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## INTRODUCTION

Substance misuse refers to the use of illegal drugs, alcohol, or prescription medications in a way that they are not meant to be used. Misuse includes the over-use of a substance, including, of course, overdose (Royal College of Psychiatrists, 2008). Substance misuse may occur occasionally or regularly. Regular use can lead to substance addiction. According to a study in 2009, 47% of US high schoolers experienced illicit drug use while 72% of them reported consuming alcohol before the end of high school (Johnston et al., 2009). This paper analyzes the prevalence of the problem teen substance misuse and the factors that contribute to the misuse. It will show that interventions should be conducted to incorporate teen substance misuse experiences in alleviating the problem on the individual, interpersonal and community levels.

## BACKGROUND

To propose efficient interventions to tackle the problem of teenage substance misuse, we should uncover the underlying risk factors that contribute to the problem. Here are the key risk factors:

### **1. Family influence**

In families where substance misuse occurs among family members and, therefore, tolerate a higher acceptance of substances, teenagers usually have earlier contact with substances (Newcomb et al.,

1987). Parents or siblings who misuse substances serve as role models and teenagers will replicate their actions and are more likely to misuse substances.

## **2. Peer pressure**

At the stage of adolescence, teenagers begin to assert their identities and seek to fit in with peers and society at large. It is common for teenagers to have an unstable sense of self and a lack of recognition. To connect with peer groups, teenagers will attach themselves to a group and follow that group's interests. If a teenager is in a group of friends who have a habit of misusing substances, the teenager will also likely get engaged in substance misuse (Scull et al., 2009).

## **3. Mass media**

Due to advances in technology, most teenagers have access to mass media via the Internet, and social media such as YouTube, and Netflix. The media that teenagers follow and mainstream media itself often encourage the social norm of substance misuse (Scull et al., 2009). Teenagers become vulnerable to hidden pro-substance use messages. For example, many TV dramas often portray successful businessmen as people who use tobacco during important meetings. Media shapes an image that smoking is a characteristic of successful people and hence motivates youths to smoke in their early years.

## **4. Puberty**

Teenagers tend to be more risk-taking, rebellious, and adventurous. Out of curiosity, they may start by misusing tiny amounts of substances which may lead to substance dependence in the future (Newcomb & Bentler, 1989). Even when they know that substance misuse will lead to negative impacts on their health; they are still motivated to continue with it due to the sense of being provocative it brings. Moreover, they usually do not immediately experience detrimental effects, which creates a misconception in teenagers that the substance is not harmful.

## **5. Insufficient community resources**

Substance misuse is a behavioral issue which requires more than just medical care (Botvin et al., 1995). However, there is a lack of community resources specifically designed for teenagers to guide them on quitting substance misuse under a supportive environment.

## **6. Mental health problems**

Those teenagers who suffered from trauma such as physical and sexual abuse in the past may seek to escape the depression, that often results from trauma and the harsh reality of their everyday life, by misusing substances to gain a temporary sense of pleasure (Bayatpour et al., 1992).

The problem of teenage substance misuse is closely related to health. It affects the growth of teens by increasing the risk of hyperactivity disorder and depression (Tripathi & Lal, 1999). Besides, early contact with substance misuse and failure in controlling the amount of substance intake will lead to dependency in the future (Newcomb & Bentler, 1989). Hence, substance misuse contributes to future adult health problems such as heart disease and liver failure. So, it is crucial to develop interventions to resolve the issue to protect teenagers' health.

# INTERVENTIONS

This proposal adopts a health promotion model. Based in this model, I suggest the following interventions:

## **1. Individual consultation**

As mentioned, a considerable proportion of teenagers misuse substances to deal with their mental health problems. One of the key values of health promotion is empowerment (Whitehead, 2004). It focuses on helping individuals gain more control over their own health decisions. Therefore, it is important for counsellors to understand teenagers' situations from individuals' perspectives. Through conducting consultation with them, trained counsellors can evaluate the teenagers' mental health condition and understand what motivates them to resort to substance misuse (Botvin et al., 1995).

