

SUMMARY CHAPTER V

SUBSTANCE-FREE YOUTH AND YOUNG ADULTS

When adolescents use alcohol or other drugs, at best they compromise their ability to make safe and healthy decisions. Teen substance use cuts across race and ethnicity, geographic and socioeconomic lines, and the cost to society is enormous.

TENNESSEE DATA



Alcohol Abuse – According to the 2003 Tennessee Youth Risk Behavior Survey, 75% of all Tennessee high school students have tried alcohol at least once. 45 percent of all high school students report having one or more drinks of alcohol on one or more of the 30 days preceding the survey. One third of all Tennessee 12th graders and nearly one fourth of all 10th graders admitted to binge drinking. White high school students (30%) reported binge drinking three times more than African-American students (11%).

Drug Abuse – More than 43% of all Tennessee high school students report having used marijuana on one or more times during their lifetime compared to 40.2% nationally. Approximately 24% of all high school students reported past-month use of marijuana compared to 22.4% nationally.

BEST PRACTICES

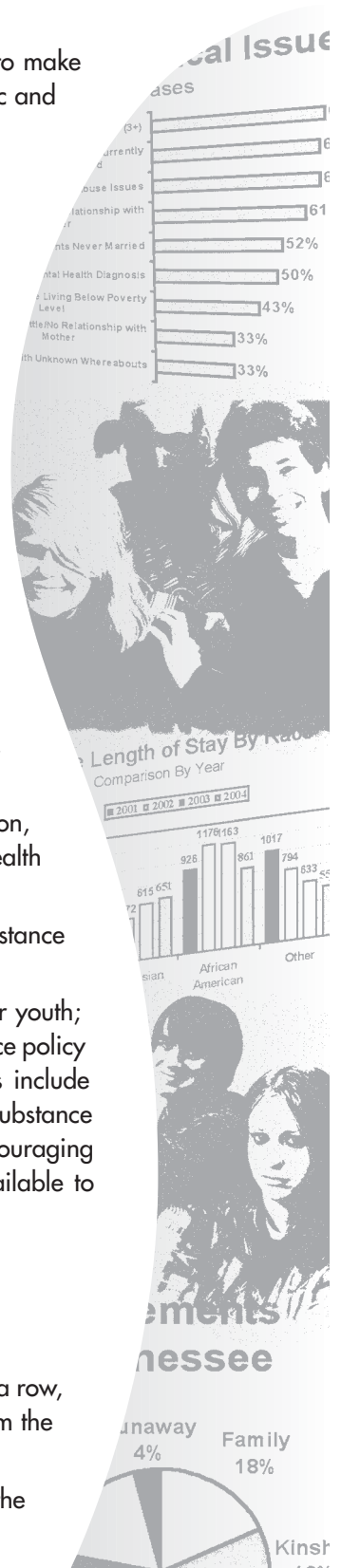


- **Parents** – Parents can model responsible behavior, educate themselves about teen drug abuse, give and enforce clear messages about alcohol and other substances, and get involved and stay involved with local and school prevention efforts.
- **Schools** – Schools can systematically address risk behaviors through health education, communication and peer-resistance skills, family and community involvement, health services, and counseling.
- **Communities** – Health care providers who serve teens should routinely take a substance use history and provide counseling on common risk factors.
- **Policy** - Policy-level approaches include strengthening enforcement of DUI laws for youth; lowering the blood alcohol content threshold for youth and imposing a zero tolerance policy for drinking and driving; and enacting keg registration laws. Other approaches include substance abuse training for all those who work with teens to recognize signs of substance abuse; improving, expanding and funding existing prevention programs; and encouraging the hospitality sector to engage in responsible alcohol service, making food available to patrons and not serving those under the age of 21.

2010 OBJECTIVES

Reduce Substance Abuse Among High School Students

- By 2010, reduce the proportion of youth who had five or more drinks of alcohol in a row, within a couple of hours, on one or more of the past 30 days (binge drinking) from the 2002 baseline of 8.45% to 2%.
- By 2010, reduce the proportion of high school students who used marijuana in the past 30 days from the 2002 baseline of 6.68% to 0.7%.



