

Chapter 4: Understanding Risk Factors and Other Variables That Define the Target Population

“Any parent, fellow student, teacher, principal, administrator, coach, secretary, counselor, nurse, bus driver or other school staff member who averts his or her eyes from a student suspected of using or abusing tobacco, alcohol or drugs is neglecting that child. Whether borne of despair, complacency, frustration or disregard, this neglect is not benign. It is a malignant neglect compromising the lives and futures of our children and metastasizing steadily and surely to younger children” (CASA, 2001).

After reading this chapter, the reader will be able to:

- ▶ Identify risk and protective factors for drug abuse and their implications for prevention.
 - ▶ Associate a number of facts related to gender, age, and geographic setting to specific target groups.
 - ▶ Incorporate the knowledge gained about target groups into the implementation of the curriculum.
- ▶ Geographic setting—particular characteristics of rural, suburban, and urban settings and their relationship to substance abuse.

General Risk and Protective Factors

“Tobacco, alcohol and illicit drugs in schools are fueled by neglect when parents fail to be actively engaged in their child’s life; when teachers and principals fail to ensure that drugs are not kept, used or sold on their premises; when communities fail to become active partners in the fight against youth substance use; when students fail to help classmates” (CASA, 2001).

Overview

As mentioned earlier, for substance abuse prevention programs to be most effective, they must be structured to respond to the needs, concerns, interests, perceptions, and values of the target population. While Chapter 3 provides the tools necessary to identify the major characteristics and needs of the target population, this chapter presents an in-depth description of drug-related issues that correlate with these characteristics and needs.

First, this chapter reviews the many general factors that place young people at risk for and protect them from substance abuse. Second, this chapter reviews variables that may have independent effects on substance abuse risk and use of and susceptibility to prevention messages among American youth:

- ▶ Gender—the different social, emotional, and physical risk factors for substance abuse for male and female youth.
- ▶ Age—characteristics of development that have implications for risk and for the selection of prevention activities.

Researchers have identified factors that are associated with greater potential for continued and increased substance use. These are commonly referred to as *risk factors*. Factors associated with reduced potential for substance use are referred to as *protective factors*.

While most youth experiment with substances, most do not progress to high levels of use or dependence. Generally speaking, an individual with more risk factors and fewer protective factors has a greater likelihood of continued substance abuse, with risk factors carrying slightly greater weight than protective factors. While researchers have identified factors associated with substance abuse (and nonuse), they have not yet identified the root causes of substance abuse; we know what factors are associated with substance abuse, but we do not yet understand why substance abuse occurs in the presence of these factors. For example, children of alcoholic parents are at increased risk for substance abuse and alcoholism. It has been established that youth with alcoholic parents

Transitions

In addition to risk factors, there are periods during which youth are more susceptible to drug abuse (NIDA, 2003a). For example, heightened vulnerability for drug abuse initiation occurs during the transition from elementary to middle/junior high school and again during the transition from middle/junior high school to high school. Likewise, the physical changes associated with puberty and the social stresses associated with moving or parents divorcing increase the risk of drug abuse.

are more likely to have behavioral problems, which often result in poor school performance and which, in turn, can result in isolation from peers. Because there is less available influence from adult role models, peer support may become relatively more important to these youth (Emshoff & Price, 1999). Given this scenario, it is difficult to pinpoint the precise cause(s) of increased substance abuse in this population. In the absence of this level of understanding, it is a primary goal of prevention programs to tip the balance between more general risk and protective factors so that youth are less likely to initiate and continue substance abuse (NIDA, 2003a). This is not a simple task. Risk and protective factors have different effects on individuals depending on their age, ethnicity, culture, and environment. For example, family risk and protective factors seem to be more important for younger children, while risk and protective factors associated with peers hold greater importance with adolescents (NIDA, 2003a). Likewise, some risk and protective factors are more amenable to change than others.

A Dangerous Combination

Youth who progress quickly from initial use to consistent abuse have been demonstrated to have the following combination of risk factors (NIDA, 2003a):

- ▶ High stress.
- ▶ Low parental support.
- ▶ Low academic competence.

It is important for the prevention leader working in school and youth group organization settings to understand risk and protective factors for substance abuse among youth for the following reasons:

- ▶ Some risk factors are amenable to change through curricular activities.
- ▶ Other risk factors may be susceptible to change through leader-youth interactions and classroom

management that develop as by-products of substance abuse prevention activities.

In general, risk and protective factors for substance abuse can be arranged in five domains or classes, described in greater detail below (NIDA, 2003a; NIDA, 1999):

- ▶ Individual.
- ▶ Family.
- ▶ Peer.
- ▶ School.
- ▶ Community.

Individual Risk and Protective Factors

Individual risk and protective factors include genetic, physical, behavioral, and social characteristics. These factors obviously do not exist in a vacuum; the individual interacts with his or her social environment as well. However, researchers have found several individual factors to be associated with increased risk for substance abuse. Research indicates that social factors have greater influence on the initiation of substance use, while individual risk factors play a larger role in the continued abuse of drugs. Risk and protective factors referenced below are the result of research compiled by the National Institute on Drug Abuse (2003a) unless otherwise indicated.

Individual Risk Factors	Individual Protective Factors
Shyness	Stable temperament/self-control
Aggressiveness	High degree of motivation
Impulsiveness	Social competence
Poor academic achievement	Problem-solving skills
High level of sensation-seeking/risk-taking behavior	Involvement in religion
Low perceived risk of substance use	Participation in extracurricular activities
High levels of stress	
Child of a substance abuser	
Emotional problems	

Examples from recent research include:

- ▶ Youth who reported that religious beliefs were very important to them and/or influenced their behavior were significantly less likely to have used cigarettes, alcohol, and/or illicit drugs than youth who reported lower levels of religious belief. African-American youth were the most likely to report high levels of religious belief (SAMHSA, 2003b).
- ▶ As measures of youths' perceptions of the potential harm of Ecstasy use have risen in recent years, youths' use of the drug has decreased significantly (ONDCP, 2001).
- ▶ Youth who reported attending church an average of twice a month were half as likely to report use of an illicit drug in the past year compared with youth who attended religious services less frequently (SAMHSA, 2003b).

Family Risk and Protective Factors

Problematic relationships with parents and a negative emotional climate in the home have been associated with adolescent use of substances. Youth who report having less involvement with their families or feeling that their parents do not understand them are more likely to use drugs than those who report having close relationships with their parents. Other familial risk factors include chaotic home environments, particularly those in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially with children and adolescents with difficult temperaments and conduct disorders; and lack of mutual attachment and nurturing.

Examples from recent research include:

- ▶ Adolescents from families with high levels of parental monitoring and rules began abusing substances at half the rate of those from similar environments but with low levels of parental monitoring and rules (Guo, Hill, Hawkins, Catalano, & Abbott, 2002).
- ▶ Youth who believed their parents would disapprove of their using marijuana were four times less likely to use marijuana than their peers who believed their parents would only somewhat disapprove or neither approve nor

Family Risk Factors	Family Protective Factors
Lack of attachment and nurturing by caregivers	Strong bond between children and families
Poor parental monitoring	Age-appropriate parental monitoring of social behavior, including establishing curfews, ensuring adult supervision of activities outside the home, knowing the child's friends, and enforcing household rules
Chaotic home environment	Supportive parenting that meets financial, emotional, cognitive, and social needs
Lack of a significant relationship with a caring adult	Clear limits and consistent enforcement of discipline
A caregiver who suffers from mental illness or is involved in criminal activity	Family rituals
Exposure to substance abuse by parents or siblings	Parental disapproval of substance use
Frequent family moves	

disapprove of their using marijuana (Wright & Pemberton, 1999).

Peer Risk and Protective Factors

Mounting evidence underscores the importance of the social environment—in particular, youths' relationships with peers—in the development of adolescent substance abuse. The relative importance of peer influences increases in the adolescent years. Research suggests that having relationships with substance-abusing peers

Peer Risk Factors	Peer Protective Factors
Association with peers with problem behaviors, including substance abuse	Association with peers who reflect conventional norms against substance abuse

puts adolescents at significantly greater risk for illicit substance abuse, particularly after the age of 15 (Guo et al., 2002).

Examples from recent research include:

- ▶ Youth who reported having only a few friends who use marijuana were three times less likely to use marijuana than youth who reported having many friends using marijuana (Wright & Pemberton, 1999).
- ▶ Youth who believed that their friends would somewhat disapprove or neither approve nor disapprove of marijuana use were eight times more likely to use marijuana than youth who believed that their friends would strongly disapprove of marijuana use (Wright & Pemberton, 1999).

students in their grade used marijuana (Wright & Pemberton, 1999).

Community and Social Risk and Protective Factors

Communities provide the larger social context within which children and adolescents function. Communities encompass many risk and protective factors, including the extent to which unemployment, poverty, crime, and easy access to drugs are factors in a given community.

Community Risk Factors	Community Protective Factors
Lack of positive afterschool academic programming	Strong bond between children/adolescents and prosocial community institutions
Lack of positive afterschool and weekend recreational programming	Communitywide anti-drug-use messages and norms
Low levels of law enforcement of underage use of both legal and illegal drugs; belief that substance abuse is generally tolerated	High levels of perceived social disapproval of substance abuse
Easy access to drugs	
Misperceptions of the extent and acceptability of substance-abusing behaviors in school, peer, and community environments	
Poverty	

School Risk and Protective Factors

School Risk Factors	School Protective Factors
Pro-drug-use norms	Consistent enforcement of drug use policies
Availability of drugs in or near the school	Strong bond between children/adolescents and the school
Poor school academic climate	High expectations for academic success coupled with the tools to help students achieve that success
Lack of, unclear, or poor enforcement of school policies related to drug use	Opportunities for meaningful involvement and responsibility within the school

Schools are important social environments for young people. Risk and protective factors associated with the school environment include:

Examples from recent research include:

- ▶ Youth who reported feeling committed to school used marijuana at less than one-third the rate of youth who felt little commitment to school (Wright & Pemberton, 1999).
- ▶ Youth who reported that most of the students in their grade used marijuana were 20 times more likely to have used marijuana in the past year than students who reported that none of the

Researchers have found particularly strong and consistent associations between the following risk and protective factors and substance abuse among youth:

Examples from recent research include:

- ▶ Youth who reported having easy access to illicit drugs or having been approached by someone selling drugs were significantly more likely to be drug users themselves (SAMHSA, 2003a).
- ▶ Youth who were not involved in afterschool activities were more likely to drink alcohol and smoke (CASA, 2001).

Implications: Primary Targets for Prevention

Substance abuse prevention efforts can enhance many protective factors and help reverse or reduce many risk factors. Some examples of how prevention leaders might address risk and protective factors in classroom and youth organization settings include the following:

Individual Factors

- ▶ Helping youth develop and practice age-appropriate social and problem-solving skills.
- ▶ Providing alternative activities that appeal to risk-taking youth.
- ▶ Intervening promptly to address behavioral and academic problems.

Family Factors

- ▶ Teaching parents better family communication, discipline, firm and consistent rule making, and other parenting skills.
- ▶ Helping families create warm family environments with high levels of bonding.

