ways, also. The drug-abusing teen may feel isolated from nonabusing peers. Crime may become a factor to deal with when the adolescent has to steal to maintain drug habits. There are also developmental issues to be recognized. Adolescents already dealing with stressful changes in their lives may compound the stress with drug use. They are changing in physical, emotional, and sexual ways and must deal with new roles, feelings, and identities (Kandel, Simcha-Fagan, & Davies, 1986).

The issue is further compounded by multiple abuse patterns. Young people frequently use alcohol in combination with other drugs, principally marijuana (Lowman, Hubbard, Rachel, & Cavanaugh, 1982;

Turanski, 1983). This combination of alcohol and drugs adds to the difficulty in treating youths and their changing values.

Current drug users among youth (12 to 17) are also polydrug users. Of those who smoke cigarettes, 74 percent also drink alcohol, 47 percent use marijuana, and 9 percent use cocaine. Among those who drink alcohol, 37 percent also use marijuana and 5 percent use cocaine. Among those who use marijuana, 60 percent smoke cigarettes, 84 percent drink alcohol, and 12 percent use cocaine (National Institute on Drug Abuse, 1985).

The statistics bear witness to the gravity of the problem. People of all ages are dying at an alarming rate from substance abuse. Yet, society's attitude toward drugs is one of ambivalence (West, Maxwell, Noble, & Solomon, 1984). Macrosystem changes are called for in order to reorient society to the dangers of its complacency. Substance abuse is a problem for all age groups and for the total social system. The individual, his/her peer group, the family (both nuclear and extended), the school, and the community at large are all affected by the escapades of just one substance-abusing individual.

Attempts to reverse the trend of acceptance of substance abuse have been characterized by their focus on only certain aspects of the problem. This singular focus has resulted in limited effectiveness of prevention programs (Johnson, 1984; Wodarski & Hoffman, 1984).

THE NATURE OF ADOLESCENT DEVELOPMENT AND THE ROLE OF ALCOHOL AND DRUGS

Adolescence is a time of growth, stress, and change. This developmental stage affects not only the adolescent but his or her family as well. Adolescents, while in the natural process of establishing autonomy and identity, begin to separate from parents and experiment with a variety of behaviors and lifestyle patterns (Botvin, 1983). It is during adolescence when the relative importance of family and peers begins to shift. The peer group becomes more central for the adolescent, and the adolescent begins to rely more heavily on peers for support, security, and guidance. Establishing peer relationships and peer acceptance are the hallmarks of adolescence; and the need to gain acceptance, approval, and praise is greater during adolescence than at any other time in life (Morrison, 1985).

Many adolescents experience confusion and turmoil as they strive to achieve autonomy. Because of the experienced turmoil and confusion, adolescents often perceive taking psychoactive substances as one of their few pleasurable options (Morrison & Smith, 1987). According to Morrison (1985) the use and abuse of mood-altering chemical substances is now an integral part of growing into adulthood in the United States.

Substance abuse, particularly for minority youths, is frequently a part of the stress experienced, as it may be either the cause or the effect (Peterson & Hamburg, 1986). As such, it is important to develop programs to prevent substance abuse. As school, peers, and family are the primary influences on an adolescent's life, preventive programs should focus on these three areas to increase their prosocial influences.

This chapter addresses the multiple forces impacting upon adolescents and resulting in substance abuse. The aim is to propose means by which to effect macro-level change in societal norms and values regarding substance abuse. There are a number of avenues through which change can be made. This chapter will explore the following subsystems as areas of change: (1) development of appropriate treatment paradigms, (2) school and peer group environments, (3) home and family, (4) media, (5) community movements, and (6) business and industry. The second chapter describes an effective means of teaching adolescents about drugs through an empirically based teaching method called Teams, Games, and Tournaments (TGT). An effective curriculum utilizing the TGT approach is reviewed in Chapter 3. Chapter 4 contains a curriculum for parents which supports student instruction in the adolescent curriculum. The last chapter addresses issues pertinent to the reduction of adolescent substance abuse.