Websites

Alive @ 25: A Survival Course in Traffic Safety
Developed by the National Safety Council
www.aliveat25.com

American Council for Drug Education
www.acde.org

Center for Adolescent Health and Development
www.allaboutkids.umn.edu/cfahad

Center for Enforcing Underage Drinking Laws
www.udetc.org

Center for the Study and Prevention of Violence
www.colorado.edu/cspv

Child Trends
www.childtrends.org

Children's Safety Network Economics and Insurance
Resource Center
www.csneirc.org

Federal Interagency Forum on Child and Family
Statistics
www.childstats.gov

Guide to Community Preventive Services, CDC
www.thecommunityguide.org

Harvard School of Public Health, College Alcohol
Study
www.hsph.harvard.edu/cas

Healthy Generations
www.epi.umn/mch/healthygenerations/hga.html

Henry J. Kaiser Family Foundation
www.kff.org

Mothers Against Drunk Driving (MADD)
www.madd.org

National Center on Addiction and Substance Abuse
www.casacolumbia.org

National Criminal Justice Reference Service
www.ngjrs.org

National Highway Transportation Safety
Administration
www.nhtsa.org

National Institute on Drug Abuse
www.drugabuse.gov

National Safety Council
www.nsc.org

Office of Juvenile Justice and Delinquency
Prevention, US Department of Justice
www.ojjdp.ncjrs.org

Robert Wood Johnson Foundation
www.rwjf.org

Substance Abuse and Mental Health Services
Administration
www.samhsa.gov

Talking With Kids About Tough Issues
www.talkingwithkids.org

Treatment Episode Data Set (TEDS) Substance Abuse
and Mental Health Services Administration
www.samhsa.gov/oas/dasis.htm#teds2

Underage Drinking Enforcement Training Center
www.udetc.org

US Department of Education
www.ed.gov

SUBSTANCE-FREE YOUTH AND YOUNG ADULTS

Chapter Preview

This chapter includes a description of:

- Alcohol and drug usage among adolescents
- Prevention pays
- National and state data
- Health disparities data
- Risk and resiliency factors
- Best practices
- State substance abuse prevention programs
- Healthy People 2010 goals

When adolescents use alcohol, other drugs or substances such as inhalants, tranquilizers or hallucinogens, they compromise their ability to make safe choices and good decisions in their daily routines - whether it is relations with the opposite sex, dealing with peers, driving to the store, riding a bicycle or skiing down a hill. They can die or kill someone else. Substance use cuts across race and ethnicity, geographic and socioeconomic lines,¹ and the cost to society is enormous.

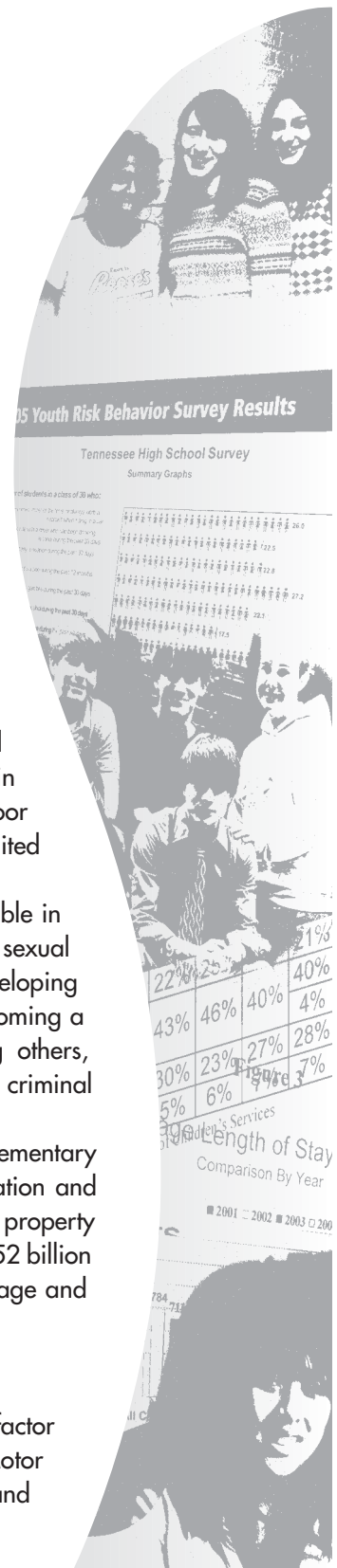
Use of alcohol or other drugs impairs judgment, a skill that adolescents are still developing. Substance abuse is associated with mood changes, memory loss and brain damage, thus increasing the chances of a variety of education-related issues, including poor school performance, truancy, academic failure, dropping out of school and limited expectations for higher education.