Peer Factors

- ▶ Helping young people develop social competency skills.
- ▶ Persuading drug-using members of the target population not to share their drugs with friends (NIDA, 2003b).
- ▶ Providing opportunities for and encouraging participation in extracurricular activities.
- ▶ Helping youth develop and practice drug refusal skills.

School Factors

- ▶ To the extent possible, encouraging and supporting academic achievement.
- ▶ Strengthening youths' bonds with school and community organizations by giving them a sense of belonging and associated achievement.
- ▶ Correcting the misperception that most youth are using drugs by providing information about the true nature and extent of substance use among school and/or community youth (as discussed in Chapter 2, this would be an example of normative education).

Community Factors

- ▶ Enhancing antidrug norms and prosocial behavior with civic, religious, law enforcement, and governmental organizations through changes in policy or regulations, mass-media efforts, and communitywide awareness programs.
- ▶ Advocating for limits on alcohol outlets near schools, enforcement of age restrictions in the purchase of tobacco and alcohol, and limits on tobacco and alcohol advertising.
- ▶ Enhancing youths' media literacy so that they can deconstruct and become more critical of youth-directed messages and images supportive of substance use.

Selected High-Risk Groups

As described above, many young people experience environmental or lifestyle factors that put them at increased or decreased risk for substance abuse. Likewise, it is most common for prevention leaders to work in a setting in which youth with a variety of identified and, more likely, unidentified risk factors are combined into a single target group. In these situations, it is often impractical to attempt to address the prevention needs of each young person. However, to the extent that prevention leaders are aware of the presence of these factors in their target populations, understanding these factors can be helpful in prevention planning. Depending on the prevention leader's setting, categorizing youth into risk categories or groups rather than viewing the range of risk factors possible for each individual may be helpful.

Although young people in these groups can vary substantially in terms of their individual constellations of risk and protective factors—and, in fact, may be more different than they are alike—those who are known to fit into one or more of these categories may be more likely than others to possess more given risk factors. As such, they may be appropriate targets for indicated or selected substance abuse prevention programs (see Chapter 2) that have as their goal addressing the unique risk factors likely to be shared by group members. Many elementary, middle, and high schools have student assistance programs (SAPs) that provide substance abuse prevention and early intervention for high-risk youth (Emshoff & Price, 1999). Another way to view these risk

categories is as appropriate subgroups to receive these kinds of targeted programs.

If you are working with a group of young people believed to be at high risk for substance abuse:

- ▶ Be interactive.
- ▶ Focus on the positive aspects of the troubled youth and convey a sense of immediate gratification rather than long-term consequences or needs.
- ▶ Provide youth with more information to the effect that some people cannot handle alcohol and drugs at all. They need to understand danger signs, differences in tolerance levels, and the inability of some people to stop drug use.
- ▶ Address the effects of drugs, provide drug-specific information, and present a classification of effects by type of drug (e.g., depressants, stimulants), since youth talk about “getting high” and often use more than one drug.
- ▶ Include activities that help develop skills such as social and refusal skills.
- ▶ Suggest positive alternatives to alcohol and other drug use in order to influence behavior.
- ▶ Combine a variety of strategies for each targeted high-risk group.
- ▶ Avoid stigmatizing youth from high-risk environments.
- ▶ Provide additional resources for information.

The following high-risk groups will be examined more closely:

- ▶ Children of alcoholics and other substance abusers.
- ▶ Youth with learning and/or behavioral disorders.
- ▶ Abused and/or neglected youth.
- ▶ Economically disadvantaged youth.
- ▶ Homeless and runaway youth.
- ▶ School dropouts and those at risk of dropping out.
- ▶ Suicidal youth and youth with serious emotional disturbances (SEDs).
- ▶ Youth with other disabilities.
- ▶ Sexual minority youth.
- ▶ Users of gateway drugs, including alcohol, tobacco, and/or marijuana.

Children of Alcoholics and Other Substance Abusers

“... every summary of children of substance abusers should take into account that there is most probably no single profile of children of substance abusers” (Johnston & Leff, 1999, p. 1095).

There are more than 28 million children of alcoholics (COAs) in the United States, with 11 million of these under the age of 18 (National Association for Children of Alcoholics [NACOA], 2000).

Strong scientific evidence suggests that alcoholism and other substance abuse problems tend to run in families.

- ▶ COAs are four times more likely than non-COAs to become alcoholics, and evidence suggests that genetic factors play a major role in the development of alcoholism (NACOA, 2000).
- ▶ COAs’ risk for later alcoholic outcomes is detectable early in life and, in some instances, even before they begin school.
- ▶ COAs also have a greater tendency than their peers without substance-abusing parents to begin using alcohol or other drugs at an early age.
- ▶ Many COAs fare well despite their increased biologic, environmental, and psychologic risk (Johnston & Leff, 1999).

Some protective factors that may buffer the many problems associated with growing up in an alcoholic family include:

- ▶ Maintaining healthy family rituals or traditions, such as vacations, meals, and holidays.
- ▶ Confronting the active alcoholic parent with his or her problem.
- ▶ Having a consistent significant other in one’s life.
- ▶ Harboring moderate to high levels of religious observance.

In addition, youth who know their risk status relative to that of their peers with nonalcoholic parents tend to drink less in terms of both quantity and frequency (Emshoff & Price, 1999).

Children of Smokers

Researchers have determined that early onset of smoking (as early as grades 3, 4, and 5) is associated with parental smoking and, even more strongly, with prenatal exposure to smoke (Thomas, 2001).

Children of Illicit Drug Abusers

Environmental risk factors may be similar or even more intense in families where abuse of substances other than alcohol is occurring. However, the inherited predisposition that has been demonstrated to contribute to the development of alcoholism does not appear to be strongly supported by current research in relation to other drugs of abuse (Johnston & Leff, 1999).

Practical Points: Children of Alcoholics and Other Substance Abusers

- ▶ Parents should be encouraged to convey clear nonuse messages to children and adolescents, particularly with regard to smoking.

The following are recommendations for prevention programs for COAs (Emshoff & Price, 1999):

- ▶ Teach children and adolescents the disease model of alcoholism; this may help them feel less self-blame if their parents are alcoholics.
- ▶ Help adolescents understand their risk for alcoholism; it is important that they know that they will not definitely become alcoholics if they drink but that they are at increased risk.
- ▶ Address misconceptions about positive effects of drinking on thinking and social performance.
- ▶ Help children and adolescents develop and practice skills to cope with their situation. These might include looking for external support from a nonfamily member and developing survival skills, such as knowing how to cope with being in a car with an intoxicated parent, explaining irregular parental behavior to friends, and other decision-making, problem-solving, and communication skills.
- ▶ Acknowledge that depression, anger, guilt, and mistrust are common among COAs.
- ▶ Encourage and support involvement in healthy extracurricular activities that can help youth build a positive peer group, enhance self-esteem, and increase life skills.

Youth With Learning and/or Behavioral Disorders

The association between behavioral disorders and substance abuse is one of the strongest, most consistent correlations among research findings.

- ▶ Estimates suggest that up to 20 percent of school-aged youth have a learning disability, and anywhere from 1 to over 20 percent have behavioral disorders (CASA, 2000).
- ▶ Learning disabilities are often accompanied by behavioral disorders, most commonly attention deficit hyperactivity disorder (ADHD) and conduct disorder (CASA, 2000).
- ▶ Both learning disabilities and behavioral disorders have great potential to impair a child's social and academic functioning, as well as family functioning—all risk factors for substance abuse (CASA, 2000).

Practical Points: Youth With Learning and/or Behavioral Disorders

- ▶ To the extent possible, address the risk factors most likely to result from a learning disability or behavioral disorder: academic failure, rejection by peers, depression, and low self-esteem.
- ▶ Since some theories suggest that youth with untreated ADHD experience increased risk for substance abuse because they self-medicate to control their condition, evaluation of treatment options for these youth may be warranted.
- ▶ Adjust curricula to the learning and attention needs of the target group, perhaps incorporating more kinetic/movement-oriented activities and greater participation by the audience.
- ▶ If attention problems are observed, follow up with appropriate personnel to ensure that the individual has the appropriate support in order to receive maximum benefit from the school or community organization's program.

- ▶ In one large sample of substance abusers, nearly one-quarter met the clinical criteria for ADHD both as children and as adults (NIDA, 1999).
- ▶ Research findings suggest an increased risk for substance abuse among adolescents diagnosed with ADHD, which may be the result of their greater tendency to become involved with deviant peers (Marshall, Molina, & Pelham, 2003).

- ▶ Current research indicates that children with ADHD who are treated with properly controlled medication are either no more likely to become involved in substance abuse than those not treated or are significantly less likely to become substance abusers as adults (Wilens, Farrone, Biederman, & Gunawardene, 2003; Barkley, Fischer, Smallish, & Fletcher, 2003).

Abused and/or Neglected Youth

“... drug use may serve as an avenue to escape or dissociate from the immediate emotional pain, anxiety, and anger that likely accompany such experiences” (Dube et al., 2003).

Approximately 903,000 children and adolescents suffered from substantiated maltreatment in 2001 (Administration for Children, Youth and Families [ACYF], 2003). Of these, over half (59.2 percent) were neglected, 18.6 percent were physically abused, 9.6 percent were sexually abused, 6.8 percent were emotionally or psychologically maltreated, and 19.5 percent experienced other forms of maltreatment.

Childhood emotional, physical, or sexual abuse; emotional or physical neglect; or other household dysfunction (e.g., battered mother, parental separation or divorce, mental illness in the household, household substance abuse, and/or an incarcerated household

member) have been identified as risk factors for substance abuse (CSAP, 1990).

- ▶ Children who experience abuse and neglect in childhood are two to four times as likely to use illicit drugs by age 14 and to continue that use into adulthood compared with children who do not experience abuse and neglect.
- ▶ Greater levels of abuse and neglect are associated with a greater likelihood of substance abuse (Dube et al., 2003).
- ▶ Studies indicate that child abuse and neglect account for one-half to two-thirds of serious problems with substance use (Dube et al., 2003).
- ▶ Childhood sexual abuse has a particularly strong relationship with later substance abuse (Putnam, 2003).
- ▶ A study of adolescents in substance abuse treatment revealed that approximately one-third of the sample had a history of sexual abuse, with girls reporting abuse much more frequently than boys (Hawke, Jainchill, & DeLeon, 2000).

Economically Disadvantaged Youth

Over 16 percent of all U.S. children live at or below the poverty level (U.S. Bureau of the Census, 2000). Children living in poverty often lack adequate health care, proper nutrition, and quality schools—all considered to be protective buffers. These disadvantaged youth suffer disproportionately high levels of prenatal damage, poor health during infancy and childhood, malnutrition, and emotional and physical abuse and neglect. Economic disadvantage can lead to individual risk factors that can combine with environmental risk factors, each exacerbating the others' harmful effects. Many children who grow up under these unfavorable conditions develop a series of interrelated problems in adolescence, including being unsuccessful in school, dropping out, becoming teenage parents, becoming involved in criminal behavior, and becoming involved in substance abuse. In this environment, long-term effects of failure in school contribute to a lack of skills needed to obtain better-paying jobs, trapping many poor children in an intergenerational cycle of poverty, joblessness, and hopelessness.

