

# **Why Teens Choose Tobacco and Other Drugs & What We Can Do to Intervene**

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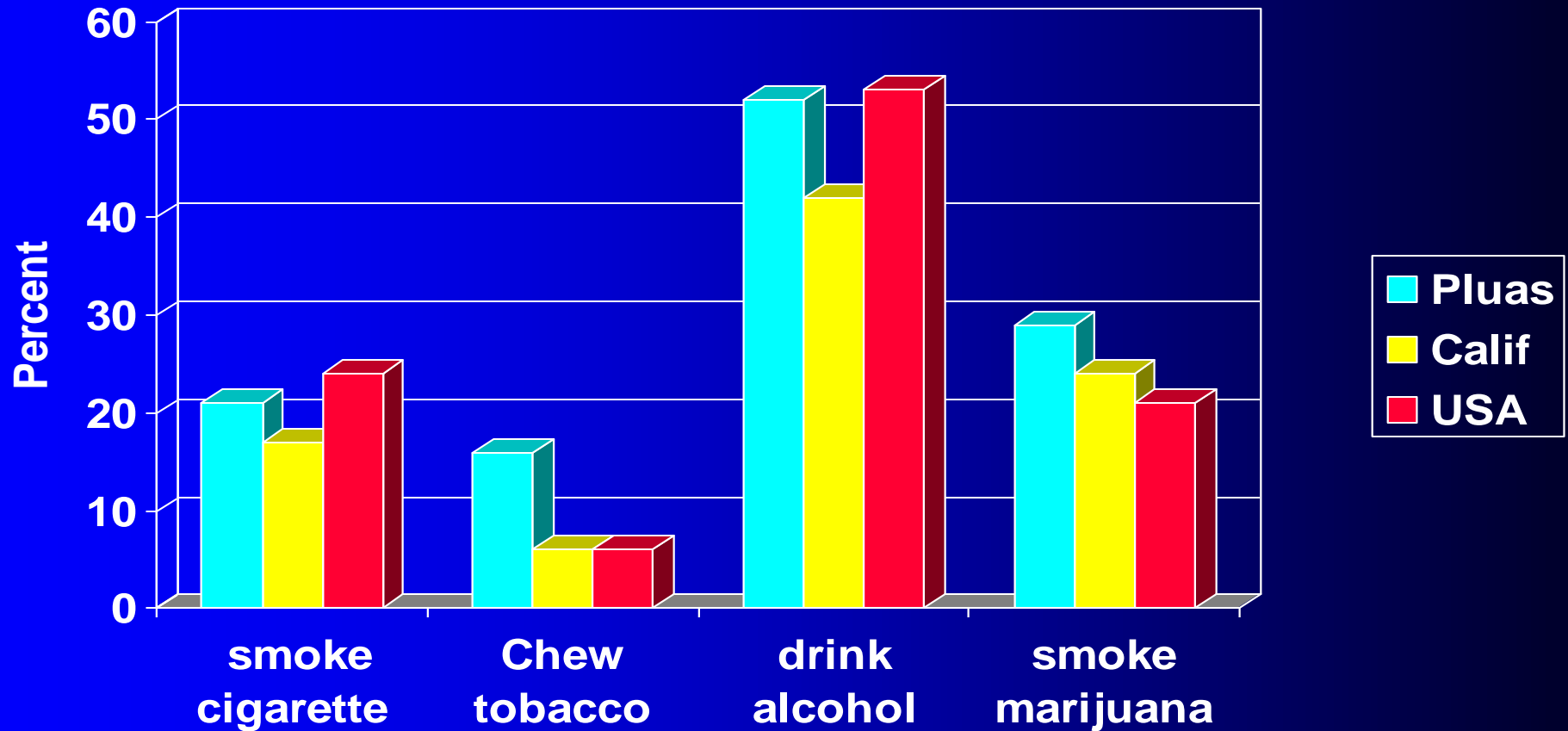
**Plumas County, November 30, 2011**