Using alcohol and other drugs makes it more difficult to negotiate a way out of trouble in the areas where teens have minimal experience or are just learning to negotiate, such as sexual activity, driving (especially at night), critical decision making, dealing with peers or developing their own identities. Adolescent use of alcohol and other drugs increases the risk of becoming a teen parent, engaging in other high-risk sexual behavior, being injured or injuring others, experiencing physical and mental health problems, and becoming involved with the criminal justice system.²

Nationally, substance abuse and addiction added at least \$41 billion to the cost of elementary and secondary education in 2000, due to class disruption and violence, special education and tutoring, teacher turnover, truancy, academic failure, student assistance programs, property damage, injury and counseling. Costs associated with use of alcohol by youth are over \$52 billion for medical expenses, the criminal justice system, loss of future earnings, property damage and lost quality of life.³

ALCOHOL

Alcohol, the most commonly used drug during adolescence, is a major contributing factor in approximately half of all youth homicides, suicides and motor vehicle crashes. Motor vehicle crashes, followed by homicides and suicides, are the leading cause of death and disability among young people.⁴



The younger and more often a teen drinks, the higher the risk of developing alcohol-related problems: Approximately 27% of adults who began drinking before they reached the legal drinking age report having alcohol-related problems, compared to only 11% of those who begin drinking only after they reach the legal drinking age. The prevalence of alcoholism among those who begin drinking before age 15 is four times higher than those who do not drink before age 21.⁵

NATIONAL DATA

Although in most of the states, including Tennessee, an individual must be at least 21 years old to consume or purchase alcoholic beverages legally, in the latest national *Monitoring the Future* study, teens report wide use of alcohol:

- 52% of 8th graders, 71% of 10th graders and 80% of high school seniors reported alcohol use at least once in their lifetime.
- Current alcohol use was reported by almost one quarter (22%) of 8th graders, almost half (41%) of 10th graders, and half of high school seniors.
- 30% of 12th graders, a quarter (24.9%) of 10th graders and 13% of 8th graders admitted to binge drinking (having five or more drinks in a row on one or more occasions) during the past two weeks.
- 42% of 9th grade students reported drinking alcohol at least once before age 13. Most 10th grade students (88%) and 8th grade students (72%) say it is “fairly easy” or “very easy” to get alcohol.⁶

TENNESSEE DATA

The 2003 U.S. Youth Risk Behavior Surveillance Survey (YRBSS) indicates that:

- 75% of all high school students have tried alcohol at least once.
- 45% of all high school students report having one or more drinks of alcohol on one or more of the 30 days preceding the survey.
- 28.3% report being engaged in binge drinking (defined as 5 or more drinks of alcohol in a row on one or more of the 30 days preceding the survey)
- 5.2% reported drinking on school property on one or more of the 30 days preceding the survey.
- Little difference was reported between the drinking

habits of male and female high school students. More white students (75.6%) have had a drink compared to their African-American counterparts (68%).

- 73.4% of 10th graders and 80% of high school seniors report alcohol use at least once in their lifetime.
- 38.4% of 10th graders and 50% of high school seniors report current use (defined as use in the past 30 days)
- 26% of high school students reported that they had their first drink of alcohol other than a few sips by age 12 or younger.
- 4.2% of high school students report they have had at least one drink on school property.⁷

Binge-Drinking

Healthy People 2010 Objective 26-11(d)

Reduce the proportion of persons engaging in binge drinking of alcoholic beverages, Ages 12-17

| | 1999 | 2002 | 2010 Goal |
|------|-------|--------|-----------|
| TN | 8.0% | 8.45% | 2% |
| U.S. | 10.1% | 10.67% | 2% |

Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003
SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999

Healthy People 2010 Progress

Compared to the national average (10.7%), Tennessee students (8.5%) report less binge drinking. However, the numbers are slightly on the increase from 1999 (8%) to 2002 (8.5%) instead of heading downward to meet the Healthy People 2010 goal of 2%.

HEALTH DISPARITIES

- White high school students (30%) report binge drinking three times more than African-American students (11%).

Binge drinking, which often begins around age 13, tends to increase during adolescence, peak in young adulthood (ages 18 to 22) and then gradually decrease. The most serious consequence of binge drinking is alcohol poisoning - a severe and potentially fatal physical reaction to an alcohol overdose. Other consequences include injury, risky sexual behavior, use of other drugs and poor academic performance.

- Teen heavy drinkers (defined as having consumed five or more drinks on the same occasion on at least five different days in the 30 days prior to the interview) are almost twice as likely as non-drinkers to say their schoolwork is poor (49.2% versus 27.5%) and five times more likely to cut classes or skip school (54.7% versus 9.9%).
- Teen heavy drinkers are 12 times more likely to be on juvenile probation than teens that do not drink (19% versus 1.5%) and seven times more likely to have been arrested and booked for breaking the law (27.7% versus 3.7%).

Binge drinking is not only a high school phenomenon. Binge drinking is a major problem on U.S. college campuses.⁸

TENNESSEE DATA



According to results from the 2003 Tennessee Youth Risk Behavior Survey (TNYRBS), one third of all 12th graders and nearly one fourth of all 10th graders admitted to binge drinking. Many more white high school students (30%) report binge drinking compared to African-American students (11%).

