

2023

Prevention of Substance Use in Adolescents in Glenn County, California

Gabriela Gonzalez

Walden University, gabriela.gonzalez4@waldenu.edu

Follow this and additional works at: <https://scholarworks.waldenu.edu/picportfolios>

Recommended Citation

Gonzalez, Gabriela, "Prevention of Substance Use in Adolescents in Glenn County, California" (2023).
Selected Social Change Portfolios in Prevention, Intervention, and Consultation. 95.
<https://scholarworks.waldenu.edu/picportfolios/95>

This Portfolio is brought to you for free and open access by the Social Change Collection at ScholarWorks. It has been accepted for inclusion in Selected Social Change Portfolios in Prevention, Intervention, and Consultation by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Gabriela Gonzalez

Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

Please do not modify the content section, nor remove the hyperlinks.

[Please note that in brackets throughout this template you will see instructions about information to include in each section. Please delete the instructions that are found in brackets, including this message, and replace the bracketed instructions with the relevant content for each section].

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: Prevention of Substance Use, Adolescents, Glenn County, California

Prevention of Substance Use in Adolescents in Glenn County, California

Goal Statement: The goal of this prevention plan is to promote awareness of the adverse effects of substance use in Glenn County through workshops and work with schools and the community to increase resources for adolescents to decrease their partaking of substance use.

Significant Findings: The rates of adolescent substance use in Glenn County, California, have rapidly increased. From 2019 to 2021, marijuana usage in adolescents was 16% (California Department of Education, 2023), and 8.9% of adolescents reported consuming alcohol (National Center for Drug Statistics, 2023). There are many consequences of the early use of substances, like poorer verbal memory, visuospatial functioning, verbal language, and working memory by the time adolescents reach mid-young adulthood (Gray & Squeglia, 2018). Additionally, the LGBTQ+ is a subgroup that was found to have a higher risk of substance use as a form to cope due to trauma, rejection from their loved ones, stigmatization, and discrimination (Mereish et al., 2019). The recommendations of this prevention plan are for school counselors to collaborate with community members to share the consequences of adolescent substance use and advocate at the institution, community, and public policy levels for more resources to reduce and prevent substance use in adolescents in Glenn County, California.

Objectives/Strategies/Interventions/Next Steps: For adolescent substance use preventive efforts to be effective, the next step is strengthening protective factors while reducing risk factors. Professionals must connect with the schools and community to determine their needs and existing preventive measures focusing on the prevention of adolescent substance use.

Understanding the limitations of a rural community would allow professionals to advocate for more resources and connect with agencies to provide families and adolescents with evidence-based programs. Additionally, by working with schools to create a positive environment where adolescents feel safe and connected, they may refrain from using substances. Promoting School-community-university Partnerships to Enhance Resilience is an effective community evidence-based prevention program that involves university partners with community stakeholders to implement school and parenting programs to prevent adolescent substance use (Social Programs that Work, 2018). Through the selected school-based programs and family-focused programs, adolescents are taught refusal skills by their teachers, and their parents increase their parenting skills, and these adolescents are more likely to decline using substances if offered. Furthermore, counselors collaborating with parents and community members will be educated on the risks and consequences of adolescent substance use and how they can help prevent adolescents from using substances.

INTRODUCTION

Prevention of Substance Use in Adolescents in Glenn County, California

Adolescent substance abuse has become a prevalent issue in the United States and in the rural towns of Glenn County in Northern California; with the growing population, there has been a rise in adolescent use of substances and underage drinking. Adolescents between the ages of 12 and 18 are experimenting with substances such as smoking marijuana, using vapes, and drinking alcohol. According to the National Center for Drug Abuse Statistics (2023), drug use increased by 61% in 8th graders between 2016 and 2020, and 62% of high school seniors abused alcohol. There are numerous reasons that adolescents may be partaking in substance use, such as peer

pressure, a coping mechanism, lack of school connectedness, exposure to these substances in their homes, and societal and media norms where these behaviors are depicted as normal behavior in adolescents and adults (Center for Disease Control and Prevention, 2022). Fortunately, protective factors exist to reduce the risk of adolescent substance use and developing substance use disorder. For example, common protective factors are preventive educational interventions, effective parenting, policies limiting these substances' availability to adolescents, and targeted extracurricular activities (Substance Abuse and Mental Health Services Administration, n.d.). As a county, it is crucial to advocate for the well-being of adolescents, and therefore, the purpose of this prevention portfolio is to decrease the use of substances by adolescents and increase awareness of the consequences of early substance use in Glenn County.

PART 1: SCOPE AND CONSEQUENCES

Prevention of Substance Use in Adolescents in Glenn County, California

The use of substances by adolescents has alarmingly increased throughout the United States, and the usage of these substances has resulted in the deaths of many adolescents. In 2019, 4,777 overdosed deaths in the United States were adolescents between the ages of 15 and 20 years old, and in a month, 8.3% of 12 to 17-year-olds reported substance use (National Center for Drug Abuse Statistics, 2023). Glenn County has also experienced an increase in adolescent substance use over the years. The communities of Willows, Artois, Elk Creek, Hamilton City, and my hometown, Orland, are the rural towns of Glenn County. The California School, Climate, and Learning Survey was completed by 7th, 9th, and 11th graders in Glenn County, and data was collected from 2013 to 2021, excluding data from the 2017 to 2018 school year. From 2013 to 2015, marijuana use in 11th-grade students averaged 16%, declining to 6% from 2017 to 2019

and rising back to 16% from 2019 to 2021 (California Department of Education, 2023). Additionally, non-traditional schools in Glenn County had their students respond to the survey, and from 2015 to 2017, 27% of students responded that they used marijuana (California Department of Education, 2023). There has been a rise in the use of vaping by students in Glenn County as they become more available in the local smoke shops. In Glenn County, 7% of seventh, 8% of ninth, and 13% of eleventh graders responded to using a vape once or more monthly from 2019 to 2021 (California Department of Education, 2023). Glenn County students were also assessed on their usage of drugs or “high” while at school. There was a decline in substance usage from 2013 to 2022, with 7th graders remaining at 2%, 7th graders decreasing from 12% to 3%, 11th graders decreasing from 17% to 10%, and non-traditional students decreasing from 11% to 7% (California Department of Education, 2023). When compared to the state level, in California, 10.4% of adolescents reported using substances, and 8.9% reported consuming alcohol in 2019 (National Center for Drug Abuse Statistics, 2023). Although the percentage of adolescents using substances in Glenn County has not surpassed the overall state trend, it is also possible that within the next year, the percentage of adolescents using substances can increase without the prevention of the community.

