

Adolescent substance abuse remains a critical national health issue. It is estimated that 8% of 12-17 year old Americans abuse or are dependent on drugs, 5% abuse or are dependent on alcohol, and 11% exhibit at least one sign of substance use related problems (The National Child Traumatic Stress Network, 2008).

According to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders IV*, abuse of a substance causes significant impairment to normal functioning and "one of the following must be present within a 12 month period: (1) recurrent use resulting in a failure to fulfill major obligations at work, school, or home; (2) recurrent use in situations which are physically hazardous (e.g., driving while intoxicated); (3) legal problems resulting from recurrent use; or (4) continued use despite significant social or interpersonal problems caused by the substance use" (AllPsych Online, 2004). People are considered to be dependent on a substance when exhibiting "(1) substance abuse; (2) continuation of use despite related problems; (3) increase in tolerance (more of the drug is needed to achieve the same effect); and (4) withdrawal symptoms" (AllPsych Online, 2004).

By 12th grade, Texas students reported higher lifetime use of all substances (except marijuana and steroids) than the national average (Texas Department of State Health Services, 2007). Alcohol remained the most widely used substance by Texas adolescents. In 2006, 22.9% of 8th graders and 46.3% of 12th graders reported using alcohol within the past month. Among all Texas high school students, 22% admitted to binge

drinking (5 or more drinks on one occasion) within the previous month (Texas Department of State Health Services, 2007).

Lifetime Substance Use among 8th, 10th, and 12th graders in the United States and Texas: 2006		
	Lifetime Use	
	United States (%)	Texas (%)
Cigarettes		
Grade 8	24.6	25.8
Grade 10	36.1	38.4
Grade 12	47.1	48.2
Smokeless Tobacco		
Grade 8	10.2	7.0
Grade 10	15.0	11.5
Grade 12	15.2	15.5
Alcohol		
Grade 8	40.5	59.7
Grade 10	61.5	72.7
Grade 12	72.7	77.9
Marijuana		
Grade 8	15.7	17.0
Grade 10	31.8	32.3
Grade 12	42.3	41.6
Cocaine/Crack		
Grade 8	3.4	4.9
Grade 10	4.8	9.4
Grade 12	8.5	12.9
Ecstasy		
Grade 8	2.5	3.0
Grade 10	4.5	6.8
Grade 12	6.5	8.9
Steroids		
Grade 8	1.6	1.5
Grade 10	1.8	1.7
Grade 12	2.7	1.8

(Texas Department of State Health Services, 2007)

Recent research indicates that illicit drug use by American adolescents actually declined from 11.6% in 2002 to 9.8% in 2006 (Substance Abuse

and Mental Health Services Administration (SAMHSA), 2007). In contrast, prescription drug abuse continued to grow dramatically. The same national survey reported that 5.4% of adolescents disclosed non-medical use of prescription drugs in 2002, a rate that increased to 6.4% by 2006 (SAMHSA, 2007). One-third of new prescription drug abusers in 2006 were adolescents (Office of National Drug Control Policy, 2008a). “More young people ages 12-17 abuse prescription drugs than any illicit drug except marijuana- more than cocaine, heroin, and methamphetamine combined” (Office of National Drug Control Policy, 2008a, p.1). Seventy percent of people over the age of 12 reported obtaining prescription drugs from a friend or relatives, whether taken without asking, buying them, or getting them for free (Office of National Drug Control Policy, 2008a).

Risk Factors for Substance Abuse

A study of adolescents receiving substance abuse treatment found that 75% felt social pressure and experimentation were the major reasons they began using substances (The National Child Traumatic Stress Network, 2008). A wide variety of factors increase the risk for young people to potentially become substance abusers. Some of the most common risk factors leading to substance abuse are:

- First use at a young age
 - Substance use by peers
 - Perception that substances are not dangerous
 - Availability of substances
 - Parental attitudes regarding substances
 - Perception of an unsafe home and/or school environment
 - Lack of participation in extracurricular activities
 - Exposure to a traumatic event
- (Texas Department of State Health Services, 2007)

The abuse of substances results in a variety of potential consequences that strongly and uniquely affect adolescents. Some of the direct and indirect consequences of substance use and abuse include traffic accidents, poor academic performance, risky sexual behavior, delinquent behavior, juvenile crime, compromised psychological and social development, short and long term physical and mental disorders, and higher potential for use

of substances as adults (At Health, 2007). A telling example of the dire consequences of substance abuse is that Texas ranks higher than the national average for alcohol-related fatalities, and “underage intoxicated drivers are over-represented in the state’s average for alcohol-related traffic fatalities” (Texas Drug Demand Reduction Advisory Committee, 2007, p.28).

