



## Substance Abuse, Causes and Prevention in Adolescence

**Jagdish Kumar**

PGT Psychology, Department of education haryana ( india)

### Keywords

Substance Abuse,  
Adolescents,  
Prevention,  
Risk Factors,  
Intervention

### ABSTRACT

The article addresses the pressing issue of substance abuse among children and adolescents, emphasizing early detection and prevention. It defines substance abuse according to DSM-5 criteria and discusses its prevalence in India, highlighting alarming statistics. Factors contributing to substance abuse, such as individual, family, school, community, and peer influences, are explored. The paper outlines signs and symptoms of substance abuse and discusses diagnosis and prevalent substances abused by adolescents. It stresses the importance of prevention efforts, including family influence, educational tools, and early intervention to halt the progression of substance use disorders. Lastly, it underscores the harmful consequences of teenage substance abuse and the necessity of treatment for those already affected. The abstract encapsulates the multifaceted nature of the issue, the importance of prevention, and the need for comprehensive interventions to address substance abuse among youth.

**Introduction:** Being a teenager and raising a teenager are enormous challenges. For many teens, substance abuse becomes part of the landscape of their teenage years. Adolescence is a time of physical, psychological, social and emotional changes. At this stage of life, adolescents adopt behaviours that can lead to various health risks, including substance use. Substance use among children & adolescents ranges from experimentation to severe substance use disorders particularly through peers. All substance use, even experimental use, puts children & adolescents at risk of short-term problems such as accidents, fights, unwanted sexual activity and overdose. Factors that contribute to the emergence of substance abuse in the paediatric population are multifactorial. Behavioural, emotional, and environmental factors that place children at risk for the development of substance abuse may be remediated through prevention and intervention programs that use research-based, comprehensive, culturally relevant, social resistance skills training and normative education in an active school-based learning format. The epidemic of substance abuse in young generation has assumed alarming dimensions in India. Changing cultural values, increasing economic stress and dwindling supporting bonds are leading to initiation to substance abuse. According to WHO, substance abuse is persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice. Today there is no part in the world that is free from drug abuse and India too is caught in vicious cycle of drug abuse and numbers are increasing day by day. Substance abuse has led to a detrimental impact not only on

individual but also on families, society and nation. With most drug users in 18-35 years there is loss of human potential and damage to physical, psychological, moral and intellectual capabilities of children & adolescents. Substance abuse is one of the major areas of concerns in adolescent's health and their behaviour. Substance use is pervasive and endemic among adolescents. It is associated with high-risk sexual behaviour, road traffic accidents, violence, crime, homicide and suicide in adolescents. Polysubstance abuse further increases the risk of infections like HIV, Hepatitis B, C, sexual transmitted diseases and infective endocarditic.

This Paper is an attempt to highlight the issues of Substance Abuse in children & adolescents, along with emphasis on early detection & prevention. Our endeavour is to raise the awareness not only in paediatricians but also the teachers, parents & students.

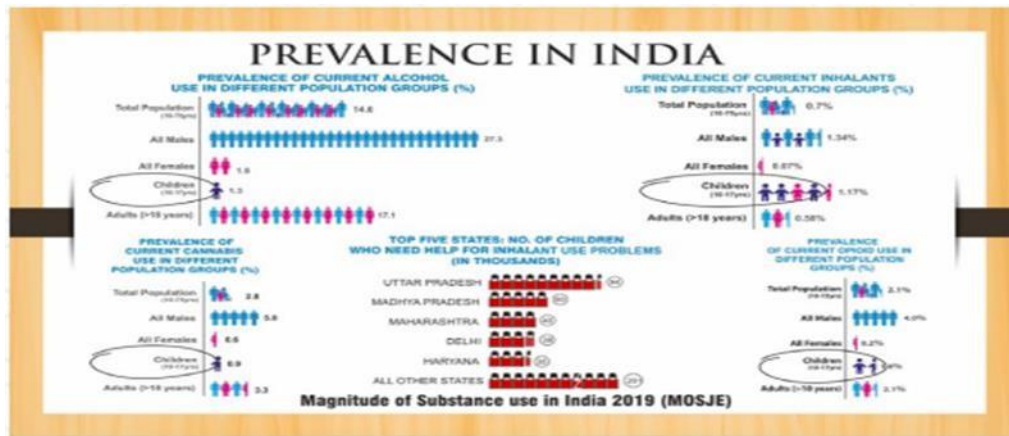
### **What is substance abuse?**

The non-medical use of chemical substances in order to achieve alteration in psychological functioning has been termed as substance abuse. DSM-5 (Diagnostic & Statistical Manual of Mental Disorders) guidelines for the diagnosis of a substance use disorder require that the individual have significant impairment or distress from their pattern of drug use, and at least two of the symptoms listed below in a given year.