There are many consequences in adolescents consuming substances from a young age. Adolescents who use substances are associated with poorer verbal memory, visuospatial functioning, verbal language, and working memory by age 25 (Gray & Squeglia, 2018). A significant consequence of adolescents using substances is that frequent use of these substances is developing substance use disorder and needing treatment. During the 2012-2013 school year in Glenn County, four adolescents required treatment for their alcohol consumption, and in the 2013-2014 school year, 43 children required treatment due to their frequent use of marijuana

(Jones, n.d.). Although these adolescents were not diagnosed with substance use disorder, their use of substances required treatment. Additionally, the continuous use of substances from adolescence to adulthood has adverse consequences such as excessive drinking, driving under the influence, and death. The health behaviors of adults in Glenn County were collected using a survey in 2022, and 19.6% of adults reported excessively drinking; 22% of deaths were due to driving while under the influence; and 24.8% of deaths resulted from drug poisoning deaths (Data USA, n.d.). Unfortunately, as Glenn County is in rural Northern California, there are limited resources for mental health services, such as counselors, social workers, and psychiatrists, to work with community members to prevent substance use in adolescents. In Glenn County, 1.3 psychiatrists, 13.4 licensed social workers, and 0 psychologists provided services to 10,000 children aged 0 to 17 years old in 2015 (Centers for Disease Control and Prevention, 2021). There is no data available for the number of licensed mental health counselors in Glenn County. Therefore, the adolescents and the families of Glenn County are limited in receiving awareness of the consequences of substance use from the schools and may find it difficult to receive support to prevent these behaviors.

PART 2: SOCIAL-ECOLOGICAL MODEL

Prevention of Substance Use in Adolescents in Glenn County, California

The Social-Ecological model developed by Urie Bronfenbrenner examines the multiplex interaction between an individual, social relationships, community, and societal factors (CDC, n.d.). The social-ecological model acknowledges various protective and risk factors experienced by an individual when faced with different behaviors. Bronfenbrenner's theory states that five levels are interconnected and influence an individual's development: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Guy-Evans, 2020). Various risk and

protective factors must be considered when examining adolescent substance use. Both risk and protective factors that impact an adolescent are peers, family, schools, and cultural exposure such as social media, movies, and television.

Individual

Risk Factors

The individual-level risk factors that may result in adolescents using substances are if an adolescent is genetically predisposed to addiction or if they were exposed to substances in vitro (Substance Abuse and Mental Health Services Administration, n.d.b.). For instance, if an individual's mother consumed a significant amount of alcohol while she was pregnant, there is an increased risk that the individual will be born predisposed to alcohol. Adolescents with parents who are alcohol-dependent have a four-times higher chance of developing alcoholism than adolescents with parents who are not alcohol-dependent (Chisom et al., 2022). Additionally, age has been linked to a risk for adolescent substance use, where many adolescents of the same age group begin experimenting with different substances. According to a study mentioned in Rodriguez-Ruiz et al. (2023), the age of fourteen was the mean age for adolescents partaking in the use of substances. Additionally, older male adolescents have a higher chance of using substances.

Protective Factors

At the individual level, there are also protective factors against adolescent substance use: a positive self-image and self-control (Substance Abuse and Mental Health Services, n.d.b.). Adolescents with high self-esteem are less susceptible to peer pressure due to their self-confidence in their decisions to avoid using substances.

Relationships

Risk Factors

Parental relationships are also a risk for adolescent substance use. Parents who use substances or consume alcohol or neglect and abuse their children increase the risk for adolescent substance use (Substance Abuse and Mental Health Services, n.d.b.). An individual's parents and caregivers are their role models, and children learn how to behave, beliefs, and values from their parents. Thus, if an adolescent has observed their parents using substances or drinking alcohol, they may view this behavior as normal and try to experiment with substances. According to Chisom et al. (2022), adolescents with parents who use any substances have an increased risk of developing a lifetime use of substances, and adolescents with parents who excessively consume alcohol have an increased risk of using illicit substances. The influence of peers on adolescents increases the risk of substance use due to peer pressure or the desire to fit in with a peer group. Peers influence substance use through initiation and supply, which teaches their peers how to use substances and where and to get substances from (Chisom et al., 2022). Adolescents spend most of their time with friends and peer groups at and outside school. Adolescent substance use research has shown that about 60% of adolescents who use substances begin due to peer interactions (Chisom et al., 2022). For some youth, reaching a certain social status, hanging out with the “cool” group, or being pressured by close friends may be significant reasons to try substances.

Protective Factors

Fortunately, families also act as a protective factor against adolescent substance use. Parents and caregivers who disapprove of substance use and do not partake in these behaviors in front of their adolescents decrease the likelihood of adolescents experimenting with substances (Hsiung et al., 2022). Family can also act as a protective factor by being involved in their

adolescent's life and creating a solid connection as a family. Through positive parenting and strong family ties, an adolescent can delay the use of substances in adolescence (Hsiung et al., 2022). Peers and friends can also be a protective factor against adolescent substance use. Positive social interactions between peers and friends who do not use substances can decrease the risk for adolescent substance use (Hsiung et al., 2022). For example, an adolescent who chooses to join a sports team and befriends their teammates will feel included by their peer groups and participate in activities requiring them to abstain from consuming or using substances.

