

PREVENTION DATA BRIEF

Adverse Childhood Experiences and Substance Use Among Teens in California, 2021

Adverse Childhood Experiences (ACEs) are associated with substance use and depression in adulthood.¹ Research shows that experiencing ACEs can impact the age at which youth first try substances such as tobacco, alcohol, and cannabis.² This data brief provides information on ACEs and substance use in teens in California. The estimates presented are drawn from the 1,169 youth who participated in the 2021 California Health Interview Survey (CHIS) for teens (12 to 17 years old). 2021 was the first year questions about ACEs were included in CHIS.

About ACEs

ACEs are traumatic events that occur before age 18, including physical, emotional, or sexual abuse, emotional or physical neglect, and other types of household challenges, such as mental health challenges, substance use, incarceration, parental separation or divorce, having a family member attempt or die by suicide, or witnessing domestic violence.³

Exposure to ACEs is linked to a wide variety of negative health and wellbeing outcomes.⁴

Risk of negative outcomes increases with exposure to more ACEs.⁴

Individuals who are exposed to more ACEs have a greater likelihood to begin substance use as a younger teen and develop substance use disorder.⁵

Youth who live with an adult with alcohol or drug problems have a higher risk of developing substance use disorder.⁶

Prevalence of ACEs Among California Teens

In line with national findings, ACEs are common in California. In 2021, 44% of California teens reported having experienced at least one ACE in their lifetimes (Figure 1) which is similar to the 45% of youth (0-17 years old) surveyed nationwide in 2016 who reported having experienced at least one ACE.⁷

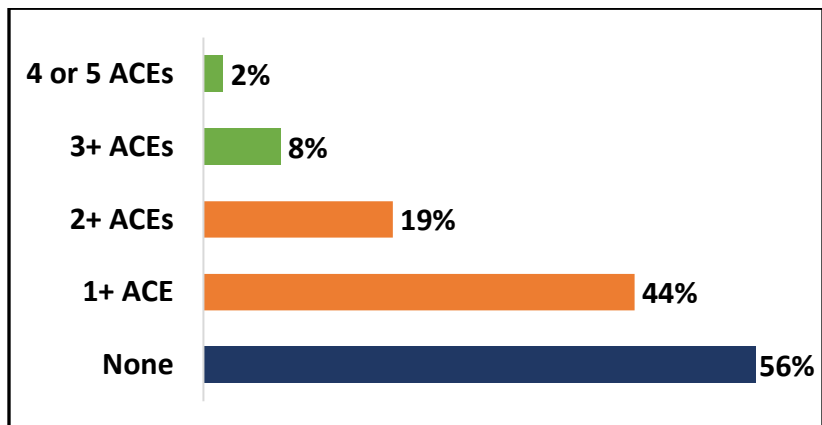


Figure 1: Distribution of Total ACEs Scores in CA

Of the five ACEs included on the CHIS for teens, divorce or separation of parents was the most common (Figure 2).

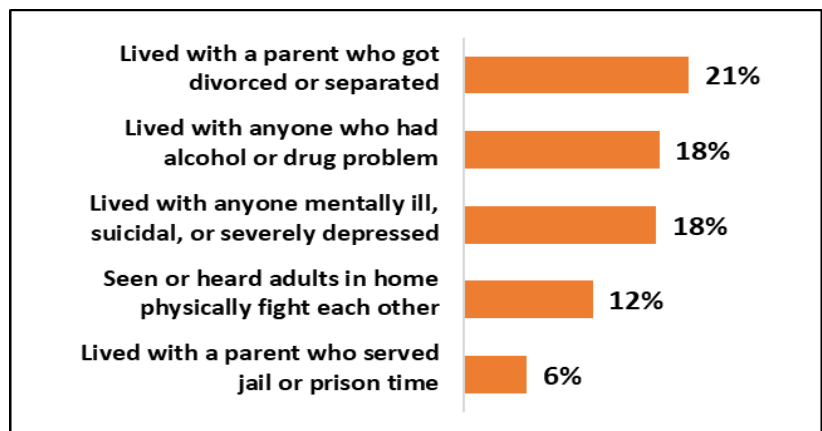


Figure 2: Prevalence of Individual ACEs in CA

The majority of both younger and older teens in California had a total ACE score of two or fewer (Figure 3). Based on prior research, the small percentage of teens who reported experiencing three or more ACEs may be at risk of substance use, especially younger teens.⁵ Specific preventative measures focused on these youth may help mitigate those risks.