1. Using more of a substance than planned, or using a substance for a longer interval than desired
2. Inability to cut down despite desire to do so
3. Spending substantial amount of the day obtaining, using, or recovering from substance use
4. Cravings or intense urges to use
4. Repeated usage causes or contributes to an inability to meet important social, or professional obligations
5. Persistent usage despite user's knowledge that it is causing frequent problems at work, school, or home
6. Giving up or cutting back on important social, professional, or leisure activities because of use
7. Using in physically hazardous situations, or usage causing physical or mental harm
8. Persistent use despite the user's awareness that the substance is causing or at least worsening a physical or mental problem
9. Tolerance: needing to use increasing amounts of a substance to obtain its desired effects
10. Withdrawal: characteristic group of physical effects or symptoms that emerge as amount of substance in the body decreases

### **Prevalence in India:**

Substance abuse is one of the major areas of concerns in children & adolescents' health and their behaviour. India has the highest proportion of adolescent's population (22.8%). In spite of such a large risk of substance use in this huge population the problem of substance use is not recognised and underestimated in India. Substance abuse in most cases has its onset in adolescence and 70% adults addicted to substances initiate use during teenage. A meta-analysis by Reddy and Chandrashekhar (1998) revealed an overall substance use prevalence of 6.9/1000 for India with urban and rural rates of 5.8 and 7.3/1000 population. The rates among men and women were 11.9 and 1.7% respectively. In a huge population in India (22.8%) between 10 to 19 years there has been limited data on the prevalence of substance use. A national household survey was done in 2001 and subsequently in 2006. A data of pattern and profile of children on substance use in India was published by Dhawan et al in 2017 in a study by National Drug Dependence Treatment Centre AIIMS along with National Commission for Protection of Child Rights (NCPCR) and Society for Promotion of Youth and Masses (SPYM). The latest is 2019 report by Ministry of Social Justice and Empowerment. The results over the years from these studies reveal the increased prevalence of substance use over the years and progressively increase in involvement of children and adolescents as well. Cannabis, heroin & Indian produced pharmaceutical drugs are the most frequently abused drugs in India.



**This shows:** prevalence of various substance use in Indian population according to a data from Ministry of Social Justice and Empowerment 2019. The prevalence of Alcohol use in children 10 to 17 years is 1.3% The Cannabis use in children 10 to 17 years is 0.9% The prevalence of Inhalants 10 to 17 years is 1.17% which is more than age group above 18 years (0.58 %). The prevalence of Opioids use in 10-17 years is 1.8% and at par with age group above (2.1%).

**World day against drug abuse 2021:** June 26, is celebrated as INTERNATIONAL DAY against Drug abuse and illicit trafficking every year to sensitise youth in particular to menace of drug.

**World Day against Drug Abuse 2021:** The theme of this year's International Day against Drug Abuse and Illicit Trafficking is- —SHARE FACTS ON DRUGS. SAVE LIVES.¶



### Causative Factors:

#### Factors that Contribute to Addiction.

Substance use can progress due to several factors that influence substance-seeking behaviours. These factors are broadly classified under 2 major categories:

#### Extrinsic Factors:

**Individual:** Children & adolescents who are impulsive & aggressive have low self-esteem are particularly vulnerable. The person's unique psychological makeup, coping skills, temperament, resilience capacity, and personality all factor in. Another group includes those who are victims of child & sexual abuse & adolescents who experience dating violence. Those who belong to gangs & street children are more prone to initiate substance abuse earlier.

**Family:** Family dynamics and early childhood experiences shape a person's mental wellbeing. A history of abuse, neglect, attachment disorder and family discord can set the stage for a substance

use disorder later in life. Family history of addiction and other still unknown biological factors can predispose someone to addiction. Experiencing trauma or the loss of a parent or sibling, or any devastating life event can lead someone to begin self-medicating symptoms of depression or anxiety.