In general society, people usually view teens who misuse substances as problematic and label them negatively without trying to understand the motives behind their actions. Hence, teenagers may be reluctant to share their experiences with others. Conversely, individual consultation provides a safe environment in which counsellors can build trust with teenagers and encourage them to share their thoughts about substance misuse experiences without being worried about discriminations (The Health Communication Magazine 2022).

Aside from acknowledging the factors contributing to substance misuse, counselling sessions allow teenagers to learn to alleviate their mental health issues in a healthier way, such as exercising and participating in community work to meet new people, under the counsellor's guidance (Botvin et al., 1995).

Also, counsellors can assist teenagers in developing strategies to overcome substance misuse (Whitehead, 2004). For instance, for teenagers with mild substance use disorder and are still hesitant on quitting substance misuse, the counsellors may suggest they keep track of their substance use, including

when and the amount used. Thus, this gives them a general picture of the role substance plays in their life and empowers them to rethink their decisions. As for teenagers with serious substance use disorder and are more committed to quitting substance misuse, counsellors can refer relevant rehab resources to them directly so that they can receive instant help. Lastly, counsellors can conduct regular follow-up with the teenagers to ensure their needs in quitting substance misuse is well-supported.

## **2. Family therapy**

Teenagers may behave very differently at home compared to at school (Newcomb & Bentler, 1989). So, it is crucial to understand the teenagers' lifestyle in a broader context than the school setting. Research has shown that older siblings' cannabis and e-cigarette use casts positive perception about substance use on younger siblings and indirectly increase younger siblings' later intentions to use these substances (Maiya et al., 2022). By inviting teenagers and their family members to group therapy, we can facilitate conversation between them and understand how family members' behaviours are influencing teenagers' perceptions about substance use (Carr, 2018). When substance misuse occurs among family members, family therapists can inform parents how this situation will put their children at risk and educate them on what they should do to prevent worsening the situation (Carr, 2018).

Besides, parents and guardians can share their difficulties in persuading their children to quit substance misuse during family therapy. Since teenagers are undergoing the stage of puberty, they tend to be more rebellious and do not listen to their parents' advice. Family therapists can facilitate interactions between family members and introduce techniques to parents on how to communicate with adolescents and manage their substance misuse behaviours (Carr, 2018).

Additionally, to avoid putting the responsibility solely and creating too much pressure on the teenagers, family therapists can encourage all family members to accompany teenagers in achieving the goals of quitting substance misuse and hence build a friendly and supportive environment (Whitehead, 2004).

### **3.. In-school workshops**

While individual counselling focuses on the mental health perspective which contributes to teenagers' substance misuse experiences, in-school workshops seek to expose teenagers to how substance misuse may affect their physical health and social health. The workshops are interactive, which requires participation and boosts their interest in the topic.

The workshops start with group discussions among students, and everybody should be free to share any opinion about substance use in general, such as the positive and negative impacts of substance use, the definition of substance misuse, etc. This session allows students to brainstorm on the topic of substance use objectively and it creates an inclusive and comfortable environment for teenagers with substance use disorder to participate which demonstrates an essential element of health promotion (The Health Communication Magazine 2022).

An online simulator composed of interactive videos should be prepared before the workshop is held. These videos display simulations of how the main character's life changes as different decisions are made.

*Example of a decision-making setting:*

*The main character's best friends are inviting them to binge drink after a stressful exam period.*

Students can vote to decide if the main character should or should not accept the invitation. After making the decision, the simulator will display the corresponding results, such as unintentional injuries like falls and alcohol poisoning after binge drinking.

The online simulator briefly walks through the main character's life from student to middle-aged person. Each decision made by students affects the main characters both in the short-term such as being unable to focus to revise due to a decrease in attention span and the long-term such as liver damage and career issues. This session is designed to give students thoughts on the choices they made for the main characters. The feedback received after making substance misuse related decisions forecasts how a

substance misuse person may perform in their life and the corresponding impacts on their physical health and social health. As a result, students can be empowered to foresee how teenage substance misuse will potentially affect their future (Bermea et al., 2018).