Community

Risk Factors

Communities are also risk factors for adolescent substance use if there is violence or if the communities are impoverished (Substance Abuse and Mental Health Services, n.d.b.). Additionally, in some communities, the availability of substances and alcohol makes it easier for adolescents to buy and consume them (Hsiung et al., 2022). For example, marijuana and vapes can be purchased from drug dealers or shops in all types of communities. In Glenn County, there has been an increase in smoke shops and liquor shops, and this makes these products more available to the youth. Adolescents see more of these shops opening up in their communities over other services that provide community members with resources or benefit the entire community. The availability of various smoke shops and liquor stores in a community promotes the use of these substances as a norm, and an adolescent may believe that there is no harm in consuming these substances (Hsiung et al., 2022). Adolescents may hear community members express that the openings of these stores lead to more job opportunities and could help an individual's socioeconomic status by selling these products. Schools can act as a risk factor for substance use for some adolescents. Adolescents who struggle with academic stress, perform

poorly in their classes, or have negative experiences with their teachers have a higher chance of using substances to cope (Chisom et al., 2022). Some adolescents view substances as a way to escape the stress that school causes them or cope with the boredom that school causes them. Adolescents may also decide to begin consuming substances if they lack school connectedness or feel like they do not belong. In addition, schools with poor control over the consumption of substances while at school or the distribution of substances in schools increase the risk of adolescent substance use (Hsiung et al., 2022).

Protective Factors

However, communities can also act as protective factors for adolescents by creating an environment where adolescents feel a sense of belonging, either through cultural groups, religious affiliations, or local sports teams (Hsuing et al., 2022). Adolescents who feel connected to their community decrease the risk of early use of substances due to feelings of acceptance from important groups and organizations in their lives. There are community groups in Glenn County, like Friday Night Live, which uses community resources to help the youth develop their leadership skills and promote a healthy lifestyle free from alcohol, drugs, and tobacco products (Jones, n.d.). Schools can act as a protective factor by creating an environment where all students feel safe and welcome. School connectedness during adolescence is crucial as adolescents explore who they are and where they belong within the different social groups in their lives. Schools that offer various extracurricular activities, teachers that recognize student efforts, and strive to prevent the use of substances by students are different ways that schools serve as a protective factor against adolescent substance use (Hsuing et al., 2022). In Glenn County school, Students Working Against Tobacco (SWAT) is a school club that aims to prevent students from using tobacco products (Jones, n.d.). In addition, some of the high schools in Glenn County have

hired a resource police officer to be on campus when needed and to work with adolescents who have been caught under the influence of a substance at school or possessing substances such as vapes to either use or intent to sell to peers.

Societal

Risk Factors

Society plays a significant role in adolescents using substances, such as creating norms where this behavior is depicted as common behaviors, such as media promoting the use of substances and drinking alcohol. In California, the passage of Proposition 64, which legalized recreational marijuana usage for adults over the age of 21, promotes the idea that using marijuana is a norm, and this also leads to accessibility for adolescents if their parents possess a legal amount of marijuana (Jones, n.d.). In addition, celebrities are sponsored and paid to advertise various alcohol and tobacco products to increase the purchases of these items and accept acting roles where their characters partake in the use of these substances (Chisom et al., 2022). Many adolescents stream social media platforms or use streaming services to view actors and other influential members casually using or bingeing these substances. Celebrities also act as role models for the youth; therefore, adolescents may be more inclined to try if someone they idolize is using these substances and no real consequences are depicted.

Protective Factors

Societal protective factors to prevent adolescent substance use include creating policies and laws that limit the accessibility and availability of substances (Substance Abuse and Mental Health Services Administration, n.d.b.). For instance, ensuring that driver's licenses are checked when a tobacco product or alcohol is sold at the store decreases the risk of selling to a minor. After the passage of Proposition 64, a community survey was conducted asking if the people of

Glenn County would support or oppose the opening of medical marijuana and retail marijuana stores in their community. The results from the survey were that 46% of people opposed the opening of medical marijuana stores, and 52% of people opposed the opening of retail marijuana stores in their community (Jones, n.d.).

PART 3: THEORIES OF PREVENTION

Prevention of Substance Use in Adolescents in Glenn County, California

One theory that could be applied to a prevention program to address adolescent substance use in Glenn County is *Social Cognitive Theory (SCT)*. Albert Bandura's Social Cognitive Theory emphasizes the continuous process of personal and environmental factors and human behavior influencing each other, known as *reciprocal determinism* (National Cancer Institute, 2005). The theory highlights three aspects that impact the possibility of an individual changing their health behavior. Self-efficacy, goals, and outcome expectations are the three aspects that affect an individual from engaging or not engaging in a behavior. Adolescents with self-efficacy can change their behaviors despite the presence of barriers, but if adolescents feel like they cannot change a behavior, they will be unmotivated to persevere against challenges (National Cancer Institute, 2005). As individuals acquire new behaviors, change simultaneously occurs in the environment and the individual. Social Cognitive Theory also highlights that individuals learn by observing how others behave, such as their parents and friends. Thus, if adolescents observe their parents using substances, they will not associate substances as dangerous, and consuming them is normal behavior. Another aspect of Social Cognitive Theory is the concept of *reinforcement*. Reinforcements are behavioral responses that are encouraged by positive rewards, which increase the chance of repeating a behavior or discouraged by negative consequences,

which decrease the chance of repeating a behavior (National Cancer Institute, 2005). For example, if adolescents try a substance, feel good, and are praised by their friends, they will likely continue using it.