Practical Points: Abused and/or Neglected Youth

- ▶ If abuse or neglect of a child or adolescent is suspected, report it immediately to appropriate school, organizational, and community personnel. It is not required that abuse or neglect be known—just suspected.
- ▶ Be aware that in any given group of youth, there are likely to be youth with histories of abuse or neglect that are unknown to the prevention leader. Providing a safe and nurturing environment where space is permitted for young people to share such information with a trusted adult is important.
- ▶ To the extent to which it is known that members of a given target group have histories of abuse and/or neglect, help youth develop and practice coping and drug refusal skills, understanding that there may be social and emotional problems that make acquisition of these skills more difficult for them.

In addition, economically disadvantaged individuals are exposed to greater alcohol availability through retail outlets, particularly those that sell alcohol at lower cost per ounce and for off-premises use. Products heavily marketed to these communities are more likely to have higher alcohol content than those marketed in other communities. Likewise, billboards promoting alcohol and tobacco use are more prevalent in these communities (Wallace, 1999).

Practical Points: Economically Disadvantaged Youth

- ▶ Focus on building protective factors, such as connections with adults and bonding to prosocial institutions.
- ▶ Take advantage of culture to discourage substance abuse in economically disadvantaged communities (see Chapter 5).
- ▶ Assist in the development of social skills and encourage participation in extracurricular activities.
- ▶ Emphasize a “social norms” approach; it can be surprising for youth living in communities where substance abuse is relatively common to learn that substance abuse among their peers is not as prevalent as they may have thought.

Data specific to young people, socioeconomic status (SES), and substance abuse (SAMHSA, 2003a) indicate that:

- ▶ Marijuana and alcohol use among 12th-grade students have little association with socioeconomic level, with the exception that the lowest economic group has the lowest prevalence of use.
- ▶ Binge drinking is inversely related to SES, particularly in middle-school grades; middle-school youth with lower SES tend to have higher levels of binge drinking.
- ▶ Among 8th- and 12th-grade students, the higher the SES, the less likely the adolescent is to smoke.

Homeless and Runaway Youth

Homelessness can result from general family problems, family economic problems, and residential instability (National Coalition for the Homeless, 1999). According to a survey of 25 cities in the United States, lack of affordable housing, as well as mental illness, substance abuse, and low-paying jobs are the most frequently cited

reasons for family homelessness (U.S. Conference of Mayors, 2003). The same survey found that:

- ▶ Of those who are homeless, 38 percent have problems with alcohol abuse, and 26 percent have problems with illicit drug abuse.
- ▶ Families with children account for 40 percent of the homeless population.
- ▶ Most homeless children are elementary age, but it is more difficult to identify secondary students who are homeless because they may be less likely to access related services and more likely to either not attend school or successfully hide their homelessness (Educational Resources Information Center, 2003).

Practical Points: Homeless and Runaway Youth

- ▶ For runaway youth, it may be helpful to follow the practical points for youth who are abused and/or neglected.
- ▶ Provide a personal space within the school or community organization that is the youth’s own and mark the space with a symbol of his or her identity.
- ▶ Support identity development and, to the extent possible, encourage participation in extracurricular activities.
- ▶ Establish a predictable and structured environment (Heflin, 1991).

In addition to being homeless as the result of family economic problems, youth also become homeless after running away from physical and/or sexual abuse or having been forced or asked to leave home. It is estimated that between 500,000 and 1.5 million young people leave or are forced out of their homes each year, with 200,000 homeless and living on the streets (Shalala, 1999).

- ▶ Almost half of runaway and homeless youth report having experienced physical abuse, and 17 percent report having been forced into a sexual relationship with a family member (U.S. Department of Health and Human Services, 1997).
- ▶ Youth who live in institutional or foster placements can become homeless after they become too old for foster care but do not have means to support themselves when discharged (National Coalition for the Homeless, 1999).

Homeless adolescents often experience severe anxiety, depression, low self-esteem, poor nutrition, poor health, and a greater likelihood of experiencing post-traumatic stress disorder. In addition, homeless and runaway youth face many barriers to supporting themselves emotionally and financially and to successfully obtaining an education (National Coalition for the Homeless, 1999).

Substance abuse is pervasive among homeless and runaway youth. In addition:

- ▶ Risk for use and abuse increases with the amount of time runaways are on their own.
- ▶ While substance abuse may play a functional survival role for homeless youth, it also may make it more difficult for them to stabilize their lives, utilize available services, or reunite with their families (Farrow & Schwartz, 1992).

School Dropouts or Those at Risk for Dropping Out

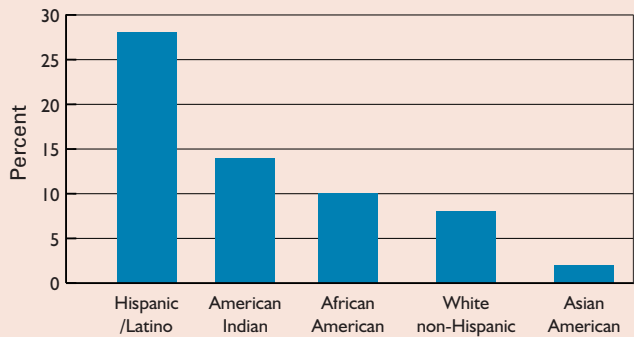
In 2002, approximately 3.2 million Americans aged 18 to 24 (12 percent) were school dropouts (SAMHSA, 2003c). Dropout rates vary significantly by ethnicity, most likely because of differences in socioeconomic status (SAMHSA, 2003c). While there is some association between substance abuse and dropping out of school, findings are mixed. When comparing dropouts with their counterparts who stay in school, it is evident that:

- ▶ Rates of alcohol use and heavy drinking are generally lower among school dropouts; however, African-American dropouts are more likely to report binge drinking than their counterparts who remain in school (SAMHSA, 2003c).

Practical Points: School Dropouts

- ▶ Community organizations working with youth who have dropped out of school may, in the absence of more specific information, want to focus more on illicit drug use prevention.
- ▶ Focus on a wider range of risk and protective factors than with in-school youth.
- ▶ Emphasize to administrators the importance of substance abuse prevention as a factor strongly associated with academic success.

School Dropout Rates by Ethnicity



Source: SAMHSA, 2003c.

- ▶ Use of illicit drugs is slightly higher among African-American and non-Hispanic white dropouts compared with their peers who stay in school but is comparable to nondropouts in other ethnic groups.
- ▶ African-American and non-Hispanic white dropouts are more likely than nondropouts to be current cigarette smokers. Other ethnic groups report comparable smoking rates between dropout and in-school youth.

Other research suggests that:

- ▶ There is a fivefold increase in risk for dropping out of school among high school students who report frequent use of alcohol or other substances (CASA, 2001).
- ▶ Students' plans to attend college are inversely related to their alcohol use; those who drink more heavily and frequently are less likely to report having plans to attend college (CASA, 2001).

Suicidal Youth and Youth With Serious Emotional Disturbances

Suicide is a major cause of death among American youth. More young people die as a result of suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined (National Youth Violence Prevention Resource Center [NYVPRC], 2002). For each suicide, there are many more unsuccessful attempts. Reports indicate the following:

- ▶ Almost 20 percent of high school students have seriously considered suicide.
- ▶ Approximately 14.5 percent have made a suicide plan.
- ▶ Slightly over 8 percent have attempted suicide (NYVPRC, 2002).

Differences between male and female youths' suicidal tendencies include:

- ▶ Male youth tend to commit suicide at a greater rate than females.
- ▶ Female youth are more likely to report depression and attempted suicide.

Among the strongest risk factors for attempted suicide in youth is substance abuse disorder.

- ▶ Approximately 90 percent of suicides are associated with a mental health or substance abuse disorder or both (NYVPRC, 2002).
- ▶ Suicidal tendencies and substance abuse share many common risk factors, suggesting that successful substance abuse prevention programs may also be helpful in reducing suicidal tendencies (NYVPRC, 2002).

Practical Points: Suicidal Youth and Youth With Serious Emotional Disturbances

- ▶ Be aware that youth who are known to be heavily involved in substance abuse are at greater risk for suicide.
- ▶ Any suspicion of suicidal behavior or severe depression should be promptly addressed by a mental health professional.
- ▶ Because youth who are suicidal or have serious emotional disturbances need professional help—ideally from a mental health professional—substance abuse prevention should be secondary to the more immediate need to stabilize the young person.

Compared with youth who have low levels of serious emotional disturbances, those with high levels of serious emotional disturbances are:

- ▶ Twice as likely to have used alcohol in the past month.
- ▶ Five times as likely to report alcohol dependence (SAMHSA, 2002).

Youth With Physical Disabilities

“These people face tremendous stigmatization and discrimination by our society. There is a desperate need for professionals to advocate for these consumers and overcome the negative effects of outdated stereotypes, fear, and misconceptions about alcohol and other drug abuse (Koch, Nelipovich, & Sneed, 2002).”

People with physical disabilities have been observed to experience substance abuse problems at rates equal to or exceeding those of the nondisabled population (Koch et al., 2002). Between 11 and 13 percent of school-age children and adolescents have disabilities (Hollar, 2002);

Practical Points: Youth With Physical Disabilities

- ▶ To the extent possible, conduct prevention activities that specifically address the unique social and emotional needs of disabled youth, particularly emphasizing social skills to limit isolation.
- ▶ Place special emphasis on the dangers of combining substances of abuse with prescription medications.
- ▶ Encourage and support participation in recreational activities; advocate for accessibility of extracurricular opportunities.

when examining the substance abuse prevalence in this population, it becomes clear that they warrant special attention. Hollar (2002) examined the substance abuse behavior of disabled students and found that by the 12th grade, when compared with their nondisabled peers, disabled students had:

- ▶ Higher rates of alcohol use.
- ▶ Higher rates of cocaine use.
- ▶ Higher rates of cigarette use.
- ▶ Comparable rates of marijuana use.
- ▶ Much higher dropout rates (26.3 percent vs. 14.5 percent).

Common risk factors for substance abuse shared by youth with physical disabilities include:

- ▶ Use of prescribed medications.
- ▶ Chronic medical problems.

- ▶ Isolation.
- ▶ Concurrent behavioral problems.
- ▶ Lack of recreational alternatives.
- ▶ Disenfranchisement.

Each disability has implications for substance abuse risk as well as for prevention activities. The following paragraphs outline guidelines on substance abuse prevention that have been provided by experts working with disabled youth (McCombs & Moore, 2002).

Mental Retardation and Developmental Disabilities

Youth with mental retardation and developmental disabilities need to have prevention materials adapted to their learning needs that address:

- ▶ Communication barriers.
- ▶ Increased family stress.
- ▶ Friends and family who may enable substance abuse.
- ▶ Potentially dangerous interactions that could result from substance abuse combined with use of prescribed medications.

Low-Incidence Disabilities

Risk factors associated with blindness, deafness, or orthopedic disabilities tend to be disability-specific:

- ▶ Blind or visually impaired individuals may have increased risk due to social isolation or underemployment.
- ▶ Deaf or hard-of-hearing individuals have less access to incidental forms of information and need prevention activities adapted to their cultural, linguistic, and communication needs. In addition, with the intimacy of the deaf community, there may be heightened motivation to avoid the social stigma associated with substance abuse.