The scenarios are designed differently for the school's characteristics to connect with students better. For instance, in a private school with many international students, the scenarios should reflect temptations due to students' homesickness, loneliness, and lack of parental control.

The workshops end with a mingling session in which students can express their views about the scenarios and review if the consequences shown truly reflect the general situation. Students are welcome to provide feedback on the scenarios to improve the effectiveness in delivering information in future sessions.

By the end of the session, students can gain a more comprehensive idea about the impacts of teenage substance misuse and develop critical consciousness about the issue (Whitehead, 2004). Compared to holding a talk in which the presenter lists out all the negative consequences of teenage substance misuse using a top-down health education approach, the workshops use multimedia to connect with teenagers and inspire them to analyze before deciding the scenarios instead of merely intaking information (Whitehead, 2004). Besides, students can contribute through facilitating the discussion sessions and providing feedback after the workshops. Hence, it forms a collaborative environment in resolving issues (Lombardo, 2022) and respects opinions from everyone (Whitehead, 2004).

#### **4. Teen substance misuse communities across schools**

By building teen substance misuse communities across schools, teenagers can make new friends who share similar substance misuse experiences. In these communities, members who are of similar age can provide mutual support to each other and share their difficulties or tips to quit substance misuse (Bermea et al., 2018). Moreover, teenagers can carry out suggestions suggested by their individual counsellors together and keep everybody on track. The communities form an inclusive and respectful

environment where teenagers can share thoughts freely and do not need to worry about stigmas (Whitehead, 2004).

Furthermore, teenagers may feel stressed when they are quitting substance misuse while there are so many temptations in the outside world. Therefore, the communities will also organize healthy activities such as playing card games, hiking, dancing, and cooking classes for teenagers to help them release pressure and protect their mental health.

The communities are led by mentors who previously suffered from substance misuse disorder. In individual counselling, the counsellors have medical experience in substance misuse but lack real-life experience. So, the mentors may compensate for this drawback since they can understand and resonate with the real-life temptations when quitting substance misuse. Also, mentors can serve as role models and distinct examples to teenagers that quitting substance misuse is not unachievable.

## **DISCUSSION**

Every teenager encounters a different situation in life and there are many risk factors motivating teenagers to misuse substances. The above interventions are tailored to respond to their unique substance misuse experiences and to meet the needs of the teenage community. Through taking account of the at-risk teenage populations' disparities and especially by establishing in-school workshops and teen substance misuse communities, teenagers' commitment to quitting substance misuse will be increased and they will be well-supported with relevant resources.

### **Potential challenges**

Although the above interventions are interactive and directly involve teenagers in efforts to alleviate the problem of substance misuse, low participation rates may still occur. All activities mentioned above are voluntary. Note that teenagers have the right to confidentiality in sharing their substance misuse experience, and, therefore, they cannot be forced to join the activities. One potential drawback of this



proposal is that only teenagers who are interested in quitting substance misuse will take part and can receive support while those who do not will be left out. Especially in individual counselling, which depends highly on trust between the counsellors and teenagers, if teenagers are not ready to share their experiences or simply do not want to talk with anybody, they are less likely to reach out to the counsellors. To cope with this challenge, we may introduce some incentives to the activities such as free snacks or completion certificates for the activities to make them less formal and ideally attract more teenagers to take part.

For teenagers who misuse substances due to influences by family members, parents/ guardians' effort is also crucial in resolving the issue. Yet, some parents may be too busy with their work and unable to spare time to attend family therapy. Moreover, some parents may not view substance misuse as a severe problem and underestimate its effect on their children. Because of their lack of awareness and cautiousness, they may refuse to attend family therapy. Lastly, for families with sensitive or complicated backgrounds, the family members may not be comfortable sharing any family information with the therapists. Hence, a high refusal rate lowers the effectiveness of family therapy in understanding teenagers' behaviour and substance misuse experiences at home.

## **NEXT STEPS**

This study only proposes interventions, but extra effort is needed to monitor their implementation. Future studies may focus on developing a uniform curriculum which outlines the explicit goals of each intervention and provides a general guide on how to implement them. In addition, advisory committees can be set up to oversee and keep track of the effectiveness of each intervention for future adjustments.

