

Teen Substance Abuse

Rimrock
Foundation

FACT SHEET

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Family monitoring and rules

Family monitoring and rules are important factors in reducing the risk of drug use primarily by affecting the child's choice of peer groups. While some family factors operate through peers, some are independent of peer groups. **Kids with low bonding to parents are more likely to get involved with narcotics and stimulants, even if they don't hang out with bad peers.** So this set of independent risks with high family conflict, low bonding, coupled with bad peer involvement, stacks the deck toward initiation of adolescent drug use.

In general, family and peer factors had similar positive effects on both boys and girls. Only family monitoring and rules had a stronger protective effect for males than for females. Family monitoring and bonding were more predictive for Caucasian Americans than for African Americans.

The message is clear: Family factors matter. The impact of one factor, family bonding, begins to decline after age 18. Peer factors also matter. Having antisocial peers, especially after age 15, increases the risk of drug initiation.

In terms of intervention, family and peer factors should be important targets for prevention efforts. These efforts should start early and continue into the twenties, emphasizing family bonding early and family monitoring, rules, and reduction of conflict. Programs that address these family and peer factors work relatively well across both gender and ethnic groups.

Family impact on teen's drug use

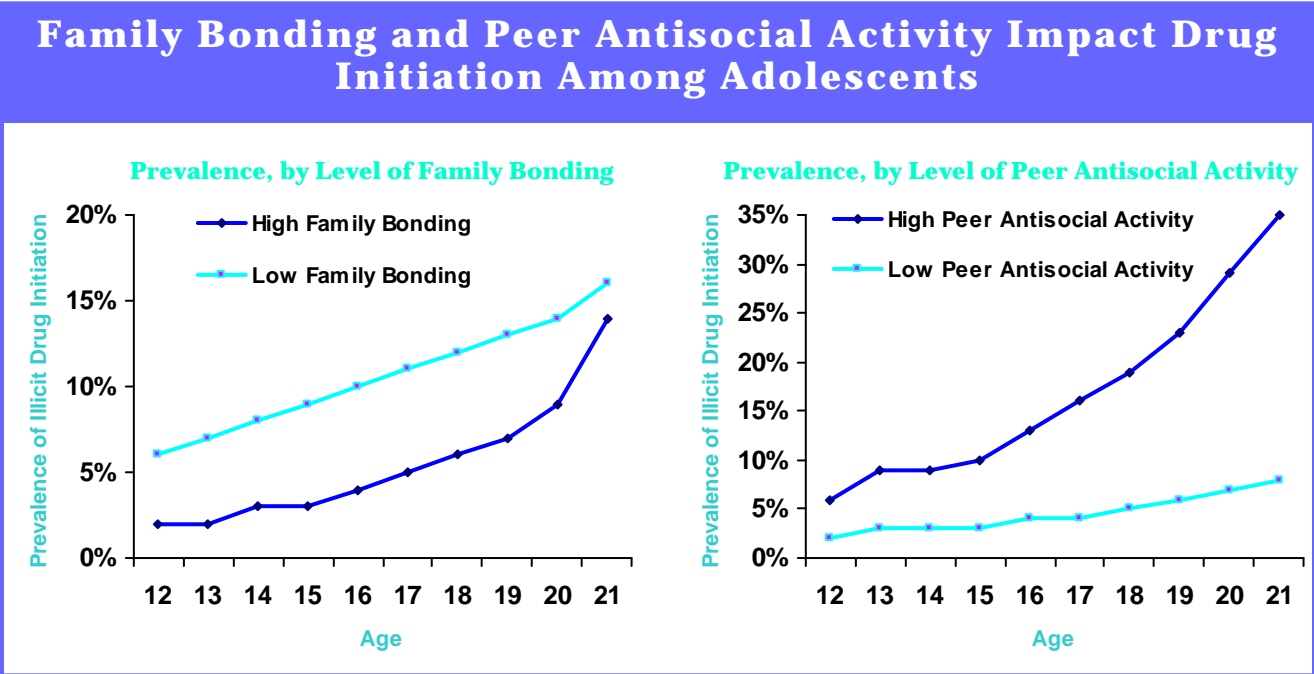
Researchers from the National Institute on Drug Abuse (NIDA) recruited 808 5th-graders from 18 Seattle elementary schools in high-crime areas. This long-term study followed them from ages 12 to 21 to see how peer, family, and sociodemographic factors interacted to influence drug

