International Journal of Research
Available at https://pen2print.org/index.php/ijr/
e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 05 Issue 20
September 2018

Factors Contributing To Risk for Young People Substance Drug Use and Harm Reduction

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Abstract

Harm reduction is an umbrella term for interventions aiming to reduce the problematic effects of behaviors. Although harm reduction was originally and most frequently associated with substance use, it is increasingly being applied to a multitude of other behavioral disorders. Harm reduction is an umbrella term for interventions aiming to reduce the problematic effects of behaviors. Although harm reduction was originally and most frequently associated with substance use, it is increasingly being applied to a multitude of other behavioral disorders. The result indicated of study that individually focused and group-based interventions (school-based drugs education and prevention, family, mass media campaigns, motivational interviewing, and communities, workplace, government policies and services, and the broader economic and social environment which all affect that may contribute to the onset of substance use among adolescents.

Keywords: young people, drug use, prevalence, harm reduction, drugs.

Introduction

Today's youth face many risks, including drug abuse, violence, and HIV/AIDS. Substance use among adolescents has been reported to significantly affect the health and various facets of individual well-being (Stone, Becker, Huber, & Catalano, 2012). For instance with close to half of the South African population consisting of youth 20 years old or younger , it is important to pay attention to the use of Alcohol and other Drugs (AODs) by this group due to the potential implications for the country's socio-economic development (Parry, & Bennetts, 1998). Negative health consequences are increasingly being addressed by prevention science, which involves reducing risk and enhancing primitive or protective factors in individuals and the environment surrounding them during their growth and development. Risk factors predict enhanced likelihood of problems, while protective factors mediate or moderate exposure to the risk (Hawkins, Catalano, & Miller, 1992). Protective factors buffer adolescents from exposure to risks leading to a reduced likelihood of acquiring such problematic behaviors. Additionally, primitive factors play a further

e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 05 Issue 20
September 2018

role in the decreased likelihood of health problems (Sameroff, 2000). Protective factors are distinguished from primitive factors because the later moderates the negative effects of risks for predicting negative outcomes, and therefore only compensates for risk exposure (Zimmerman, Stoddard, Eisman, Caldwell, Aiyer, & Miller, 2013).

An understanding of these risk and protective factors is important in the development of effective interventions. Risk and protective factors affecting substance use can be categorized as contextual, variable and individual risk, and protective factors - which have been extensively reviewed (Stone, et al 2012).Fixed markers include gender, biological indicators, income, family substance history, parent psychopathology, parental marital status and income/social economic status. Contextual variables include factors such as law, availability, social norms and community order. Examples of individual variables incorporate family relations, family management, education factors, a positive attitude or expectancies, social competence, peer relations, religious involvement, conformity or moral order, living situation, stressful events, individual psychopathology and adolescent substance use (Stone, et al 2012).Among individual and interpersonal risk and protective factors, family environment influences the likelihood of substance abuse problems significantly. Family environment is viewed in terms of family relations and family management (Stone, et al 2012).Modification of risk and protective factors may ameliorate harms from substance abuse prior to birth, and continue through to young adulthood. These developmental periods are predominantly spent in the family context (Stone, et al 2012). Prevention science has made great progress in recent years. Many interventions are being tested in “real-world” settings so they can be more easily adapted for community use. Scientists are studying a broader range of populations and topics. They have identified, for example, effective interventions with younger populations to help prevent risk behaviors before drug abuse occurs. Researchers are also studying older teens who are already using drugs to find ways to prevent further abuse or addiction. Practical issues, such as cost-benefit analyses, are being studied (Stone, et al 2012).

What Are Risk Factors And Protective Factors?

Research over the past two decades has tried to determine how drug abuse begins and how it progresses. Many factors can add to a person’s risk for drug abuse. Risk factors can increase a person’s chances for drug abuse, while protective factors can reduce the risk. Please note, however, that most individuals at risk for drug abuse do not start using drugs or become addicted. Also, a risk factor for one person may not be for another. Risk and protective factors can affect children at different stages of their lives. At each stage, risks occur that can be changed through prevention intervention. Early childhood risks, such as aggressive behavior, can be changed or prevented with

family, school, and community interventions that focus on helping children develop appropriate, positive behaviors. If not addressed, negative behaviors can lead to more risks, such as academic failure and social difficulties, which put children at further risk for later drug abuse. The table below describes how risk and protective factors affect people in five domains, or settings, where interventions can take place (Zimmerman et al 2013).