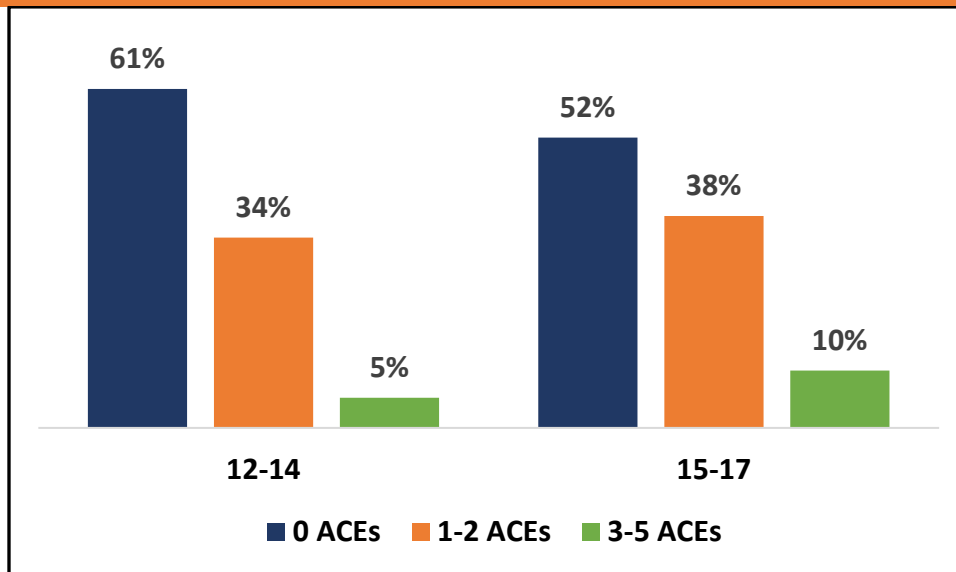


Figure 3: Distribution of ACEs Score by Age

Promoting positive childhood experiences (PCEs)—"childhood experiences that promote safe, stable, and nurturing relationships and environments"⁸—can help to decrease the likelihood of negative health outcomes that are associated with experiencing multiple ACEs⁹, including negative mental health outcomes.¹⁰ As can be seen in Figure 4, experiencing 3-7 PCEs can reduce the likelihood of experiencing depression and poor mental health for those who experienced at least one ACE.

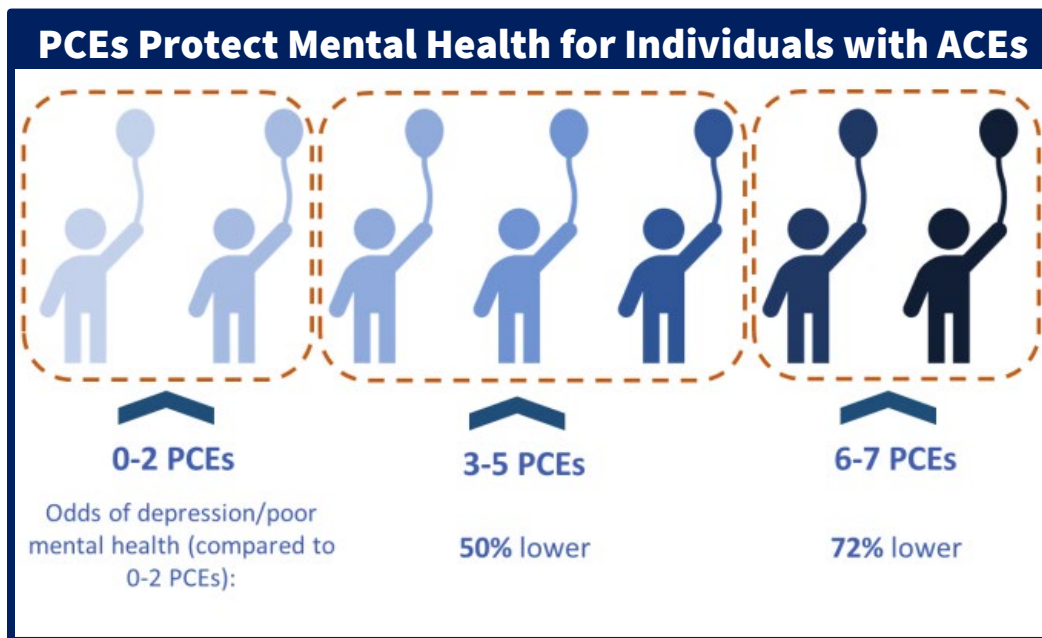


Figure 4: Relationship Between Number of PCEs and Odds of Having Depression/Poor Mental Health Among Adults with ACEs¹⁰

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Teens who experienced ACEs reported trying alcohol, cannabis, and tobacco (cigarettes or e-cigarettes/other electronic vaping product) at higher rates than those who reported no ACEs (Figure 5). These findings are consistent with national data.⁷ As the number of ACEs increased, the percentage of teens who had tried substances increased.