EFFECTIVE TREATMENT PARADIGMS

If the field of substance abuse is to progress and effective treatment and prevention paradigms are to be developed, the causal nature of substance abuse must be identified. The causal nature of substance abuse, however, is complicated and multifaceted. Most likely, each facet will require unique conceptualization of the causal

chain and structuring of appropriate strategies. For example, each one of the following paradigms could be developed: substance abuse among pregnant mothers, minorities, adolescents, and so forth. Until these knowledge bases are developed, means to reduce the effects of substance abuse will be minimal (Hawkins, Abbott, Catalano, & Gillmore, 1991). The role that biological, cognitive, and learning variables play in the development and maintenance of substance abuse behaviors must be ascertained. Once this knowledge is developed, specific paradigms can be formulated according to type of client, with what type of techniques, where, and how long. Moreover, this development should include follow-up studies to ascertain the maintenance of achieved therapeutic gains (Hawkins, Lishner, Jenson, & Catalano, 1987).

A THEORETICAL PERSPECTIVE FOR THE DEVELOPMENT OF THE ADOLESCENT TREATMENT PARADIGM

Adolescence is a time when individuals become more oriented toward their peers and less toward their parents (Botvin, 1983; Bronfenbrenner, 1974; Montemayor, 1982). Adolescents turn to peers in order to receive emotional support that inattentive and unconcerned parents fail to provide. Hill (1980) stresses the importance of the conflict between parent and adolescent which leads to the adolescent accepting or seeking the approval of peers. Substantial data are available to indicate that relative to the preadolescent years, parent and adolescent perceptions of conflict increase, actual conflict increases, and effective communication decreases between parents and adolescents (e.g., Montemayor, 1982; Smith & Forehand, in press). Simultaneously, peers become increasingly influential (Montemayor, 1982). Therefore, the relative importance of family and peers must be carefully considered in adolescent drug prevention programs (Swift, 1988). Theoretical approaches to this issue range from those which view either family (Hirschi, 1969) or peers (Sutherland & Cressey, 1970) as the primary influence to those which view both family and peers as important but typically in different domains of behavior (e.g., Kandel, Kessler, & Margulies, 1978; Pentz, 1983).

Adolescence is a critical period for the development of social, cognitive, and academic skills. It is essential that we identify appropriate intervention foci to decrease substance abuse during this developmental period. At present, the best model for viewing family and peer influence on adolescent drug use is one developed by Kandel and her colleagues (e.g., Kandel, 1974a, 1980). Among other influences, the influence of parents and peers on each of the following three stages of drug use is considered: (1) initiation to hard liquor, (2) then marijuana, and finally (3) other illicit drugs. Based on a review of the available research, parents are most influential in adolescent initiation into hard liquor use and in adolescent initiation into use of illicit drugs other than marijuana, whereas peers are the primary influence in marijuana use. Parental modeling of drug use and the parental relationship with his/her adolescent are the primary mechanisms identified in adolescent drug use, whereas modeling alone appears to be the primary mechanism for peer influence.

Our theoretical perspective, as is Kandel's, is anchored within a broad base of social learning theory (Robin & Foster, 1989). From this viewpoint, the adolescent learns appropriate and inappropriate behavior from the context (that is, parents and peers) in which he/she functions by modeling and reinforcement (Bandura, 1969). That is, by observing the behaviors demonstrated by others and by receiving or not receiving reinforcement/punishment for engaging in such behaviors, adolescents acquire certain behavior patterns. Furthermore, and of particular importance, if an adolescent functions within a context in which good communication and/or adequate cognitive skills are lacking (e.g., he/she has inadequate knowledge and unrealistic beliefs, expectations, or attributions (Robin & Foster, 1989)), he/she is more likely to engage in maladaptive behavior patterns through modeling and reinforcement. Such a developmental process does not provide the adolescent with the requisite behaviors for prosocial attachment to family members, peers, and social institutions and is a high-risk factor for subsequent substance abuse.

While researchers are increasing their data base about teenage substance abuse and its consequences and are beginning to develop theoretical models of drug abuse, they know little about the effective prevention of substance misuse among teenagers. The solution

to the problem of adolescent substance abuse will require an all-out effort by families, schools, peers, and communities (Fors & Rojeck, 1983; Wodarski & Fisher, 1986). However, to this point most programs have focused on only one of these variables (for reviews see Dembo & Burgos, 1976; Janvier, Guthman, & Catalano, 1980; Kinder, Pape, & Walfish, 1980; Schinke & Gilchrist, 1984).

