

Review of the Causes and Treatments of Substance Abuse among Adolescents

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Abstract. The rise of Generation Z has made the internet and social media a major part of daily life. Communication among Generation Z has changed a lot. Teens now face constant digital praise and pressure from their peers. At the same time, adolescent Substance Use Disorder (SUD) has increased in a worrying way. More kids are using drugs to deal with social pressure or emotional pain. This report uses ideas from different fields. It combines international data and clinical research to explain the many causes of teen addiction. The study does not only look at behavior. It also looks at biology, such as genetic inheritance, and outside factors, such as poor parenting and an unstable economy. The paper also explains how older punishment-based methods have changed into current evidence-based treatments. This study shows that Cognitive Behavioral Therapy (CBT) and families-oriented approaches can be helpful. It suggests that reducing immediate social and emotional stress can help teens recover better. In conclusion, this study supports a more integrated strategy to prevention and therapy with respect to certain neurological and social development phases of adolescents. This can assist doctors in giving better suggestions.

Keywords: Adolescent substance abuse, peer pressure, family environment, genetic vulnerability, cognitive behavioral therapy (CBT)

1. Introduction

Social media is having an expanding impact on teenagers' everyday lives. Due to excessive negative feedback and peer pressure from social media or real life, a lot of teenagers have become more inclined to substance addiction. Teenage drug use is not merely terrible in decision-making; more often than not it is the result of a confluence of biological susceptibility and social persuasion that makes them more prone to riskier behaviors in order to belong. During adolescence, the hormonal changes that occur make teens more impulsive and emotionally sensitive, and peer influence is more powerful. This results in many teens using substances to fit in or to maintain their position among their peers. The data from the 2011 Youth Risk Behavior Surveillance Survey strongly support this argument and point to the degree to which substance use has become normalized. In the US, almost 45% of high school students said they had tried cigarettes, almost two-thirds had drunk alcohol, and about 40% had smoked marijuana despite its illegal status. Even more worryingly, several students admitted to using harsher narcotics, such as cocaine (3%), inhalants (11.4%) and ecstasy (8%) [1]. These numbers indicate that substance use is normalized in many teenage social settings, rather than

being an unusual or isolated activity, and that this is a major problem for preventive strategies that just emphasize abstinence messaging. This problem is not confined to the country's borders; epidemiological data of the world prove its broad presence. A global poll in 2016 found that about 5.6% of persons aged 15-26 claimed that they had used drugs at least once, which is millions of young people and demonstrates the extent of the problem [2]. Some would believe that awareness will stop substance use, however the data demonstrate that awareness is still not enough. Instead, stronger laws, better mental health support, and early help programs are needed. These can address the social and biological causes of teen substance use. Overall, the evidence clearly shows that teen substance addiction is a serious and urgent problem. It needs quick and full attention.