Disabilities With Traumatic Origin

- ▶ Almost half of spinal cord or traumatic brain injuries are associated with subsequent substance abuse, and postinjury risk remains for many individuals.

- ▶ Special attention is warranted for individuals taking medications, particularly antiseizure medications, that could combine dangerously with nonprescribed drugs.

Sexual Minority Youth

Gay, lesbian, and bisexual (GLB) youth face a multitude of challenges, including rejection, isolation, verbal harassment, and physical violence, both at home and at school (Garofalo, Wolf, Kellel, Palfrey, & DuRant, 1998). GLB youth:

- ▶ Make up between 20 and 40 percent of homeless youth.
- ▶ Are more likely to run away from home and drop out of school (Advocates for Youth, 2003).

Practical Points: Sexual Minority Youth

- ▶ Because the factors that place GLB youth at risk are associated with the social stigma of homosexuality, suggested ways to help these youth include efforts to reduce such stigmatization.
- ▶ Peer-based interventions, peer support groups, and assistance with development of social skills are among suggested approaches that may be particularly effective for this population (Garofalo et al., 1998).
- ▶ At a minimum, prevention leaders should intervene when they observe homophobic behavior and/or language.

As discussed above, these factors have been demonstrated to increase risk for substance abuse. Indeed, evidence suggests that GLB young people are at greater risk not only for substance abuse, but for a wide variety of problem health behaviors, including being twice as likely as their peers to attempt suicide (Russel & Joyner, 2002). A recent large study of a representative national sample of youth found the following facts about substance abuse among sexual minority youth relative to that of their heterosexual peers:

- ▶ GLB youth had increased risk of multiple substance use.
- ▶ Sexual minority youth had a greater likelihood of early initiation (prior to age 13) of cocaine, marijuana, tobacco, and alcohol use.
- ▶ Greater frequency of crack cocaine use was reported among GLB youth.

- ▶ GLB youth reported greater frequency of smokeless tobacco and marijuana use.

Youth who report same-sex attractions but do not identify as gay, lesbian, or bisexual may not be at higher risk for substance abuse—with the exception of female adolescents with bisexual relationships, who may be at greatest risk for increased substance abuse (Russell, Driscoll, & Truong, 2002).

Users of Alcohol, Tobacco, or Marijuana

Tobacco and alcohol have long been recognized as “gateway” drugs. Most individuals who use these legal drugs do not progress to other substance abuse; however, other substance abuse rarely occurs in the absence of previous use of these substances. Likewise, use of marijuana has long been noted as a precursor to use of cocaine, heroin, and/or other illicit drugs. The progression from use of a substance to dependence on that substance is not well understood, nor is progression from use of one drug to use of another. However, researchers are beginning to understand some of the underpinnings of these processes.

Practical Points: Users of Alcohol, Tobacco, and/or Marijuana

- ▶ At a minimum, prevention leaders should address current use of these substances, particularly among younger youth, and encourage cessation.
- ▶ As mentioned previously, it may be helpful to explicitly discourage current drug abusers from sharing their drugs with friends.
- ▶ The proportion of users and the rapidity with which they become dependent on cocaine lend urgency to efforts to prevent initiation of cocaine use and use of the gateway drugs that can lead to it.

What is known is that use of any one drug can be associated with greater opportunities for and acceptance of use of other drugs (NIDA, 2003b). For example:

- ▶ Alcohol and tobacco users are presented with significantly greater opportunities to try marijuana and are more likely to take advantage of such an opportunity than their peers who do not drink alcohol or smoke.
- ▶ Youth who use marijuana are more likely to have opportunities to use cocaine; they are 15

times more likely to do so than those who do not use marijuana.

- ▶ Approximately 50 percent of marijuana users try cocaine within 2 years of their first opportunity to do so.
- ▶ Marijuana users are also significantly more likely than nonusers to have and take advantage of opportunities to try LSD, mescaline, and PCP.
- ▶ These opportunities to use other drugs are ongoing, providing multiple use opportunities.

Additional research has uncovered more information about the cumulative nature of continued substance abuse in the progression from abuse to dependence (NIDA, 2002). This research has determined that:

- ▶ Approximately 9 percent of all marijuana users will become dependent on the drug, with most of those becoming dependent in their first 5 years of use.
- ▶ Of all cocaine users, 21 percent will become dependent on the drug, with the largest proportion becoming so in their first year of use.
- ▶ Initiation of marijuana use before age 17 is associated with a twofold increase in the likelihood of other illicit drug abuse.
- ▶ Although the majority of young marijuana users do not progress to abuse of or dependence on another substance, they do have a two- to fivefold greater likelihood of abuse of or dependence on alcohol, marijuana, stimulants, opioids, and/or sedatives (NIDA, 2002).

Strategies to Reach Youth From High-Risk Environments

For any lasting impact to be made on reducing substance abuse rates among youth from high-risk environments, attention is demanded from the family, school, and the community at large. Because these youth usually exhibit a cluster of interrelated problems, prevention strategies for high-risk youth should try to address as many risk factors as possible with multiple interventions through the media, school, community, and interpersonal contacts. Youth at high risk for substance abuse need more targeted, extensive substance abuse prevention

Practical Points: High-Risk Youth

- ▶ High-risk youth may have low literacy skills and relatively poor role models for inductive or deductive reasoning and may, therefore, have difficulty dealing with abstractions, even as they mature.
- ▶ High-risk youth may not hear or interpret messages in the same way as other youth, and such children/adolescents may need special messages. For instance, the message “crack kills” may terrify the youth whose parent uses crack. Since fear can trigger denial, such youth are likely to forget this message.
- ▶ Teenagers who are in trouble related to substance abuse need concrete, direct messages that state that substance use by young people should be stopped because it is illegal and harmful and that it is important to the community (and to the caregiver, parent, or friend) that the young person not be hurt in this way. Messages directed at these teenagers need to convey the sense that youth sometimes need help to stop substance use and that caring help is available. They also need direct messages aimed at demystifying drugs.
- ▶ Celebrity ex-addicts and recovering individuals should not be used as models to promote prevention in general, but they are particularly contraindicated for high-risk youth, since these youth tend toward negative identification. In other words, they may forget the message and develop instead the idea that the celebrity was great even when he or she was on drugs.
- ▶ Young people tend to perceive that alcohol, marijuana, and cocaine improve sexual performance. It is important to identify such youth perceptions and convey messages to counter these myths.
- ▶ High-risk teenagers may reject help out of fear, skepticism, and distrust based on their personal histories, past promises that were not kept, and previously tried strategies that failed. Youth who have used alcohol or other drugs tend to be skeptical of danger messages related to drug use.

Source: U.S. Department of Education, 1990.

efforts in addition to participation in substance abuse prevention activities in a classroom or similar setting. These vulnerable young people may benefit from interactive activities that help build their sense of self-worth, develop a sense of responsibility for themselves and others, and set goals for the future.

Gender Considerations

“The time has come for parents, schools, physicians, clergy and the entire public health community to recognize the different motivations and vulnerabilities of girls and young women” (CASA, 2003).

Pathways to Substance Abuse

Prevention programs are often designed without regard to gender. A 3-year study recently examined gender differences in contributors to substance abuse among girls and young women aged 8 to 22 (CASA, 2003). The findings indicate that girls and young women use substances for different reasons and may actually have different pathways to substance abuse than boys and young men. In addition, evidence suggests that girls may be more vulnerable to abuse and addiction and are physiologically more vulnerable to the effects of drugs. More specifically, research indicates that:

- ▶ Substance-abusing girls are more likely than their male counterparts to be depressed or suicidal.
- ▶ Females are more likely to experience several risk factors for substance abuse, including weight concerns, eating disorders, and having been physically or sexually abused.
- ▶ Girls are more vulnerable to addiction from particular substances than boys; girls tend to develop symptoms of nicotine addiction sooner than boys, progress more quickly from regular alcohol use to abuse, and as teens, are more likely to become addicted to cocaine.
- ▶ Adverse health consequences associated with substance abuse tend to be more common and more severe in girls and young women than in boys and young men.

Closing the Gender Gap

While male adolescents still drink more heavily than their female counterparts and are more likely to use illicit drugs, the overall rates of male and female adolescents’ alcohol, tobacco, and other drug use are quite comparable (SAMHSA, 2003a). Research is gradually uncovering the different incentives and motivations for, as well as outcomes of, substance abuse among male and female adolescents (CASA, 2003). Girls not only seem to use alcohol, tobacco, and other drugs for different reasons, but also appear to be more vulnerable to developing dependence and other, related problems as a result of substance abuse.

- ▶ Girls have surpassed boys in smoking prevalence (13.6 percent and 12.3 percent, respectively).
- ▶ The gap in binge drinking and other drug use has been closing over the years, with female adolescents’ rates approaching those of male adolescents (Johnston et al., 2002).

- ▶ Girls and young women report greater ease in obtaining illegal substances.

With regard to reasons for substance abuse, generally:

- ▶ Girls and young women report using alcohol or other drugs as mood enhancers, to boost confidence, relieve tension, cope with problems, lessen inhibitions, enhance sex, or lose weight.
- ▶ Boys and young men are more likely to use substances to enhance their social status or for sensation seeking (CASA, 2003).

Likewise, male youth:

- ▶ Tend to perceive substance abuse as less risky than do females.
- ▶ Are more likely to have risk-taking/sensation-seeking characteristics and friends who have positive attitudes about substance abuse.
- ▶ Are less likely than females to participate in extracurricular activities (Wright & Pemberton, 1999).

Practical Points: Gender Differences

- ▶ If the target audience comprises only one sex, take advantage of this by targeting activities to the risk factors specific to that group.
- ▶ Address and perhaps provide alternative outlets to the reported underlying motivations for substance abuse among female adolescents: enhancing mood, decreasing inhibitions, enhancing sexual experiences, relieving tension, and losing weight.
- ▶ Address and provide alternative outlets to underlying motivations for substance abuse among male adolescents: enhancement of social status and sensation seeking.
- ▶ Assist youth in developing peer groups that match their own strengths and skills.
- ▶ When discussing the physical effects of substances, ensure that female participants understand their increased vulnerability to these effects.
- ▶ Make an effort to engage adolescent boys with low perceived scholastic competence.

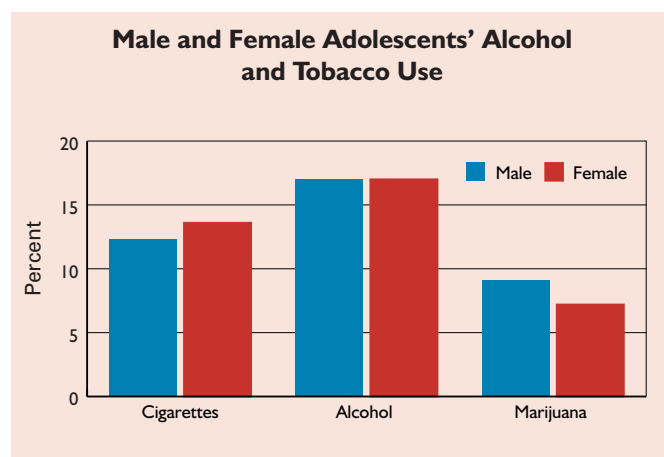
Prevalence of Substance Abuse by Gender

Presently, gender differences in substance abuse are relatively small and vary by type of drug, level of drug involvement, age, and ethnicity. According to the

2002 National Survey on Drug Abuse and Health, male adolescents 12 to 17 years old are:

- ▶ More likely than female adolescents of the same age to use any illicit drug (12.3 vs. 10.9 percent).
- ▶ More likely than female adolescents to use marijuana (9.1 vs. 7.2 percent).

Alcohol use prevalence among girls and boys is comparable, with approximately 17 percent of each reporting use in the past month.



Age and Developmental Considerations

Studies have shown that prevention messages and activities geared toward the appropriate age and developmental stage are more likely to have the desired effect. This section will describe the social, emotional, physical, and intellectual skills of youth at various developmental stages, practical implications of age, and risk and protective factors that can be influenced by classroom- and community youth organization-based curricula (U.S. Department of Education, 1990).

Youth progress developmentally at different rates; therefore, it is important to include in prevention programs interactive activities that accommodate these varied needs. Most developmental changes are not age-specific but occur over a wide range of ages that may differ between boys and girls (e.g., growth spurts for girls occur between the ages of 9 and 12 years and for boys, between the ages of 11 and 14).

As discussed above, risk factors for substance abuse can begin very early in life.

- ▶ Substance abuse established by the age of 14 or 15 can be predicted by academic and social behavior displayed at elementary school ages.
- ▶ Children who have behavioral problems and are not succeeding in school, even when they are very young, are on the path to increased risk for substance abuse when they become teenagers (NIDA, 2003a).

These behavioral and academic risk factors are generally not directly addressed by what are normally considered to be substance abuse prevention activities. However, activities to enhance social skills, assist with self-regulation of behavior, and improve academic success may be the most important substance abuse prevention activities for younger children (NIDA, 2003a).

As children grow, they form attitudes about substance use—usually during preadolescence and early adolescence. Prevention activities should compete directly for youths’ attention in this process of attitude formation. Ideally, prevention messages will reach youth long before they are faced with environmental and peer pressure to use drugs.

To the extent possible, prevention activities should address the specific needs of a particular target audience. While prevention leaders usually have an audience with a wide array of risk and protective factors, social and emotional skills, intellects, attitudes, knowledge, and experience with substance abuse, young people are most likely grouped by age both in the school and youth-organization setting and, therefore, activities can be targeted to the appropriate age group.

Preschool Youth

Substance abuse prevention may seem unnecessary for preschool children, but the attitudes and habits learned early in life can have an important bearing on the decisions children make when they are older. Pressure to drink alcohol, smoke cigarettes, or use marijuana begins for many youth by late elementary school age, suggesting that preparing children with the foundations they will need to cope with these pressures should begin early and be ongoing—as long as such efforts are developmentally and situationally appropriate. Preschool programs are likely to be most effective if they focus more on general

Facts About Preschoolers

The following facts about preschoolers may help you decide which interactive activities are most appropriate to use with this age group:

- ▶ Three- and four-year-olds are not yet ready to learn complex facts about drugs, but they can begin to learn the foundations of decision-making and problem-solving skills that they will need to refuse drugs later.
- ▶ Children in this age group are not able to listen quietly for very long; they are more interested in doing things for themselves.

Source: U.S Department of Education, 1990.

When Working With Preschoolers

- ▶ Teach children about poisonous and harmful substances that can be found in their homes.
- ▶ Explain how medicine can be harmful if used incorrectly and teach children not to take anything from a medicine bottle unless given by a parent, babysitter, or school nurse.
- ▶ Explain why children need good food and should put only good things into their bodies (children should name several good foods that they eat regularly and explain why those foods will make them strong and healthy).

social and emotional skill building than on substance abuse specifically.

Children in the Elementary Years

Youth in the kindergarten-to-6th-grade school years are old enough to understand some adult problems yet still young enough to be readily influenced by adults who care for them. Pressure to use alcohol, tobacco, and marijuana usually begins during the latter part of these years.

A large national sample of 4-6th graders indicates that:

- ▶ Over one-third reported that cigarettes and beer would be easy to get.
- ▶ Nearly 20 percent of 4th graders in this sample reported that beer would be easy to get.

Likewise, among 5th graders, this survey found that:

- ▶ One in ten 5th graders reported that getting marijuana would be easy (PRIDE, 2003).

Specific Topics to Address in Substance Abuse Prevention Activities for Children in Elementary School

- ▶ Define substances and distinguish among food, poison, medicine, and other drugs, stressing avoidance of unknown and possibly dangerous substances.
- ▶ Discuss age-appropriate information on alcohol, tobacco, caffeine, and other drugs.
- ▶ Discuss age-appropriate information on the effects of alcohol, tobacco, and other drugs on the body.
- ▶ Describe safety rules pertaining to prescribed and over-the-counter medicines and identify individuals qualified to administer medicines.
- ▶ Discuss the importance of good health habits.
- ▶ Identify “safe,” responsible adults in and out of school.
- ▶ Discuss harmful effects of substances (why drugs are dangerous for growing bodies and developing minds and how drugs interfere with the performance of physical and intellectual tasks) and define addiction.
- ▶ Discuss why a child is not responsible for another person’s use of substances.
- ▶ Demonstrate effective decision-making and critical-thinking skills; analyze short- and long-term consequences in making decisions.
- ▶ Demonstrate assertiveness and refusal skills.
- ▶ Relate the elements of healthy friendships; discuss the acceptance of personal and civic responsibility.
- ▶ Demonstrate strategies/skills for coping with stress, rejection, frustration, disappointment, and failure.
- ▶ Discuss how a problem with substances affects everyone in the family.
- ▶ Recognize why various substances should not be used and describe the consequences of using them.
- ▶ Stress the importance of local, state, and Federal laws and school policies about drugs and explain the consequences of breaking them.
- ▶ State that tobacco, alcohol, and other drugs are illegal for minors to possess, use, or distribute.
- ▶ Recognize social influences (advertising, peer pressure, family influences, environmental messages that promote substance abuse); discuss how to retain individuality and still belong to a group of peers.
- ▶ Relate the benefits of healthy, safe, and responsible drug-free attitudes and behaviors utilizing a cooperative team process.
- ▶ Discuss the cost of substance abuse to society.
- ▶ Explain the importance of helping others and seeking help with problems.
- ▶ Identify community resources (persons, institutions, agencies) where someone can get help in times of trouble; discuss ways to assess credibility of sources of information and requests.

Source: U.S. Department of Education, 1990.

Kindergarten to Grade 3

Information learned at this age level will form the foundation for all future substance abuse prevention efforts. At these ages, children are very receptive to learning the life skills they will later need to accept responsibility for their actions, resist peer pressure, seek help with problems, and respect themselves and others.

Grades K to 3 encompass an enormous developmental range, from children 5 years of age—who are socially, physically, and emotionally immature—to 9-year-olds, who are on the verge of adolescence. Therefore, even when materials or activities are geared toward this grade cluster, the actual age and developmental level of the children with whom the activities are to be used should be considered.

Practical Points: Grades K to 3

- ▶ Focus on the present regarding things young children know about or have experienced.
- ▶ Place little emphasis on evaluating how well children recall information or perform activities.
- ▶ Present messages in an open and supportive atmosphere; keep information simple and direct.
- ▶ Provide opportunities for children to develop a sense of self-confidence.
- ▶ Provide opportunities for children to build their skills in decision making and problem solving.
- ▶ Help children improve communication skills, especially with family and peers.
- ▶ Help children understand that everyone needs help or guidance sometimes and that asking for help when it is needed is a strong, positive behavior that should be developed by everyone.
- ▶ Provide some basic information about substances and their use, especially inhalants and the dangers of their use.
- ▶ Foster a learning environment in which children feel comfortable asking questions and making decisions and are encouraged to be responsible for themselves and others.

The primary focus of substance abuse prevention education in grades K to 3 should be to help children:

- ▶ Develop problem-solving and decision-making skills.
- ▶ Assess the validity of information sources.

- ▶ Communicate with trustworthy people in their lives.
- ▶ Continue to build optimistic, positive self-perceptions.

Facts About Children in Grades K to 3

Children in this age group:

- ▶ Are optimistic, eager, and excited about learning. They like to learn about their immediate world rather than that which is far away. They want to develop their physical and intellectual skills.
- ▶ Generally feel good about themselves. Receiving negative responses and evaluations of their efforts from trusted adults is the primary factor that interferes with the ongoing development of a sense of self-assurance and competence.
- ▶ Like growing up. They feel that life has a lot to offer, and they are impatient with what they perceive as the slowness of the growing-up process.
- ▶ Are generally trusting and believe that the decisions adults make for them are right. They trust that adults will not betray them; thus, they believe that information from adults is credible and accurate.
- ▶ Continue to need adult guidance and supervision (e.g., still need reminders about the dangers of crossing the street). They need careful and sensitive guidance in developing competence, confidence, and responsibility.
- ▶ Need rules to guide their behavior and information to make good choices and decisions.
- ▶ Enjoy being with other people, especially other children. Although they have limited skills to develop friendships, they work on friendship development in every way they think might work.
- ▶ Develop notions of fairness, sharing, and kindness in their everyday activities.
- ▶ Think and learn concretely, primarily by experience. They do not have a realistic sense of space and time; they tend not to think in the abstract nor to understand fully ideas or consequences involving the future.
- ▶ Learn by following the behavior of others—particularly parents and teachers, older siblings, and heroes from sports, television, movies, and music.
- ▶ Prefer distracting and avoidant actions, crying, or support from others when they experience distress. As they grow older, support-related coping strategies are used less often, and cognitive restructuring, cognitive avoidance, and direct problem solving are generally used.
- ▶ May have difficulty separating fact from fantasy, since they lack the ability to think abstractly. The world is seen as the child wishes it to be, not as it actually is.
- ▶ Generally have little or no direct involvement with drugs; however, some do live in environments in which drugs are used and therefore are exposed to drug-related problems (e.g., violence and lack of adult supervision).

- ▶ Are aware of and curious about drugs, although most have little experience with them. They have little knowledge about drugs and thus need information, especially about those they may be more familiar with (e.g., tobacco, alcohol).
- ▶ Are likely to be afraid of drugs and may be confused about how they might become involved with them, based on what they have heard through the news media and perhaps at home or school. Therefore, it is important to answer children's questions honestly and straightforwardly and help them make rational, unemotional decisions to avoid becoming involved with drugs.

Source: U.S. Department of Education, 1990.

It is important to keep in mind that children in this age group are motivated by:

- ▶ A desire to please others (especially adults).
- ▶ A desire to know how to do things.
- ▶ A desire to be older than they are.

During this developmental period, children can develop refusal skills—the ability to say no to a request, demand, or dare from someone their own age—through unstructured interactive play. In addition, young children are empathic and want to help others; this helpfulness should be encouraged, as it will help them establish strong peer relationships in later years (U.S. Department of Education, 1990).

Grades 4 to 6

Children in grades 4 to 6 (ages 9 to 12) are going through a period of slowed physical growth, and most of their energy goes into learning. By age 11 or 12, children begin to make conscious decisions about their lives. They are extremely vulnerable at these ages. Children with high-risk characteristics and/or from high-risk environments begin to identify with the temptations of drug selling and use, which may be perceived to provide quick satisfaction in the form of money, status, and/or temporary escape from problems in their lives (U.S. Department of Education, 1990).