Risk Factors Domain	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability Drug Availability	School	Anti-drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Risk factors can influence drug abuse in several ways. The more risks a child is exposed to, the more likely the child will abuse drugs. Some risk factors may be more powerful than others at certain stages in development, such as peer pressure during the teenage years; just as some protective factors, such as a strong parent-child bond, can have a greater impact on reducing risks during the early years. An important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors (Bauman, Foshee, Ennett, Pemberton, Hicks,King, & Koch,2001).

Risk Factors for Teenage Substance Use

There are an extensive number of risk factors that may contribute to the onset of substance use among adolescents. Herein, selected risk factors for adolescent substance use are divided into three primary categories: familial, social, and individual. A comprehensive review of all risk factors is not practical with the scope of this paper. Thus, for the purpose of this paper, the most common and serious risk factors have been highlighted.

1. Familial Risk Factors

Familial risk factors include childhood maltreatment (including abuse and neglect), parental or familial substance abuse, marital status of parents, and level of parental education, parent-child relationships, familial socioeconomic status, and child perception that parents approve of their substance use. Child maltreatment has been classified for the purpose of this paper as a familial factor, though it is important to note that not all maltreatment is perpetrated by a family member. The federal Child Abuse Prevention and Treatment Act (CAPTA) defines maltreatment as child

abuse or neglect, which encompasses any act or lack of an act by a child's caretaker that results in physical or emotional harm (US Department.H,H,S,2011). Childhood maltreatment, including physical abuse and neglect, has been linked to increased risk for adolescent substance use, with one study reporting 29% of children who experienced maltreatment participating in some level of substance use and another reporting 16% of maltreated children abusing substances (Wall & Kohl, 2007).

2. Social Risk Factors

Social factors that contribute ton creased risk for adolescent substance use include deviant peer relationships, popularity, bullying, and association with gangs. Social influences and familial influences are often present simultaneously. This interaction creates a complex system of risk factors that predicts adolescent substance use, which is important to take into consideration.

3. Emotional Abuse

According to a legal definition, emotional child abuse encompasses a situation whereby the child's "intellectual or psychological functioning or development" is hindered. Research shows that experiencing emotional abuse can lead to increased risk for adolescent substance use, though it does not have as much influence as experiencing physical or sexual abuse (Moran, Vuchinich, & Hall, 2004). It has also been found that witnessing violence can increase an adolescent's risk for developing a substance use disorder with alcohol, cigarettes, marijuana, or hard drugs by as much as two to three times (Kilpatrick, Acierno, Saunders, Resnick, Best, & Schnurr, 2000).This is likely because witnessing violence creates great stress, especially in the case of a child witnessing domestic violence (Kilpatrick, Acierno, Saunders, Resnick, Best, & Schnurr, 2000). Therefore, substance use becomes a coping mechanism. It has also been speculated that, in some cases, substance use may precede witnessing violence because such acts of violence may occur within the context of delinquent peer group where substance use is prevalent (Kilpatrick, Acierno, Saunders, Resnick, Best, & Schnurr, 2000).However, there is comparatively little literature that focuses on emotional abuse, including witnessing violence, and its relationship to adolescent substance use and abuse (Tonmyr, Thornton, Draca, and Wekerle, 2010).

4. Physical and Sexual Abuse

In most states, the legal definition of physical child abuse entails any act that causes a child to experience physical harm that is not accidental. The effects of physical and sexual abuse, specifically, on adolescent behaviors regarding substance use have been examined, with researchers consistently reporting a statistically significant relationship between physical or sexual abuse and adolescent use of nicotine, marijuana, and alcohol (Tonmyr, Thornton, Draca, and Wekerle, 2010). There is also some evidence that higher levels of illicit drug use, including cocaine, heroin, and barbiturates, are associated with physical and sexual abuse (Moran, Vuchinich, & Hall, 2004). Being a victim of physical or sexual assault increases the risk of an adolescent getting involved with substance use from two to four times [(Wall & Kohl, 2007). However, different studies have shown varying specific results regarding which type of abuse is

the strongest contributor, with some reporting higher risk associated with sexual abuse, while others report a higher risk associated with physical abuse (Wall & Kohl, 2007). Posttraumatic stress disorder (PTSD) is also associated with increased likelihood of developing a substance use disorder, particularly with marijuana or hard drugs (including LSD, cocaine, heroin, inhalants, and nonmedical prescription drugs). This increased risk may be a result of the fact that trauma that typically leads to PTSD is highly stressful and may lead PTSD sufferers to cope with intense stress through substance use.