# Outline

- **Epidemiology**
- **Why teens use drugs**
- **Protective factors**
- **Screening**
- **Treatment/Interventions**

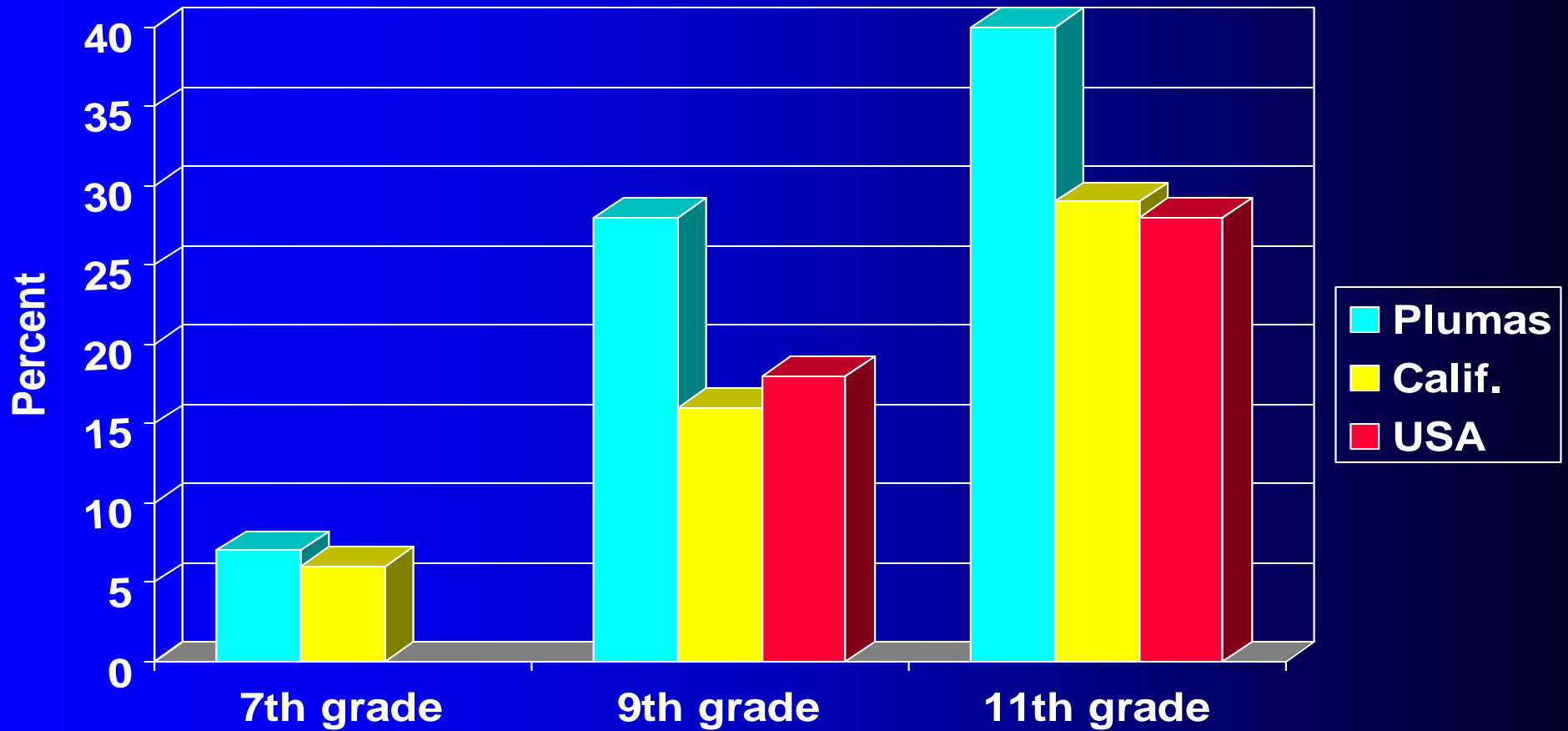
# Substance Use, 11<sup>th</sup> graders

In the past 30 days, did you...



