

Adolescent Drug Use

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The adolescence stage of life is a critical period for increased risk behaviors such as use of tobacco, alcohol, and illicit drugs (Chen & Jacobson, 2012), unprotected sex and sexually transmitted infections (Center for Disease Control, 2014) as well as violent and nonviolent crimes (Pastore & Maguire, 2006; Collado, MacPherson, Kurdziel, Rosenberg, & Lejuez, 2014). Drug misuse during adolescence continues to be a problem in the United States. Mitchell et. al. (2014) illuminate the epidemical forces of drug use by reviewing data of the National Survey on Drug Use and Health (NSDUH), showing that 1 in 10 adolescents from ages 12–17 in the United States report using illicit drugs and that almost 50% of high school students “will have used illicit drugs” by the time they graduate (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010; Mitchell, Gryczynski, O’Grady, Schwartz, 2013).

The most commonly used illicit drug for adolescents is marijuana, followed by prescription drugs and cocaine (NSDUH, 2015). Although some increase in risk-taking behavior in adolescence can be normative, high levels of risk-taking behavior are associated with poorer academic achievement and role performance, increased psychopathology, and suicide risk (Costa, Jessor, Donovan, & Fortenberry, 1995). A study about the role of adolescent drug consumption using data from the National Longitudinal Study of Adolescent Health shows how drug use has a greater correlation with thoughts of suicide than other perilous behaviors (Ammermann, Steinberg, & McCloskey, 2016). Early onset of drug use and drug misuse is not only alarming for the sake of the individual’s developmental period in life, but also increases the risk for substance use disorders later in life (Swift, Coffey, Carlin, Degenhardt, & Patton, 2008).

According to reports about treatment services, the majority of adolescents who use illicit drugs do not pursue treatment or help (SAMHSA, 2013; Mitchell, Gryczynski, O’Grady, Schwartz, 2013). Reports indicate that in 2009, almost 7.2% of teenagers in the U.S. were

considered to need substance abuse treatment however, only approximately 150,000 of them actually pursued it, indicating that a large unmet need for treatment services persists (SAMHSA, 2013; Mitchell et al., 2013). Recent studies examined the protective factors of adolescent drug abstinence and focused on positive social interactions with peers and adults, community engagement, commitment to school, and positive involvement in the community (Kim, Oesterle, Catalano, & Hawkins, 2015). With these important factors in mind, a group of researchers introduced the Teen Leadership Academy (TLA) intervention, which is designed to facilitate the process of adolescents becoming agents of change (Stanley, Iglar & Bever, 2017). This approach was deemed highly successful as participants were able to resist the temptation to use drugs during the intervention, even though they were highly accessible. The TLA model showed encouraging results of “enhancing protective factors and minimizing risk factors”, when tested in the study (Stanley et. al., 2017). Conclusively, more research is needed to focus on harm reduction and enhancing protective factors as to protect and facilitate positive development in the adolescent population.

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