SEL and Substance Abuse in Young People

Adolescent Substance Use Has Long-Lasting Implications

Roughly 50 percent of high schoolers report using substances such as alcohol and marijuana,[1] 14 percent report using illicit substances such as cocaine, heroin, and methamphetamines, and another 14 percent report using nonprescription opioids.[1,2]

The Centers for Disease Control and Prevention report that adolescent substance use is associated with risky behaviors that can harm youth. They note that substance use prevention should include "school-based programs that promote social and emotional competence."[3] Strategies for early prevention are critical for youth because most adults with a substance use disorder began using substances as young people.[2]

Risk Factors

Adolescents are at increased risk of substance abuse when they:

- Are rejected by their peers[4]
- Develop hostile or controlling social goals (which can lead to peer rejection)[4]
- Engage in bullying behavior[5]
- Align with peers who use substances[4]
- Overestimate (have erroneous norms about) how many of their peers use or approve of substance use[7]
- Use other substances and are thus at an increased risk for opioid misuse[8]

> Research-based SEL programs prevent substance abuse through the promotion of both personal and social skills.[1,2]

50% Fifty percent of high schoolers report using substances such as alcohol and marijuana.[1]

Protective Factors

The risk of substance abuse decreases when adolescents:

- Regulate emotions and develop healthy coping skills[9]
- Use social skills to develop positive friendships and healthy relationships
- Possess effective refusal skills for saying no and still maintaining friendships
- Empathize and self-regulate[10]
- Exercise assertiveness and problem-solve in stressful situations[4]
- Develop positive normative perceptions against substance use[11]
- Form stronger ties to school, thereby increasing connectedness[12]

Solutions

- Prevention programs for elementary and middle school children should target improving social-emotional skills—including self-control, emotion awareness, social skills, and social problem-solving—to address risk factors for substance abuse, such as aggressive behavior, academic failure, and school dropout.[13,14]
- Early interventions that target shortcomings in social-emotional competencies (like poor self-regulation) can have greater impact than later interventions, shifting children's life course trajectories away from problem behaviors and toward positive outcomes.[14]

For more information, go to **cfchildren.org/policy-advocacy**

Committee for Children

Policy Recommendations

- Promote access to research-based social-emotional learning in educational settings,[15] and include research-based SEL strategies in substance use prevention efforts.

- Provide sustainable funding streams to schools to fund SEL as a Tier I universal intervention for substance abuse prevention.

- Create a framework for schools to equitably provide research-based substance use prevention strategies that encompass efforts that might fall outside the scope of SEL.

- Provide funding to support research-based prevention strategies and to continue research to improve and evaluate promising prevention practices.

References

1. Centers for Disease Control and Prevention. (2019). *Teen substance use & risks*. Retrieved from: https://www.cdc.gov/features/teen-substance-use/index.html

2. Centers for Disease Control and Prevention. (2019). *High-risk substance use among youth*. Retrieved from: https://www.cdc.gov/healthyyouth/substance-use/index.htm

3. Centers for Disease Control and Prevention. (2018). *Substance use and sexual risk behaviors among youth*. Retrieved from: https://www.cdc.gov/healthyyouth/substance-use/pdf/dash-substance-use-fact-sheet.pdf

4. Committee for Children. (2008). *Second Step middle school complete review of research*. Retrieved from https://app.secondstep.org/Portals/0/G6/Research_Alignment/full_review_research_ms.pdf

5. Pepler, D. J., Craig, W. M., Connolly, J., & Henderson, K. (2002). Bullying, sexual harassment, dating violence, and substance use among adolescents. In C. Werkerle & A.-M. Wall (Eds.), *The violence and addiction equation: Theoretical and clinical issues in substance abuse and relationship violence*. Brunner-Routledge.

6. Harter, S. (1996). Teacher and classmate influences on scholastic motivation, self-esteem, and level of voice in adolescents. In J. Juvonene & K. R. Wentzel (Eds.), *Social motivation: Understanding children's school adjustment* (pp. 11–42). Cambridge University Press. https://doi.org/10.1017/CBO9780511571190.011

7. Hansen, W.B. & Graham, J.W. (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norms. *Preventative Medicine, 20*(3), 414–430. https://doi.org/10.1016/0091-7435(91)90039-7

8. Health and Human Services Office of Adolescent Health. (2019). *Opioids and adolescents*. Retrieved from: https://www.hhs.gov/ash/oah/adolescent-development/substance-use/drugs/opioids/index.html#prevalence

9. Wills, T. A. (1986). Stress and coping in early adolescence: Relationships to substance use in urban samples. *Healthy Psychology, 5*, 503–529.

10. Kosterman, R., Hawkins, J. D., Spoth, R., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent-training intervention on observed family interactions: Proximal outcomes from Preparing for the Drug Free Years. *Journal of Community Psychology, 25*(4), 337–352. https://doi.org/10.1002/(SICI)1520-6629(199707)25:4<337::AID-JCOP3>3.0.CO;2-R

11. D'Amico, E. J., Metrik, J., McCarthy, D. M., Frissell, K. C., Applebaum, M., & Brown, S. A. (2001). Progression into and out of binge drinking among high school students. *Psychology of Addictive Behaviors, 15*(4), 341–349. https://doi.org/10.1037/0893-164X.15.4.341

Dusenbury, L. & Falco, M. (1995). Eleven components of effective drug abuse prevention curricula. *Journal of School Health, 65*(10), 420–425. https://doi.org/10.1111/j.1746-1561.1995.tb08205.x

12. Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatric and Adolescent Medicine, 153*(3), 226–234. https://doi.org/10.1001/archpedi.153.3.226

13. Conduct Problems Prevention Research Group. (2002). Predictor variables associated with positive fast track outcomes at the end of third grade. *Journal of Abnormal Child Psychology, 30*(1), 37–52.

14. Ialongo, N., Poduska, J., Werthamer, L., & Kellam, S. (2001). The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. *Journal of Emotional and Behavioral Disorders, 9*(3), 146–160. https://doi.org/10.1177/106342660100900301

15. Surgeon General. (2016). Chapter 3: *Prevention Programs and Policies*. The Surgeon General's Report. Retrieved from: https://addiction.surgeongeneral.gov/sites/default/files/chapter-3-prevention.pdf