initiation. As part of this study, data from this group were gathered annually through age 16 and again at 18 and 21.

The sample included a high proportion of low-income families, but not all children came from homes in high-risk neighborhoods. Of research interest was the extent of bonding to family and family involvement. These included time spent interacting with parents, family conflict resolution and parenting practices (monitoring, rules, and consistent discipline). Also, the study reviewed factors such as peers' prosocial and antisocial activities, and measures of use for tobacco, marijuana, cocaine, amphetamines, tranquilizers, sedatives, and psychedelics.

Initiation of tobacco and illicit drug use for the entire study group was 4.6 percent by age 12, 8.4 percent by age 13, 12.6 percent by age 18, and 40.5 percent by age 21. By age 21, 45.4 percent of male participants had begun illicit drug use, as had 35.5 percent of females.

Native Americans had the highest rate of initiation, at 55.9 percent, compared to 53.6 percent of Caucasian Americans, 33.3 percent of African Americans, and 14.6 percent of Asian Americans.



Low levels of family bonding and high levels of peer antisocial activity were consistently associated with higher prevalence of illicit drug initiation among youths ages 7 to 27 compared with prevalence seen when high levels of family bonding and low levels of peer antisocial activity were present. By age 27, however, a high level of family bonding had far less impact than in earlier years on drug initiation.

Family influence

All of the measured family factors were influential. Higher levels of family monitoring and rules were associated with a "significantly" lower risk of illicit drug initiation. Youths with low levels of family monitoring and rules at age 18 were twice as likely (14 percent

versus 7 percent) to use illicit drugs as those with high family monitoring. The same was true for a higher level of moderate and consistent family discipline. Youths with low consistent family discipline were over twice as likely at age 18 to use illicit drugs as those with consistently high family discipline.