Social Cognitive Theory is appropriate when examining why adolescents engage in certain behaviors, such as substance use. For an adolescent to acquire a new behavior, they need to believe they can achieve this new behavior or goal (National Cancer Institute, 2005). Therefore, adolescents must feel they can refrain from succumbing to peer pressure and partaking in risky behaviors like substance use. According to Stewart et al. (2022), learned behaviors like consuming alcohol and using substances are strengthened by factors such as other people, the environment, exposure to the consequences of using substances, and an individual's feelings about substances. Using this framework to prevent adolescent substance use allows an understanding of how significant the role of the environment and observation of others impact an adolescent's behavior. Parents and caregivers are an individual's first experience with socialization, create the family's norms and values, and ultimately, they are role models for children and adolescents (Chisom et al., 2022). Thus, adolescents who have observed their parents or older family members drinking alcohol or using substances are likelier to try substances because they are modeling the behaviors they observed in their environment. Furthermore, if parents do not express negative attitudes towards alcohol consumption, adolescents may believe that it is acceptable for them to use substances. Therefore, an effective prevention program for adolescent substance use will need to involve the adolescent's parents or caregiver to provide the adolescent with an environment that promotes the adverse consequences of substance use.

An aspect of Social Cognitive Theory that would be beneficial in preventing adolescent substance use is an intervention that promotes an increase in adolescent self-efficacy. *Self-efficacy* is an individual's assurance that they have control over their behaviors, emotions, and incentives (Stewart et al., 2022). Adolescents must believe they have the self-control to decline using substances if offered or peer pressured by friends and peers. Self-efficacy is an essential factor in changing an individual's behavior, and an individual's expectations are the outcomes that will occur from certain behaviors. The concept of expectations in Social Cognitive Theory may predict substance use. According to studies highlighted by Stewart et al. (2022), individuals who have negative expectations if they use substances are more likely to abstain from partaking in this behavior, whereas those who have positive expectancies are more likely to use substances. Thus, adolescents' expectations of substance use must be explored to determine how adolescents view substance use outcomes.

Another theory that could be applied in preventing adolescent substance use is the *Theory of Planned Behavior (TPB)*; *TPB* is the connection between behavior, beliefs, attitudes, and intentions (National Cancer Institute, 2005). An essential aspect of *TPB* is the concept of *behavioral intention*, which is the motivation that drives an individual's behavior. An individual's behavior intention is affected by their attitude toward partaking in a specific behavior and whether they believe their loved ones would approve or disapprove of it (National Cancer Institute, 2005). Behaviors are also determined by an individual's belief that they can control a particular action. The Theory of Planned Behavior could be beneficial in preventing adolescent substance use because the theory highlights how intention and belief are involved in behavior (National Cancer Institute, 2005). For example, an adolescent with parents who are not against substance use may believe there are no consequences if they try substances. Additionally,

adolescents may think they can control how much substance they consume and stop using substances whenever they decide. In that case, adolescents may begin to use them. The Theory of Planned Behavior could be utilized to determine adolescents' beliefs on substance use and predict the likelihood of them trying and using substances. The research on adolescents' attitudes and beliefs towards substances such as marijuana and alcohol concluded that adolescents who had positive attitudes towards these substances and did not fear consequences for their actions were more likely to use them (Frank & Fiegel, 2020; Cutrin et al., 2020). Prevention programs incorporating the Theory of Planned Behavior must examine adolescents' intentions of using substances, attitudes towards substances, and how they perceive their ability to control whether or not they use substances.

Promoting School-community-university Partnerships to Enhance Resilience (PROSPER) is an evidence-based program that effectively prevents adolescent substance use. PROSPER is an intervention program with universities partnering with community teams to work together to prevent youth substance use (Social Programs that Work, 2018). Community teams consist of 8 to 12 members: a university representative, a public school representative, a social service and health agent, parents, and youth. The community team selects a family-focused program to be administered to 6th-grade students and a school-based program to 7th-grade students, and a university coordinator assists the community team in implementing the selected programs (Social Programs that Work, 2018). A study analyzed the effectiveness of the Strengthening Families Program, one of the family-focused programs for communities through PROSPER. The study also examined the school-based programs that communities selected: All Stars, LifeSkills Training, and Project ALERT. The study consisted of 28 rural towns and small cities from Iowa and Pennsylvania, and the selected programs were administered to sixth-grade

students and a follow-up to determine the effectiveness of the programs was conducted 6.5 years later when the students were in 12th grade (Social Programs that Work, 2018). The Strengthening Families Program is a seven-session program designed for parents and adolescents to strengthen parenting skills and increase adolescent prosocial and refusal skills when presented with substances (Social Programs that Work, 2018). The school-based programs were administered in class by their teacher, who was trained in the program selected by the school. The results from the study were that there was an 18% decrease in the various types of substances used by students, a 14% decrease in students smoking cigarettes within that past month, and a decrease in marijuana use for adolescents who were part of the PROSPER program compared to control groups (Social Programs that Work, 2018). Additionally, students who did not use substances during the study and were part of the PROSPER program also demonstrated a lower likelihood of using substances. The students who were identified as non-users and part of the PROSPER program were 35% less likely to try and use methamphetamine and Ecstasy, 20% less likely to try and use inhalants, and 10% less likely to try and use marijuana (Social Programs that Work, 2018). PROSPER is a beneficial intervention program to prevent the use of substances in adolescents because it includes an adolescent's environment and parents in the prevention process. Observational learning and self-efficacy are aspects of Social Cognitive Theory, and having adolescents' parents improve their parenting skills will allow them to connect with their adolescents and model behavior that does not encourage substance use. Additionally, adolescents who increase their refusal skills are more likely to believe in their abilities to decline if offered to try substances because they are aware that they learned the skills needed to say no.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Prevention of Substance Use in Adolescents in Glenn County, California