**School:** Early school failure, poor school connectedness, truancy are some factors that can make children more vulnerable. Easy availability of drugs around the school premises & usage of drugs in hostel are other factors.

**Community:** This is one of the most important factors in India due to easy procurement of drugs. Lax law enforcement, media glamorisation, extreme poverty, slums, illiteracy & unemployment are the other reasons for the growing drug use menace.

**Peer:** Peer influence plays a pivotal role in the initiation of tobacco and drug usage. Bullying both physical & cyber bullying is another contributory factor these days. Delinquent & violent peer group make the teens easily susceptible. Peer pressure may be a factor not only in drug use but also in drug abstinence.

**Intrinsic Factors:** This includes • Autistic Spectrum Disorders (ASD) • conduct disorders • anxiety • stress • depression.



**Adolescents Take Drugs:**

Adolescents experiment with drugs or continue taking them for several reasons

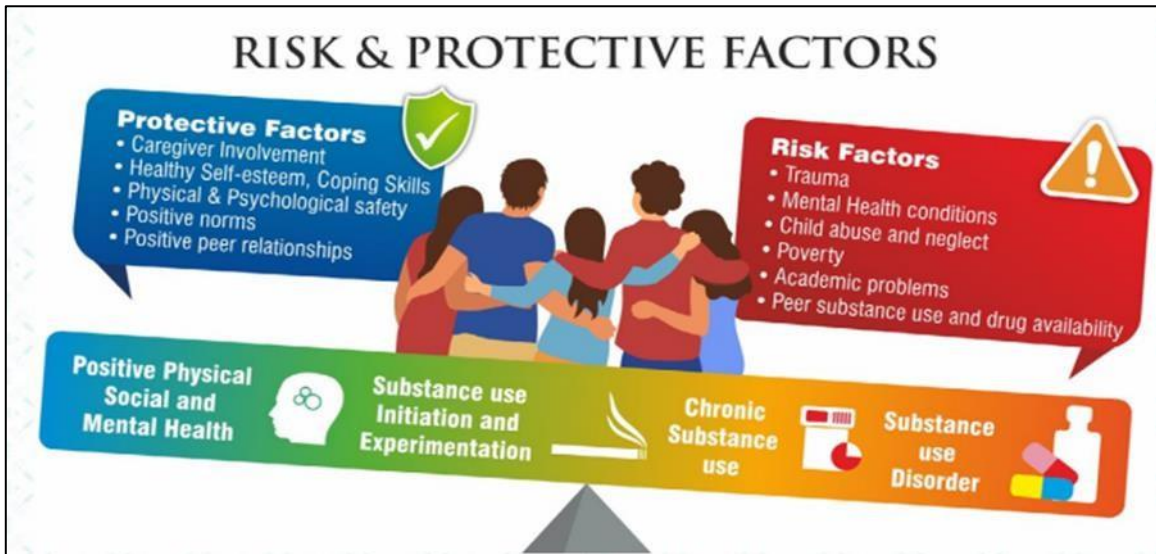
<p><b>To feel good</b> Stimulants may lead to feelings of power, self-confidence and increased energy. Depressants tend to provide feelings of relaxation and satisfaction.</p>	<p><b>To feel better</b> People may use substances to reduce social anxiety or stress when building connections with others or to reduce symptoms associated with trauma or depression.</p>
<p><b>To do better</b> The increasing pressure to improve performance leads many people to use chemicals to “get going” or “keep going” or “make it to the next level”.</p>	<p><b>To explore</b> Some people have a higher need for novelty and a higher tolerance for risk. These people may use drugs to discover new experiences, feelings or insights.</p>

**Protective & risk factors for substance abuse:**

**Signs & symptoms of substance abuse:**

Signs are the outwardly observable behaviours or consequences related to the use of the substance. Symptoms are the personal, subjective experiences related to the use of the substance. A substance use disorder (or SUD) is a clustering of two or more signs and symptoms related to the use of a substance. If an adolescent starts behaving differently for no apparent reason-such as

acting withdrawn, frequently tired or depressed, or hostile-it could be a sign he or she is developing a drug-related problem. Parents and others may overlook such signs, believing them to be a normal part of puberty. The following behaviours may indicate an adolescent is having a problem with substance abuse. However, each adolescent may experience symptoms differently.