# Binge Drinking

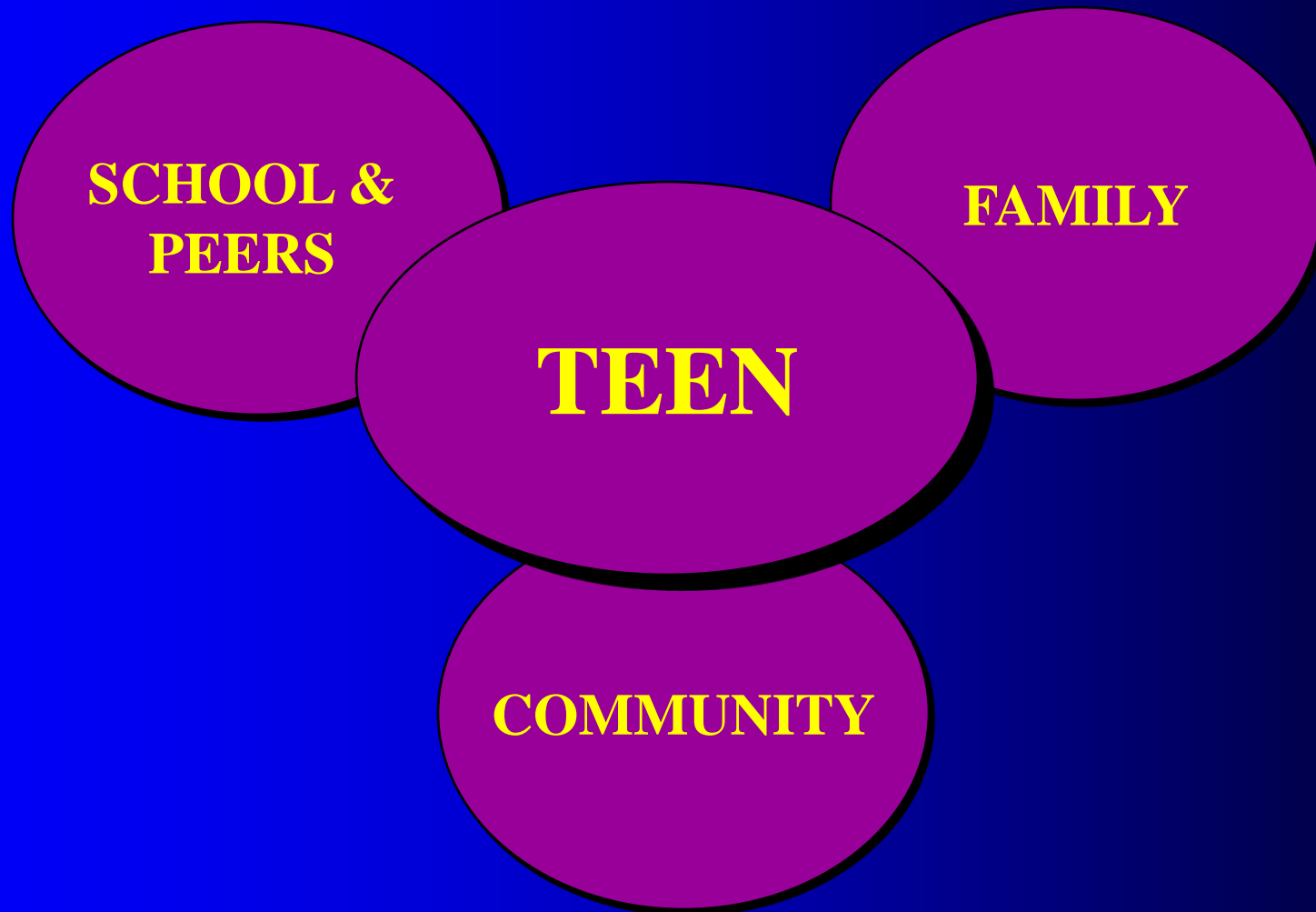
During the past 30 days did you drink 5 or more drinks in a couple of hours?  
Plumas 2008-09; Calif 2007; US 2007