Adolescent substance use can occur in adolescents regardless of ethnicity, gender, age, religion, sexual orientation, or socioeconomic status. Therefore, when developing a prevention program targeting adolescent substance use, it is crucial to consider all the intersecting aspects of an adolescent's identity. A more prevalent subgroup in adolescent substance use is adolescents who are part of the LGBTQ+ community. LGBTQ+ adolescents are more likely to use substances to cope with numerous issues, such as familial and peer rejection, societal stigma, and mental illnesses. In Glenn County, limited data is available on the number of adolescents who are part of the LGBTQ+ community. However, from the 2017 to 2019 school years, 6.8% of transgender students identified as Gay, Lesbian, or Bisexual, 12% were not sure, and 9.1% of adolescents chose not to respond (Kids Data, n.d.).

Gender and sexual minority youth are likelier to use or experiment with substances than heterosexual and cisgender youth. According to Mereish (2019), research has concluded that sexual minority youth have a higher risk of using tobacco, nicotine products, marijuana, and illicit drugs, with sexual minority females and bisexual youth having a higher risk. In addition, in the 2019 Youth Risk Behavior Survey, adolescents were asked about substance use habits in a month; 34% of sexual minority youth reported using alcohol compared to 29% of heterosexual youth, 31% of sexual minority youth reported marijuana use compared to 21% of heterosexual youth, and 12% of sexual minority youth reported misusing prescriptions drugs compared to 6% of heterosexual youth (Mata et al., 2022). Limited research focuses on adolescent substance use disparities between transgender and cisgender youth. However, the existing literature has concluded that transgender youth are two to four times more likely to use substances like

alcohol, cigarettes, prescription medication, and inhalants (Mereish, 2019). LGBTQ+ adolescents face several adverse experiences that cause them significant stress. Traumatic experiences that cause LGBTQ+ adolescent stress include victimization, such as verbal or physical violence and bullying, stigmatization, discrimination, and family rejection, partially explaining the higher risk of using substances (Mereish, 2019). For instance, LGBTQ+ adolescents whom their family rejects are at risk of being thrown out of their homes and face being homeless, and this increases their substance use. LGBTQ+ adolescents may also experience internalized stigma or conceal their gender or sexual identity due to fear of being discriminated against or not accepted by their family, and this has been associated with an increase in substance use to cope with these feelings (Mereish, 2019). Another reason for substance use in LGBTQ+ adolescents is due to mental health problems as a way to either cope with symptoms or as a method of self-medicating. In a study conducted by Mata et al. (2022), adolescent participants responded that using marijuana helps them cope with symptoms of depression and anxiety because it works better than using prescriptions.

It is crucial for a culturally relevant adolescent substance use prevention program to help LGBTQ+ adolescents feel included and part of their school environment and community. A prevention program must be culturally sensitive by creating a safe, inclusive, and supportive school environment that exudes respect and acceptance of all students (Mereish, 2019). Many LGBTQ+ youth feel disengaged and not accepted in their school and community environment, which causes feelings of rejection and discrimination, increasing the probability of substance use. According to Mereish (2019), schools that focus on being allies for sexual and gender minority youth have a decreased risk of using substances. The research has demonstrated that LGBTQ+ adolescents who are part of a supportive school climate feel an increase in acceptance

and safety (Leung et al., 2022). Through the combined effort of school counselors, teachers, administration, and community members can work together to create a safe space for LGBTQ+ youth. A safe school environment includes enforcing anti-harassment policies, creating a Gay-Straight Alliance, and developing curricula and activities that are LGBTQ+ inclusive (Leung et al., 2022). Additionally, to promote the autonomy of LGBTQ+ adolescents, counselors and stakeholders who work with this subgroup must ask students their preferred names and pronouns to respect their identities. Developing peer systems where straight allies engage in peer education and learn about the harms of anti-LGBTQ+ stereotypes has promoted acceptance of LGBTQ+ peers and fostered friendships and an increased feeling of school belonging (Leung et al., 2022). Therefore, workshops that provide peer education in Glenn County would allow LGBTQ+ adolescents to feel connected and seen in their schools.

When developing a prevention program for adolescent substance use, it is crucial to consider ethical and cultural considerations for subgroups such as the LGBTQ+. The American School Counselor Association (ASCA) developed the ASCA Code of Ethics for all school counselors to use when counseling and developing programs for students (2022). Adolescents spend most of their time at school and interacting with school personnel and relevant stakeholders. Therefore, ASCA ethical code A.10.b. (2022) states that school counselors actively create a safe, equitable, and supportive school environment where all school staff and associated members demonstrate respect, inclusion, and acceptance to all students. One of the reasons that LGBTQ+ adolescents use substances to cope is a lack of support and respect within their environment, and this is why it is crucial to develop a preventive program that emphasizes inclusivity for all adolescents. Additionally, ASCA ethical code A.1.h. (2022) outlines that school counselors must respect students' and families' cultural values and beliefs, sexual

orientation, gender identity, and gender expression and refrain from imposing their values and beliefs on students. Therefore, school counselors must be aware of their biases and not allow them to influence how they interact with LGBTQ+ adolescents to avoid causing them more harm.