Furthermore, the current proposal is only suitable for developed countries such as Canada and US that have sufficient public health funds in subsidizing schools and community centers to organize the

above activities. Collaborations between developed and developing countries should be established to support countries that lack resources in addressing the issue.

Alternatively, before implementing the interventions, pre-screenings can be conducted in less developed countries to identify considerable risk teenagers using earlier data about teenagers with substance use disorder. Then, resources can be used wisely and centred on teenagers who need urgent help.

# Bibliography

- Bayatpour, M., Wells, R. D., & Holford, S. (1992). Physical and sexual abuse as predictors of substance use and suicide among pregnant teenagers. *Journal of Adolescent Health*, 13(2), 128–132.  
[https://doi.org/10.1016/1054-139x\(92\)90079-q](https://doi.org/10.1016/1054-139x(92)90079-q)
- Bermea, A. M., Lardier, D. T., Forenza, B., Garcia-Reid, P., & Reid, R. J. (2018). Communitarianism and youth empowerment: Motivation for participation in a community-based Substance Abuse Prevention Coalition. *Journal of Community Psychology*, 47(1), 49–62.  
<https://doi.org/10.1002/jcop.22098>
- Botvin, G. J., Schinke, S., & Orlandi, M. A. (1995). School-based health promotion: Substance abuse and sexual behavior. *Applied and Preventive Psychology*, 4(3), 167–184. [https://doi.org/10.1016/s0962-1849\(05\)80056-3](https://doi.org/10.1016/s0962-1849(05)80056-3)
- Carr, A. (2018). Family therapy and systemic interventions for child-focused problems: The current evidence base. *Journal of Family Therapy*, 41(2), 153–213. <https://doi.org/10.1111/1467-6427.12226>
- The Health Communication Magazine. (2022, November 18). *Provides training and support in health communication, health promotion planning, evaluation, policy change as well as sustainability*. Retrieved November 27, 2022, from <https://www.thcu.ca/>
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2009). Monitoring the future: National results on adolescent drug use: Overview of key findings, 2009. *PsycEXTRA Dataset*.  
<https://doi.org/10.1037/e560352009-001>
- Lombardo, A. (2022, September). *Health Promotion*. Lecture.
- Maiya, S., Whiteman, S. D., Serang, S., Dayley, J. C., Maggs, J. L., Mustillo, S. A., & Kelly, B. C. (2022). Associations between older siblings' substance use and younger siblings' substance use

intentions: Indirect effects via substance use expectations. *Addictive Behaviors*, 136, 107493.

<https://doi.org/10.1016/j.addbeh.2022.107493>

Newcomb, M. D., & Bentler, P. M. (1989). Substance use and abuse among children and teenagers.

*American Psychologist*, 44(2), 242–248. <https://doi.org/10.1037/0003-066x.44.2.242>

Newcomb, M. D., Maddahian, E., Skager, R., & Bentler, P. M. (1987). Substance abuse and psychosocial risk factors among teenagers: Associations with sex, age, ethnicity, and type of school. *The*

*American Journal of Drug and Alcohol Abuse*, 13(4), 413–433.

<https://doi.org/10.3109/00952998709001525>

Royal College of Psychiatrists. (2008). 3. Introduction to Drug Misuse. In *Drug misuse: Psychosocial interventions*. essay.

Scull, T. M., Kupersmidt, J. B., Parker, A. E., Elmore, K. C., & Benson, J. W. (2009). Adolescents' media-related cognitions and substance use in the context of parental and peer influences. *Journal*

*of Youth and Adolescence*, 39(9), 981–998. <https://doi.org/10.1007/s10964-009-9455-3>

Tripathi, B. M., & Lal, R. (1999). Substance abuse in children and adolescents. *The Indian Journal of*

*Pediatrics*, 66(4), 569–575. <https://doi.org/10.1007/bf02727172>

Whitehead, D. (2004). Health Promotion and Health Education: Advancing the concepts. *Journal of*

*Advanced Nursing*, 47(3), 311–320. <https://doi.org/10.1111/j.1365-2648.2004.03095.x>