

Youth Drug Use in Indiana

The face of adolescent alcohol and drug use is always changing. Each day teenagers find new ways to use common substances to get high, and new drugs are created and sold. While the ‘drug of the day’ changes often, the issues associated with teen substance abuse remain the same. Rates of drug and alcohol use among youth are decreasing over time, but teens still use too many illegal substances and too often. Using drugs – even in small amounts – has negative short-term and long-term effects, and even ‘just trying’ drugs or alcohol may lead a person to become addicted.

Drug use starts early and peaks in the teen years.¹ By the end of high school, 65% of teens have used alcohol, 40% have used cigarettes, and 38% have smoked marijuana.² In fact, more than a quarter of Indiana’s high school students (28.3%) have been offered, given, or sold drugs on school property in the last year.³

The risk of drug use increases in times of transition, such as changing schools or moving, and youth who experience stressors like bullying, divorce, or trauma are more likely to abuse alcohol or drugs than their peers.⁴ Youth most at risk for substance abuse include those with mental health issues⁵ or an absent parent.⁶

The temporary physical effects of alcohol and drugs are well known. Because brain function is disrupted in areas critical to motivation, memory, judgment, and behavior control,⁷ teen substance use can interfere with learning⁸ as well as contribute to behavior problems and family conflicts.⁹ Teenagers who use drugs and alcohol also are more likely to engage in risky sexual or delinquent

behaviors. Additionally, drug use increases one’s likelihood of becoming a victim or perpetrator of physical or sexual assault¹⁰ and increases one’s risk of injury or death resulting from a motor vehicle crash.¹¹

While experimenting with drugs doesn’t always lead to drug abuse, early use is a risk factor for developing more serious drug abuse and addiction.^{12,13} Adolescents who persistently abuse substances often experience academic difficulties, health-related problems, poor peer relationships, and involvement in the juvenile justice system.¹⁴

Additionally, using drugs changes the brain in a way that impedes a person’s ability to resist the impulse to take drugs.¹⁵ Over time, pleasurable activities become less pleasurable, and drug abuse becomes necessary to simply feel normal.¹⁶ Because of these changes in the brain,

Drug abuse starts early & peaks in teen years



Fact:

Situations in which parental consent is *not* required to disclose a child's substance abuse problem include:²⁰

- when the child is in the custody of the state,
- when the child is at immediate risk of serious harm or death but the parent cannot be contacted immediately,
- when an adolescent is exercising his/her right to seek services as a mature or emancipated minor,
- when an adolescent over age 18 can consent for himself/herself.

quitting drug use is incredibly difficult, even for those who are ready to do so. In America, one in 14 teenagers (ages 12-17) has a drug or alcohol problem that requires treatment, but 93.6% of the teenagers who need treatment don't get it.¹⁷

In Your Program

Addressing specific substance abuse problems in your program may prove tricky.

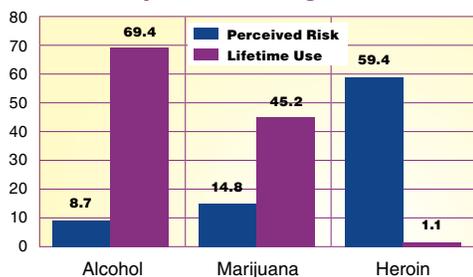
Many people with addiction must experience serious consequences before they acknowledge their illness, and youth programs often are not in the best position to provide those consequences. Additionally, all information about a youth's potential substance abuse problem is subject to laws regarding confidentiality.

Because of these confidentiality laws, it is important that those serving youth must have clear policies and procedures to follow when interacting with someone who may have a substance abuse problem. Information about a potential substance abuse problem should not be part of a child's regular record, and access to their information should be restricted to only those who are assisting parents with following up. The information also cannot be shared with others, like doctors or teachers, unless parental consent

has been granted.¹⁸ In fact, youth in your program may already be receiving treatment, but choose not to disclose that information.¹⁹

Though dealing with specific instances of substance use may be thorny for a youth program, a general approach to substance prevention and cessation may be beneficial for youth. Because adolescence itself is a risk factor for substance abuse and because the consequences for substance use get worse with each additional use, those who regularly interact with teenagers have a unique opportunity to make a difference.²¹

Four research trends prove that all youth-serving organizations have roles to play in preventing substance use and in supporting those who are in treatment.



