

Who uses drugs

Why do young people use drugs?

Risk and Protective factors.

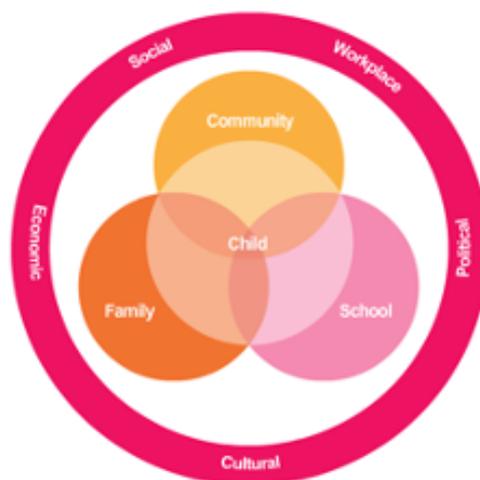
Why do young people use drugs?

This question is one of the most commonly asked questions of workers in the human services. Why do some young people end up involved in high risk behaviours such as problematic drug use, and antisocial or criminal activity and others do not? Often the respondents try to answer this question using fairly simplistic responses; such as "breakdown of the family unit", "addictive personalities", "lack of discipline" etc.

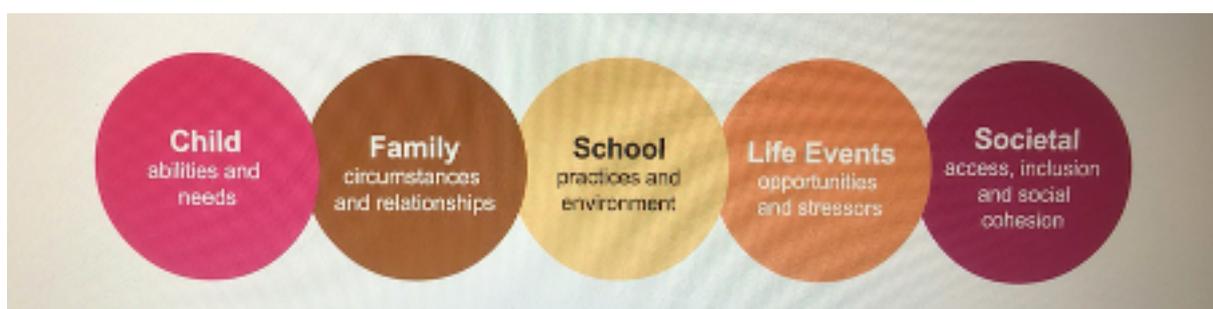
It should be clear that the aetiology of problematic drug use during adolescence is multi-determined and that the individual, the environment and the drugs themselves cannot be considered in isolation. It is too simplistic to think that the cause of behaviours can be attributed to one or two events or circumstances. Further, simplistic responses such as these are unable to explain the situation where a young person may have experienced some of these events but not developed these problematic behaviours. In order to better provide an answer to this question researchers have attempted to uncover those factors that are predictive of good and less good outcomes for young people.

Risk & Protective Factors

It is important to note that risk and protective factors vary with time, developmental stage of the young person, perceived meaning (attribution), circumstances, direct and indirect chains of events, and the interactions among the factors. For example a young person who is attempting to gain independence for family may find a supportive adult outside the family as a protective factor whereas a younger person may find a supportive family environment as being more important in providing protection.



(Adapted from Bronfenbrenner, 1977)



(Adapted from Commonwealth Department of Health and Aged Care, 2000; Spence, 1996)

	Protective Factors	Risk Factors
Individual	Well-developed social & emotional skills	Poor social & emotional skills
	Positive coping style	Impulsivity
	School achievement	Pessimistic thinking style
	Conflict resolution and negotiation skills	Low self esteem
	Belief in moral values	insecure attachment
	Easy temperament	Early initiation of drug use
	internal locus of control	Impulsiveness
	Positive attachments	Antisocial behaviour
	Having an interest / hobby	Alienation
	Above average intelligence	Interactions with antisocial peers
	Optimism	Friends' use of drugs
		Sensation seeking
		Low self esteem
		High external locus of control
		High levels of hopelessness
		Low intelligence
		Stressful life events
		Difficult temperament
Family	Family harmony and stability	Family disharmony, instability or breakup
	Supportive and caring parents/carers	Low parental involvement
	Strong family norms and values	Family substance abuse
	Responsibility (of young person) within the family	Long term parental unemployment
	Supportive relationship with other adults	Harsh or inconsistent discipline
	Extended family support	Abuse or neglect
	High parental expectations (not unrealistic)	Parental psychopathology
Peer & School Factors	Opportunities for pro-social involvement & rewards	Academic failure
	Pro social peer group	Low commitment/ poor attachment to school
	Sense of belonging	Bullying
	Positive school climate	Inadequate behaviour management
	Required responsibility and helpfulness	Peer rejection
	Realistic expectations by teacher(s)	Deviant peer group
		Friends use of drugs
Life events	Opportunities available at critical points	Physical, sexual, emotional abuse
	Involvement with significant other/s	Death of family member
		Difficult school transition
Social & community factors	Participation in community networks	
	Access to support services	Discrimination
	Economic security	Isolation
	Strong cultural identity & pride	Lack of access to support services
	Sense of connectedness& belonging	Socioeconomic disadvantage

Summary

Pathways for young people who develop patterns of regular and problematic or harmful use appear to differ from those who merely experiment or maintain irregular use. Personality characteristics, genetic and biological factors, individual differences in vulnerability, family difficulties, association with substance using peers, differential exposure to substances, shared and non-shared environments, and accumulations of social disadvantage all play a role (Spooner, Mattick and Howard, 1996). The interplay of these variables in particular cultures and situations, or more broadly varying contexts, is crucial.

Research has stressed that there are multiple pathways to escalation of drug use and that the above variables act in neither a direct causal nor correlational manner. Most act in association with each other, increasing or decreasing the impact of each other. For example, the influence of drug using or approving peers appears to be highly significant in the development of problematic drug use by an individual; more so than family influence. However, family variables, such as low levels of involvement and attachment increase the likelihood of association with and influence by drug using peers. Likewise, risk factors are reciprocal - they can be both a potential 'cause' and consequence of involvement in drug use.

As the factors involved in the aetiology of problematic AOD issues are diverse and many, our responses likewise need to be multifaceted and targeted at different levels. Interventions that concentrate on only one aspect can have limited effect.