# Why Do Teens Use Drugs?



# Why Teens Use Drugs



# Teen-Level Variables

- **Early and persistent problems in childhood**
- **Depression and/or anxiety**
- **Perceive low risk and high benefits**

# Perceptions Predict Smoking Initiation

- **Lowest perceptions of short-term risk:**
  - 2.7 times more likely to start smoking
- **Lowest perceptions of long-term risk:**
  - 3.6 times more likely to start smoking
- **Highest perceptions of benefits:**
  - 3.3 times more likely to start smoking

# Consideration of Risks

**“I think...almost everyone knows what they’re getting into by smoking. I think they know what the long term causes are, but I think the reason people still smoke is because either those long term causes aren’t relevant enough to them or they choose to live so far into the moment that...they block out those other negative impacts.”**

# Teen-Level Variables

- **Early and persistent problems in childhood**
- **Depression and/or anxiety**
- **Perceive low risk and high benefits**
- **Perceived control over outcomes**

# Perceived Control Over Risks

**“I just didn’t think it would be that bad just to try one.”**

# Controlling Amount Smoked

**“I haven’t smoked in three weeks, so I guess it’s alright if I have a cigarette this weekend.”**

# **Why Teens Use Drugs: Teen-Level Variables**

- ☐ Early and persistent problems in childhood**
- ☐ Depression and/or anxiety**
- ☐ Perceive low risk and high benefits**
- ☐ Perceived control over outcomes**
- ☐ Lack understanding of outcomes**