PREVENTION PAYS



Experts estimate that in 1998, youth traffic crashes (fatal and nonfatal) in Tennessee attributed to alcohol cost approximately \$537 million in medical care, lost work and pain/lost quality of life.⁹

Drinking and Driving

Nationally, drivers ages 17 to 21 make up the age group most likely to be involved in fatal, low Blood Alcohol Concentration (BAC) crashes.¹⁰ Tennessee's BAC threshold for drunken driving is .08% for all drivers.

Although Tennessee has a "minimum drinking age" law that prohibits anyone under age 21

from purchasing alcohol, 1 out of 8 traffic fatalities investigated by the Tennessee State Highway Patrol in 2003 involved a driver 20 or younger (284 crashes).¹¹ Nationally, there are movements to lower BAC thresholds to zero tolerance for teenage drivers.¹²

DRUGS AND OTHER SUBSTANCES

The earlier adolescents begin to use illegal drugs and/or abuse otherwise legal substances, the more likely they are to continue using substances and to engage in other risky behaviors.¹³ Adolescent drug use contributes to a wide variety of public system costs. National surveys have found adolescent drug use in urban, suburban, and rural areas.¹⁴

According to the 2003 Tennessee Youth Risk Behavior survey (TNYRBS), 24.3% of high school students reported that they had been offered, sold, or given an illegal drug on school property. Ninth graders (27.4%) reported the highest number of opportunities with this activity tapering off by senior year (18.6%). White males (29.5%) were most likely to be exposed to this activity followed by African-American males (25.7%), white females (21.3%), and African-American females (12.6%).

NATIONAL DATA



The proportion of American 8th, 10th, and 12th-grade students who reported using any illicit drug in the prior 12 months continued a gradual decline in 2004, according to the latest survey of 50,000 students in the *Monitoring the Future* study (*Monitoring the Future* involves annual surveys of approximately 50,000 secondary school students located in roughly 400





schools nationwide. The samples are nationally representative of all students enrolled in grades 8, 10, and 12 in public and private secondary schools in the coterminous United States.). This decline has been occurring since 1996 among the nation's 8th-grade students, among whom there has now been a one-third decline in annual prevalence of using any illicit drug (from

23.6% in 1996 to 15.2% in 2004). This is the third year of decline among the 10th and 12th graders, following some years of stability in use.¹⁵

In 2004 the proportions indicating any use of an illicit drug in the prior 12 months were 15 percent, 31 percent, and 39 percent in grades 8, 10, and 12, respectively. The proportions ever having tried an illicit drug in their lifetime are 22%, 40%, and 51%, respectively.¹⁶

Marijuana

Marijuana is by far the most widely used of the illicit drugs and use showed a decline in 2004, with small, not statistically significant declines occurring in all grades.

Smoking marijuana may result in problems such as bronchitis, emphysema, and bronchial asthma and may cause increased heart rate, dryness of the mouth, reddening of the eyes, impaired motor skills and concentration, and frequent hunger. Extended use will lead to increased risk to the lungs and reproductive system, and suppression of the immune system.

NATIONAL DATA

Since the peak year of 1996, there has been a more than one-third (36%) decline in the annual prevalence of marijuana use among 8th graders, from 18.3% to 11.8% in 2004.

- Tenth and 12th graders showed a more modest decline, mostly because their use held steady from 1997 to 2001, before beginning to decline.
- Over the past two years, there has been an increase in the proportion of students seeing marijuana use as dangerous; this change in beliefs may well explain some of the recent gradual decline in use.

- The proportion of students saying that it would be easy for them to get marijuana, if they wanted some, has been declining gradually in recent years, and it continued to decline in 2004, as well.¹⁷

TENNESSEE DATA

Healthy People 2010 Objective 26-10(b)

Reduce past-month use of illicit substances (Marijuana), 12-17 year olds

| | 1999 | 2002 | 2010 Goal |
|------|------|-------|-----------|
| TN | 5.2% | 6.68% | 0.7% |
| U.S. | 7.4% | 8.17% | 0.7% |

Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003
SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999

Healthy People 2010 Progress

Although Tennessee students report a lower rate of marijuana use than their national peers, significant strides need to be made to reach the Healthy People 2010 goals.

HEALTH DISPARITIES

- African-American males (55.1%) were more frequent marijuana users than white males (46%), African-American females (39.6%) and white females (37.5%).

According to the 2003 Tennessee Youth Risk Behavior Survey (TN YRBS), marijuana use appears to be greater than national trends in most categories.

- 43.4% of all high school students report having used marijuana on one or more times during their lifetime compared to 40.2% nationally.
- 23.6% of all high school students reported past-month use of marijuana compared to 22.4% nationally.