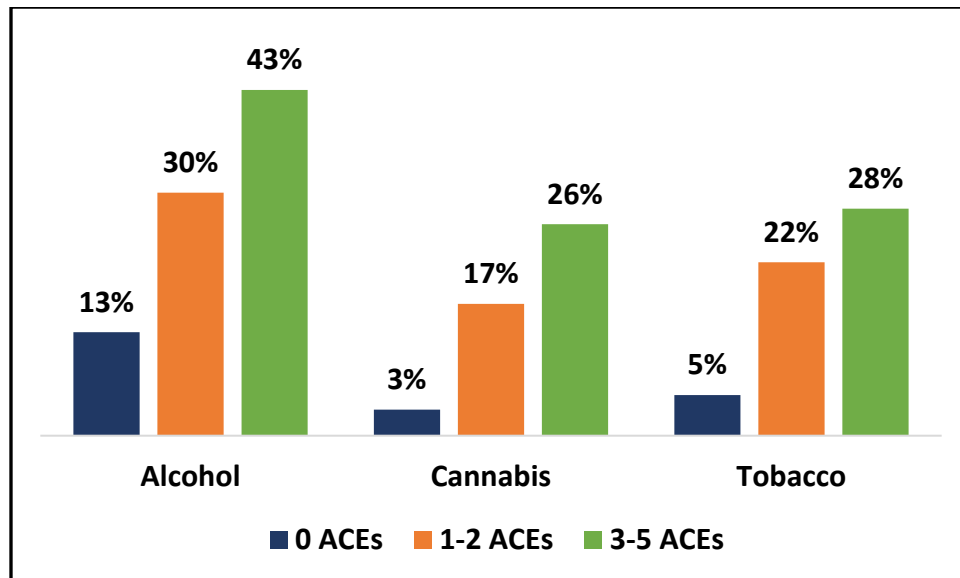


Figure 5: Prevalence of Ever Trying Alcohol, Cannabis, or Tobacco (Cigarettes or E-cigarettes/Other Electronic Vaping Product) by Total ACEs

Conclusion

Findings from the 2021 CHIS for teens are consistent with national findings. More than four in ten teens in California experienced at least one ACE in their lifetimes (Figure 1). Additionally, as the number of ACEs increased, so did the prevalence of trying substances before age 18 (Figure 5).

Preventing ACEs and Promoting PCEs Improves Health Outcomes Including Those Related to Substance Use

Primary prevention efforts, such as those that strengthen economic supports to families and connect youth to caring adults and activities, can address childhood adversity before it begins.⁴ Additionally, interventions that promote PCEs can counter the harmful effects of ACEs and toxic stress that results from adversity. PCEs have been associated with improved mental health and social emotional wellbeing in adulthood¹⁰ and can include experiencing nurturing and supportive relationships; safe, stable, protective, and equitable environments; social engagement and connectedness; and social and emotional learning.⁴

The Centers for Disease Control and Prevention (CDC) have [guidance on strategies to use that can mitigate harm](#) to youth who have experienced ACEs, including:

Enhanced primary care with brief ACEs screening—to identify youth who have experienced ACEs and address their needs by referring to appropriate intervention services.

Trauma-informed treatment—of post-traumatic stress disorder (PTSD), depression, fear or anxiety, and other behavioral health issues associated with experiencing ACEs.

Family-centered treatment approaches for substance use disorders—which simultaneously provide treatment to adult caregivers and support to youth who have experienced ACEs.

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For any questions related to this data brief, please submit inquiries to ivpb@cdph.ca.gov

Technical Notes

- The CHIS for teens includes questions about five types of adverse childhood experiences, compared to the seven types of experiences asked about in the [original ACEs Study](#).
- We recognize that the term “mentally ill” perpetuates harmful labels, the term is used in Figure 2 because it is the term used in the [CHIS for teens questionnaire](#) and original ACEs study.
- A total score of “3-5 ACEs” is used as the highest range in this brief due to the smaller number of ACEs asked about in the CHIS for teens, as well as the small number of individuals who reported experiencing four or five ACEs.
- The percentages presented in this brief were calculated using the replicate weights provided in the CHIS for teens data set; for more information, review the [CHIS 2021 Methodology Series: Report 5 Weighting and Variance Estimation](#).
- There are limitations to the types of analysis that could be conducted due to the small sample size. Only percentages with a coefficient of variation (CV) of less than 30% are presented.

References

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