In addition, substance use has been associated with increased risk of depression, violence, aggression, and suicide (The National Child Traumatic Stress Network, 2008). A 2006 national survey reported that 34.6% of adolescents who experienced depression during the previous year were also illicit drug users (SAMHSA, 2007).

Treatment of Adolescent Substance Abuse

It is estimated that more than 175,000 adolescents in the United States receive counseling or treatment services for drug use and another 148,000 receive similar services for alcohol abuse in any given year (At Health, 2007). The following chart represents the most recent juvenile admissions statistics in Bexar County to substance treatment programs funded by the Texas Commission on Alcohol and Drug Abuse.

Number of Juvenile Admissions to Substance Abuse Treatment Programs		
Substance	2006	2007
Alcohol	33	37
Powder cocaine	38	37
Crack cocaine	*	*
Heroin	42	24
Inhalants	*	*
Marijuana/Hashish	689	492
Amphetamines	13	*
* - indicates fewer than 10 people		
(Office of National Drug Control Policy, 2008b)		

“In Texas, less than one percent of the state’s budget (all funds) is spent on prevention, treatment and enforcement of drug and alcohol use/abuse, while 37 percent of the state’s budget (all funds) is spent on addressing the problems associated with alcohol and drug abuse” (Texas Drug Demand Reduction Advisory Committee, 2007, p.1).

During 2006, 159 Texas facilities (30.4% of all facilities) specifically treated adolescents (U.S. Department of Health and Human Services,

2006). A detailed description of the facilities located in the San Antonio area, their services,

and methods of payment appears in the table below.

San Antonio Substance Abuse Treatment Facilities with Programs for Adolescents				
<i>Name of Facility</i>	<i>Primary Focus</i>	<i>Services</i>	<i>Type of Care</i>	<i>Payment Accepted</i>
Alamo City Treatment Services	Substance abuse treatment	Substance abuse treatment	Outpatient	Self-pay (sliding fee scale); Medicaid; State insurance; Private Insurance
Association for the Advancement of Mexican Americans (AAMA)- Selena Treatment Center	Substance abuse treatment	Substance abuse treatment	Short and long term residential; outpatient	Self-pay (assistance available); Non-Medicaid state insurance; Private insurance; Access to Recovery vouchers*
The Center for Healthcare Services-Children and Adolescent MH Program	Mental health and substance abuse services	Substance abuse treatment	Outpatient	Medicare; State insurance (other than Medicaid); Private insurance, Access to Recovery vouchers; sliding fee scale
Elite Counseling	Substance abuse treatment	Substance abuse treatment	Short-term Residential (30 days or less); Outpatient	Self-pay (sliding fee scale) and Access to Recovery vouchers
Laurel Ridge Treatment Center	Mental health and substance abuse services	Substance abuse treatment, Detoxification; Buprenorphine Services	Hospital inpatient; Short and long term residential; Outpatient; Partial hospitalization	Medicaid; Medicare; Private insurance
Palmer Drug Abuse Program	Drug Recovery services	Counseling and other drug treatment services	Outpatient	No charge
Patrician Movement	Substance abuse treatment	Substance abuse treatment; detoxification	Hospital inpatient; Short and long term residential; Outpatient	Self-pay (assistance available); Medicaid; Medicare; State, Private, and Military insurance; Access to Recovery vouchers
Preferred Family Healthcare, Inc.	Substance abuse treatment	Substance abuse treatment	Outpatient	Access to Recovery vouchers
Sandstone Healthcare Inc.	Substance abuse treatment	Substance abuse treatment	Outpatient	Self pay (sliding fee scale); Medicaid; Private insurance; Access to Recovery vouchers
Starlite Recovery Center (located in the Hill Country)	Substance abuse treatment	Substance abuse treatment; Counseling; Detoxification; Buprenorphine Services	Residential and Day programs; Outpatient; Online Treatment Program	Medicare
<p>* Access to Recovery project, funded by a three-year, \$23 million federal grant, provides court-ordered treatment through enrolled providers where providers are reimbursed through an electronic voucher.</p> <p>(Palmer Drug Abuse Program, n.d.; Substance Abuse and Mental Health Services Administration (SAMHSA), n.d.); Texas Department of State Health Services, 2006)</p>				

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