By 12th grade, 53.7% of Tennessee students reported using marijuana compared to 48.5% nationally, and about 25.4% of 12th graders, compared to 25.8%

nationally, reported using marijuana in the 30 days preceding the survey.

Risk factors with the strongest relationship to recent marijuana use (within 12 months) include:

- Whether anyone offered marijuana to a youth free or for a price
- Close friends' attitudes toward marijuana use
- Close friend's marijuana use
- Perceptions of no risk to moderate risk of marijuana use
- Parent use of cigarettes, alcohol or cocaine
- Parents who perceive little risk with use of marijuana by adolescents
- Adolescent delinquency, truancy and dropout status
- Poor school performance¹⁸

Other Drugs

Ecstasy

Nationally, ecstasy use had been in a pattern of sharp increase in recent years, so its turnaround two years ago and continued decline in all three grades (8,10,12) in 2004 were important developments. Over just that two-year interval, the annual prevalence of ecstasy use fell by more than half among both 10th and 12th graders. In 2004 the downward trend continued, but at a much decelerated rate.¹⁹ In 2003, 7.6% of all Tennessee high school students reported they had tried ecstasy.²⁰

Methamphetamines

At the national level methamphetamine use has been a pattern of decline in all three

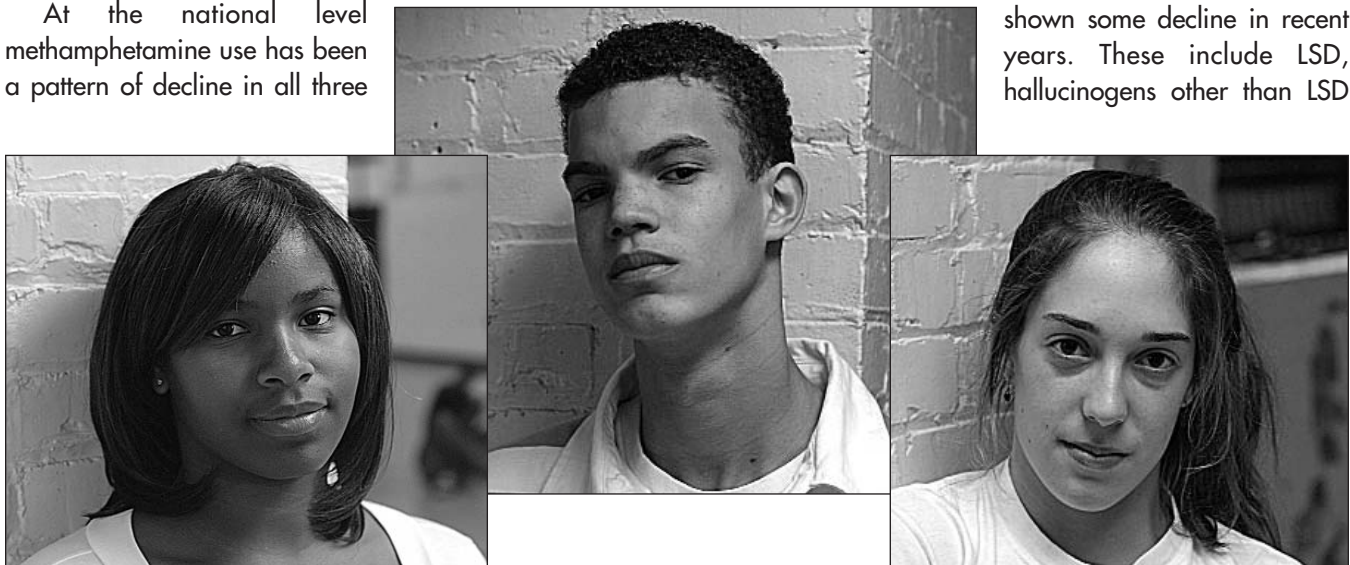
grades and continued in 2004 in the lower two grades. All three grades now have annual prevalence rates for methamphetamine considerably below what they were in 1999.²¹ Reported use of methamphetamines (also called speed, crystal, crank, or ice) was higher in Tennessee high school students (9.5%) than nationally (7.6%). White high school students in Tennessee (10.9%) reported much more use of methamphetamines than African-American students (3.2%). Females (7.8%) have used methamphetamines less than males (11.2%). Methamphetamine use among high school students did not increase significantly from 1999 (9.1%) to 2003 (9.5%).²²

Steroids

Anabolic steroids, often used to enhance strength and musculature, continued into the fourth year of decline among 8th graders and the second year of decline among 10th graders. In both cases, the prevalence rates in 2004 are about one-third lower than they were in the recent peak years. Twelfth graders have not yet exhibited a decline from the peak level of 2.5%, possibly because the cohorts of heavier-using 10th graders from a couple of years ago are now in 12th grade.²³ In Tennessee, the 2003 TN YRBS survey reports show that 7% of all high school students had used steroids illegally compared to 6.1% nationally.

