National Survey on Drug Use and Health

## The NSDUH Report

March 10, 2011

# Substance Use among Young Mothers

### In Brief

- Combined 2005 to 2009 data show that an annual average of 528,000 young women aged 15 to 19 were mothers living with at least one of their children
- Over one third (35.0 percent) of young mothers aged 15 to 19 smoked cigarettes, 30.0 percent used alcohol, and 11.7 percent used marijuana in the previous month
- Young mothers aged 15 to 19 were more likely than young women who were not mothers to have smoked cigarettes in the past month (35.0 vs. 20.7 percent)
- Mothers aged 15 to 17 were more likely than their counterparts who were not mothers to have used marijuana in the past month (17.9 vs. 10.0 percent) and were just as likely to have used alcohol (25.3 vs. 24.6 percent)

dolescents are particularly susceptible to substance use, and coupled with teenage motherhood, health risks associated with substance use not only affect these adolescents but also their children. It is well known that prenatal and postnatal tobacco use have negative effects on babies born to mothers who smoke or who are exposed to tobacco smoke.<sup>1,2</sup> Studies also have shown that teenage mothers who engage in substance use do not "mature out" of substance use as they enter adulthood.<sup>3</sup>

There is widespread recognition that many young mothers need services to improve their economic situation and the health and well-being of their children.<sup>4</sup> However, there is less recognition of the possible substance use prevention and treatment needs of young mothers. Gaining a better understanding of the characteristics of young mothers and their patterns of substance use will not only help prevention and treatment development efforts, but also will help inform where to aim these efforts when attempting to prevent substance use in this population.

The National Survey on Drug Use and Health (NSDUH) asks respondents to identify the other individuals who live in their household. Women aged 15 to 19 who indicated that they lived with their own biological, step-, adoptive, or foster children were classified as young mothers. This issue of The NSDUH Report compares substance use among young women who are mothers and living with their children (hereafter referred to as young mothers) with other young women (hereafter referred to women who were not mothers).<sup>5</sup> All findings use annual averages from 2005 to 2009 NSDUH data.

### **Characteristics of Teenage Mothers**

An estimated 528,000 young women aged 15 to 19 lived with at least one of their own children, and an estimated 609,000 children lived with their young mothers. Young women aged 15 to 17 were less likely than their 18- or 19-year-old counterparts to be mothers (1.7 vs. 9.7 percent). The percentage of young women who were mothers also varied by racial/ethnic group, ranging from a high of 9.4 percent among American Indians or Alaska Natives to a low of 1.2 percent among Native Hawaiians or Other Pacific Islanders (Figure 1). Young women living below the poverty threshold were much more likely than young women living above the poverty threshold to be mothers (12.3 vs. 3.2 percent).6

The majority of 15- to 17-year-old mothers (71.9) percent) lived with at least one parent compared with 46.0 percent of 18- or 19-year-old mothers. An estimated 73.8 percent of those aged 15 to 17 and 31.7 percent of those aged 18 or 19 were enrolled in school.

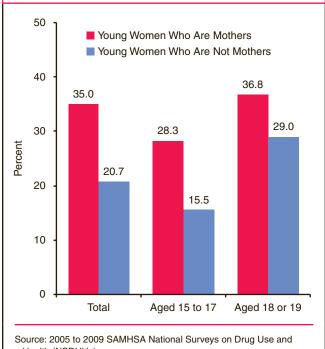
## Young Mothers and Substance Use

Among young mothers, 35.0 percent smoked cigarettes in the past month, 30.0 percent used alcohol, and 11.7 percent used marijuana. Young mothers were more likely than young women who were not mothers to have smoked cigarettes in the past month (35.0 vs. 20.7 percent) (Figure 2). This same pattern was found for both age groups, with 18- or 19-year-old mothers smoking at a higher rate than 15- to 17-year-old mothers (36.8 vs. 28.3 percent).

Patterns of alcohol and marijuana use, however, varied by age group. Mothers aged 15 to 17 were just as likely as their counterparts who were not mothers to have used alcohol in the past month (25.3 and 24.6 percent, respectively), while mothers aged 18 or 19 were less likely than their counterparts who were not mothers to have done so (31.2 vs. 46.6 percent) (Figure 3). The rate of marijuana use was higher among mothers aged 15 to 17 than among same-aged women who were not mothers (17.9 vs. 10.0 percent), but marijuana use was less common among mothers aged 18 or 19 than among same-aged women who were not mothers (10.1 vs. 15.0 percent) (Figure 4).