This may be because victims of maltreatment use drugs and alcohol as coping mechanisms rather than purely for social reasons. Thus, their onset is less dependent on the time other adolescents begin to use substances (Tonmyr, Thornton, Draca, and Wekerle, 2010). The association between being a victim of physical or sexual abuse during childhood and adolescent substance use may be linked to the effects of stress on the brain and, specifically, the amygdala (Cohen, Perel, DeBellis, Friedman, & Putnam, 2002). (Cohen, Perel, DeBellis, Friedman, & Putnam, 2002). The amygdala is responsible for transmitting emotional information to the body based on memory when responding to stressful situations (Cohen, Perel, DeBellis, Friedman, & Putnam, 2002). When stress, such as that resulting from abuse, arises, the amygdala is overstimulated and excess dopamine is produced as a result, thus suppressing the function of the prefrontal cortex (De Bellis, 2005). This cascade of events can lead to limited functions related to attention and learning. Likewise, susceptibility to paranoia has been linked to PTSD (Cohen, Perel, DeBellis, Friedman, & Putnam, 2002). As has been discussed previously, increases in dopamine levels also play a role in addiction to drugs such as opiates, nicotine, ethanol, and cocaine.

5. Individual Risk Factors

Though many risk factors for adolescent substance abuse and dependence are external, there are some individual factors that can contribute tote risk of developing a substance use disorder. Within the literature, two commonly discussed individual risk factors are attention deficit hyperactivity disorder (ADHD) and depression (Tonmyr, Thornton, Draca, and Wekerle, 2010). Likewise, individuals who are diagnosed with posttraumatic stress disorder (PTSD) or mental illness are at greater risk for adolescent substance abuse. Individual sexual orientation and ethnicity, as contributing factors, also appearing the literature, though findings are generally less conclusive.

6. Neglect

A legal definition of child neglect includes any situation where a child's caregiver does not provide adequate living necessities, including protection, clothing, health care, and/or food. Studies have consistently shown that victims of neglect are at increased risk for substance use (Cheng, & Lo, 2010). Additional research has begun to explore the effects of child neglect on adolescent brain development. Because children in adolescence are undergoing developmental changes, neglect during this period can have long-term effects (Chen, Propp, & Corvo, 2011). It is difficult to study the ramifications of neglect on the brain because of the existence of other contributing factors,

such as domestic violence, socioeconomic status, and prenatal exposure to substances (De Bellis, 2005).

7. Gang Affiliation

Legal definition of gangs is a group of three or more people that is characterized by criminal behavior [61]. The literature reveals a significant positive association between gang affiliation and substance use, which has shown to exceed the influence of typical deviant peer groups (Thornberry, Krohn, Lizotte, & Chard-Wierschem, 1993). Specifically, higher rates of alcohol and marijuana use have been reported among gang members than among those who are affiliated with a group of deviant peers. Gangs promote the cycle of substance use, as the appeal of delinquent behavior can attract adolescents to a gang, and, once membership is established, participation in the gang can foster further deviant behaviors and substance use (Battin, Hill, Abbott, Catalano, & Hawkins, 1998). Familial factors have also been shown to have influence on gang involvement. Risk of substance use as facilitated by involvement with a gang has been shown to decrease in the presence of positive parent-child relationships and authoritative behavioral parenting (Frauenglass, Routh, Pantin, & Mason, 1997). The literature often refers to positive familial environment as a protective factor that moderates adolescent substance use via gang involvement (Stoiber, & Good, 1998). There is some evidence that cultural values of specific ethnic groups can also act as moderating factors or risk factors for adolescent substance use (Frauenglass, Routh, Pantin, & Mason, 1997).

8. Deviant Peer Relationships

The influence of peers on adolescent substance use often exists in the form of deviant peer relationships, wherein an adolescent associates with group of people who use substances, or in the form of perceived popularity (Trucco, Colder, Bowker, & Wieczorek, 2011). Research has shown that deviant peer relationships are positively associated with adolescent substance use (Duncan, Duncan, & Hops, 1994). It is possible that a shared inclination to use drugs and alcohol attracts deviant individuals to form peer groups or that, in order to gain social standing or join group, individuals are motivated to use substances and thus form a deviant peer group (Musher-Eizenman, Holub, & Arnett, 2003). Entry into deviant peer groups has also been shown to be significantly associated with negative parent-child relationships, which can cause adolescents to seek deviant connections in their social sphere (Dodge, Malone, Lansford, Miller, Pettit, & Bates, 2009). Conversely, parental involvement and respect for parents have been negatively associated with substance use (Simons-Morton, Haynie, Crump, Eitel, & Saylor, 2001). This is consistent with the aforementioned findings regarding positive parent-child relationships as a protective factor (Wall & Kohl, 2007). This is an example of a way in which factors from familial and social spheres may work for or against each other in leading to adolescent substance use. Some researchers have also found that adolescents who grow up in unstable community environments (defined to include lower levels of employment endless access to resources) are actually less susceptible to deviant peer influences (Snedker, Herting & Walton, 2009).