First, research shows that prevention and cessation programs in general tend to work with youth²² and that prevention programs must happen often over time.

For example, the effectiveness of middle school prevention programs diminishes over time without follow-up programs in high school.²³ Programs that reinforce messaging that substance abuse is harmful and that those with a problem should cease using and stay in treatment, will both prevent drug use and support individuals who are trying to quit.

Second, no single treatment is right for everyone.²⁴ It is important to address all forms of drug use at once, emphasize drug resistance, and reinforce an anti-drug attitude.²⁵ Therefore, the more programs that emphasize general messaging about the negative effects of substance use—each in their own way—the better!

Third, treatment works best when a whole-life perspective is used. The approach must attend to multiple needs of the individual and address his/her underlying issues,²⁶ not just drug abuse.²⁷ Programs that focus on life skills, overcoming obstacles, or any other co-occurring problem, actually act as part of the youth's treatment—even if the program staff doesn't know who is receiving treatment.

Percentage of Indiana 12th Graders who Experience Each Risk Factor²⁹

Community Domain	
Laws and norms are favorable to drug use	38.0%
Perceived availability of drugs	37.0%
Family Domain	
Poor family management	28.7%
Family conflict	37.9%
Parental attitudes are favorable towards drug use	42.9%
Parental attitudes are favorable towards anti-social behavior	45.0%
School Domain	
School academic failure	30.9%
Low school commitment	43.2%
Peer-Individual Domain	
Rebelliousness	27.5%
Early initiation of drug use	23.6%
Attitudes are favorable towards anti-social behavior	28.0%
Attitudes are favorable towards drug use	32.5%
Perceived risk of drug use	43.3%
Anti-social peers	40.7%
Rewards for anti-social involvement	47.5%

Fourth, research has demonstrated that perception matters. Youth are less likely to use drugs that they, their peers, or their parents perceive as harmful.²⁸

The principles of substance use prevention are simple and can be adapted for any program. The goal of prevention is to increase the number of protective factors in a youth's life and reverse or reduce the risk factors. Protective factors include strong bonds with adults, success in school, involvement in pro-social activities (such as clubs, activities, or religious groups), or a community-wide disapproval of drug use. Teachers and youth workers can strengthen protective factors by involving youth in programs and relationships with adults that are meaningful and engaging. Furthermore, teachers and youth workers can reinforce the skills youth need to overcome risk factors such as stress and negative peer influence.

Positive Prevention and Community-level Approaches

Many programs have taken an approach that builds positive, strengths-based skills and assets for youth in order to increase their resilience against drug use and other risky behaviors.

For example, the 4-H Positive Youth Development program works to build the “Five Cs”—Competence, Confidence, Connection, Character, and Caring— for youth. This and other positive prevention methods can be used at the program, school, or community level.

Because cultural influences and perceptions impact teen drug and alcohol use, community-wide strategies are helpful in addressing teen substance use. These multi-component programs attempt to reach adolescents through school, family, community, out-of-school-time activities, and media, among other avenues.³⁰ For example, the Search Institute promotes building 40 developmental assets in all youth, and this approach can be used at the program or community level. Communities That Care is another community-level approach that incorporates positive youth development.