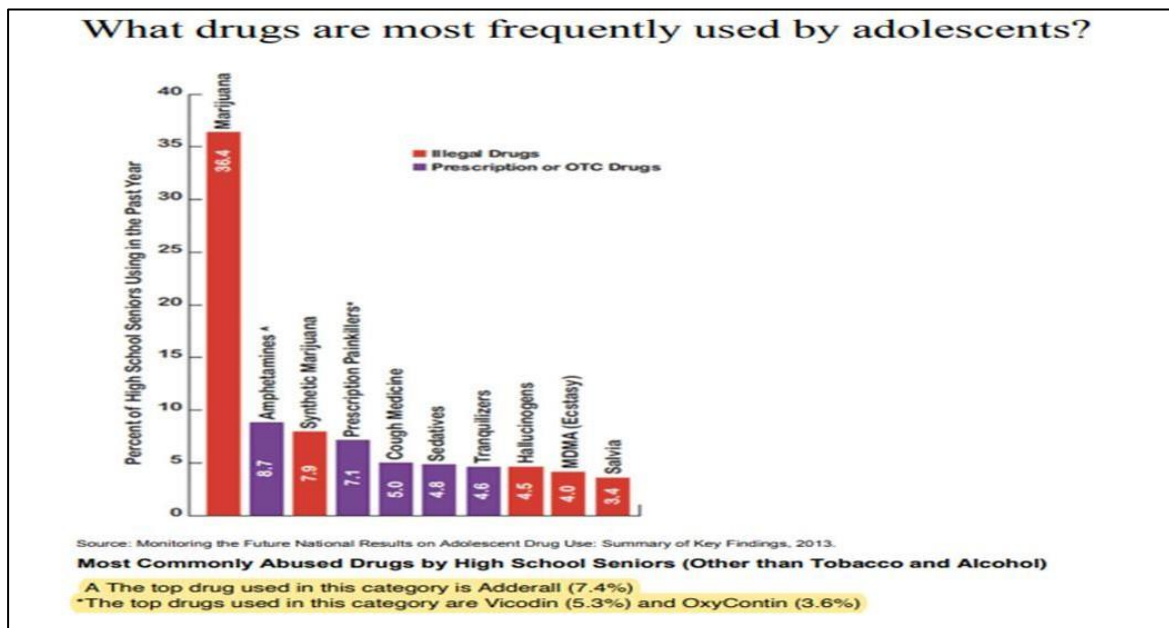
**Signs of Substance Abuse:** • An increased tolerance or need for increased amounts of a substance to attain the desired effect, • Withdrawal symptoms with decreased use, • Unsuccessful efforts to decrease use, • Increased time spent in activities to obtain substances, • Withdrawal from social and recreational activities, and continued use of a substance even with awareness of physical or psychological problems encountered by the extent of the substance use.

**Symptoms of Substance Abuse:** • Getting high on drugs or getting intoxicated (drunk) on a regular basis. • Lying, especially about if and how much they are using or drinking. • Avoiding friends and family members. • Avoiding eye contact & hugs by parents. • Changes in eating or sleeping habits. • Change in peer group. • Changed preferences for music & movies with high action drama & drug use. • Giving up activities they used to enjoy such as sports or spending time with friends. • Change in time at home, late nights & sleep-overs, • Talking a lot about using drugs or alcohol • Efforts to mask the smell like usage of perfume, chewing peppermint, rinsing of mouth. • Believing they need to use or drink in order to have fun • Getting in trouble at school or with the law • Taking risks, such as sexual risks or driving under the influence of a substance • Suspension from school for a substance-related incident • Missing school due to substance use • Decline in academic performance • Carelessness with grooming, poor hygiene, altered eating habits & sleep patterns • Spending more time aloof in bedroom & toilet • Finding of injection marks called as —track marks which are dark linear marks more commonly on the non-dominant hand which the adolescent will usually try to hide by wearing full sleeves shirt • Stealing • Depressed, hopeless, or suicidal feelings.