Cocaine and other drugs

While the several drugs mentioned above have shown modest declines in 2004, most of the remaining drugs showed little or no systematic change nationally, though most of them have shown some decline in recent years. These include LSD, hallucinogens other than LSD





taken as a class, crack cocaine, cocaine powder, heroin, narcotics other than heroin taken as a class, tranquilizers, sedatives, “ice” (crystal methamphetamine), Rohypnol, and GHB (Gama Hydroxybutyric Acid). 9.1% of high school students indicated they have tried some form of cocaine compared to 8.7% nationally.²⁴ In Tennessee, white high school students (10.6%) were more likely to try cocaine as compared to African-American high school students (2.5%). Males (10.2%) reported greater usage than females (8%).²⁵

Inhalants

Inhalants encompass a range of substances as diverse as glues, aerosols, butane, paint thinner, and nail polish remover. Use of inhalants has consistently been highest among 8th graders, likely because these products are inexpensive, legal, and easy to obtain, making them more attractive to younger adolescents who have less access to illicit drugs. There was a long and substantial decline in the use of inhalants by students in all three grades after 1995. However, use by 8th graders increased significantly in 2003, and the investigators called attention to the fact that the use of this class of drugs may be about to rebound. In 2004 inhalant use continued to increase among 8th graders, and for the first time in recent years increased in the upper two grades as well.²⁶ In 2003, Tennessee high school students at all grade levels (13.4%) reported inhalant use at levels higher than their national peers (12.1%).^{27, 28}

OxyContin

OxyContin falls into the general class of narcotic drugs and within the more specific class of oxycodone. In the 2003 *Monitoring the Future* Report some increase in annual prevalence in OxyContin use at all three grade levels occurred, though no one of the changes reached statistical significance. In 2004, there has been no further change in the lower two grades, but among 12th graders annual prevalence rose further—moving from 4.0 percent in 2002, to 4.5% in 2003, to 5.0% in 2004.

At present the annual prevalence rates for grades 8, 10, and 12 are 1.7%, 3.5%, and 5.0%, respectively.²⁹ Data are not collected on the TN YRBS survey to measure the use of OxyContin among Tennessee high school students.

Impact of Drug Use

Youth Drug Related Arrests in Tennessee

In 2002 there was 2,915 and 12,090 drug/narcotic or drug equipment arrests in youth under 18 and between the ages of 18 to 24 respectively. The drug or drug related arrests in the 18 to 24 age group comprised more than a third of all drug or drug related arrests in 2002. More than a quarter of all arrests within the 18 to 24 age group were drug related arrests.³⁰

Youth Hospitalization for Substances

Juvenile hospitalization rates for drug-related activities provide another piece of the youth drug-use picture.

- Nationally the number of adolescents ages 12 to 17 admitted to substance abuse treatment rose 45% between 1993 and 1999. In 1999, admissions for marijuana abuse accounted for most of the increase in adolescent admissions. While numbers were small, adolescent admissions for opiates and stimulants also increased substantially. Overall, 70% of adolescent admissions was male, especially for marijuana. The male: female ratio was much closer for other substances. Almost half (47%) of adolescent admissions were through the criminal justice system. Seventeen percent were individual referrals, and 12% were referred through schools.³¹
- In 2003, Tennessee young people (defined as ages

20 and younger) made up 38% of hospital admissions for treatment for hallucinogens, 53% of the admissions for treatment of marijuana, and 23% of the admissions for treatment of stimulants. The number of young people admitted to the hospital for treatment of hallucinogens has nearly doubled from 1997 (470 youth) to 2003 (813 youth). In general, youth hospital admissions were most common for adolescents and young adults ages 15 to 24.³²

Access to Treatment

According to the 2002 National Survey on Drug Use and Health, 4.7% of Tennesseans ages 12-17 needed but did not receive treatment for illicit drug use. The figure almost doubles to 8.4% for ages 18-25. The same survey reports that 5.1% of Tennesseans ages 12-17 needed but did not receive treatment for alcohol use whereas the figure triples to 16.9% for ages 18-25.³³

PREVENTION PAYS

Effective prevention programs are cost effective. For every \$1 spent on drug use prevention, communities can save \$4 to \$5 in costs for drug abuse treatment and counseling.³⁴

BEST PRACTICES FOR PREVENTION

Best practices are those strategies, activities or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying a risky/undesired health behavior or conversely, supporting and encouraging a healthy/desired behavior.