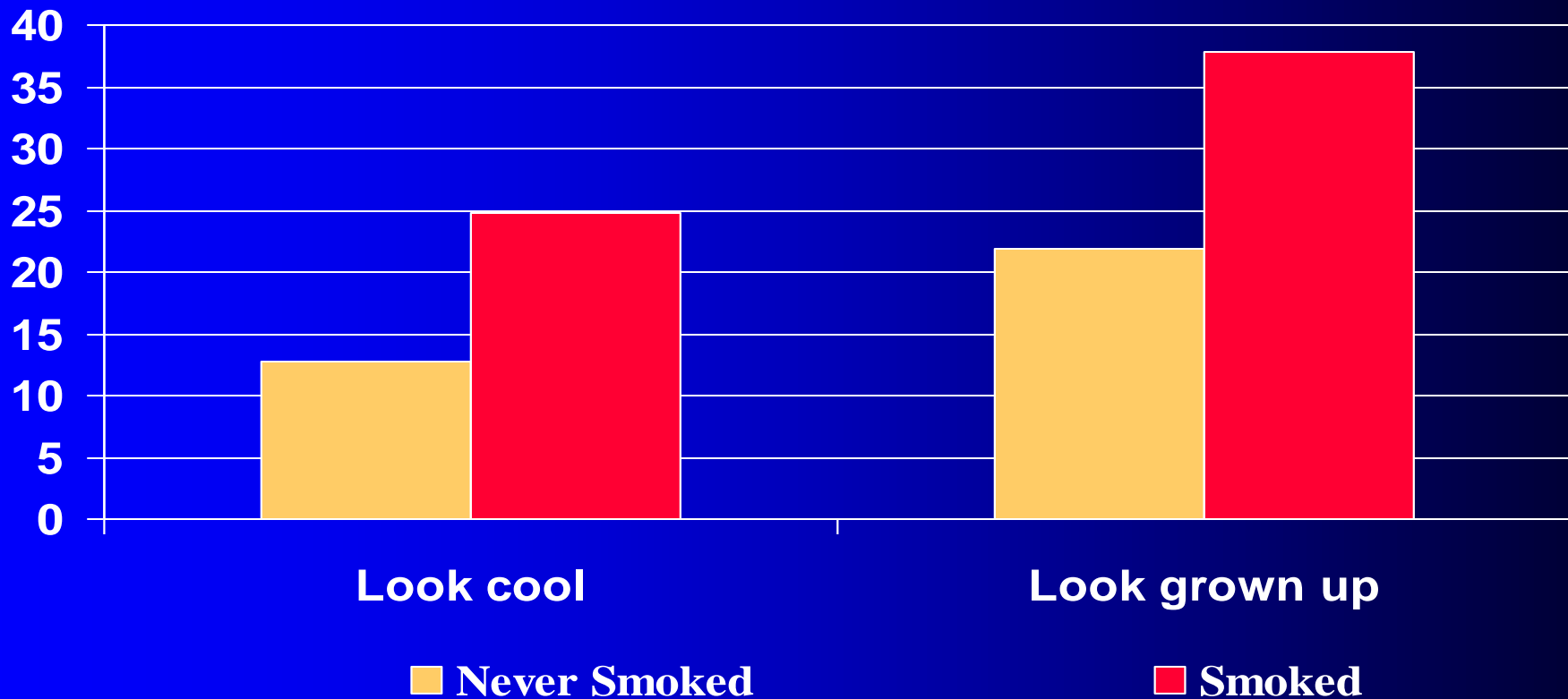
# Don't Know

- **“Addiction? I don't really know that much. I can say, I guess, if you smoke a lot, you're...I honestly don't know that much, like about the statistical information and then...I imagine if you smoke enough you become addicted.”**

# Teen-Level Variables

- **Early and persistent problems in childhood**
- **Depression and/or anxiety**
- **Perceive low risk and high benefits**
- **Perceived control over outcomes**
- **Lack understanding of outcomes**
- **To look cool or more grown up**

# Differences in Perceptions Social Benefits



# Teen-Level Variables

- ☐ **Early and persistent problems in childhood**
- ☐ **Depression and/or anxiety**
- ☐ **Perceive low risk and high benefits**
- ☐ **Perceived control over outcomes**
- ☐ **Lack understanding of outcomes**
- ☐ **To look cool or more grown up**
- ☐ **Need to experiment**

# **Need To Experience to Make An Informed Decision**

**“I think everyone should...just to see what it is like and figure out for themselves whether or not they like.”**

# Reflection on Experiences

**“Well the first time was more curiosity and this time it was kind of, I guess curiosity again just to see how it would be different from the first time.”**

# Reflection on Experiences

**“Well, my friend, he smokes like it is nothing, so...is there something wrong with me or should I keep trying and maybe it’ll get better?”**

# Family-Level Variables

- **History of parental alcohol or other drug usage**
- **Familial alienation or conflict**
- **Family supplies drugs**

# Peer-and School-Level Variables

- **School failure**
- **Peer usage**
- **Perceived social norms**

# Peers

**“I think, why people really smoke, it’s like a social [thing], “I need to smoke too,” you know? It’s like have something in common.”**

# Peer-and School-Level Variables

- ☐ **School failure**
- ☐ **Peer usage**
- ☐ **Perceived social norms**
- ☐ **Ready availability of drugs**

# Purposeful Peer/Activity Choice

**“I try to stay out of situations where it might come up. I try to choose the right friends who don’t do it and go to places where it most likely won’t be happening.”**

# **Community and Contextual-Level Variables**

- ☐ **High prevalence of drugs in community**
- ☐ **Ready availability of drugs**
- ☐ **Pro-drug advertisements**