Most likely, children in grades 4 to 6 still:

- ▶ Are frightened by scary movies.
- ▶ Need a lot of sleep to make it through the school day.

- ▶ Need short-term assignments with many reminders about when they are due.
- ▶ Want and need to be held and cuddled.
- ▶ Need to be assured that a trusted adult will be there to protect them.

Drug Use Trends and Attitudes of Children in Grades 4 to 6

Fortunately, substance abuse is relatively rare in the preteen years. The 2002–2003 PRIDE Survey of more than 72,000 4th-, 5th-, and 6th-grade students found that in the past year:

- ▶ Over 11 percent of 6th-grade students reported drinking wine coolers; 9 percent of 6th graders reported drinking beer; and over 5 percent reported drinking liquor.
- ▶ Six percent of 4th-grade students reported drinking either beer or wine coolers.
- ▶ Three percent of 4th graders reported inhalant use.
- ▶ Three percent of 4th graders, 4 percent of 5th graders, and almost 6 percent of 6th graders reported smoking.
- ▶ Marijuana use has a very low prevalence in this age group; the highest prevalence was approximately 2 percent among 6th graders.

Children in grades 4 through 6 often undergo a change in attitude toward alcohol and other drugs, from negative to more positive, as they mature and lose faith in teachers' and parents' knowledge of drugs.

Source: U.S. Department of Education, 1990.

Practical Points: Grades 4 to 6

- ▶ When discussing the negative consequences of substance abuse, focus on those that are short-term—such as bad breath, poor performance in sports, etc., that can result from smoking.
- ▶ Focus on the substances children are apt to use first: tobacco, alcohol, and marijuana.
- ▶ Encourage open and frank discussion of concerns about drugs and drug use, including inhalants and the dangers inherent in their use.
- ▶ Focus on life skills (solving problems, resisting peer pressure, developing friendships, and coping with stress).
- ▶ Stress that most people, including the majority of people their own age, do not use drugs.
- ▶ Emphasize the development of self-esteem.
- ▶ Encourage the development of healthy leisure activities, such as sports, music, art, clubs, and volunteerism.
- ▶ Emphasize the development of personal and civic responsibility.

Source: U.S. Department of Education, 1990.

Children should be challenged to stretch their intellectual limits but should not be pushed too hard nor allowed to function at a level lower than their physical, social, intellectual, and emotional maturity allows. They need adults who provide steady guidance and supervision and set good examples for learning, problem solving, decision making, and assuming personal and civic responsibility (U.S. Department of Education, 1990).

Children in grades 4 through 6 usually believe that substance abuse is wrong, but they may be increasingly exposed to drugs, and some may begin to use them. Thus, children in this age group need more detailed information about drugs to help them deal with the conflict they may feel because of their now highly developed sense of right and wrong. They also need stronger motivation to resist pressures to try drugs and reinforce their determination to remain drug free (U.S. Department of Education, 1990).

Facts About Children in Grades 4 to 6

Children in this age group:

- ▶ Want to learn and discover, especially through exploration—they want to learn facts and know how things work.
- ▶ Still like school and enjoy the learning process as long as they have not had too much criticism or too many poor grades.
- ▶ Are able to handle complex ideas and will not be satisfied with a simple answer.
- ▶ Are aware that there are many sources of information, some of them contradictory.
- ▶ Want to develop their minds and personalities.
- ▶ Are beginning a process of becoming independent, which continues through adolescence. Although most children are still close to their families, they increasingly seek to make choices of their own and to spend more time with their friends and less time with their families.
- ▶ Want to develop relationships with people their own age (e.g., close friendships and/or belonging to groups and teams whose members are generally limited to the same sex and age).
- ▶ Begin to dress alike and create clichés, jokes, and code words in an attempt to belong. Children's self-image is determined in part by the extent to which they are accepted by peers, especially popular peers.
- ▶ Who are at risk for substance use become more aware of difficult home and family situations. They begin to experience feelings of low self-worth, show signs of inadequate preparation to handle school expectations, and begin to believe that school is not for them.

Source: U.S. Department of Education, 1990.

Middle School/Junior High-Aged Youth

Youth in the middle school or young teen years are in a period characterized by many and varied changes. Although many 12- to 14-year-olds are maturing physiologically, most remain emotionally, cognitively, and morally immature. In the midst of adolescence, youth undergo a rebirth; they want and need to let go of the past and find their own unique identities, letting go of old friendships, ties with teachers and other adults, and old ways of doing things. Although the problem-solving and decision-making methods they learned as young children are still helpful, young teenagers will be making decisions based on new information and new goals.

This process can produce confusion, frustration, excitement, fear, and, ultimately, high levels of stress. Young teens have likely had little experience in coping with stress and may believe that only their peers can really understand and help them. As a result, they may increasingly want to spend time with friends their own age. They may also need constant reassurance that what is happening to them is normal. They sometimes believe that adults in their lives are unable to identify with their concerns and that only a peer can provide this reassurance. Twelve- to fourteen-year-old youth want to be noticed, mostly by each other.

Conformity

There is a tendency for younger teens to dress alike, talk alike, and share many of the same values, likes, and dislikes. The need to fit in with friends is a controlling influence. Adolescents' behavior is strongly driven by the desire to belong, especially to a peer group. This desire to belong produces a need to behave as peers do. Friendships are perhaps more important to adolescents than the controlling influence of peer groups. Friends are generally close, trusted peers, often of the same sex, and friendships are developed through shared experiences, interests, values, and beliefs, as well as proximity.

Influence of Peer Groups

Peer pressure is not so much actual pressure by one person or group to behave in a certain way as it is the self-imposed pressure an individual feels to behave like others in order to feel a sense of belonging.

Living in the Moment

Young teens are often controlled by the moment. They may do things on the spur of the moment that violate a value or belief, depending to a great extent on the situation and who they are with. Substance abuse often arises out of such situational ethics.

Facts about Teenagers in Grades 7 and 8

Teenagers in this age group:

- ▶ Can begin to deal with abstractions and the future.
- ▶ Learn best in an environment that allows them to think critically and make decisions based on their developing values and beliefs.
- ▶ Understand that their actions have consequences.
- ▶ Know how their behavior affects others.
- ▶ Are beginning to recognize that there are “shades of gray” to moral problem solving and decision making.
- ▶ Sometimes have a shaky self-image, are often in conflict with adults, and are not sure where they are headed.

Source: U.S. Department of Education, 1990.

Perceived Invulnerability

Many adolescents in the young teen years tend to believe they are invincible. Many may be quick to accept dares and test rules and laws to the limit, believing the consequences will never touch them. The risks of using drugs are captivating on several levels: violating the law, breaking parental and school rules, and defying physical danger and even death. Substance abuse prevention activities for young teens should address the attraction of such adolescents to taking risks; this should be done especially in relation to information regarding the short- and long-term consequences of substance abuse.

Family and Other Adult Influences

The family is no longer as much a part of this group's identity; the peer group assumes more significance, and communication between youth and their families begins to deteriorate. At this age, youth want to be independent and may not want to have to meet family and adult expectations. Families may react with anger or hurt, making the situation more stressful; however, this is a critical time for families. Strong emotional support and a good model of adult behavior are particularly important for this age group. In grades 7 and 8, youth want to act older and are often in the company of older youth.

Drug Use Trends, Attitudes, and Beliefs of Youth in Middle School

In 2002:

- ▶ Over 38 percent of 8th graders had used alcohol.
- ▶ The percentage of 8th graders reporting any cigarette use in the past month was 10.7 percent, almost half the prevalence of 1995–1998.
- ▶ Marijuana use in the past year was reported by 14.6 percent of 8th graders, down from levels approaching 20 percent in the mid-1990s.
- ▶ Inhalants are the most widely abused substance after alcohol, tobacco, and marijuana among 8th graders, with almost 8 percent reporting use in the past month. Rates of use among 8th graders are higher than among 10th and 12th graders.
- ▶ Amphetamine use was reported by 5.5 percent of 8th graders.
- ▶ Other drug use among middle-school-aged youth is relatively uncommon.
- ▶ Adolescents' perceptions of the harmfulness of drug use are key predictors of increases and decreases in their subsequent use of drugs. For most drugs, perceived risk of harm has increased in recent years in concert with decreases in prevalence of use.
- ▶ Approximately 46 percent of 8th graders believe that people are at great risk of harming themselves by smoking marijuana occasionally.
- ▶ Only 58 percent of 8th graders believe regular smoking to be a great risk.
- ▶ The percentage of 8th graders who said there is great risk in having 5 or more drinks once or twice each weekend (heavy drinking) increased from 51.8 percent in 1996 to 56 percent in 2002.

Source: Johnston et al., 2003.

While consistent discipline is important throughout childhood and adolescence, it is during these years that consistent discipline and parental monitoring may be most important.

Since youth in grades 7 and 8 are influenced less by the power of older individuals or those in authority and more by their own ability to make moral decisions, an essential component of substance abuse prevention efforts should be helping adolescents learn how to make good decisions. Youth should be allowed opportunities to prove that they are becoming more responsible—for example, by conducting independent research, helping peers, and serving as positive role models for younger children (U.S. Department of Education, 1990).

Specific Topics to Address in Substance Use Prevention Activities for Children in Middle School

- ▶ Discuss specific drugs and drug interactions, including (but not limited to) alcohol, marijuana, tobacco, cocaine, crack, inhalants, hallucinogens, “designer” drugs, and steroids.
- ▶ Correct overestimates of substance abuse among youths' peers.
- ▶ Discuss the nature of addiction and disease with regard to substance abuse.
- ▶ Identify the harmful short- and long-term effects of drugs on appearance and physical, mental, and social functioning.
- ▶ Analyze physical, mental, social, and economic effects of substance abuse on oneself and others.
- ▶ Describe the physiology of drug effects on body systems (circulatory, respiratory, nervous, and reproductive).
- ▶ Develop and discuss a list of alternatives to substance abuse for solving problems and feeling good about oneself.
- ▶ Identify local, state, and Federal laws and school policies regarding substance abuse and the consequences of breaking these rules.
- ▶ Evaluate media impact on the widespread use of drugs and how youth can counter messages that support substance abuse.
- ▶ Compare appropriate and inappropriate substance use (medications vs. alcohol and other drugs).
- ▶ Identify local resources and services available for the control of substance abuse.
- ▶ Discuss the stages of drug addiction and the lack of predictability of effect from one person to another.
- ▶ Discuss how heredity and other factors impact a person's susceptibility to addiction.
- ▶ Describe how using substances affects activities requiring motor coordination, such as operating motor vehicles and playing sports.
- ▶ Describe the substance abuse problem facing society, tactics society has adopted to fight the problem, and responsibilities individual citizens have in overcoming this problem.
- ▶ Identify the connection between substance abuse and HIV/AIDS.
- ▶ Demonstrate refusal, decision-making, and assertiveness skills using critical thinking.
- ▶ Lead youth to identify positive qualities in themselves and one another.
- ▶ Discuss friendships and how to maintain independence in a group.
- ▶ Discuss decision making and provide opportunities for youth to practice these skills.
- ▶ Discuss ways to become involved in school- and community-related activities.

