Prevalence of Adolescent Substance Misuse

Adolescent substance use and misuse are serious issues that contribute to significant medical, psychological, and legal consequences later in life. While it can be difficult to prevent and treat substance misuse among adolescents, scientists have discovered a number of strategies that are effective among this high-risk population.

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In 2015, nearly half (48.9%) of U.S. high school seniors admitted to using an illicit drug (not counting alcohol or tobacco) in their lifetime. For many years, the illicit drug most commonly used by adolescents has been marijuana, and its rates of use among adolescents have increased significantly since 1991. Underage consumption of alcohol and tobacco also poses a significant health risk to adolescents. Within the past year, 21% of eighth-grade students reported that they had consumed alcohol, and 8% reported that they had been intoxicated; these numbers skyrocket to 58% and 36%, respectively, for twelfth-grade students. While cigarette smoking has steadily declined across all ages since 2010, e-cigarettes have become more popular than any other tobacco product, and those who use them cite experimentation and “because they taste good” as the most important reasons why they began or continue to use them.

In addition to having high rates of use for various substances, adolescents have demonstrated a trend of minimizing how harmful drugs can be. Between 2014 and 2015, the perceived harmfulness of regularly smoking marijuana dropped significantly from 36.1% of high school seniors rating it as a “great risk” to 31.9%. This decline is a continuation of a 10-year trend of decreasing perceived risk (in 2005, 58% of high school seniors rated regular marijuana use as a “great risk”).

Substance use disorder rates among adolescents can be less straightforward than use statistics, as diagnostic criteria and differences in shared nomenclature can make large-scale tracking of diagnoses difficult, especially since adolescents are often diagnosed using dependence and problematic use criteria developed for an adult population. Adolescents between the ages of 12 and 17 demonstrate alcohol use disorders (AUDs) and drug use disorders (not counting alcohol or tobacco) in their lifetime. For many years, the illicit drug most commonly used by adolescents has been marijuana, and its rates of use among adolescents have increased significantly since 1991. Underage consumption of alcohol and tobacco also poses a significant health risk to adolescents. Within the past year, 21% of eighth-grade students reported that they had consumed alcohol, and 8% reported that they had been intoxicated; these numbers skyrocket to 58% and 36%, respectively, for twelfth-grade students. While cigarette smoking has steadily declined across all ages since 2010, e-cigarettes have become more popular than any other tobacco product, and those who use them cite experimentation and “because they taste good” as the most important reasons why they began or continue to use them.

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disorders (DUDs) in fairly similar past-year prevalence rates, and the overall prevalence of these disorders has decreased slightly since 2002, from approximately 6% to approximately 3%. Adolescents and young adults 18–25 demonstrate much higher rates of AUDs than DUDs, although the rate of AUD prevalence has decreased since 2002, from approximately 18% to just over 12% (DUDs remained somewhat consistent, hovering between 6% and 8%).

Recovery Interventions for Adolescents

The importance of evidence-based treatment methods rings as true for adolescents as it does for adults; however, adolescents seeking treatment for substance misuse or dependence often present unique issues that require special attention. For example, comorbidity (the presence of substance use disorders alongside one or more mental health disorders) is quite high among adolescents in treatment; a 2001 study found that 40.8% of adolescents in a public mental health treatment program also met criteria for a substance use disorder. Treatment interventions that address substance use as well as mental health issues are ideal for this population. Reviewers have determined that individual cognitive-behavioral therapy (CBT), motivational enhancement therapy (MET), multidimensional family therapy (MDFT), functional family therapy (FFT), and Cognitive Behavioral Therapy Group (CBTG) have “well-established efficacy” among adolescent patient populations. The American Academy of Pediatrics also recommends that adolescent treatment outcomes could be improved by incorporating adapted versions of evidence-based treatments into nonclinical settings, such as schools and youth activities, in order to maintain positive attitudes and behaviors related to substance use and provide lower-intensity interventions for adolescents with substance use behaviors that do not necessarily warrant formal clinical care.

Preventing Adolescent Substance Misuse

Preventing drug and alcohol use and misuse among adolescents begins with setting a strong foundation in earlier stages of childhood development. Social norms, or the perceptions and expectations adolescents have regarding the behavior of others, play a significant role in whether adolescents consume alcohol or drugs (for more information on this phenomenon, see the Research Update issue on “The Social Norms Approach to Student Substance Abuse Prevention”). Adolescents who have high levels of positive parental involvement in their lives (through school involvement or other healthy involvement) are less likely to report substance misuse in adolescence. Similarly, children and adolescents whose parents consistently set clear expectations about not using alcohol or other drugs were less likely to engage in dangerous drinking behavior as young adults. Best practices also encourage parents and other role models to often point out that many adolescents choose not to drink or use drugs, despite the perception that “everyone is doing it.” School-based programs that globally promote healthy habits among disadvantaged children and their parents (including increased healthy parental involvement and expectations) have consistently demonstrated success in increasing positive, healthy behavior among adolescents and young adults, including reduced substance use and misuse.

Summary

Rates of adolescent substance use suggest that prevention and intervention efforts specifically geared toward young people are critical. While specific trends in substance use vary a great deal among adolescents over time, a number of clinical and school-based evidence-based treatment and prevention efforts have been shown to be effective in reducing substance use among adolescents, regardless of the substance being used or whether a substance use disorder is present. Parents and role models who consistently establish healthy social norms regarding alcohol and drug use throughout childhood and adolescence set the strongest foundation for preventing unhealthy substance use behaviors later in life.

References