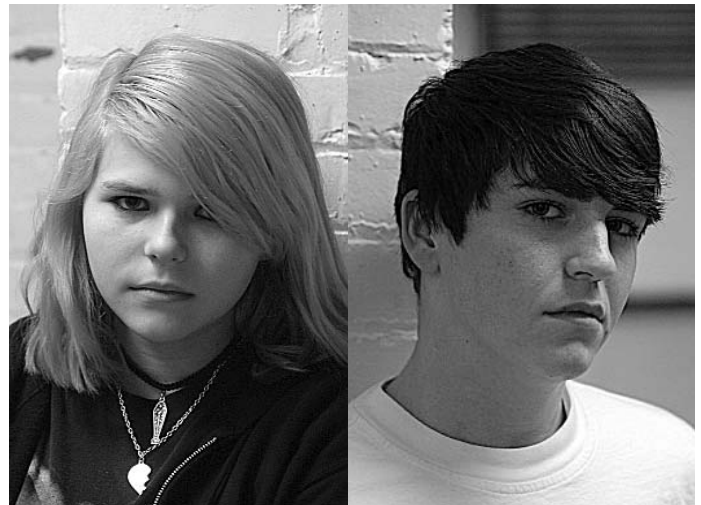
It is important to base prevention programs on what is known about factors that influence teen substance abuse behavior. A teen's choice about use or delay of use of substances is influenced by many of the same factors influencing other behaviors. These include religious beliefs and practices; peer, family and community norms about alcohol use and youth alcohol use in particular; community norms about drug and substance use; academic competence; social skills; parental modeling; and ease of access.³⁵

Research has identified several risk and resiliency factors specifically related to substance use.

- Protective factors include parents who abstain from drugs, alcohol, or tobacco; strong and positive bonds within the family; parental monitoring; clear rules of conduct for youth and for adult drinking

that are consistently enforced within the family; clear and healthy lines of communication between parents and children; parental support of children; and adoption of conventional norms about drug use, connections with adults and peers at school, involvement with school activities and religious influences.

- Risk factors include chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; peers who use substances; and perceptions of approval of drug-using behaviors or drug commerce in family, work, school, peer and community environments.³⁶ Some experts think that the relationship of use of substances is so linked to peer relations that adolescent substance use needs to be viewed more as a collective, rather than an individual behavior.³⁷



Experts also note that, general characteristics of effective prevention programs notwithstanding, designing effective drug and alcohol prevention programs requires careful attention to the characteristics of the particular adolescent group to be served. Examples follow.

- The perceived risks and perceived benefits for drugs, such as "rave" or "club" drugs, are often specific to the particular drug. Unfortunately, news of perceived benefits spreads faster than news of actual risk or adverse consequences. The former takes only rumor and a few testimonials, the spread of which is hastened greatly by the electronic media and the Internet.³⁸ News of

perceived risks (deaths, overdose reactions, and addictive potential) has to gather its own “critical mass” and then be disseminated.

- Adolescent behavior changes rapidly as youth develop, and it can be misleading to treat youth ages 12 to 17 as an undifferentiated age group.³⁹
- Similarly, gender differences often require programming differences.⁴⁰

Family

It is clear from the protective and risk factors that prevention begins at home - the earlier the better. Parents, grandparents⁴¹ and other adult caretakers have to take the lead, by educating themselves; being directly involved with teen’s driving skills and habits,⁴² giving and enforcing clear messages about alcohol and other substances; and getting involved and staying involved with local and school prevention efforts.⁴³

Schools

Schools are a critical contact point for identification and prevention efforts.⁴⁴ Traditional school settings serve most children and youth, with the exception of those who have dropped out, are home schooled or suffer from severe behavioral or functional disorders.

- Comprehensive health education with developmentally appropriate, evidence-based programs on substance abuse prevention would reach the bulk of Tennessee adolescents.
- Coordinated school health programs systematically address risk behaviors through health education, including instruction and hands-on practice in decision-making, communication and peer-resistance skills; family-community involvement; health promotion for staff; healthy school environments; physical education; health services; nutrition services; and counseling. Tennessee has 10 counties that have implemented a Coordinated School Health program.