Another core ethical consideration relevant in the prevention program of adolescent substance use is to consider informed consent and confidentiality when working with adolescents. Adolescent substance use prevention will require working with community members, parents, and school staff to develop resources and programs for adolescents. Adolescents may disclose to school counselors their sexual orientation or gender identity and ask their school counselors not to share this information with anyone else. Although a prevention program will have diversity considerations for marginalized populations like the LGBTQ+ community, the school counselor's role is to eliminate or reduce the possibility of harm occurring to the student when interacting with stakeholders by using informed consent (ASCA, 2022, §A.4.e.). For example, a school counselor would not share with stakeholders an adolescent's gender identity or sexual orientation unless the student has provided the school counselor with consent to share this information. However, it is essential to note that there is limited confidentiality between students and school counselors, and parents have a legal right to make decisions for their children, such as not allowing them to participate in intervention programs offered at school (ASCA, 2014, §A.2.g.). Additionally, when developing a prevention program that addresses adolescent substance use, counselors must promote the American Counseling Association *Code of Ethics* (2014) professional values in their decision-making to ensure the well-being and inclusivity of LGBTQ+ students. In Glenn County, ensuring that students are autonomous and can provide input on what they want in a prevention program and

treating each student fairly will promote a school environment where all marginalized populations feel safe and included, which may help decrease adolescent substance use.

PART 5: ADVOCACY

Prevention of Substance Use in Adolescents in Glenn County, California

An essential role of counselors is to advocate for the well-being of people in their communities. Advocacy occurs from the different institutional, community, and public policy levels to address a problem or a barrier for communities (Murray & Crowe, 2016). The first step to advocacy is acknowledging the issue that is impacting people. Adolescent substance use has become a significant issue in Glenn County. Unfortunately, institutional, community, and public policy barriers impact preventive measures for adolescent substance use. However, there are advocacy actions that could be taken to address these barriers. According to the Multicultural and Social Justice Counseling Competencies (2015), prevention programs are more beneficial when combined with multiple levels of advocacy.

Barriers

Institutional

The institutional levels of advocacy involve social invitations such as churches, schools, and community organizations that influence adolescents (Multicultural and Social Justice Counseling Competencies, 2015). Institutional barriers in churches and schools may be that adolescents do not trust or feel comfortable speaking to an adult at these institutions regarding substance use. Adolescents may not want to speak to teachers, counselors, or pastors about substance use for many reasons because they fear the consequences of these conversations (Liu et al., 2023). Thus, if adolescents feel unsafe asking questions, they may use substances because

they receive information from their peers. Furthermore, the peer relationships created in institutions like schools and community organizations such as recreational centers influence adolescents' decision-making through peer pressure to try substances (Liu et al., 2023). Another reason conversations about substance use are not occurring between adolescents and adults from institutions is the stigmatization of marginalized populations using substances. According to Liu et al. (2023), educating adolescents to prevent substance use is crucial; however, avoiding stigmatizing adolescents who use substances is challenging. Adolescents may refrain from wanting to speak to teachers or their school counselor about substances to avoid stereotypes or assumptions. Currently, in Glenn County high schools, there are clubs such as Friday Night Live and Students Working Against Tobacco to prevent adolescents from using substances (Jones, n.d.). However, not all adolescents join these clubs because their meetings are during lunch or after school. Most adolescents are unwilling to give up their free time, resulting in them not receiving education on the risks of substances.

Community

Communities provide people with norms, values, and rules that reflect societal norms, and people use these norms to guide their behavior (Multicultural and Social Justice Counseling Competencies, 2015). Although community norms establish rules and values for people, these norms either empower or oppress different groups. A barrier to adolescent substance use prevention is that not all communities provide their youth with regular education and prevention on adolescent substance use. According to data from the National Survey on Drug Use and Health, about 35% of schools provide evidence-based substance use prevention programs, and only 14% of schools depend on evidence-based techniques in their main prevention programs (Moreland et al., 2020). Thus, if schools are not actively educating students on the risks of

substance use, a lack of knowledge increases adolescent substance use risk. Glenn County is a rural, agricultural county with limited resources and activities for community members; thus, one of the social norms in this county is drinking (Jones, n.d.). Alcohol consumption and the use of substances may be considered an appropriate norm by adolescents due to the increase in liquor stores and smoke shops. In addition, community members may not understand the risks of adolescent substance use and how prevalent it has become for adolescents in Glenn County to use substances or consume alcohol.

Public Policy

The public policy level indicates local, state, and federal laws and regulations used to govern or direct an individual's growth (Multicultural and Social Justice Counseling Competencies, 2015). A barrier to adolescent substance prevention in Glenn County is that no effective policy is actively working to prevent adolescent substance use. The school's clubs do most prevention measures for adolescent substance use. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) conducted its National Survey on Drug Use and Health, and 8.2 percent of adolescents consumed alcohol in a month, and 13.8% of adolescents used illicit substances in the past year (Coady, 2022). Therefore, the SAMHSA has launched numerous campaigns to prevent adolescent substance use. Moreover, in 2023, the President required increased funding for evidence-based prevention, treatment, and recovery support for underserved communities to help reduce the spread and use of illicit substances (Coady, 2022). Unfortunately, in Glenn County, the updated prevention plan dedicated to preventing substance use does not utilize the funding or services offered by public agencies; rather, it relies on the Friday Night Live Club offered at schools (County of Glenn California, n.d.).

Advocacy Action

Institutional

An institutional advocacy action that could decrease barriers is implementing youth peers at institutions like schools and churches. Project Amp is a four-week mentoring program for adolescents with young adult mentors between the ages of 18 and 25 years old, with a curriculum focusing on personal goals, developing social support, exploring peer influences along with risky behaviors, substance use, and any life concerns (Paquette et al., 2019). Through establishing peer relationships with young adults who are similar in age and have experienced the same peer pressures, conversations about substance use and preventing early substance use could occur between adolescents and young adult mentors.