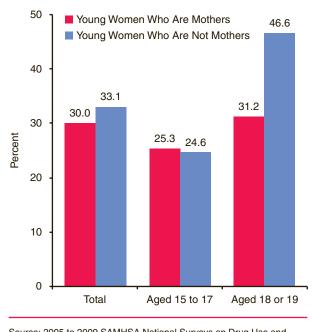
Figure 1. Percentage of Women Who Are Mothers among Women Aged 15 to 19, by Race/Ethnicity: 2005 to 2009 American Indian 9.4 or Alaska Native Hispanic 8.3 Black Persons of Two or More Races White 3.4 2.6 Asian Native Hawaiian or Other Pacific Islander 2 6 8 10 4 Percent Source: 2005 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 2. Past Month Cigarette Use among Women Aged 15 to 19, by Mothering Status: 2005 to 2009



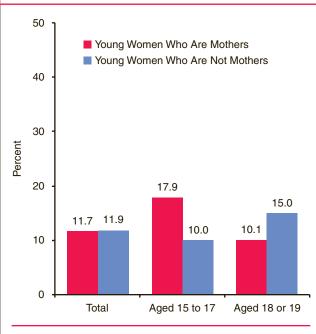
Health (NSDUHs).

Figure 3. Past Month Alcohol Use among Women Aged 15 to 19, by Mothering Status: 2005 to 2009



Source: 2005 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 4. Past Month Marijuana Use among Women Aged 15 to 19, by Mothering Status: 2005 to 2009



Source: 2005 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

#### **Discussion**

More than a half million women aged 15 to 19 live with their own children, and many of these young women are at risk for behavioral health problems such as substance use. Of particular concern are the youngest mothers (those aged 15 to 17), who were more likely to use cigarettes and marijuana than 15- to 17-year-old women who were not mothers. The early initiation of marijuana use by young mothers places them at greater risk for dependence on marijuana and other illicit drugs. This substance use also threatens the well-being of their children because substance abuse by parents of young children has been shown to negatively impact parenting capacity, as well as increase the risk for their children to also abuse drugs.<sup>7</sup>

To break this cycle and to address the needs of these young mothers, schools, primary care physicians, obstetricians, pediatricians, and substance use treatment and prevention providers should employ substance abuse screening and brief interventions for this population, as well as promote substance use prevention and cessation efforts tailored specifically for these young women. The availability and accessibility of such targeted substance-related programs and services will contribute to the achievement of national goals for improving the health and well-being of young mothers and their children.

#### **End Notes**

- <sup>1</sup> Cornelius, M. D., & Day, N. L. (2000). The effects of tobacco use during and after pregnancy on exposed children: Relevance of findings for alcohol research. *Alcohol Research & Health, 24*, 242-249. [Available as a PDF at http://pubs.niaaa.nih.gov/publications/arh24-4/242-249.pdf]
- <sup>2</sup> DiFranza, J. R., Aligne, C. A., & Weitzman, M. (2004). Prenatal and postnatal environmental tobacco smoke exposure and children's health. *Pediatrics*, 113, 1007-1015. Retrieved from http://www.pediatrics.org/cgi/content/full/113/4/S1/1007
- <sup>3</sup> De Genna, N. M., Cornelius, M. D., & Donovan, J. E. (2009). Risk factors for young adult substance use among women who were teenage mothers. *Addictive Behaviors*, *34*, 463-470. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2649997/
- <sup>4</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. (2010, March). Why it matters: Linking teen pregnancy prevention to other critical social issues. Washington, DC: Author. [Available as a PDF at http://www.thenationalcampaign.org/why-it-matters/pdf/introduction.pdf]
- Women who are not mothers may include young women who do not have children, as well as young women who have children but are not living with them (i.e., those who may have given their children up for adoption).
- <sup>6</sup> Persons aged 18 or 19 who are living in college dormitories were excluded from the analysis.
- <sup>7</sup> Children's Bureau, Office on Child Abuse and Neglect, ICF International. (2009). How parental substance use disorders affect children. In *Protecting children in families affected by substance use disorders* (Chapter 3). Retrieved from U.S. Department of Health and Human Services, Administration for Children & Families, Child Welfare Information Gateway at http://www.childwelfare.gov/pubs/usermanuals/substanceuse/chapterthree.cfm

#### **Suggested Citation**

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Findings from SAMHSA's 2005 to 2009 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2005 to 2009 data used in this report are based on information obtained from 43,484 women aged 15 to 19, including 2,066 mothers and 41,418 nonmothers. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ, formerly the Office of Applied Studies), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following two-volume publication:

Office of Applied Studies. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings (HHS Publication No. SMA 10-4586Findings, NSDUH Series H-38A). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables (HHS Publication No. SMA 10-4586Appendices, NSDUH Series H-38B). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: http://oas.samhsa.gov.



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