LIFE SAVERS

FRUIT TART





# Alcopops are made to look and taste like juice, soda, tea, and other soft drinks:



# Influence of the Media

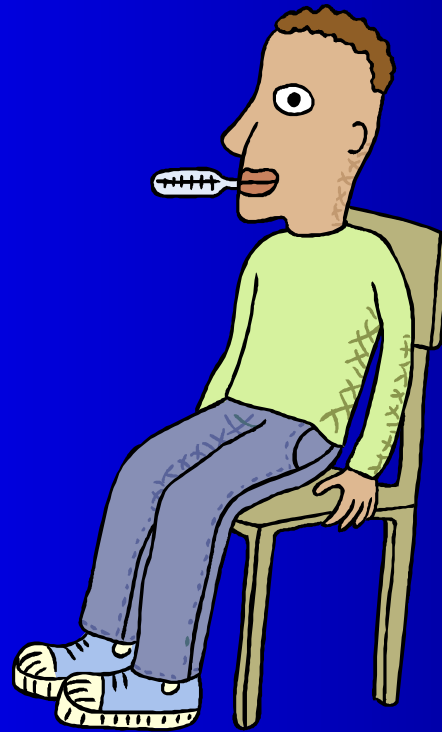
**“In movies it seems like when they do somethin’ bad, like if they do a killing or something, sometimes they pick up a cigarette and they just relax. The kids see all that right away and figure oh, that relaxes.”**



# Protective Factors

- **Religiosity**
- **Definitive future goals**
- **Positive and meaningful relationships with family, friends, school, and other adults**
- **Peers not involved with substance use**

# Screening for Substance Abuse



# **Behavioral Indicators of Substance Use**

- ☐ **Change in clothing**
- ☐ **Depression and withdrawal**
- ☐ **Moodiness and irritability**
- ☐ **Reduced communication with family members**
- ☐ **Deterioration in school performance and/or truancy**
- ☐ **Physical changes**

# History

- **What drugs have been used?**
- **Frequency and amount of use**
- **Routes of administration**
- **Significant intoxication**
- **Ever passed out or experienced blackouts?**
- **Other adverse outcomes?**

# CRAFFT

- **C**AR
- **R**elax
- **A**lone
- **F**orget
- **F**amily/Friends
- **T**rouble

≥ 2 yes answers = significant problem which needs for further assessment/intervention

**If Screen, Need to Treat...**

# Interventions

- **Primary Interventions/Preventions:**
  - Promoting healthy lifestyle choices, resilience and abstinence
  - Eliminating precursor risks
- **Secondary Interventions:**
  - Intervening early with experimenters
  - Individual and group youth counseling
  - Family counseling
- **Tertiary Interventions:**
  - Drug treatment programs

# **Principles of Effective Treatment**

- No single treatment is appropriate for all individuals**
- Effective treatment attends to multiple needs of the individual, not just his or her drug use**
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure it meets the person's changing needs**

# **Effective Treatment (cont.)**

- Counseling and other behavioral therapies are critical components of effective treatment**
- Medications are an important element of treatment for many patient**
- Individuals with coexisting mental disorders should have both disorders treated**
- Can be a long-term process and frequently requires multiple episodes of treatment**

# Interventions

- **Stages of Change (Handout in packet):**
  - **First Step – Just thinking**
  - **Second Step – Planning**
  - **Third Step – Just do it!**
  - **Fourth Step – Keep trying**

# Interventions

## □ 5 A's

- **ASK** about drug usage
- **ADVISE** by delivering clear message to stop using
- **ASSESS** motivation to stop
- **ASSIST** with a quit plan and provide materials
- **ARRANGE** for follow-up visits

# Interventions

- ❑ **Referral to Alateen if alcohol or drug dependent parents**
- ❑ **Consultation or referral to mental health specialist**
- ❑ **Engage youth in healthy peer groups (Boys and Girls clubs)**
- ❑ **Seek to engage youth with positive adult role model (mentor programs, Big Brothers/Big Sisters)**

# Failed Strategies

- ❑ **Scare tactics - misinformation propagated mistrust among teens**
- ❑ **Consequence-based prevention - mediation by former drug users**
- ❑ **“Just Say No” - single faceted approach ignored environmental and familial factors**

# Teens Drug Usage