Source: U.S. Department of Education, 1990.

Practical Points: Grades 7 and 8

- ▶ When discussing the negative consequences of substance abuse, focus on those that are short term—such as bad breath, poor performance in sports, etc., that can result from smoking.
- ▶ Encourage frank discussions about concerns related to drugs and drug use.
- ▶ Focus on life skills such as solving problems, resisting peer pressure, developing healthy friendships, coping with stress, and communicating with adults.
- ▶ Avoid glamorizing substance abuse through the acceptance of drug-using behavior by some folk heroes, such as musicians, actors, and athletes.
- ▶ Emphasize that most people, including the majority of people their own age, do not use drugs.
- ▶ Encourage the development of personal and civic responsibility.
- ▶ Emphasize the importance of developing self-esteem.
- ▶ Encourage the development of healthy leisure activities, such as sports, music, art, clubs, and volunteerism, as a way to cope with stress.
- ▶ Promote the establishment of worthwhile life goals, such as continuing education and developing work skills that will permit a legal source of income.
- ▶ Emphasize laws and the consequences of breaking them.

Source: U.S. Department of Education, 1990.

High School-Aged Youth

Older adolescents face a great deal of stress in competing in school, learning to handle relationships with other people, dealing with societal pressures, and planning for the future. Often, these stressors overwhelm their coping mechanisms, and they look to drugs as a way to help them cope or escape. However, more often than not, substance abuse is a means to enhanced socialization.

Drug Use Trends, Attitudes, and Beliefs of Adolescents in Grades 9 through 12

- ▶ Prevalence of drug use has declined in recent years as perceived harmfulness of drug use has increased.
- ▶ In 2002, 41.0 percent of high school seniors had used an illicit drug in the past year.
- ▶ In 2002, 53 percent of 12th graders believed that people are at great risk of harming themselves by smoking marijuana regularly, but only 16 percent saw experimenting with marijuana as very risky.
- ▶ Approximately two-fifths of 12th-grade students associated great risk of harm with having 5 or more drinks once or twice each weekend, a slight decrease from previous years.

Source: Johnston et al., 2003.

Facts About Adolescents in Grades 9 through 12

Teenagers in this age group:

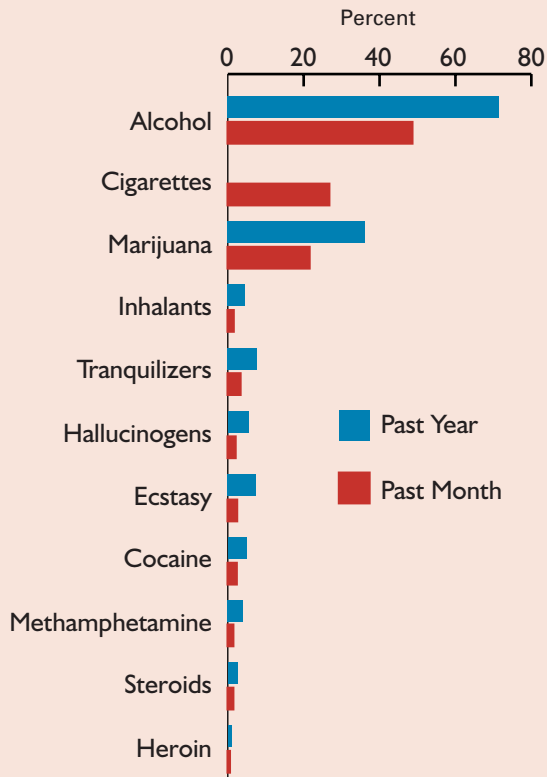
- ▶ Feel an increasing attraction to the opposite sex; to some extent, social norms push adolescents to pair off. During the course of this pairing off, some adolescents may be pressured to engage in behavior that is contrary to their own or their families' values. Such pressure may cause conflict and stress.
- ▶ Increasingly are able to deal with abstract concepts (e.g., truth and justice) and have a more mature moral view of the world. They want adults to discuss their concerns and the ways they solve problems and make decisions.
- ▶ Continue to be group oriented; a desire to belong to the group motivates much of their behavior. During these years, adolescents often develop a broader perspective and become more interested in the well-being of others.
- ▶ Continue to be body oriented; they want to be physically healthy and attractive.
- ▶ Are interested in the future. They understand that choices they make now can have both immediate and long-term consequences. Adolescents need to know, early in life and in a straightforward way, that certain choices they make now can limit them later.
- ▶ No longer believe that adults are always right by virtue of their age. Adolescents begin to believe that they themselves are right and try to justify their actions as correct moral choices. They perceive decisions and issues as falling into a vast "gray area" between right and wrong and like to explore various angles and interpretations of decisions and issues. As a result, they are willing to consider the implications of decisions, and they respond to attempts to develop decision-making skills.

Boys in particular often use substances as a way to gain social status or as a mechanism for satisfying sensation-seeking tendencies (CASA, 2003).

Youth ages 14 through 18 represent a diverse population that ranges from immature adolescents to nearly mature adults. For younger adolescents in this age group, older youth can be the link to substance abuse. Young adolescents may engage in dangerous and self-destructive activities in their eagerness to belong. Adults become especially important resources for helping youth in this age group resist drugs (U.S. Department of Education, 1990).

Adults can influence youth by being models of positive, healthy, and responsible attitudes and behaviors. It is critical for parents to keep channels of communication open and, while exercising authority, to avoid being

Past-Year and Past-Month Use of Drugs by High School Seniors, 2002



Source: Johnston et al., 2003.

Practical Points: Grades 9 to 12

- ▶ Encourage open and frank discussions about concerns related to drugs and drug use.
- ▶ Focus on life skills such as solving problems, coping with stress, maintaining healthy friendships, and communicating with a wide range of adults.
- ▶ Avoid accepting, and thus glamorizing, drug-using behavior by “heroes” such as musicians, actors, and athletes.
- ▶ Stress that most people, including the majority of people their own age, do not use drugs.
- ▶ Encourage the development of personal and civic responsibility.
- ▶ Emphasize the development of self-confidence.
- ▶ Encourage healthy activities, such as sports, music, art, clubs, and volunteerism, as a way to cope with stress.
- ▶ Promote the establishment of worthwhile life goals, such as continuing education and developing work skills that will permit a legal source of income.

Source: Johnston et al., 1990.

Specific Topics to Address in Substance Abuse Prevention Activities for Adolescents in High School

- ▶ Discuss the long- and short-term physical, mental, and social effects of substance abuse; discuss the potentially fatal effects of combining drugs.
- ▶ Relate substance abuse to diseases and disabilities such as HIV/AIDS, learning disorders, disabling conditions, birth defects, and heart, lung, and liver diseases.
- ▶ Describe how drugs can affect a mother and baby before, during, and after pregnancy (including during lactation).
- ▶ Outline the effects of drugs on the ability to drive vehicles, operate equipment, and perform other physical tasks.
- ▶ Discuss economic, legal, and social consequences of substance abuse on individuals, families, and communities (e.g., the impact on future education, jobs, health, and offspring).
- ▶ Discuss the expectations of role models, friends, and partners with respect to substance use.
- ▶ Demonstrate skills in communication and assertiveness; youth need to develop healthy coping strategies and a positive sense of self-worth.
- ▶ Demonstrate decision-making and refusal skills using critical thinking; adolescents need to understand the reasons for saying no.
- ▶ Demonstrate skills to help adolescents better assess the credibility of information and information sources.
- ▶ Discuss personal responsibility for the consequences of one’s behavior.
- ▶ Describe healthy alternative activities and community service opportunities.
- ▶ Identify resources, services, and support groups available for substance abuse information, treatment, and control.

Source: U.S. Department of Education, 1990.

overly judgmental and continue enforcing consistent discipline and monitoring of their children.

Friendships become increasingly important at this age, especially with persons of the opposite sex. Friends become an important source of information for making significant decisions. Friendships during these years can also be short-lived, particularly among girls (U.S. Department of Education, 1990).

For older adolescents, prevention messages on the dangers and consequences associated with alcohol use should emphasize that:

- ▶ Alcohol use is illegal under age 21.
- ▶ Alcohol is harmful for developing bodies, and many people choose not to drink.
- ▶ Teens often overestimate the extent to which their peers use alcohol.

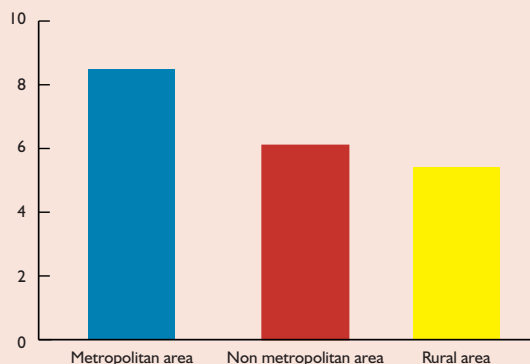
Geographic Considerations

Gangs and substance abuse, trafficking, production, and availability are all potential community influences on young people's substance abuse. Other community factors that contribute to substance abuse include:

- ▶ Community laws and norms favorable toward substance abuse and crime.
- ▶ Availability of firearms, friends who engage in problem behaviors, and parental attitudes favorable to problem behaviors.
- ▶ Low levels of neighborhood attachment and community disorganization.

These influences and prevention programs designed to address them take place in rural, suburban, and urban settings. To the extent that risk and protective factors are concentrated according to geographical area, prevention leaders can incorporate into the curriculum activities that address them.

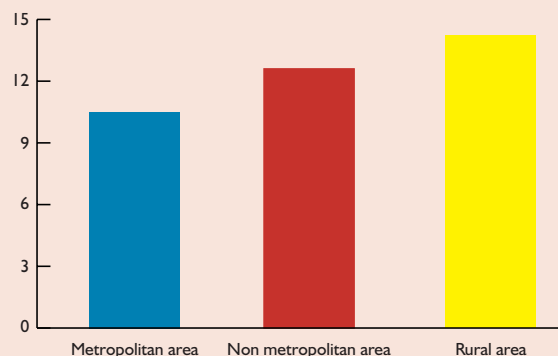
Percentage of Individuals 12 and Older Reporting Past Month Illicit Drug Use



Source: SAMHSA, 2003a.

Rural, urban, and suburban communities in the United States differ in many ways, as do the different geographic regions of the country. However, substance abuse,

Percentage of 12- to 17-Year-Olds Reporting Past-Month Binge Drinking



Source: SAMHSA, 2003a.

particularly among youth, is a common phenomenon everywhere, with more similarities than differences. In general, drugs are as much a problem in rural communities as they are in cities and their suburbs. Similarities among urban, suburban, and rural areas also appear when the personal and social risk factors for substance abuse are examined; many of the same characteristics relate to substance abuse among adolescents living in all three types of communities. Nevertheless, some environmental factors that place youth at risk for substance abuse vary among rural, urban, and suburban areas in the United States.

The following sections describe some of the unique influences that impact young people in particular environmental settings and how these concerns should be addressed in substance abuse prevention interactive activities.