Community

Some prevention strategies in Tennessee have been implemented, such as: laws on minimum age for alcohol purchase; establishing a .08 percent blood alcohol content threshold for all drivers; laws on drug



purchasing, sale and manufacture; and school expulsion policies for drug or alcohol incidents. Additional prevention strategies that could be implemented in Tennessee include:

- Strengthening enforcement of DUI laws for youth;
- Lowering the blood alcohol content threshold for youth and imposing a zero-tolerance policy for drinking and driving;
- Requiring, rather than encouraging, comprehensive health education in schools;
- Enacting keg registration laws;
- Requiring substance abuse training for all school administrators, teachers, coaches, counselors, nurses and other school staff to recognize signs of substance abuse and be able to take the next step;⁴⁵
- Improving, expanding and funding existing prevention and intervention programs;
- Developing and funding programs for high-risk youth, including youth who are homeless, coming out of the juvenile justice system, who have parents with addiction problems and who have co-occurring problems such as depression, anxiety or eating disorders;
- Strengthening efforts to improve community environments; and
- Encouraging the hospitality sector to engage in responsible alcohol service by training servers, making food available to patrons and not serving intoxicated customers or those under the age of 21.⁴⁶

Any health care provider who serves teens should routinely take a history and provide counseling on such risk factors as tobacco and other drug use, safety, violence and sexuality.⁴⁷

Characteristics of Effective Substance Abuse Treatment Programs

To determine exactly what a good adolescent substance abuse treatment program should include, researchers surveyed the literature and talked to an advisory panel of 22 experts in the field. They came up with nine characteristics to look for in a treatment program, including:

- *Assessment and treatment matching.* Programs should conduct comprehensive assessments that

Treatment programs should build a climate of trust between the adolescent and the therapist.

- *Qualified staff.* Staff should be trained in adolescent development, co-occurring mental disorders, substance abuse, and addiction.
- *Gender and cultural competence.* Programs should address the distinct needs of adolescent boys and girls, as well as cultural differences.
- *Continuing care.* Programs should include relapse prevention training, aftercare plans, referrals to community resources, and follow-up.
- *Treatment outcomes.* Rigorous evaluation is required to measure success, target resources, and improve treatment services.⁴⁸

Research on the effectiveness of treatment for adolescents is a relatively new field, with few standards to guide program developers or users. As to the seriousness of the need to identify and implement good programs, they cite the fact that only 10 percent of the 1.4 million adolescents (ages 12 to 17 years) with illicit drug problems currently receive treatment, compared with one in five adults with similar problems.⁴⁹

TENNESSEE ALCOHOL AND SUBSTANCE ABUSE PREVENTION PROGRAMS

Tennessee Department of Health Programs

Community Prevention Initiative

Community Prevention Initiatives (CPI) is a collaborative effort among the Tennessee Department of Health, regional health departments, and the regional and county health councils. The program targets children/ youth ages 8-16 and their families and is designed to prevent those children/youth from becoming involved in self-destructive behaviors such as alcohol/drug abuse, violence, and teen pregnancy. CPI is based on the "Communities That Care" approach to community involvement in prevention programming and the community is integrally involved in the process. Programs are designed to meet the identified community needs and represent a diverse set of approaches to working with children and families. Programs include after school and in-school programs, tutoring,



cover psychiatric, psychological, and medical problems; learning disabilities; family functioning; and other aspects of the adolescent's life, and treatment should then be matched with the needs that have been identified.

- *Comprehensive, integrated treatment approach.* Program services should address all aspects of an adolescent's life.
- *Family involvement in treatment.* Research shows that involving parents in the adolescent's drug treatment produces better outcomes.
- *Developmentally appropriate program.* Activities and materials should reflect the developmental differences between adults and adolescents.
- *Engaging and retaining teens in treatment.*

mentoring, student assistance programs, parent education, case management, and information and referral services.

Intensive Focus Prevention Programs

Intensive Focus Prevention Programs are structured, intensive 8-12 session programs targeting youth up to age 18 who may be at risk for developing alcohol, tobacco, or other drug use problems. Programs are age-specific, developmentally appropriate, and culturally sensitive, and include a parent/caregiver component.

Tennessee Statewide Clearinghouse for Alcohol and Drug Information and Referral

Tennessee Statewide Clearinghouse for Alcohol and Drug Information and Referral provides an array of services including serving as a repository and distribution center for alcohol and drug information, providing a library for information related to substance use and abuse, operating an information and referral center via a toll-free telephone service (the Tennessee Redline) at 1-800-889-9789, and providing an Internet web-site of current substance use and abuse information for the public and professionals.



Tennessee Teen Institute

The Tennessee Teen Institute is designed to provide teen participants with the skills and education/information necessary to develop and implement alcohol and drug prevention programs in their own communities. This annual event includes five days of activities designed to develop leadership, communication, and planning skills that will enable participants to develop initiatives for helping other teens avoid substance abuse in their communities.

Faith Initiative

The Faith Initiative seeks to prevent substance use problems by promoting local church involvement in outreach, training, and education services which target pre-adolescent children living in single parent households in inner-city housing developments.

Deaf and Hard of Hearing Program

The Deaf and Hard of Hearing Program designs and implements alcohol and drug prevention curricula for deaf and hard of hearing students and recruits, screens, and trains adult volunteers to work with the students in implementation of the prevention curricula.

End Notes

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