Community

An advocacy action at the community level would be incorporating community members' values and norms by collecting data from community members to determine the types of values and views adolescents may have internalized about substance use (Multicultural and Social Justice Counseling Competencies, 2015). By conducting an assessment that focuses on the community's needs relating to substance use prevention, advocacy could focus on those needs. For example, if there is a higher rate of marijuana use than other illicit drugs, advocacy action would mainly focus on preventing marijuana use by adolescents and prevention aimed at other substances. In Glenn County, the use of marijuana, vape pens, and alcohol by adolescents has increased over the years due to the increase in liquor and smoke shops (Jones, n.d.). Additionally, community advocacy action in Glenn County would involve community members, parents, and schools hosting monthly meetings to discuss adolescent substance use, signs and risks of adolescent substance use, and available resources and activities to prevent adolescent

substance use. According to Liu et al. (2023), communities positively impact adolescent substance use prevention if community leaders, parents, and other relevant stakeholders work together. Parents can be introduced to campaigns like "Talk. They Hear You," which empowers parents and caregivers to converse with their children about early substance use and provides them with resources and skills to reduce early adolescent substance use (Substance Abuse and Mental Health Services Administration, n.d.a.).

Public Policy

A public policy advocacy action for Glenn County would be writing letters and making phone calls to agencies working towards preventing adolescent substance use to collaborate with Glenn County. Due to Glenn County being a rural community, they rely on the division of substance use disorders services of Glenn County Health and Human Services Agency Behavioral Health (County of Glenn California, n.d.). However, this division primarily focuses on adult services, treatment programs, residential treatment, and crisis intervention. Therefore, stakeholders must voice their concerns to local leaders in the community regarding the prevalence of adolescent substance use in Glenn County to seek state and federal support to focus on prevention.

REFERENCES

American Counseling Association (2014). *2014 ACA Code of Ethics*. Retrieved from

<https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

American School Counselor Association. (2022). *ASCA ethical standards for school*

counselors. Retrieved from <https://schoolcounselor.org/getmedia/44f30280-ffe8-4b41-9ad8-f15909c3d164/EthicalStandards.pdf>

California Department of Education (2023). *California school climate, health, and learning surveys- county: Glenn | most recent data (2019-2021)*. CalSCHLS. Retrieved from <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>

CDC. (n.d.). *The social-ecological model: A framework for violence prevention*. Retrieved from <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

Centers for Disease Control and Prevention. (2019, March 21). *Behavioral health services in California* | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/california/index.html>

Centers for Disease Control and Prevention (2022). *High-Risk Substance Use in Youth*. CDC. <https://www.cdc.gov/healthyyouth/substance-use/index.htm>

Chisom, H. I., Beatrice, O., Iyanuoluwa, O. O., & Oluwatoyin, B. (2022). Risk Factors Associated with Substance Abuse among Adolescents. *International Neuropsychiatric Disease Journal*, 11–24. <https://doi.org/10.9734/indj/2022/v18i130214>

Coady, J. A. (2022, October 3). *Youth substance use prevention month*. Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/blog/youth-substance-use-preventionmonth#:~:text=Sober%20Truth%20on%20Preventing%20Underage,misuse%20and%20its%20related%20problems.>

County of Glenn California. (n.d.). *Substance use disorders services*. Retrieved from <https://www.countyofglenn.net/dept/health-human-services/behavioral-health/substance-use-disorders-services/prevention>

Cutrín, O., Mac Fadden, I., Ayers, S. L., Kulis, S. S., Gómez-Fraguela, J. A., & Marsiglia, F. F.

(2020). Applicability of the theory of planned behavior for predicting alcohol use in Spanish early adolescents. *International Journal of Environmental Research and Public Health*, 17(22), 8539. <https://doi.org/10.3390/ijerph17228539>

Data USA (n.d.). *Glenn County, CA*. Retrieved from https://datausa.io/profile/geo/glenn-county-ca?healthBehaviorsOptions=alcoholDrugsTobaccoOption&alcoholDrugsTobaccoOptions=indicator_9

Frank, J. L., & Fiegel, K. A. (2020). Features of the school environment that moderate adolescent marijuana use: An application and extension of the theory of planned behavior. *Journal of Child & Adolescent Substance Abuse*, 29(2), 155–170. <https://doi.org/10.1080/1067828x.2021.1910091>

Gray, K. M., & Squeglia, L. M. (2018). Research review: What have we learned about adolescent substance use? *Journal of Child Psychology and Psychiatry*, 59(6), 618–627. <https://doi.org/10.1111/jcpp.12783>

Guy-Evans, O. (2020, Nov 09). *Bronfenbrenner's ecological systems theory*. Simply Psychology. Retrieved from <http://www.simplypsychology.org/Bronfenbrenner.html>

Hsiung, H., Patel, K., Hundal, H., Baccouche, B. M., & Tsao, K.-W. (2022). Preventing substance abuse in adolescents: A review of high-impact strategies. *Cureus*, 14(7). <https://doi.org/10.7759/cureus.27361>

Jones, E. (n.d.). *County of Glenn substance use disorder services strategic prevention plan 2017-2022*. Retrieved from https://www.countyofglenn.net/sites/default/files/Substance_Use_Disorders_Services/Glenn%20County%20Strategic%20Prevention%20Plan%202017-2022.pdf