The symptoms of substance abuse may resemble other medical problems or psychiatric conditions. Headache, Sore throat, Worsening asthma, chronic cough, chest pain, gastritis, hepatitis, needle puncture marks and pancreatitis may be signs of drug abuse

### **Substance Abuse Diagnosed:**

Adolescents who use drugs are most likely to visit a doctor's office with no obvious physical findings. Substance abuse problems are more likely to be discovered by doctors when adolescents are injured in accidents occurring while under the influence, or when they are brought for medical services because of intentional efforts to hurt themselves. Clinical findings often depend on the substance abused, the frequency of use, and the length of time since last used, and may include the following: 1. Weight loss 2. Constant fatigue 3. Red eyes 4. Little concern for hygiene.



Alcohol and tobacco are the drugs most commonly abused by adolescents, followed by marijuana. The next most popular substances differ between age groups. Young adolescents tend to favor inhalant substances (such as breathing the fumes of household cleaners, glues, or pens; see "The Dangers of Inhalants"), whereas older teens are more likely to use synthetic marijuana (—K2 or —Spice) and prescription medications—particularly opioid pain relievers like Vicodin® and stimulants like Adderall®. In fact, the Monitoring the Future survey of adolescent drug use and attitudes shows that prescription and over-the-counter medications account for a majority of the drugs most commonly abused by high-school seniors.

### The Importance of Teen Substance Abuse Prevention

**Teenage substance abuse:** prevention is of paramount importance for several reasons. Teens are still developing important life skills, their identity, likes, and dislikes. If teens begin experimenting with drugs to fit in or gain friends, they can unknowingly set themselves up for a potentially life-threatening habit; prevention is therefore critical. In 2018, 27.1% of 8th to 12th graders used an illicit drug; in the same year, 29.3% used illicit drugs and suffered a depressive episode. 18.7% of 8th to 12th graders drank alcohol in the last month of 2018, with 12% binge drinking.

Providing a firm foundation and clear message on the damage addiction can cause is critical to teenage substance abuse prevention efforts. The goal of prevention is to attempt to stop someone from partaking in a harmful action that has substantial consequences before those consequences occur. In the case of teenage substance abuse prevention, this can range from stopping teens from taking drinks of alcohol to restricting access to more dangerous drugs like Cocaine or Fentanyl.

### Harmful Consequences of teenage substance abuse

Teens abusing harmful substances may decide to do so in order to cope with distressing mental and emotional conditions. Although some of these conditions may be temporary, the effects of substance abuse can last a lifetime. Such conditions include but are not limited to:

- Depression or anxiety
- Broken relationships ( Family, Friends and romantic relationship)
- Poor or declining health
- Difficulty maintaining self- esteem
- Grief, loss, or trauma
- Problems making friends and felling isolated

Teens may also use illicit substances because of peer pressure or to the need to belong.

Unfortunately, substance abuse can have devastating effects on individuals and their loved ones. Consequences of teen drug abuse can include legal trouble, drug addiction, poly drug use, and unwanted pregnancy.

Although teens from all backgrounds abuse harsh and addictive chemicals, some teenagers are more at risk for addiction than others. Teens who struggle with depression or anxiety are more likely to dabble with chemicals for a sense of relief. Teens who are moving or transitioning between different schools may feel stressed and isolated. In turn, they may resort to a substance to distract themselves from their emotions.

The earlier drug abuse is begun, the greater the likelihood of the abuser developing a Substance Use Disorder (SUD) later in life. For example, a teen experimenting with prescription Opioids at age 16 can easily develop a tolerance. A tolerance often leads to a dependency within as little as a few weeks or months. Once the teen has developed a dependency, they may develop a full-blown SUD by the age of 20.

If the prescription Opioid of abuse has lost its luster, the teen abusing the substance may transition to a stronger, deadlier drug like Heroin. Teens who have chronic pain may also be at risk. Teens with chronic pain may have to take prescription Opioids for relief and can become addicted. Other risk factors for addiction include having a prior personal history of substance abuse or having a family history of substance abuse.

### **Preventative Measures For Teenage Substance Abuse Family Influence**

Prevention of drug and alcohol abuse can start at home. Parents can talk to their children and explain the consequences of drug and alcohol abuse. Talking to children while they are young can create a strong foundation for awareness of drug use. This helps parents positively influence their children while also teaching their children about boundaries.

Parents help children to understand when to deny something that can hurt them. Prevention talks also create deeper bonds between children and parents. Parents can establish consistency in communication along with guidance that can be followed for years. Preventative conversations can facilitate trust between the parent and the child and lead to wise decisions when it comes to habits, friends, interests, and influences.