As peers and parents are the best predictors of adolescent drug use (Adler & Kandel, 1982; Lewis & Lewis, 1984), preventive programs are needed that include one or ideally both of these groups.

If parents and peers are primary influences on adolescent drug use (e.g., Adler & Kandel, 1982; Lewis & Lewis, 1984), then prevention efforts should be directed toward developing and systematically evaluating programs with these two groups.

Data now are emerging to suggest effective procedures for dealing with peers and parents in order to prevent substance abuse. Critical questions that must be addressed are the type of interventions, their subsequent foci, and how interventions differentially affect minority, nonminority, female, and male adolescents (Hawkins, Abott, Catalano, & Gillmore, 1991).

SCHOOL AND PEER GROUP ENVIRONMENTS

Youth spend the majority of their lives in the school setting. The school system, therefore, seems to be a natural forum for implementation of change. Educational programs aimed at prevention and early intervention can negate the powerful influence of peers. An awareness of the problem of drug use among youth and recognition of ways in which society condones it are steps toward positive change. The schools can be instrumental in educating both the adolescents and their parents. Parents must be knowledgeable of the symptoms of substance abuse in adolescents. The usual signs of possible drug problems are radical changes in the usual behavioral patterns. "A definite drop in grades, bad conduct, and skipping school" are typical according to Pat Schult, senior counselor for the Young Adult Teen on the Alcohol Detoxification Unit at Peachford Hospital, Atlanta, Georgia (Okel, 1984).

Junior and senior high schools can offer parents an educational and helping network using the school as a meeting place. One school

developed such a network through a parent group that initially served in an informational capacity and subsequently as a resource and support group (Turanski, 1983).

Swisher (1976) suggests that programs addressing education and prevention should include "all activities which are planned to enrich the personal development of the student . . . including humanistic education, open education, affective education, values clarification, career education and developmental guidance." This is an all-encompassing approach which needs also to be reinforced in the other areas of youths' lives.

The ideal program should have two foci. First, the information transmission approach to provide basic knowledge and awareness, and second, the responsible decision approach that will teach youngsters the basic coping and decision-making skills (Schinke, Bebel, Orlandi, & Botvin, 1988; Schinke & Gilchrist, 1984). It is important to remember that experimentation with drugs and peer pressure are related, and that peer pressure will be applied most dramatically in the school. Educators must aim to make teens more self-confident and less influenced by peer pressure. Globetti (1977) states that "in American society parents and peers are the primary socializing agencies in the onset and emergence of teenage attitudes and behavior regarding alcohol" (p. 167).

Programs must take advantage of peer pressure in a positive manner. To be nonjudgmental and to develop self-esteem in these vulnerable youths are goals of utmost importance and urgency. In program planning there is a need for youth to provide input regarding what they feel are their greatest stresses and programs needed to directly address these issues. Many youths use drugs as a coping mechanism. School pressures and adolescent growth (both emotional and physical) are all basic life problems. The schools can offer meaningful alternatives to drug use to help adolescents deal with these stressors. A variety of activities can be offered by schools to provide reinforcements for teenagers other than drugs. These after-school programs will be successful when they center on the youths' interests such as music, fashion, sports, and so forth. For example, gyms can be kept open on weekends and during summer months: a small price compared to the cost of consequences of drugs.

The problem in reaching these adolescents comes when they do

not see their drug use as a problem but as a regular boredom-relieving activity. When drug-using youth are asked if they see their drug use as a problem, the most frequently encountered reply is "no" (Turanski, 1983). When they do recognize a problem, youth are ill-prepared to seek help. They are more often than not unaware of drug prevention and treatment centers. Moreover, they may view these services with mistrust, fear, and embarrassment. Another great fear is exposure to both parents and the law. Thus, communication has to occur regarding services that are available. Service providers have to reach out to the youths who are at risk.

HOME AND FAMILY

That "kids will learn what you tell them about drinking" is a myth that must be dispelled according to the United States Jaycees' Operation THRESHOLD pamphlet, "Drinking Myths." The fact is that "your kids will learn what you show them about drinking. If you drink heavily; if you get drunk; the chances are your kids will follow the same example." Thus, the mandate is clear that parents must set examples for their children. Young people need positive role models from which to gain their experiences. Data indicate that adolescents are more likely to consume drugs in a manner similar to that of their parents (Wodarski & Hoffman, 1984) and the parents' drug behavior is an important influence (Bacon & Jones, 1968).