9. Bullying

The National Institutes of Health define bullying as a series of interactions whereby a group or individual verbally or physically assaults a victim who is perceived to be weaker. All adolescents who participate in bullying, whether they are the perpetrator, the victim, or a combination of both roles, have been shown to have increased risk of mental health disorders and psychosocial problems when compared with those who do not participate (Kaltiala-Heino, Rimpelä, Rantanen, & Rimpelä, 2000). Some research shows that females are more likely to be bullied via verbal attacks and gossip than males, who are usually physically bullied (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001).Males also participate in all roles of bullying at a higher level than females (Finkelhor, Ormrod, Turner, & Hamby,2005).

Research has revealed that playing the role of the bully has been positively associated with increased alcohol use. Interestingly, being a victim of bullying has an inverse Association with alcohol use. However, those studies also indicate that victimization is positively associated with other forms of substance use, including marijuana, inhalant, and hard drug use (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). The effects of bullying on mental health of participants have shown to be similar among males and females (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001).

10. Peer Pressure and Popularity

Similarly, peer pressure and perceived popularity have been shown to be associated with increased risk for adolescent substance use (Diego, Field, & Sanders, 2003). Specifically, when adolescents believe that their popularity within a peer group increases with the use of substances, they are more likely to participate in such substance use .Adolescents who self-identify as popular have shown to have increased prevalence of substance use when compared to adolescents who do not identify this way (Tucker, et al, 2011). There may also be a greater correlation between substance use and self-identification of popularity than between substance use and popularity as assessed by peers. Though research into specific types of social motivation is limited, one study revealed that adolescents who seek to be the leader of a group to stand out above others are more inclined to smoke cigarettes, which can be perceived as an association with maturity, whereas those who seek to be accepted by a group are more inclined towards alcohol use, which is perceived as a communal activity (Trucco, Colder, Bowker, & Wieczorek, 2011). Boys may also be more likely to engage in smoking to improve their social image, whereas girls more often do so as a form of stress relief Simantov, Schoen, & Klein, 2000). Much of the literature regarding the influences of peer relationships on adolescent substance use focuses primarily on alcohol and cigarette use. Though these areas are important to address, it will be necessary for future research to also focus specifically on marijuana and synthetic marijuana use and prescription drug abuse.

Prevention Planning

1. Family Programs

e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 05 Issue 20
September 2018

Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery, Robertson, & Kumpfer, 1998). Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman, Hawkins, Spoth, Haggerty, & Zhu,1997).

- Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules (Kosterman, Hawkins, Haggerty, Spoth, & Redmond, 2001).

- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman, Foshee, Ennett, Pemberton, Hicks,King, & Koch,2001).

- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse (Spoth, Redmond, Trudeau, & Shin, 2002).

2. School Programs

Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton, 1998). Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Bierman, 2002).

- Self-control;
- Emotional awareness;
- Communication;
- Social problem-solving; and
- Academic support, especially in reading.

Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills: (Beauvais, et al.1996).

- Study habits and academic support;

• Communication;

• peer relationships;

• Self-efficacy and assertiveness;

• Drug resistance skills;

• Reinforcement of anti-drug attitudes; and

• strengthening of personal commitments against drug abuse.

3. Community Programs

Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Dishion, Kavanagh, Schneiger, Nelson, & Kaufman, 2002). Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone. Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou, et al.1998).

Conclusion

In conclusion, several family management factors with either risk or protective effect on adolescent substance use were outlined. Some factors had either interactive risk or significant protective effect on substance use or lost significance when analyzed jointly together with other factors such as controlled variables. It can be surmised that family based prevention programmers based upon significant risk and protective factors reported here may form a cost effective and practical way of dealing not only with prevention of single behaviors but a range of problems emanating from substance abuse such as harder substances, antisocial behaviors and problematic substance use (Zimmerman, et al 2013).Other factors should however also be taken into account such as peers, communities, family, workplace, government policies and services, and the broader economic and social environment which all affect that may contribute to the onset of substance use among adolescents (Zimmerman, et al 2013).

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e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 05 Issue 20
September 2018

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