2. Causes

Instead of saying teen substance addiction has only one cause, people need to look at the problem in a broader way. Educators and researchers should understand the main reasons behind the current situation. Substance misuse is a complex behavior. It is caused by a mix of biological factors, family problems, and larger environmental influences. These give three main parts. They are inherited characteristics, parenting behaviors and environmental situation. It is vital to have a strong understanding of these components to build appropriate prevention and intervention methods. The role of genetics in substance use has long been questioned. Most people believe these are mostly choices or a matter of social influence. However, a growing number of empirical investigations, especially twin studies, have disputed this premise and suggested a considerable genetic influence to sensitivity to problems associated with substance use. One important piece of evidence for this genetic relationship comes from The Virginia Twin Study on Behavior Development in Adolescents, which examined more than 1600 pairs of twins. Scientists have been able to determine the effect of genetics by studying similarities in patterns of substance use in identical and fraternal twins. However, the finding of the present study strongly suggests a genetic effect. Heritable factors accounted for >84% of variance in lifetime tobacco use and 72% of variance in alcohol intake, suggesting significant genetic influences on both behaviors. The genetic influence was 22% for marijuana use. For general drug use, genetic influence was at 45%, suggesting a milder influence on other substances [3]. The current findings indicate that genes do not directly determine behaviour, but do exert a strong influence on a person's predisposition to drug dependence. It is crucial to remember that these data do not prove genetic determinism. Instead, the research shows that teen substance use comes from a mix of genetic, social, and environmental factors. Social factors matter because they can start these behaviors and make them worse over time. They can also shape how likely a person is to use substances. Many teenagers want social status and approval from their peer groups. Because of this, they may enter situations where drinking alcohol feels necessary for acceptance. Teens may feel pressured to drink at parties and other social events so they can fit in and keep their social place. Peer pressure is important here because it gives teenagers a reason, and sometimes an excuse, to use drugs or alcohol. This shows a common pattern in teen decision-making. Short-term social rewards can feel more important than careful long-term thinking. It also shows how teenagers often react when they make choices in social situations that feel important to them. Still, peer pressure in one place is not the only reason for substance use. Larger environmental factors also matter, especially economic conditions. A country's economy can affect both the access to drugs, and the reasons people use them. During a recession, weak control and higher financial stress may help illegal markets grow. This can give teenagers more access to drugs and alcohol. However, drug and alcohol use may be lower when the economy is stronger. Jeremy Arkes explains that a growing economy can reduce drug and alcohol use in several ways. It can make free time

more costly, create more job opportunities, reduce unsupervised time if teens work longer hours, and lower stress caused by financial problems or family conflict. These factors can affect drug and alcohol use during different economic periods [4]. Together, these studies show that teen substance use is not only about personal choice or peer pressure. It is caused by a mix of local social pressure and larger economic conditions. Another key aspect is family ties. Adverse family environments and maladaptive parenting styles significantly increase the risk of adolescents developing substance dependence. Adolescence is a time when they acquire and learn basic social skills from their mature counterparts; that being said, when they are surrounded by parents who drink and use drugs all the time, they are more likely to subconsciously get their hands on drugs and alcohol, especially when they are going through the most important stage of their lives. As noted in Arteaga and her colleagues' report, Adverse family experiences throughout childhood, including as emotional and physical abuse or neglect, sexual abuse, family dysfunction such parental divorce or separation, being a single mother, parental substance addiction, and having a bigger family, increased the probability of substance abuse [5]. This paper will also discuss the efficacy of family therapy in treating teen abuse issues in light of these findings.

3. Childhood predictors

Diverging from all the potential factors that contributed to existential substance abuse among teenagers, there were also several underlying childhood predictors that could signal future abusive behaviors. Christopher J. Rogers states that childhood adversity was defined by the breakthrough Kaiser Family Foundation ACE research as a constellation of strongly connected experiences that together affect health and wellbeing. They examined how ACEs have affected adult Americans' health throughout time, Felitti and colleagues showed that morbidity and mortality as well as behavioral health problems like substance abuse increased with the number of ACE. More precisely, risk behaviors during childhood are frequently linked to an increased risk of substance use, whereas protective behaviors—such as close family ties, academic involvement, and involvement in organized extracurricular activities—are correspondingly linked to a decreased likelihood of substance use [5]. Moreover, there was also a variation based on genders; for example, "Discrepancy in gender may reflect broader socialization patterns, wherein boys are more prone to externalizing behaviors and girls to internalizing ones, both of which serve as distinct pathways to substance use [6]. These predictors would thus be beneficial for parents to obtain a more prepared and planned pedagogy for their children, which in turn will favorably help them talk their children out of developing addiction to substances. School performance can also act as a great indicator of children's futures, in addition to their home behavior. According to a study being conducted by Osler and other researchers, it was discovered that participants who showed a greater degree of resentment toward school were more likely to consume drugs in later life. Research from Hawkins also demonstrates the connections between academic risk factors, such as enrollment status, grades from the previous semester, and marijuana use in the previous year. An increased likelihood of substance use is linked to dropout rates at school. Substance use disorders were also more common among students who performed poorly academically. Additionally, Young and others asserted that they discovered negative correlations between the emergence of substance misuse and a deficiency in dedication and attachment to school [6]. However, it was still challenging to claim there was a direct correlation between one's tendency to use substances and his/her individual childhood characteristics. Many adolescents may naturally desist from early-onset risk behaviors such as episodic aggression and impulsive risk-taking-as part of normative developmental trajectories. On the other hand, environmental and contextual factors in childhood could also account for a