The family is the "crucial influence on children's values and behavior." In the home, youth can find structure and guidance from loved ones who really care about them. Clear expectations about consumption can be communicated. Younger children are especially vulnerable to pressures and they need a trusting and comfortable place to turn for help in mastering their anxieties and frustrations. The home is the stabilizing influence for youth. It should be the place to turn where drug-induced states are not glorified.

Drinking is frequently associated with "coming of age" (Pittman & Snyder, 1962), and a driver's license and the availability of alcohol are symbols of adulthood. While forming their new identities, teens need "adult clarification and support in their process of becoming independent."

Parents must realize that in regard to drugs and driving they

maintain ultimate control. Parents are the resource for the car availability. Mom and Dad have the power to keep the car away from abusing adolescents. Parents need to be reinforced regarding their responsibility and right to make decisions that are in the best interests of their children.

Parents may need help in asserting themselves and in coping with difficult situations. Support is available through such mechanisms as Parent Effectiveness Training (PET) classes where parents learn better parenting skills. Through such training, parents learn to set clear expectations about drugs and to enforce consequences when expectations are not met. Moreover, they practice ways to open lines of communication to discuss the use of drugs and their effects with their teenager.

MEDIA

The media exert a powerful influence on contemporary society. Examples of both positive and negative portrayals of substance abuse behavior in terms of setting appropriate expectations for drug consumption are aired throughout the viewing period. Depending on the programming, the messages are as varied as "drinking is mandated for a good time" and "to be a good friend, do not let your friend drink and drive." Young people "watch television and see the message of what they need and what they should want. 'Tuning in can lead to turning off by turning on'." Also, as Globetti (1977) suggests, "Adolescents . . . view drugs mostly in terms of sociability and in the sense of what it does for them rather than to them."

The significant impact of daytime and nighttime TV "soaps" needs to be evaluated. In these shows excessive consumption oftentimes is equated with power and success. In reality, adolescents must be informed that such consumption more likely impedes success. Many programs need parental interpretation.

The media can likewise exert a powerful positive influence. One of the favorite pastimes of contemporary youth is music. The messages this media conveys must be considered since it is a continual influence. Music can have a significant positive influence on youth. Positive role models affect the norms of youth and must be capitalized upon. Rather than glorify the consumption of drugs and its association with adventure and sex, role models can "turn on" teens to more positive outlets.

COMMUNITY MOVEMENTS

The ability to influence community norms rests within the community itself. By joining forces and establishing coalitions, standards of acceptance of substance abuse can be changed (Blansfield, 1984; Gardner, 1983).

Locally sponsored "Soberfests" have provided education and awareness about the impact of irresponsible drug use on society. In some communities, these events are sponsored by a coalition of "business, voluntary organizations, churches and synagogues, universities, tax-supported agencies, hospitals and medical facilities, civic organizations and others who have community wellness and a positive, aggressive, innovative approach to health" as a primary goal. They promote "new norms . . . stay alive; don't drink and drive; get high on life; and, it's OK not to drink" (Athens Community Wellness Council, 1984). Community-wide campaigns promote awareness of behaviors that "add enjoyment and years to life" and are a positive influence on community norms.

Other community organizations, such as the United States Jaycees with the Operation THRESHOLD, have taken steps to offer responsible alternatives to the norms that allow irresponsible drinking and driving under the influence. Mothers Against Drunk Drivers (MADD) is a grassroots organization that has succeeded in getting legislation passed for more adequate laws and enforcement. Such groups also provide social support necessary to sustain the work involved in these endeavors (Linblad, 1983).

LAWS AND ENFORCEMENT

Individual and community involvement and pressure can result in significant social change through governmental legislation and policy. On July 17, 1984, President Reagan signed into law a bill reducing federal highway aid to states that refused to raise the legal drinking age to 21 by the year 1986. This law also provides extra funding to states that penalize drunken drivers with automatic jail sentences and revoked licenses (*Atlanta Journal*, July 18, 1984). He changed his original stance on this issue after becoming aware that