SUBSTANCE USE

Drugs alter brain functioning, and early substance use is especially dangerous, as it increases an individual's risk for drug abuse and addiction as well as teenage pregnancy, HIV/AIDS, other sexually transmitted diseases, motor vehicle accidents, crime, homicide, and suicide.[1,2] Substance use includes the use of alcohol, as well as the use of illicit drugs including cocaine, hallucinogens, heroin, inhalants, marijuana, and nonmedical use of prescription-type psychotherapeutic drugs, such as pain relievers and stimulants.

Alcohol continues to be the most commonly used substance among adolescents aged 12–17 years, with 12.9 percent reporting past-month use in 2012 (figure 1). This reflects a decrease from 17.6 percent in 2002. Alcohol use varied greatly by age, with only 2.2 percent of youth aged 12–13 years reporting past-month use, compared to 11.1 percent of youth aged 14–15 years and 24.8 percent of youth aged 16–17 years. Past-month alcohol use also varied by race and ethnicity, with rates ranging from 4.9 percent among non-Hispanic Asian youth to 14.6 percent of non-Hispanic White youth (figure 1).

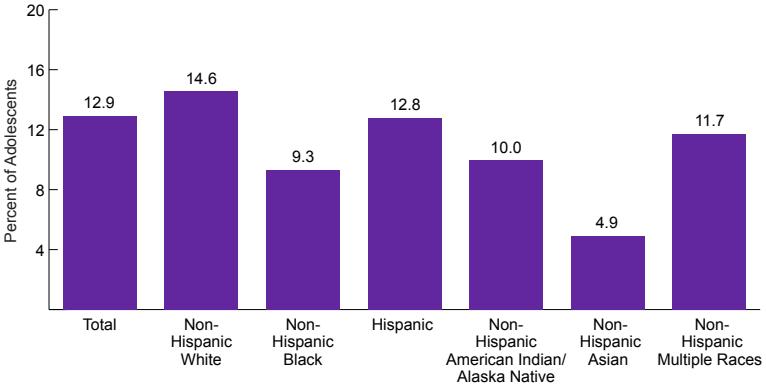
In 2012, 9.5 percent of adolescents reported using illicit drugs in the past month compared to 11.5 percent in 2002. In contrast to alcohol use, illicit drug use among adolescents has not consistently declined over the past decade and has remained between 9 and 10 percent since 2005. The rate of current illicit drug use was greater among older adolescents, ranging from 3.5 percent of those aged 12–13 years to 16.6 percent of those aged 16–17 years (figure 2).

Non-Hispanic Asian youth reported the lowest rates of past month illicit drug use (2.6 percent), while the highest rates were among non-Hispanic youth of multiple races (14.7 percent). Rates of past-month illicit drug use among non-Hispanic White, Hispanic, non-Hispanic Black, and non-Hispanic American Indian/Alaska Native youth were 9.6, 9.7, 10.2, and 12.1 percent, respectively.

Marijuana is consistently the most commonly used illicit drug among adolescents, with 7.2 percent reporting past-month use in 2012. This was followed by nonmedical use of prescription-type psychotherapeutics (2.8 percent; figure 2). There were no differences in past-month alcohol or illicit drug use between male and female adolescents.

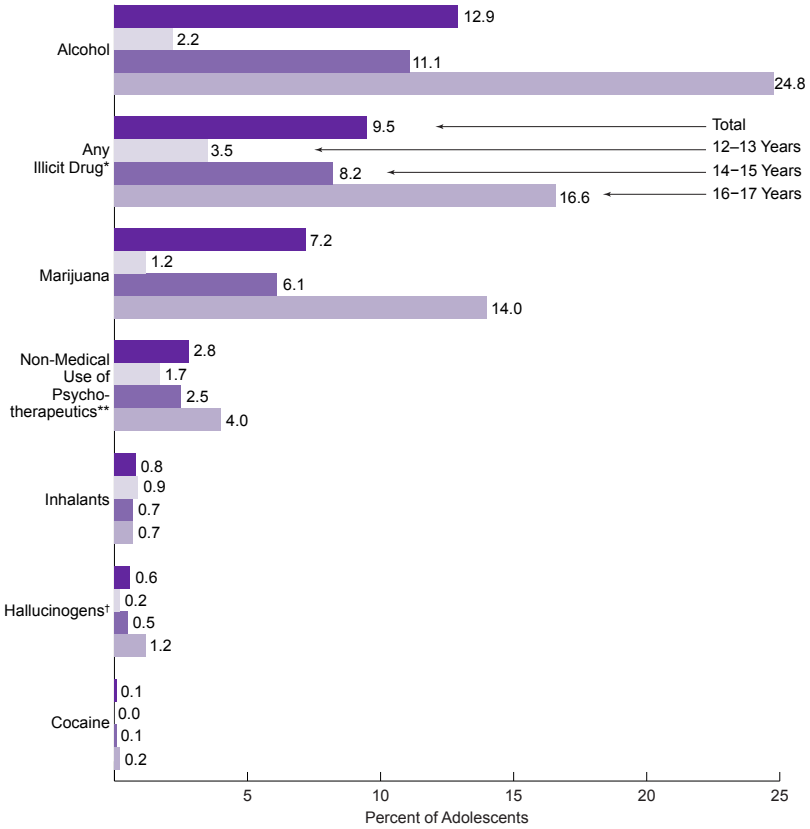
Adolescence is an especially critical time for substance use prevention.[2] Evidence-based prevention programs that focus on increasing protective factors and reducing risk factors for drug use can significantly reduce substance use among adolescents. Some risk factors include early aggressive behavior, lack of parental supervision, drug availability, and poverty. Protective factors include self-control, parental monitoring, academic competence, anti-drug use policies, and strong neighborhood attachment.[3,4] The Community Preventive Services Task Force also recommends several school and community-based strategies to reduce underage drinking and alcohol-impaired driving.[5,6]

Figure 1. Past Month Alcohol Use Among Adolescents Aged 12–17 Years, by Race/Ethnicity,* 2012



**Estimates for non-Hispanic Native Hawaiian/Other Pacific Islanders did not meet standards of reliability.*

Figure 2. Past Month Substance Use Among Adolescents Aged 12–17 Years, by Drug Type and Age, 2012



**Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. **Includes nonmedical use of pain relievers, sedatives, stimulants, and tranquilizers; does not include over-the-counter substances. †Includes LSD, PCP, and ecstasy.*

Data Sources

Figure 1 and 2. Substance Abuse and Mental Health Services Administration. *Results From the 2012 National Survey on Drug Use and Health: detailed tables*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013. Available at: http://www.samhsa.gov/data/nsduh/2012summnatfinddettables/dettabs/nsduh-dettabstoc2012.htm. Accessed February 25, 2014.

Endnotes

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