Additional examples of positive and community-level prevention programs can be found in three different national registries of programs and best practices:

- The National Registry of Evidence-based Programs and Practices includes information about mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. <http://nrepp.samhsa.gov/>
- The National Crime Prevention Council provides strategies for reducing drug use. One particular strategy is youth-to-youth prevention methods, where youth use positive peer influence to decrease risky behavior in their community. <http://www.ncpc.org/topics/drug-abuse/strategies>
- The National Institute on Drugs and Alcohol provides a list of programs that focus on reducing risk factors and improving protective factors for youth of all ages. http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf

Types of Drugs and Differences



Designer - Designer drugs, such as Spice (K2), Salvia, and Bath Salts, are created to be similar to, but not technically identical to, an illegal psychoactive drug. These drugs are made by taking the chemical properties of existing drugs and altering them slightly so they produce the same effects but are no longer considered illegal.³¹ The percentage of Indiana 12th graders who ever used bath salts is 1.3%, and 11.3% have used spice.³² Designer drugs are particularly easy for youth to access because they are not under regulation. They often are sold as “plant food,” “bath salts,” or “insect repellants,” and are labeled to be “not for human consumption.” They can be bought at gas stations, smoke shops and even over the internet.³³



Tobacco - Indiana has higher rates of tobacco use than other states, but lifetime use of cigarettes for Indiana high school seniors has decreased from 66.4% in 1993 to 39.9% in 2011.³⁴ While Indiana’s smoking rates have been declining in recent years, smokeless tobacco use has been rising since 2005.³⁵ Not only does tobacco use lead to cancer, but it also is linked to health problems such as heart disease, stroke, higher risk of miscarriage, and a shorter life-expectancy.³⁶ Signs of tobacco use include smelling smoke on clothes or hair, burn holes in clothes or carpets, and yellowing of teeth or fingers.³⁷



Marijuana - Marijuana use also is going down, but not as quickly as tobacco use. Marijuana use among Indiana’s high school seniors has been decreasing since 1998, from 46.5% reported ever having used the drug to 37.5% in 2012. It also is the third most commonly used drug for Indiana’s high school seniors, behind alcohol (65.1%) and cigarettes (39.9%).³⁸ The main effects of marijuana are euphoria, slowed reaction times, difficulty solving problems, and distorted perception.³⁹ Signs of marijuana use include dizziness, acting silly or laughing inappropriately, memory loss as well as owning pipes, rolling papers or other paraphernalia.⁴⁰



Alcohol - The use of alcohol is decreasing in Indiana, but it is still the most oft-used drug, with 65.1% of Indiana high school seniors reporting having used it at least once.⁴¹ The most common place teenagers obtain alcohol is from friends and family (65%).⁴² Nearly one million teenagers in the United States have reported drinking and driving,⁴³ and research has shown that teenagers who binge drink, defined as four or more drinks per occasion, have substantial brain damage.⁴⁴ Drinking causes slowed reaction times, lowered inhibitions, dizziness, lack of coordination and slurred speech. In excess it can cause vomiting, unconsciousness, and alcohol poisoning.⁴⁵



Huffing/Inhalants - Inhalant use has decreased among Indiana high school seniors since 1993, from 14.0% to 6.6% in 2012. Though any substance can be used for huffing, the four common categories of inhalants are: 1) volatile solvents that vaporize at room temperature such as paint thinner or felt-tip markers; 2) aerosols such as spray paint or hair spray; 3) gases such as like nitrous oxide, ether, or butane lighter fluid; and 4) nitrates such as amyl, butyl and cyclohexyl.⁴⁶ Inhaling such products gives a quick high and the effects are similar to those produced by alcohol, including slurred speech, euphoria, and dizziness. Effects of inhalant use include loss of hearing, bone marrow damage, irregular heart rhythms, and damage to various parts of the brain.⁴⁷



Prescription - Prescription drug use among Indiana’s high school seniors has been on the rise since 1998, from 5.9% in 1998 to 14.5% in 2012.⁴⁸ There are three classes of prescription drugs that often are abused: 1) opioids (painkillers), which are highly addictive and cause a relaxed and euphoric feeling, drowsiness and constipation; 2) depressants, which slow down brain function and can dangerously slow heart rate and respiration; and 3) stimulants, which can cause anxiety, paranoia, or seizures.⁴⁹ Particularly dangerous is the recent trend called “pharming” parties, which involve trading and sharing different prescription pills, even if the users don’t know what they are.⁵⁰



