

Tobacco, alcohol and drugs

Abuse of tobacco, alcohol and drugs can be symptomatic of youth being unhappy at school or in their personal or family lives. In some cases, alcohol and drug use is a strategy to avoid or escape school responsibilities, including the choice of a career. Drug and alcohol use is also harmful to their overall physical and mental development at a time when neither the brain nor the body have completely matured. Drug and alcohol use is also a predictor of dropping out of school, and of society.

What the research says

In a recent report,¹ the Institut de la statistique du Québec investigated the academic characteristics of youth as related to their introduction to smoking, drinking, and drugs during the transition from elementary school to high school. The report's main findings were:

- family structure and socioeconomic status are associated with early introduction to smoking and drinking;
- living in an underprivileged area is a clear risk factor for drug use;
- smoking, drinking, or taking drugs is associated with a poor sense of belonging to school, poor grades in mathematics, English/French (depending on language of instruction), and lower academic goals;
- the transition from elementary to high school is a key step, characterized by a significant increase in the percentage of youth who are introduced to smoking, drinking, and drugs.

In addition to harming physical and mental health, both in the short and long term, the use of psychoactive substances can affect motivation and grades, which can lead to dropping out of school.²

Youth enrolled in the first year of high school are just starting adolescence. This phase of development is characterized by experimentation and the adoption of risky behaviours. This is therefore a vulnerable age group with whom it is preferable to intervene as early as possible to prevent their introduction to psychoactive substances. And while the use of these substances can affect their schooling, poor grades can also influence their use of these substances. For example, some students may interpret their poor grades as a limitation on their goals, and this perception leads them to gradually disengage with school and seek gratification in risky behaviour, in particular the use of tobacco, drugs, or alcohol.

Lower engagement at school can also be amplified by association with delinquent peer groups, who can reinforce risky behaviours. These findings seem to indicate that actions undertaken to promote school achievement may also help to prevent risky behaviours and the use of psychoactive substances among youth.

For more information

Keepin' it REAL: Refuse, Explain, Avoid, Leave

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=239>

Programmes de prévention universelle et ciblée de la dépendance chez les jeunes : facteurs prédictifs de l'efficacité

http://drogness.whc.ca/wp-content/uploads/2012/10/vol9_no1_3.pdf

L'usage de substances psychoactives chez les jeunes québécois, meilleures pratiques de prévention

http://www.inspq.qc.ca/pdf/publications/1488_UsageSubstPsychoactJeunes_MeillePratiquesPrev.pdf

[1] V. Nanhov, A. Ducharme, H. Eid (2013), L'initiation au tabac, à l'alcool et aux drogues : un aperçu lors du passage de la 6^e année du primaire à la 1^{re} année du secondaire, *Portraits et trajectoires*, 16, Feb. 2013, Institut de la statistique du Québec.

[2] H. Gagnon and L. Rochefort (2010), *L'usage de substances psychoactives chez les jeunes Québécois : conséquences et facteurs associés*, Institut national de santé publique du Québec, July 2010, publication no. 1102, 43 p.

Taking effective action

Even if they do not specifically address the issue of substance use, prevention programs that are put in place as early as preschool can be effective in tackling certain risk factors associated with tobacco, drug, or alcohol use by promoting self-control and the development of social and cognitive skills. It is preferable to focus on getting young people to develop healthy life habits rather than to merely convey information about psychoactive substances or to warn youth about social pressures for using them.

According to some studies,¹ universal prevention programs for youth require a minimum intensity of 45 to 60 minutes per week for 10 weeks. Various refresher programs in subsequent years have proven to be most effective. It is also preferable that programs be designed based on participant age and their level of drug or alcohol use.

Next, it is essential that youth have access to a range of support services throughout their schooling, in particular to prevent and detect problems, and to quickly intervene both at a psychosocial level and at a school learning level, with priority going to implementing services in underprivileged areas and among youth transitioning from elementary to high school.

In some cases, it may be necessary to offer direct services, both for targeted youth and for their friends and family, so that these are able to later provide support at the right time. Whether it be to assist with prevention or to intervene directly, it is important to take action on risk factors related to the use of psychoactive substances, for example, by intervening at the level of cultural background, on substance abuse by peers, or on the family environment.

Again, the family plays a vital role here. Working with families is a key to intervening in coherent and in complementary ways.

Parents must be encouraged to take part in prevention. Parents' monitoring of their children's behaviour and developing a harmonious relationship with them are directly related to reduced drug and alcohol use among adolescents.

Avenues for effective action related to tobacco, alcohol and drugs

Implement universal intensive prevention activities, especially at school, where ALL students can be reached:

- to take action with 11–12-year-olds from underprivileged areas transitioning from elementary to high school;
- to promote links between different networks and organizations by making services available for vulnerable or exposed youth (health, social services, education, justice, etc.);
- by organizing prevention activities for youth, their friends, and families that focus on developing a healthy lifestyle rather than on the effects of tobacco, alcohol, and drugs;
- to guide parents in supporting their children (good family communications, emphasis on children's strengths, provision of supervision and limit-setting, development of an open and positive relationship, etc.).

Implement targeted prevention activities with the support of qualified personnel:

- to reach groups who are more highly exposed to psychoactive substance use (street workers, psychosocial follow-up, etc.),
- to reach youth of similar age groups whose substance use is about the same level, and to take specific action with them (interests, problems, goals, etc.),
- to provide meaningful models that youth can identify with (mentor, facilitator, employer or boss, street worker, community worker, etc.).

[1] National Institute on Drug Abuse (2003), *Preventing Drug Use Among Children and Adolescents*, U.S. National Institutes of Health, 2003. Downloaded at: http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf