

REVIEW ARTICLE

Factors associated with alcohol and substance use in adolescents aged 12–15: A rapid review

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Abstract

Adolescents can often adopt behaviors that put them at risk and compromise their health. Among these behaviors, the most prominent is the use of psychoactive/addictive substances (alcohol, tobacco, and other illicit drugs). In recent years, there has been an increasing utilization trend of these substances in adolescents and within the peer group. The objective of this paper is to identify the factors associated with alcohol and substance consumption in adolescents aged 12–15. We followed the Cochrane recommendations for this rapid review. We used the CINAHL database through EBSCO to search for articles. Covidence software was used to screen the title and abstract, as well as the full text. Data extraction was carried out according to a table created by two reviewers. Quality and risk of bias were assessed using the Joanna Briggs Institute tool. Ten articles published between 2020 and 2024 and originating in the United States and Canada were included in the study. The studies included adolescents aged 11–19, encompassing the 12–15 age group targeted in our study, and examined substances such as alcohol, tobacco, cannabis, cocaine, prescription drugs, and over-the-counter drugs. There are several contextual, relational, and personal factors that are positively and negatively associated with substance use in adolescents, and these are considered risk factors and protective factors, respectively. The findings of this rapid literature review contribute to the formulation of health policies and substance use prevention programs at global, European, national, and community levels.

Keywords: Alcohol; Teenagers; Substance abuse; Prevention programs

1. Introduction

The consumption of alcohol and other psychoactive substances is a serious public health problem, accounting for around 5% of deaths globally every year.¹ According to the 2023 National Survey on Drug Use and Health, about 19.9% of youth aged 14–15 reported having at least one drink in their lifetime, and one in 100 adolescents ages 12–13 reported

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drinking alcohol in the past month, and about one in 200 engaged in binge drinking.²

Among the population that consumes these substances, adolescents stand out, as they have been consuming more and more at an earlier age and in greater quantities over the years, with an increased risk of developing various health problems in the future. Adolescents are normally healthy, but they can adopt behaviors that put them at risk and compromise their health at some point in their life cycle. Among the behaviors, they may adopt is the use of substances such as alcohol, tobacco, and illicit drugs.³ Adolescence is a phase considered to be vulnerable to the consumption of alcohol and other drugs, which can cause damage and harm, with a devastating effect on health, learning, and family and social relationships.⁴ A natural curiosity for experimentation of new things, seeking for thrill or excitement, peer pressure, and accessibility and availability of alcohol and drugs are the factors that increase vulnerability of teenagers to consume alcohol and other drugs.

The negative social and health effects of using psychoactive substances and alcohol are more severe in adolescents.⁵ First, their physiological immaturity results in greater substance absorption.⁵ Second, their ongoing socio-emotional development increases their predisposition to engaging in risky behaviors.⁵ This could lead to cognitive and physical problems, poor social relationships, low academic performance, and potential serious injuries (resulting of risky behaviors).

Although there is some research in this field, there is no compilation of evidence in this specific demographic group. Therefore, this rapid literature review aims to identify the factors associated with alcohol and substance consumption in adolescents aged 12–15.

2. Methods

A rapid literature review was carried out to identify the most recent evidence on the chosen topic, opting for the highest level of evidence. This rapid review was based on the Cochrane guidelines.⁶

2.1. Definition of the research question

The research question defined for this review is “What are the factors associated with alcohol and substance consumption in adolescents aged 12–15?”.

2.2. Definition of eligibility criteria

The PICo strategy was used, where the letter P corresponds to the population (adolescents), the letter I corresponds to the phenomenon of interest (alcohol and substance abuse), and the letter Co corresponds to the context (third grade) (Table 1). Exclusion criteria included articles written in

neither Portuguese nor English, articles whose full text was not available, articles published more than 4 years ago, and articles of poor quality (Joanna Briggs Institute [JBI] assessment checklist result below 70%).

2.3. Search

The literature review was carried out on the CINAHL database via EBSCO. All qualitative, quantitative, and mixed studies were considered, as well as literature reviews carried out in the past 4 years. Studies conducted in Portuguese or English were selected, and priority was given to studies with high quality (JBI > 70%). Gray literature was not taken into account and supplementary research was limited. The equation was formulated using EBSCO's search history, using descriptors evaluated in MESH and deCS (Table 2).

Boolean equation = (Adolescence OR “Adolescent” OR “Youth” OR “Teens” OR Teenagers) AND (Alcoholism OR Alcohol abuse OR Alcohol-Related Disorders OR “Alcohol Addiction” OR “Alcohol Dependence” OR Substance Use Disorders OR Substance Abuse OR Street Drugs OR Substance Dependence OR “Drug Abuse” OR “Drug Dependence” OR “Drug Addiction”) AND (Schools, Middle OR Students, Middle School).

2.4. Study selection

2.4.1. Title and abstract screening

The titles and abstracts of the articles were read using Covidence software. After analyzing the titles and abstracts, the articles that met the eligibility criteria were included in the full-text screening. Articles that did not meet the criteria were excluded from the study. Both reviewers double-screened at least 20% of the abstracts with conflict resolution.

Table 1. Eligibility criteria

PICo	Description
Population	Teenagers
Interest phenomenon	Alcohol and substance abuse
Context	Third grade of school (middle school)

Table 2. Descriptors

PICo	Descriptors
P	“Adolescence” OR “Adolescent” OR “Youth” OR “Teens” OR Teenagers
I	Alcoholism OR Alcohol abuse OR Alcohol-Related Disorders OR “Alcohol Addiction” OR “Alcohol Dependence” OR Substance Use Disorders OR Substance Abuse OR Street Drugs OR Substance Dependence OR “Drug Abuse” OR “Drug Dependence” OR Drug Addiction
Co	Schools, Middle OR Students, Middle School

One of the reviewers analyzed the remaining abstracts and the other reviewer analyzed the excluded abstracts with conflict resolution. If a consensus was not reached between the two reviewers, a third reviewer would be included, but there was no need to do so, as all disagreements were resolved by consensus between the two reviewers.

2.4.2. Full-text screening

After screening the title and abstract, the accepted articles were read in full and assessed again using the Covidence software. Articles that met the criteria were included in the data extraction. Articles that did not meet all the criteria were excluded, accompanied by the reason for their exclusion. One of the reviewers selected all the articles that were included and the other reviewer analyzed all the excluded articles. If a consensus was not reached between the two reviewers, a third reviewer would be included, but there was no need to do so as all differences were resolved by consensus between the two reviewers.

2.5. Data extraction

Data extraction was carried out by one of the reviewers using a data extraction table that brings together the main characteristics of the articles included in the study. The table includes items relating to the author, year, country, objective of the study, population covered, study design, level of evidence, data collection methods and instruments, and significant findings/results. The accuracy and completeness of the extracted data was reviewed by another reviewer. If a consensus was not reached between the two reviewers, a third reviewer would be included, but there was no need to do so since all the differences were resolved by consensus between the two reviewers.

2.6. Assessing the risk of bias

The risk of bias was assessed based on the guidelines stipulated in “Evidence Synthesis in the Context of Translational Science”⁷ and the JBI evaluation grids were also used as reliable tools for assessing the risk of bias.⁸ Applying the JBI checklists, the following scores were considered: “Yes” corresponds to 1 point and “No”/“Unclear” to 0 points.⁸ The points were added up to obtain the final score for each article to assess their quality. Only articles with a final score of 70% or higher were considered. Average quality is classified as 70–79%, taking into account the verification criteria, high quality is classified as 80–90%, and excellent quality is classified as over 90%, based on the recommendation of the authors.⁹

The assessment of the risk of bias was carried out by one of the reviewers and the complete verification of all judgments was carried out by another reviewer. If consensus was not reached between the two reviewers, a

third reviewer would be included, but there was no need to do so since all differences were resolved by consensus between the two reviewers.

2.7. Summary of findings

The findings are presented in narrative form, summarizing the evidence found during the data extraction process. One of the reviewers assessed the certainty of the evidence and all judgments were verified by the second reviewer.

2.8. Ethical considerations

Since this rapid review of the literature did not require the participation of anyone other than the authors, ethics approval of a research ethics committee was deemed unnecessary. Ethical and legal considerations were taken into account regarding the information presented in this work, including proper citation and referencing of all sources, in addition to the authors’ original contributions.

3. Results

3.1. Included studies

Ten studies were included in this rapid literature review, including six analytical cross-sectional studies and four longitudinal studies. The ten articles were published between 2020 and 2024: Two articles from 2020,^{10,11} two from 2021,^{12,13} three from 2022,^{14–16} two from 2023,^{17,18} and one from 2024.¹⁹

The articles are mostly from the United States of America, with one article from Canada. The population covered by the studies includes adolescents aged between 11 and 19, encompassing the 12–15 age group targeted in our study. In terms of study design, six articles are analytical cross-sectional studies with level of evidence 4b, and four articles are longitudinal studies with level of evidence 3c.²⁰

The substances evaluated by the studies include alcohol, tobacco, cannabis, cocaine, prescription drugs, and over-the-counter drugs. Both reviewers analyzed the 10 studies and extracted data that were relevant to answering the research question initially formulated. After data extraction, the group identified several factors that are associated both positively and negatively with alcohol and substance use in adolescents. To organize these factors, they were grouped according to their characteristics into three groups: personal factors, relational factors, and contextual factors. The factors belonging to each of these groups and the way in which they are associated with alcohol and substance consumption are further discussed in this rapid review.

Figure 1 presents a PRISMA flowchart illustrating the process of article identification and selection in accordance with the PRISMA 2020 statement.²¹ The flowchart was

generated using Covidence software (Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia; available at www.covidence.org).

3.2. Characterization of the included studies

Table 3 tabulates the main information from the ten articles included in this rapid literature review.

3.3. Assessment of methodological quality and risk of bias

Tables 4 and 5 present the assessment of the quality and risk of bias of each of the articles included in this rapid literature review.⁸ After assessing the methodological quality and risk of bias, two articles were considered to

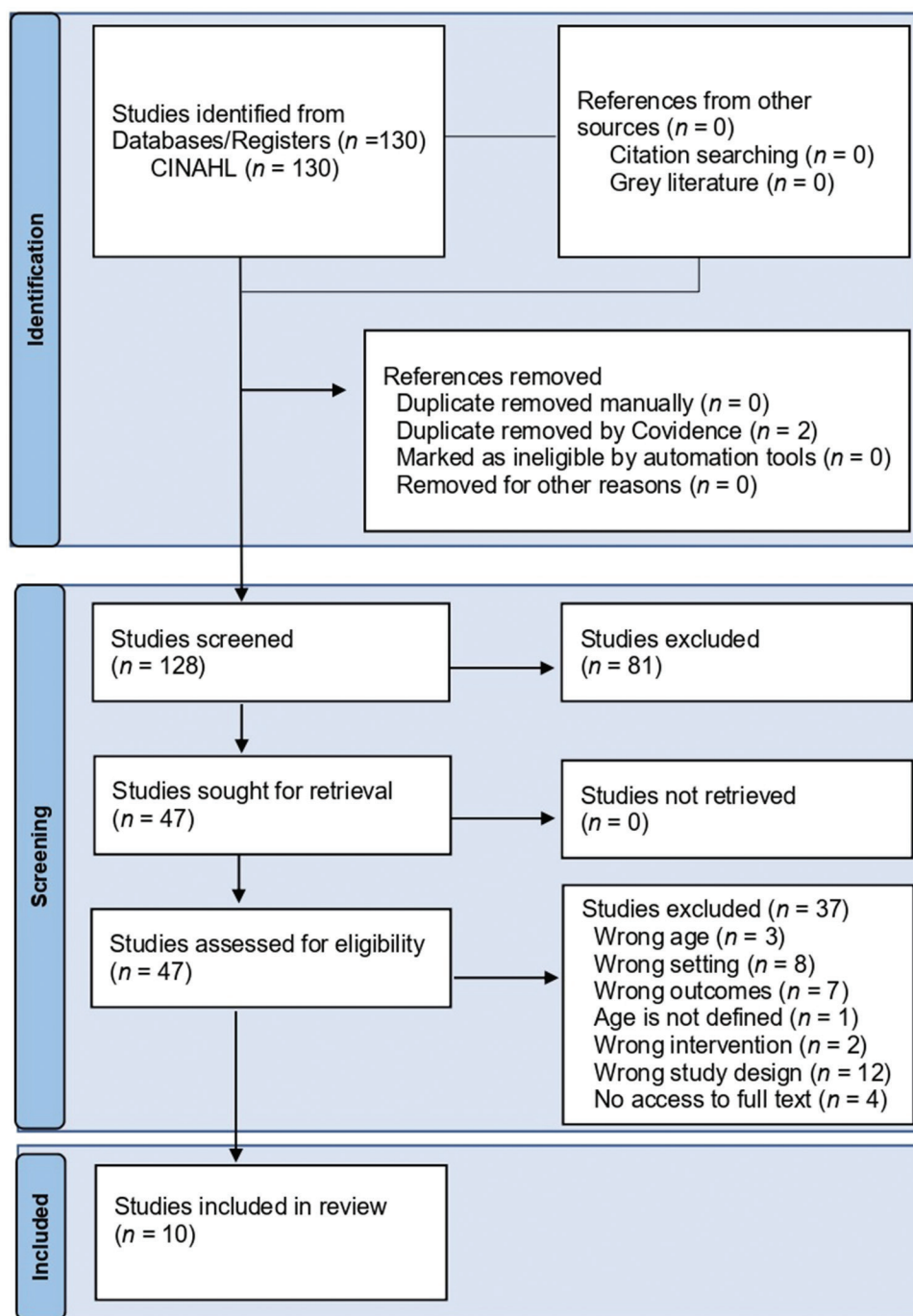


Figure 1. PRISMA flowchart depicting study selection and inclusion

Table 3. Data extraction

Author/year/country	Population	Study design/evidence level	Meaningful results	Type of factors
Walensky <i>et al.</i> (2021), ¹² United States of America	Teenagers from 12 to 18 years old	Analytical cross-sectional study; evidence level 4b	Factors such as curiosity, anxiety, stress, depression, accessibility to products, use of products by peers, social media posts about tobacco-based products, and risk perception have been associated with tobacco use among adolescents.	Personal; relational
Hatala <i>et al.</i> (2021), ¹³ Canada	Teenagers from 11 to 15 years old	Analytical cross-sectional study; evidence level 4b	Adolescents with high spiritual health are at lower risk of adopting risky behaviors, such as smoking, drinking alcohol, and using cannabis.	Personal
Henry <i>et al.</i> (2024), ¹⁹ United States of America	279 teenagers from 11 to 14 years old	Longitudinal study; evidence level 3c	Students who like the school they attend, have academic aspirations, are interested in learning and studying, and achieve good grades are less likely to use cannabis.	Contextual
Khan <i>et al.</i> (2023), ¹⁷ United States of America	1887 teenagers from 11 to 13 years old	Analytical cross-sectional study; evidence level 4b	Factors such as being male, accessibility to substances, peer substance use, lack of knowledge about alcohol and other substances, and the perceived social benefits – such as making more friends and coping with stress – have been associated with early substance use. Students with individual characteristics such as decision-making skills and the ability to refuse substance use through information gathering and critical thinking are less likely to use substances.	Personal; Relational
Lee <i>et al.</i> (2020), ¹⁰ United States of America	7084 teenagers from 11 to 17 years old	Analytical cross-sectional study; evidence level 4b	Students who were victims of traditional bullying and/or cyberbullying and spent more time with peers, especially delinquent peers, are more likely to consume alcohol and cannabis. Students who have healthy relationships with their parents, with open communication and clear rules and boundaries, are less likely to consume alcohol and cannabis.	Relational
Pederson <i>et al.</i> (2022), ¹⁶ United States of America	8461 teenagers from 11 to 16 years old	Analytical cross-sectional study; evidence level 4b	Adolescents who perceive their living environment as unsafe and have low self-esteem are more likely to use substances (alcohol, cannabis, tobacco, and other drugs). Adolescents who receive support from parents and teachers are less likely to use substances. Peer support did not affect the likelihood of substance use.	Contextual; personal; relational
Yang <i>et al.</i> (2022), ¹⁴ United States of America	Teenager from 11 to 19 years old	Analytical cross-sectional study; evidence level 4b	This study identified the interaction and co-occurrence between young people's perceptions of the community they live in, community issues such as drug sales, public alcohol consumption, and gang activities, and the development of risky behaviors such as substance use, depressive symptoms, and weapon carrying.	Contextual; relational
Temple <i>et al.</i> (2022), ¹⁵ United States of America	Teenagers from 11 to 13 years old	Longitudinal study; evidence level 3c	The study results reveal that the COVID-19 pandemic resulted in individual and family changes linked to impacts on mental health and substance use by adolescents, who had a considerably higher probability of reporting use of various substances.	Personal; relational
Schick <i>et al.</i> (2023), ¹⁸ United States of America	Teenager from 12 to 18 years old	Longitudinal study; evidence level 3c	Parental supervision and good communication between parents and children, as well as having positive attitudes toward school, are significantly associated with lower intentions to consume alcohol, smoke cigarettes, and use cannabis and other drugs. Peer pressure is associated with greater intentions to consume alcohol and substances.	Relational
Rinehart <i>et al.</i> (2020), ¹¹ United States of America	Teenagers from 13 to 17 years old	Longitudinal study; evidence level 3c	Students who have suffered any type of victimization or harassment showed a higher probability of using drugs and alcohol and of experiencing depressive symptoms. On average, boys were more frequent users of substance than girls.	Contextual; personal

Table 4. Critical appraisal: Analytical cross-sectional study

References	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Score	Quality (%)
Walensky <i>et al.</i> ¹²	Y	Y	Y	Y	N	N	Y	Y	6/8	75
Hatala <i>et al.</i> ¹³	Y	Y	Y	Y	Y	Y	Y	Y	8/8	100
Khan <i>et al.</i> ¹⁷	Y	Y	Y	Y	N	N	Y	Y	6/8	75
Lee <i>et al.</i> ¹⁰	Y	Y	Y	Y	Y	Y	Y	Y	8/8	100
Pederson <i>et al.</i> ¹⁶	Y	Y	Y	Y	Y	Y	Y	Y	8/8	100
Yang <i>et al.</i> ¹⁴	Y	Y	Y	Y	Y	N	Y	Y	7/8	88
Score	6/6	6/6	6/6	6/6	4/6	3/6	6/6	6/6		
Risk of bias (%)	100	100	100	100	67	50	100	100		

Notes: “Y” denotes present; “N” denotes not present.

Table 5. Critical appraisal: Longitudinal study

References	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Score	Quality (%)
Henry <i>et al.</i> ¹⁹	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	10/11	91
Temple <i>et al.</i> ¹⁵	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	10/11	91
Schick <i>et al.</i> ¹⁸	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11	100
Rinehart <i>et al.</i> ¹¹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11	100
Score	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	2/4	4/4		
Risk of bias (%)	100	100	100	100	100	100	100	100	100	50	100		

Notes: “Y” denotes present; “N” denotes not present.

be of medium quality, two articles of high quality, and six articles of excellent quality.⁹ Analytical cross-sectional studies are at risk of bias because they either do not identify confounding factors or do not adopt strategies to address them. Longitudinal studies are at risk of bias because they do not use strategies to deal with incomplete follow-up.

4. Discussion

4.1. Discussion of results

After analyzing the ten selected articles, which included adolescents aged 11–19, we identified various factors associated with alcohol and substance use specifically in the 12–15 age group and categorized them into three main groups: contextual, relational, and personal factors.

4.1.1. Contextual factors

Contextual factors are those related to the context in which the adolescent lives. School is a place where adolescents spend a large part of their day, so this is a very important context to take into consideration. The most recent evidence affirms that in healthy school environments, adolescents who enjoy going to school, who have academic aspirations and who are interested in learning, are less likely to use alcohol, tobacco, and cannabis.¹⁹ The findings are consistent with the results of another study which states that adolescents who have positive attitudes toward school

are less likely to consume alcohol and substances.¹⁸

Thus, a healthy school environment is a contextual factor negatively associated with alcohol and substance use, and is therefore a protective factor. Adolescents' place of residence is also a factor to take into consideration. The most recent evidence states that adolescents who perceive their place of residence to be unsafe or whose places of residence have various community problems such as drug sales, public alcohol-drinking behavior, and gang activity are more likely to consume alcohol and other substances.¹⁴ These findings are consistent with another study analyzed by the group, which states that the perception of insecurity regarding where adolescents live is a factor associated with substance use.¹⁶ Social networks are also associated with substance use, as adolescents are easily exposed to content alluding to the use of alcohol, tobacco, and other drugs, leading to an increased likelihood of use.¹² Several studies have also indicated that accessibility to substances is also a factor associated with substance use, especially alcohol and tobacco.^{12,17} Other study¹⁷ also stated that the COVID-19 pandemic was also a context that boosted substance use in adolescents insofar as the impact that COVID-19 had on adolescents' mental health, decreased social interaction, and financial instability increased the likelihood of using alcohol, tobacco, and other drugs.¹⁷ Thus, the perception of insecurity regarding where they live, social networks,

accessibility to substances, and the COVID-19 pandemic are contextual factors that are positively associated with alcohol and substance use and are therefore considered risk factors.

4.1.2. Relational factors

Relational factors are those associated with the relationships that adolescents have with other people, be they peers, family members or teachers. The latest evidence indicates that relationships with peers are strongly associated with alcohol and substance use. At this stage of development, it is common for there to be greater peer pressure to adopt various risk behaviors, such as substance use.¹⁰ The findings of this study are consistent with the results of other articles analyzed by the research group.^{18,12} Other study¹⁷ also states that it is common for adolescents to have a social perception of the benefits of consuming alcohol and other substances, as it promotes acceptance by peers, thus helping them to make more friends at school.¹⁷ Still on the subject of relationships with peers, it is quite common to experience bullying at school, which has various consequences for the adolescent who is the victim. One study¹⁷ states that adolescents who experience any type of bullying, whether traditional or cyberbullying, are more likely to consume alcohol and cannabis.¹⁷ Other study¹¹ corroborates this evidence, adding that in addition to bullying, experiencing any type of victimization or harassment are also factors that increase the likelihood of adolescents consuming substances.¹¹ Hence, peer pressure, the social perception of benefit and experiencing any type of bullying, victimization, or harassment are relational factors that are positively associated with alcohol and substance consumption and are therefore considered risk factors. The most recent evidence also states that adolescents' relationships with their parents are also very important. Adolescents who have healthy relationships with their parents, where there is mutual trust and effective communication and where rules and limits are set, are significantly associated with a lower likelihood of adolescents using alcohol, tobacco, cannabis, and other drugs.¹⁸ This evidence is consistent with findings in other

articles analyzed by the group.¹⁷ This also corroborates the above, reinforcing the benefits for adolescents of parental support.¹⁶ The evidence from this study also adds that in addition to parents, support from teachers also reduces the likelihood of adolescents using substances.¹⁶ Thus, having healthy relationships with parents and teachers are relational factors that are negatively associated with alcohol and substance use, and are therefore considered protective factors.

4.1.3. Personal factors

Personal factors are those related to the person's intrinsic characteristics. Of these, mental health stands out. The most recent evidence states that adolescents with mental health problems such as anxiety, stress, or depression are more likely to consume alcohol, tobacco, and drugs, as many adolescents use these substances as a coping strategy to help deal with these problems.¹² Male gender, adolescents' curiosity to experiment with substances, and a lack of knowledge about the dangers associated with alcohol and substance use are also factors that increase the likelihood of using.^{11,12,17} These personal factors, because they are positively associated with alcohol and substance consumption, are considered risk factors. The most recent evidence also states that adolescents who have decision-making and critical thinking skills are less likely to consume alcohol and substances.¹⁷ One study¹³ concluded that a factor negatively associated with alcohol and substance use is the spiritual health of adolescents. They therefore state that adolescents who are spiritually healthier, in any of their domains, are less likely to consume substances.¹³ Thus, decision-making and critical thinking skills and spiritual health are personal factors that are negatively associated with alcohol and substance use, and are, therefore, considered protective factors. [Table 6](#) summarizes the various factors associated with alcohol and substance consumption identified in this rapid literature review, as well as grouping them into personal, relational, and contextual factors.

Table 6. Factors associated with alcohol and substance consumption

Personal factors	Relational factors	Contextual factors
Risk Factors		
Male gender	Peer pressure	Perception of insecurity in the place of residence
Mental health problems	Social perception of benefit	COVID-19 pandemic
Curiosity	Experiencing bullying or harassment	Accessibility of substances
Lack of knowledge		Social media
Protective Factors		
Decision-making skills	Healthy relationship with parents	Healthy school environments
Critical thinking skills	Healthy relationship with teachers	
Spiritual health		

The various factors described in the most recent evidence from the studies included in this rapid literature review demonstrate the need to implement measures to prevent substance abuse in adolescents, to avoid the consequences and promote their healthy development. It should also be noted that the various factors described do not act in isolation. These factors interact with each other and can increase or decrease the likelihood of an adolescent consuming any type of substance. This presupposes the need to carry out an assessment based on a holistic approach to the adolescent, taking into account their personal characteristics, the relationships they have with their peers, parents, and teachers and the context in which they live, be it school, *etc.* Only in this way will it be possible to implement effective measures to prevent adolescent substance abuse. Thus, after analyzing the 10 articles included in this rapid literature review, we consider that it has succeeded in meeting the previously defined objective, answering the review question formulated.

4.2. Implications for practice, policy, and education

By identifying factors associated with alcohol and substance use in adolescents aged 12–15, this rapid review of literature makes a number of contributions to practice, policy, and education, both globally and at European, national and EU levels. At a global level, the contributions of this rapid review fit into various health policies and prevention programs, such as the Global Alcohol Action Plan 2022–2030, which aims to implement various strategies at a global level to reduce the risks of alcohol use, which is considered a public health priority.²² This rapid review also meets two Sustainable Development Goals (SDGs) within the 2030 Agenda, established by the United Nations General Assembly, namely, SDG 3 (Health and Well-being) and SDG 4 (Quality Education).

By implementing substance use prevention measures, the adverse effects of alcohol, tobacco, and other substance use will be prevented, thus promoting healthy adolescent development and contributing to SDG 3. Nurses play an important role in health promotion and are crucial in disseminating knowledge about the dangers associated with alcohol and substance use to adolescents, particularly through health education sessions, thus contributing to SDG 4.²³ At a European level, the findings of this rapid literature review are in line with various recommendations from the European Monitoring Center for Drugs and Drug Addiction, which gathers important information on substance abuse prevention policies based on scientific evidence.²⁴ The results obtained in this rapid review also fit in with guidelines from the Registered Nurses Association of Ontario (RNAO) that bring together recommendations based on scientific evidence that help nurses to carry out

nursing interventions aimed at preventing substance use in adolescents, such as the “Engaging Clients Who Use Substances” guideline.²⁵ At a national level, the findings of this rapid literature review are in line with the Portuguese National Health Plan 2030, which considers alcohol, tobacco, and illicit drug dependence to be health problems of a high or growing magnitude.²⁶ Several studies carried out in Portugal reflect the importance of implementing programs to prevent the consumption of alcohol, tobacco, and other psychoactive substances.^{27–30}

Thus, the findings of this rapid review fit in with various policies that focus on substance use prevention, such as the Portuguese National Program for the Prevention and Control of Smoking, the Portuguese National Plan for the Reduction of Addictive Behaviors and Dependencies 2021–2030, the Action Plan for the Reduction of Addictive Behaviors and Dependencies–Horizon 2024, and the National Plan for Youth.^{22,31–33} There are also other substance use prevention initiatives in Portugal that the evidence from this rapid review fits into, such as SICAD’s “Me and the others” initiative.³⁴ Finally, the evidence resulting from this rapid review brings a lot of contributions at community level, with a special focus on Primary Health Care in contributing to the healthy development not only of adolescents but also of the community in which they live. By assessing a given adolescent, locality or institution, it is possible to identify which factors are positively associated with alcohol and substance use, that is, risk factors. If contextual factors are identified as risk factors in a given locality or institution, nursing initiatives and interventions should be directed at these specific risk factors, such as promoting a healthy school environment or promoting a better perception of safety in the adolescents’ place of residence. If relational factors are identified as risk factors, it would be prudent to develop initiatives that improve the relationship between adolescents and parents, or initiatives to prevent bullying in schools. If personal factors are identified as risk factors, it would be important to implement measures related to the promotion of mental and spiritual health in adolescents, thus empowering adolescents with other coping strategies that do not involve the use of alcohol, tobacco or other drugs. Thus, the contributions of this rapid review fall within the scope of various guidelines, directives, and orientations that are formulated on the basis of the most recent scientific evidence. In addition, the evidence from this rapid review of the literature will enable the creation of new, innovative substance use prevention programs for adolescents based on a holistic approach to adolescents, considering personal, relational, and contextual factors and how they correlate, with nurses playing a crucial role throughout this process.

4.3. Strengths and limitations of the study

In terms of strengths, the articles included in this rapid literature review which, although they had a relatively low level of evidence, were of good methodological quality, making it possible to obtain reliable information. With regard to the limitations of this study, the fact that the type of the studies presented a risk of bias is a factor that could affect the results obtained. As this was a rapid review, time was also a limitation. The fact that we only consulted one database, and the difficulty in accessing some articles in full, may have resulted in the loss of articles that could have made important contributions to the rapid review. Limited inclusion of articles was also exacerbated by the fact that the search language was restricted to English and Portuguese. Furthermore, the included studies did not take into account ease of access to alcohol and other substances, influence of social media and pop culture, and coping strategies to stressful and trauma situations.

5. Conclusion

The current rapid literature review provides the latest evidence, allowing us to identify the factors associated with alcohol and substance consumption in adolescents aged 12–15. Various factors associated positively and negatively with alcohol and substance consumption can be classified as personal, relational, or contextual factors. In addition, these factors do not act in isolation, but that there is a correlation between among them, which can increase or decrease the likelihood of an adolescent consuming alcohol or other substances. By deepening our knowledge of these factors, the evidence from this review fits in with various guidelines, directives, and guidelines at global, European, national and EU level. This paper also contributes to informing the development of holistic intervention programs and protocols for the prevention of substance use in adolescents, considering personal, relational, and contextual factors and how they correlate, with nurses playing a crucial role in this whole process. This rapid review provides health professionals, specifically nurses, with scientific knowledge that promotes the use of evidence-based practice, serving as a guide for decision-making, thus improving the quality of nursing care.

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Conflict of interest

The authors declare that they have no competing interests.

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Ethics approval and consent to participate

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Consent for publication

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Not applicable.

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