significant portion of one's likelihood to choose to use substances. Living in a high-poverty region increases the likelihood of drug use, according to Galea and colleagues' study on the effect of neighborhood adversity on substance use. In a similar vein, Cooper, Friedman, Tempalski, and Friedman discovered a significant positive correlation between substance misuse among African American populations and residential segregation [6]. However, researchers can still see limitations in determining the role of specific indicators in the possibility of substance use. For example, children who grew up in poverty could still exhibit outstanding levels of physical discipline, as they are often more motivated to make an effort to achieve a better living standard from what they have grown up with.

4. Treatment

Effective interventions for adolescent substance use disorders have evolved significantly over time. Historically, the predominant approach involved punitive and coercive measures, such as institutionalization in facilities designed for an adult offender. As explicitly stated in Tamara and other researchers' paper, "Adolescents were 'treated' by being placed in penal facilities or inebriate houses and asylums designed for adults, while treatment programs were developed for adult drug and alcohol abusers [7]. But clearly, institutional treatment could not be best suited for adolescents, as their pathways were manifested differently from those of adults. Many adolescents engage in substance use behaviors that are closely tied to peer pressure and short-term social motivations; accordingly, effective treatment approaches should prioritize addressing these immediate psychosocial triggers rather than focusing solely on long-term addiction patterns. Those institutionalized programs were specifically designed for adults who generally suffered substance abuse for a longer time than adolescents, so it is crucial to recognize treatments that are fundamentally appropriate to help adolescents. With the advancement of medical resources and the improved understanding of such concerns, therapeutic treatment is now considered the most recognizable and effective approach. It is the most suitable treatment, as Tamara and others mentioned. "In the context of teen substance use, cognitive behavioral therapy (CBT) helps adolescents develop self-regulation and coping skills by teaching them how to recognize stimulus cues that precede drug use, how to avoid situations that might make them want to use, and how to improve their communication and problem-solving abilities [8]. Additionally, cognitive behavioral therapy frequently recommends incorporating family therapy. Families who participate in therapy alongside their adolescent children tend to develop stronger communication patterns, greater emotional cohesion, and more consistent monitoring behaviors, all of which contribute to improved treatment outcomes for adolescents struggling with substance use disorders. Austin and colleagues identified and reviewed five family therapy methods, all of which used random assignment and other rigorous design elements: "Brief strategic family therapy (BSFT); family behavior therapy; functional family therapy; multisystemic treatment (MST); and multidimensional family therapy (MDFT). Post-treatment, four approaches (BSFT, the MST, FFT, and FBT) were better developed than the control group [9]. It is safe to say that cognitive behavioral therapy should be promoted as one of the first options for effectively and sustainably treating teens' dysregulated addiction in support of all these compelling findings. As it was suggested that "the effectiveness of integrated family-based modalities and CBT highlights that recovery is most sustained when it takes into account the adolescent's unique psychosocial triggers and support networks" [10].

5. Conclusion

In short, youth substance abuse is more complex than "bad choices" or simple rebellion. Research supports both family-based treatment and CBT. These treatments work better when they focus on a teen's social and emotional triggers, developmental needs, and support systems. They are also linked to better long-term recovery, lower relapse rates, and stronger treatment follow-through. But the problem is bigger than social media. When researchers look at environmental stress, such as economic instability and unhealthy family dynamics, and biological factors, such as genetic risk, they can see that teen addiction is often shaped by factors outside a teenager's direct control. The main public health lesson is that specialized therapy for teenagers is better than punishment-based treatment. Future prevention should go beyond simple messages about avoiding drugs. It should use a broader plan that addresses early childhood risk factors and the dangers linked to the developing brain. Society can reduce these pressures on teenagers by working with families and schools. Together, they can help teens build self-control skills and create a healthier future.

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