Geographical Differences in Substance Abuse and Availability

Generally, access to and use of illicit drugs is greater in metropolitan areas. Youth in metropolitan areas are more likely to report easy access to LSD and cocaine than those living in less urban, nonmetropolitan areas (SAMHSA, 2003a). However, there are no significant differences in ease of obtaining marijuana or crack (SAMHSA, 2003a). Whether there is greater or less access to and use of substances in one area versus another, it is generally the case that trends in use of a particular substance tend to parallel each other: If there is a rise in use of a particular drug in urban areas, it is most often the case that there is

a proportionately similar rise in suburban and rural areas (Johnston et al, 2003).

In contrast to alcohol and illicit substance abuse, cigarette use among individuals aged 12 and older is highly associated with population density; the greater the population density, the less likely individuals are to smoke. This effect holds true for youth as well, with 11 percent of youth in urban areas reporting cigarette smoking in the past month compared with 20.7 percent of youth in completely rural, nonmetropolitan areas (SAMHSA, 2003a).

Inner-City/Urban Communities

Urban schools enroll approximately one-third of all school-aged U.S. youth. Ethnically and linguistically, these children and adolescents are overwhelmingly members of minorities; they are also disproportionately from economically disadvantaged families (Urban Institute, 1996). Census data show that most inner-city youth come from families living below the poverty level. These inner-city youth face challenging economic and social conditions that negatively affect their ability to get an education and achieve employment and economic success (Urban Institute, 1996).

There are other indicators of the poor quality of life for urban youth, such as:

- ▶ High crime rates.
- ▶ High infant mortality rates.
- ▶ Less access to adequate health care.
- ▶ Five times as many cases of AIDS as in nonurban communities (Urban Institute, 1996).

An additional challenge of the inner-city environment is the presence of gangs. While gangs are not limited to the urban environment, criminal street gangs are most visible in inner cities, where they provide structure, nurturing, a sense of belonging, economic opportunity, and excitement to youth whose lives are lacking in these areas (Allendar, 2001).

Not surprisingly, youth living in inner-city neighborhoods experience relatively high levels of stress. They are also significantly more likely than their suburban and rural peers to be exposed to multiple, low-cost alcohol outlets

Practical Points: Inner-City/Urban Communities

Substance abuse prevention activities for youth living in inner-city/urban communities should:

- ▶ Emphasize that most people, including the majority of people their own age, do not sell and/or use drugs.
- ▶ Demystify the perception that drug dealing is a lucrative earning option.
- ▶ Use positive role models.
- ▶ Teach youth how to critically analyze the messages used by the media to normalize (i.e., portray the use of alcohol and tobacco as a routine, natural part of everyday activities) and glamorize (i.e., associate tobacco and alcohol use with desirable qualities such as popularity, independence, maturity, fun, celebration, relaxation, and escape from reality) alcohol and tobacco use.
- ▶ Emphasize the immediate and long-range benefits of abstinence.
- ▶ Increase the awareness of youth about the negative impact of substance abuse on the residents of their community, the temptations to abuse drugs by residents of their community, and the effects of poor diet and substance abuse on the body.
- ▶ Encourage healthy leisure activities, such as sports, music, art, clubs, and volunteerism, as a way to cope with stress. Healthy leisure activities directly related to substance abuse prevention could include creating a videotape documentary and/or music video or audiotape with a prevention theme.
- ▶ Emphasize the establishment of worthwhile life goals, such as continuing education and developing work skills that will permit a legal source of income.
- ▶ Focus on life skills such as solving problems, coping with stress, maintaining healthy friendships, and communicating with a wide range of adults.

and advertising that promotes alcohol and tobacco use. However, as is the case when examining the effects of disadvantage associated with race and ethnicity, the combination of these factors does not necessarily translate into higher rates of substance abuse among inner-city youth. As mentioned previously, substance abuse overall does not vary significantly according to urban, suburban, or rural location. In contrast, research indicates that in addition to reporting lower rates of alcohol use, inner-city African-American and Hispanic/Latino youth also report fewer risk factors for substance abuse than their non-Hispanic white, suburban peers (Griffin, Scheier, Botvin, & Diaz, 2000). Inner-city youth are also less likely than their suburban peers to smoke cigarettes or use inhalants (Farrow & Schwartz, 1992).

Suburban Communities

Over the past several decades, middle-class families have moved from urban areas to the suburbs, in part because a suburban existence was perceived as one in which youth were less exposed to and therefore less likely to engage in substance abuse and other high-risk behaviors such as unprotected sexual activity or delinquency. However, recent evidence indicates that this is not the case. Despite generally better academic programs and school facilities, suburban youth are just as likely as their urban peers to engage in these kinds of behaviors (Greene & Forster, 2004). Based on these findings, it appears that suburban communities contain many of the characteristics that allow for substance use in urban communities—access to drugs and norms supportive of their use.

Practical Points: Suburban Communities

Substance use prevention activities for youth living in suburban communities should:

- ▶ Emphasize that most people, including the majority of people their own age, do not use drugs.
- ▶ Educate youth about the dangers of gangs.
- ▶ Incorporate gang prevention strategies, such as identifying and assigning adults to serve as “protectors” for at-risk youth.
- ▶ Provide positive role models.
- ▶ Emphasize the immediate and long-range benefits of abstinence and/or delaying use.
- ▶ Increase the awareness of youth about the effects of poor diet and substance abuse on the body.
- ▶ Encourage healthy leisure activities, such as sports, music, art, clubs, and volunteerism, as a way to cope with stress.
- ▶ Focus on life skills such as solving problems, coping with stress, maintaining healthy friendships, and communicating with parents and other adults.

While many suburbs remain achievement-oriented middle- and upper-middle-class environments, the face of other suburban communities is changing as immigrants, both legal and illegal, are increasingly moving to the suburbs (Suro, 1993). The foreign-born not only mirror the affluence and high level of education typical of the native population, but also include large numbers of relatively low-skilled, low-wage workers new to the suburban scene. As a result of this low-end influx, school districts find themselves stretched to satisfy the needs of both privileged “whiz kids” with affluent and highly educated parents and poor students who speak no

English. In addition, longtime suburbanites must adjust to a greater degree of ethnic diversity than ever before (Suro, 1993). See Chapter 5 for more information on immigration and how it contributes to stress.

Traditionally, immigrants have settled along national or linguistic lines, but suburban towns like Wheaton, Maryland, and Arlington, Virginia, have developed enclaves where Vietnamese, Salvadorans, Koreans, and those of other nationalities have found homes. For the first time, suburbs are serving as ports of entry—the first stop for immigrants just arriving in the United States (Suro, 1999).

Along with the economic expansion and change in demographics, the suburbs have experienced deleterious transformations. Since the late 1980s, for the first time in U.S. history, youth from affluent homes have been forming their own gangs in suburbs and upscale communities. Many assumed that urban gangs were expanding, but the fact is that most affluent youth gangs were formed without inner-city gang influence. When gangs first appeared in these affluent communities, there was a natural resistance to label these groups as gangs because of the stereotypical image that gangs appear only in economically depressed communities. In some ways, suburban gang members pose a greater concentrated threat per individual than their inner-city counterparts, particularly because of their affluence and mobility (Korem, 1999).

Rural Communities

During much of the 1990s, the rural population in the United States grew faster than the urban population. This rural population differs from the urban population in important ways (National Advisory Committee on Rural Health and Human Services [NACRHHS], 2004):

- ▶ There is less racial/ethnic diversity; rural areas are predominantly non-Hispanic white, with 90 percent of the rural African-American population living in the South and a growing concentration of the Hispanic/Latino population in the Southwest.
- ▶ Poverty is more widespread in rural areas; in 2001, 11.1 percent of urban residents were classified as poor compared with 14.2 percent of rural residents.

- ▶ Unemployment is slightly higher in rural areas.
- ▶ Lack of health insurance is more common in rural areas; one in five uninsured Americans live in a rural area.
- ▶ Chronic health problems such as obesity and related diseases are more common in rural areas than in urban areas.

Practical Points: Rural Communities

Substance abuse prevention activities for youth living in rural communities should:

- ▶ Emphasize that most people, including the majority of people their own age, do not use drugs.
- ▶ Emphasize the immediate and long-range benefits of abstinence.
- ▶ Provide positive role models.
- ▶ Celebrate the local culture as well as introduce youth to other cultures.
- ▶ Teach youth how to critically analyze the messages used by the media to normalize (i.e., portray the use of alcohol and tobacco as a routine, natural part of everyday activities) and glamorize (i.e., associate tobacco and alcohol use with desirable qualities such as popularity, independence, maturity, fun, celebration, relaxation, and escape from reality) alcohol and tobacco, especially smokeless tobacco, use.
- ▶ Stress the value of education and the financial benefits of attendance or success in school, and stimulate youth to raise their educational aspirations.
- ▶ Emphasize the establishment of worthwhile life goals, such as continuing education and developing work skills that will permit a legal source of income.
- ▶ Increase the awareness of youth about the effects that poor diet and substance abuse have on the body.
- ▶ Encourage healthful leisure activities, such as sports, music, art, clubs, and volunteerism, as a way to cope with stress.
- ▶ Focus on life skills such as solving problems, coping with stress, maintaining healthy friendships, and communicating with a wide range of adults.
- ▶ Involve local adults in the planning and implementation process.

Despite general commonalities, rural communities differ on multiple factors such as economic conditions, ethnic representation, strength of religious institutions, local versus consolidated schools, and proximity to marijuana-growing or amphetamine-producing areas. Community variability also exists in terms of the drugs being used, whether younger or older youth are involved in substance abuse, availability of drugs, and substance abuse patterns

over time. Thus, it is essential to identify and address the particular problems faced by the targeted community.

A better understanding of rural community characteristics and their relationship to drug abuse is needed. Community characteristics may affect drug abuse through their influence on the primary agents of socialization. Community influences work through different mechanisms, which can be environmental, geographic, or sociopolitical. For instance, sociopolitical characteristics, such as a high poverty rate, could influence the stability of families and limit the ability of schools to provide an environment that allows for strong school bonding. These factors would increase rates of adolescent drug abuse.

Rural dropouts, like those from urban and suburban schools, generally make lower grades and score lower on achievement tests than their peers who graduate. Rural dropouts also show signs of low self-esteem and lack a sense of control over their own lives compared with peers who stay in school. Reasons for dropping out more frequently cited by rural students than by their urban and suburban counterparts include factors that are both economic (being offered a job) and personal (marriage, pregnancy, illness, or inability to get along with teachers). Dropouts typically have higher rates of drug involvement than youth who stay in school (Haas, 1992).

While rural communities can provide their members with strong support, they can also be judgmental at times. Traditional moral values, conformity to community norms, and intolerance of diversity can be strong in rural areas. Also, in small towns where residents are well known to each other, it is often stigmatizing to seek help from outside professionals; familiarity can be a strength, but lack of anonymity can pose challenges as well (NACRHHS, 2004).

One feature shared by all rural communities is the low population density. Another unique characteristic of rural communities is the greater likelihood that children and adolescents spend time with peers of a wider age range. Because of lower population densities, youth in rural areas are often combined with a wider age range in schools, on long bus rides to and from school, and on sports teams and in other extracurricular activities. This mixing of different-aged youth may result in exposure to substance abuse at younger ages than in more urban settings.

Still, more research is needed before it is understood how rural community characteristics influence risk factors for substance abuse (Oetting, Edwards, Kelly, & Beauvais, 1997).

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