- Kids Data. (n.d.) *Transgender Youth, by Sexual Orientation*. Kidsdata.org. Retrieved from <https://www.kidsdata.org/topic/2167/transgender-sexual-orientation/table#fmt=2668&loc=332&tf=134&ch=1177>
- Leung, E., Kassel-Gomez, G., Sullivan, S., Murahara, F., & Flanagan, T. (2022). Social support in schools and related outcomes for LGBTQ youth: a scoping review. *Discover Education, 1*(1). <https://doi.org/10.1007/s44217-022-00016-9>
- Liu, X.-Q., Guo, Y.-X., & Wang, X. (2023). Delivering substance use prevention interventions for adolescents in educational settings: A scoping review. *World Journal of Psychiatry, 13*(7), 409–422. <https://doi.org/10.5498/wjp.v13.i7.409>
- Mata, D., Korpak, A. K., Macaulay, T., Dodge, B., Mustanski, B., & Feinstein, B. A. (2022). Substance use experiences among bisexual, pansexual, and queer (bi+) Male youth: A qualitative study of motivations, consequences, and decision making. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-022-02447-9>
- Mereish, E. H. (2019). Substance use and misuse among sexual and gender minority youth. *Current Opinion in Psychology, 30*, 123–127. <https://doi.org/10.1016/j.copsyc.2019.05.002>
- Moreland, A. D., Lopez, C. M., Goodrum, N., Goodrum, N., Gilmore, A. K., Borkman, A. L., McCauley, J. L., Rheingold, A. A., & Danielson, C. K. (2020). Substance use prevention programming for adolescents and young adults: A mixed-method examination of substance use perceptions and use of prevention services. *Substance Use & Misuse, 55*(14), 2341–2347. <https://doi.org/10.1080/10826084.2020.1817079>
- Multicultural and Social Justice Counseling Competencies. (2015). Retrieved October 27, 2015, from <http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

Murray, C. E., & Crowe, A. (2016). Counseling advocacy competencies in action: Lessons learned through the See the Triumph Campaign. *Journal for Social Action in Counseling and Psychology*, 8(1), 53-69.

National Cancer Institute (2005). *Theory at a glance: A guide for health promotion practice: A guide for health promotion practice*. Washington, DC: U.S. Department of Health and Human Services: National Institutes of Health.

<https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>

National Center for Drug Abuse Statistics. (2023). *Teenage drug & alcohol use: Statistics, facts and data*. NCDAS; National Center for Drug Abuse Statistics.

<https://drugabusestatistics.org/teen-drug-use/>

Paquette, K. L., Pannella Winn, L. A., Wilkey, C. M., Ferreira, K. N., & Donegan, L. R. W. (2019). A framework for integrating young peers in recovery into adolescent substance use prevention and early intervention. *Addictive Behaviors*, 99, 106080.

<https://doi.org/10.1016/j.addbeh.2019.106080>

Rodríguez-Ruiz, J., Zych, I., Llorent, V. J., Marín-López, I., Espejo-Siles, R., & Nasaescu, E. (2023). A longitudinal study of protective factors against substance use in early adolescence. An ecological approach. *International Journal of Drug Policy*, 112.

<https://doi.org/10.1016/j.drugpo.2022.103946>

Social Programs that Work. (2018, January 25). *PROSPER*. Retrieved from

<https://evidencebasedprograms.org/programs/prosper/>

Stewart, S. A., Copeland, A. L., & Cherry, K. E. (2022). Risk factors for substance use across the lifespan. *The Journal of Genetic Psychology*, 184(2), 1–18.

<https://doi.org/10.1080/00221325.2022.2130025>

Substance Abuse and Mental Health Services Administration (n.d.a.). *About the campaign*.

Retrieved from <https://www.samhsa.gov/talk-they-hear-you/about>

Substance Abuse and Mental Health Services Administration (SAMHSA) (n.d.b.) *Risk and*

protective factors. Retrieved from <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

SCHOLARWORKS CONTRIBUTOR AGREEMENT

ScholarWorks Publication Consideration

ScholarWorks makes the intellectual output of the Walden University community publicly available to the wider world. By highlighting the scholarly and professional activities of our students and faculty, ScholarWorks' rich repository encourages new ideas, preserves past knowledge, and fosters new connections to improve human and social conditions.

If you would like your portfolio from your Counseling 6785 course to be considered for submission to ScholarWorks, please review the ScholarWorks Contributor Agreement below and agree to the terms and conditions.

Acceptance of the policies and terms of the ScholarWorks Contributor agreement

- will not impact your grade
- will not guarantee publication

ScholarWorks Contributor Agreement

To administer this repository and preserve the contents for future use, *ScholarWorks* requires certain permissions from you, the contributor. By making a submission to *ScholarWorks*, you are accepting the terms of this license. However, you do not give up the copyright to your work. You do not give up the right to submit the work to publishers or other repositories.

By including an email contact below, you hereby grant Walden a limited license to review the Submission for the purposes of review of scholarly content; to distribute the Submission to the public on the Website; to make and retain copies of the Submission; and to archive the Submission in a publicly accessible collection.

You agree to defend, indemnify and hold Walden harmless from and against any and all claims, suits or proceedings, demands, losses, damages, liabilities and costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from the actual or alleged infringement of any patent, trademark, copyright, trade secret or any other intellectual

property right in connection with any Submission. Walden will not be required to treat any Submission as confidential. For more information, see the [Contributor FAQ](#).

By executing this Agreement, you represent and agree that:

- You are the author or of the submitted work or you have been authorized by the copyright holder, and the submission is original work.
- You hold the copyright to this document and you agree to permit this document to be posted, and made available to the public in any format in perpetuity.
- The submission contains no libelous or other unlawful matter and makes no improper invasion of the privacy of any other person.
- The submission will be maintained in an open access online digital environment via the *ScholarWorks* portal. Because works on *ScholarWorks* are openly available online to anyone with internet access, you do not hold Walden University responsible for third party use of the submission.

ScholarWorks (the Website) is owned and maintained by Walden University, LLC (Walden). All content that you upload to this Website (a Submission) will be available to the public. You represent and warrant that you have the right to upload any such Submission and make it available to the public.

I have read the Scholarworks agreement above, and I agree to have my COUN 6785 portfolio document considered for inclusion in Scholarworks; I also grant my permission for representatives from Walden University to submit this work on my behalf.

By signing again below, I agree to allow my email contact information below to be included in the published document, so that others may contact me about this work.

SIGNATURE: Gabriela Gonzalez

DATE: 11/02/2023

DIRECT EMAIL ADDRESS: gabriela.gonzalez4@waldenu.edu