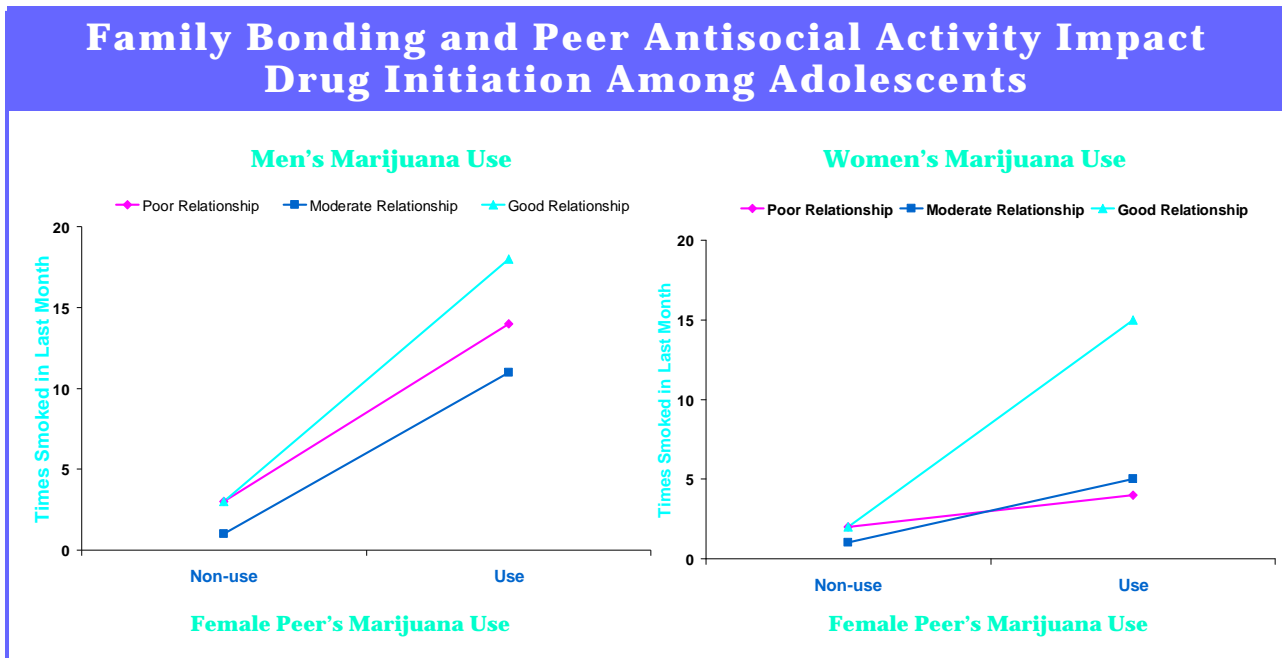
Family bonding

Family bonding was particularly influential before the age of 18. Youths with low family bonding at age 15 were three times more likely to initiate illicit drugs than those with high family bonding. Higher levels of family conflict were associated with a higher risk of initiation. Youths with high family conflict at age 18 were over twice as likely to initiate illicit drugs as those with low family conflict. High levels of peer antisocial activity, especially after age 15, resulted in youth, who by age 18, were nearly four times as likely to use illicit drugs.



Influence of teen peers

Another NIDA study took a slightly different path, looking at peer influence on young adults, including the quality of these relationships, the extent of any substance abuse, and the problems associated with drug use. Use of drugs by male peers positively influenced subsequent use by both men and women. Friends of both genders also influenced both males' and females' subsequent cigarette smoking."



Each participant brought one same-sex and one opposite-sex peer into this study; participants who were married brought their spouse as their opposite-sex peer. The quality of the relationship with a female peer was a factor in young adults' marijuana use; with young adults' use of other substances, however, the quality of the peer relationship was not a factor.

Again, the overall message is clear: Young adults are influenced by their friends. "It's an important finding," observes Mona Sumner, Rimrock Foundation's Chief Operations Officer. "Interventions with substance-abusing young adults should not only be with individuals, but with their peers as well. People assume that families become less important as kids move out of the house, yet this does not appear to be the case."

The path to healing

Substance abuse poses a very real threat to the health and well-being of our children and adolescents at a critical point in their lives. Drugs impact young people when they are growing, learning, maturing, and laying the foundation for their adult years. **Children have to be able to look to parents for help and guidance in working out problems and in making decisions, including the decision not to use substances. Parents' role modeling by not using substances reinforces this message.**

According to Ms. Sumner, there is no magic bullet for preventing teenage substance use. **But parents can be influential by talking to their children about the dangers of using substances and by remaining actively engaged in their children's lives.** Even after teenage children enter high school, parents should stay involved in the schoolwork, recreation, and social activities of their children.



Studies have shown that consistent appropriate parental monitoring can reduce future drug use. This is true even among those adolescents who may be prone to substance use, such as those who are rebellious, cannot control their emotions, and experience internal distress.

Rimrock Foundation addresses the physical and psychological elements of dependency disorders, as well as the defeating beliefs that accompany addiction. We give our patients and family members an unparalleled understanding about themselves, their disease, their thinking patterns, and alternative behaviors necessary for

abstinence from mood-altering chemicals.

For further information on Rimrock Foundation's treatment of substance abuse, call Jen Porter, Admissions Supervisor, at 1-800-227-3953 or 1-406-248-3175, or visit our website at www.rimrock.org. For more educational information on substance abuse, contact the Rimrock Foundation Library at the above numbers.

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