### **Educational Tools**

There are government agencies, community leaders, and school personnel that attempt to teach children about living a drug-free life. Much of this is to prevent teen drug abuse before teens reach adulthood or go into the —real world. As a result of these educational tools, teen drug abuse has significantly decreased from previous decades.

Educating teens on the effects of drug abuse is important. There are presently various educational programs in place for this very reason, including universal, selective, and indicated programs. Universal programs function to teach social, personal, and drug resistance techniques on a weekly basis. Selective programs are interventions for teens who may be more at risk and have unstable home lives or other risk factors. Indicated educational programs are geared toward teens showing problematic behavior.

### **Stop Addiction Before It Gets Worse**

Teenage substance abuse prevention can help stop teens from developing an SUD; however, treatment is recommended for teens who already have a problem. Treatment puts teens in the care of medical professionals with tools for recovery. For instance, teens may not realize that there are underlying conditions that may encourage substance abuse; these are known as co-occurring disorders. Cutting-edge medications and therapies can be used to treat co-occurring disorders. Detox is completed under the watchful eye of a medical professional. Perhaps most importantly, therapies and peer groups encourage a feeling of health and belonging. Contact a treatment provider to locate facilities that offer teen-related treatment today.

## References

1. Ogbodo, R. O. A. (2016). 2nd Survey of Cultism, Examination Malpractices and Drug Abuse. Abuja: Gracehlands Publishers Nig Ltd. Oladele,
2. J. S. (2015). Counselling for Healthy Living in Credible Educational Response to Current Challenges Plaguing Nigeria. In D. I Denga (ed.), *Credible Educational Response to current challenges plaguing Nigeria*. Calabar: Rapid Educational Publishers Ltd. Rimfat,
3. S. A. (2015). *Juvenile Delinquency and Crime Studies for Counselors*. Makurdi: Aboki Publishers.
- United Nations (1995). United Nations and Drug Abuse Control Board. Geneva World Health Organization (1995). *Drug and Effects on Health: Report of World Health Organization Expert Committee Geneva, Switzerland*.
4. Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; and Schulenberg, J.E. *Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings, 2013*. Bethesda, MD: National Institute on Drug Abuse, 2013. Available at [www.monitoringthefuture.org](http://www.monitoringthefuture.org)
5. Sussman, S.; Skara, S.; and Ames, S.L. Substance abuse among adolescents. *Substance Use & Misuse* 43(12–13):1802–1828, 2008.
6. Robertson, E.B.; David, S.L.; and Rao, S.A. *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*, 2nd ed. NIH Pub. No. 04-4212(A). Bethesda, MD: National Institute on Drug Abuse, 2003. Available at: [www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents](http://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents)
7. Andersen, S.L.; and Teicher, M.H. Desperately driven and no brakes: Developmental stress exposure and subsequent risk for substance abuse. *Neuroscience & Biobehavioral Reviews* 33(4):516–524, 2009.
8. Andersen, S.L.; and Teicher, M.H. Desperately driven and no brakes: Developmental stress exposure and subsequent risk for substance abuse. *Neuroscience & Biobehavioral Reviews* 33(4):516–524, 2009.
9. Robertson, E.B.; David, S.L.; and Rao, S.A. *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*, 2nd ed. NIH Pub. No. 04-4212(A). Bethesda, MD: National Institute on Drug Abuse, 2003. Available at: [www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents](http://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents)
10. Dennis, M.; Babor, T.F.; Roebuck, C.; and Donaldson, J. Changing the focus: The case for recognizing and treating cannabis use disorders. *Addiction* 97:(s1):4–15, 2002.
11. <https://pubs.niaaa.nih.gov/publications/dsmfactsheet/dsmfact.pdf>.
12. WHO.Tecn.Res.Ser.No.886: 1999.p48.
13. Hingson R, HeerenT,ZakocsR. Age of drinking onset and involvement in Physical Fights After Drinking. *Paediatrics*, 2001(108):872-877.
14. *Pravara Med Rev*2009; 1
15. Louisa Degenhardt, Emily Stockings, George Patton, Wayne D Hall, Michael Lynskey *Lancet Psychiatry* 2016; 3: 251–64 Published Online February 18, 2016 [http://dx.doi.org/10.1016/S2215-0366\(15\)00508-8](http://dx.doi.org/10.1016/S2215-0366(15)00508-8)