Other Drugs - A variety of other drugs that teens use include heroin, cocaine, hallucinogens and ecstasy. The prevalence of these drugs among high school seniors in Indiana is 2.1%, 4.9%, 6.1% and 5.9% respectively.⁵¹ Heroin is an opioid drug with an exceptionally high risk of addiction.⁵² Signs of use include flushed skin, constricted pupils, fazing in and out of wakefulness, skin itching, and constipation.⁵³ Cocaine is a stimulant that can be snorted, injected, or smoked.⁵⁴ Symptoms include blood shot eyes, frequent nosebleeds, rapid speech and paranoia.⁵⁵ Ecstasy is a stimulant with psychoactive properties⁵⁶ that causes heightened sensory perception. Signs of use include a desire for physical contact, increased energy, nausea, chills, and teeth clenching.⁵⁷ Hallucinogens can cause distorted vision, hearing, and touch or change one’s impression of time and space. Signs of use include psychosis, agitation or paranoia, dilated pupils, and rapid mood and behavior fluctuations.⁵⁸



How to spot youth drug use

The key to recognizing signs of tobacco, drug, or alcohol use is to be aware of physical, social, or emotional changes within the adolescent.⁵⁹ It may be challenging to distinguish between the normal, often volatile, ups and downs of the teen years and the red flags of substance abuse. Below is a list of specific signs and symptoms of drug use.⁶⁰

Physical

- Bloodshot eyes, pupils larger or smaller than usual.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Deterioration of physical appearance, personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.

Social

- Drop in attendance and performance at work or school.
- Unexplained need for money or financial problems. May borrow or steal to get money.
- Engaging in secretive or suspicious behaviors.
- Sudden change in friends, favorite hangouts, and hobbies.
- Frequently getting into trouble (fights, accidents, illegal activities).

Emotional

- Unexplained change in personality or attitude.
- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Lack of motivation; appears lethargic or “spaced out.”
- Appears fearful, anxious, or paranoid, with no reason.

Two additional resources for information about signs and symptoms of drug abuse include: Warning Signs of Drug Abuse http://parentingteens.about.com/cs/drugsofabuse/a/driug_abuse20.htm; and General Signs of Drug Use <http://www.adolescent-substance-abuse.com/signs-drug-use.html>

Treatment Resources:

Indiana Teen Drug Rehab Help Line: 1-888-757-6237

National Drug and Alcohol Treatment Referral Routing Service Help Line: 1-800-622-help (4357)

A list of Indiana treatment facilities: <http://www.theagapecenter.com/Treatment-Centers/Indiana.htm>

An Intervention Guide for when a youth is known to be using drugs: http://www.drugfree.org/wp-content/uploads/2010/09/Intervention_Guide.pdf

A resource for parents that includes guides and information for having a positive conversation about drug use: 1-855-DRUGFREE (378-4373) <http://timetogethelp.drugfree.org/>

Prevention Resources:

National Drug Facts provides activities and guides for planning events for National Drug Facts Week. <http://www.drugfactsweek.drugabuse.gov/>

The American Council for Drug Education offers tips on talking to students about drugs and lectures on drug use for programs to use. www.acde.org

The Office of Safe and Drug Free Schools provides a step-by-step how-to kit and a list of fun activities for youth-serving programs to use. <http://www2.ed.gov/about/offices/list/osdfs/resources.html>

Child and Adolescent Substance Use and Prevention is a free webinar from the Indiana Youth Institute. It can be accessed at: <http://www.iyi.org/trainings/webinars.aspx>

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YI Resources

The latest data is at your fingertips with YI's Data Center. Search statistics and gather data to improve your program planning and grant writing. Or, request customized data. Go to www.yi.org/data.

Get the most comprehensive overview of children's well-being in Indiana. Download the 2010 Kids Count in Indiana Data Book at www.yi.org/databook.

Want in-depth information on youth? Check out the free resources at YI's Virginia Beall Ball Library. We will mail you the library materials and include a postage paid return envelope. Go to www.yi.org/library for details.

Have a quick question or want to bounce an idea around? Contact Ask YI for free resources and tips: call 1-855-2ask-YI or visit www.yi.org/ask.

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