

# Adolescent Drug Use

Maïke Klein, MA, MRes, Accredited Drug & Alcohol Professional

Department of Social & Policy Sciences, University of Bath, Claverton Down, Bath, BA2 7AY,  
United Kingdom

## Adolescent Drug Use

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.

## References

- Ammerman, B. A., Steinberg, L., & McCloskey, M. S. (2016). Risk-taking behavior and suicidality: the unique role of adolescent drug use. *Journal of Clinical Child & Adolescent Psychology*, 1-11.
- Centers for Disease Control and Prevention. (2014b). Youth Risk Behavior Surveillance—United States, 2013. *Morbidity and Mortality Weekly Report*, 63, 1–172
- Chen, P., & Jacobson, K. C. (2012). Developmental trajectories of substance use from early adolescence to young adulthood: Gender and racial/ethnic differences. *Journal of Adolescent Health*, 50, 154–163. doi:10.1016/j.jadohealth.2011.05.013
- Collado, A., MacPherson, L., Kurdziel, G., Rosenberg, L. A., & Lejuez, C. W. (2014). The relationship between puberty and risk taking in the real world and in the laboratory. *Personality and Individual Differences*, 68, 143–148. doi:10.1016/j.paid.2014.04.019
- Costa, F. M., Jessor, R., Donovan, J. E., & Fortenberry, J. D. (1995). Early initiation of sexual intercourse: The influence of psychosocial unconventionality. *Journal of Research in Crime and Delinquency*, 5, 93–121

- Kim, B. E., Oesterle, S., Catalano, R. F., & Hawkins, J. D. (2015). Change in protective factors across adolescent development. *Journal of Applied Developmental Psychology, 40*, 26-37.
- Mitchell, S. G., Gryczynski, J., O'Grady, K. E., & Schwartz, R. P. (2013). SBIRT for adolescent drug and alcohol use: Current status and future directions. *Journal of substance abuse treatment, 44*(5), 463-472.
- Pastore, A. L., & Maguire, K. (2006). *Estimated percent distribution of U.S. resident population and persons arrested for all offenses* (Sourcebook of Criminal Justice Statistics Online, Table 4.4).
- Stanley, A. C., Iglar, E. C., & Bever, J. A. (2017). Teen Leadership Academy (TLA): An Intervention for Enhancing Community Advocacy and Reducing Substance Use Among Youth in a Rural Community. *Journal of Adolescent Health, 60*(2), S70.
- Substance Abuse and Mental Health Services Administration (2010). Results from the 2009 national survey on drug use and health: mental health findings (Office of Applied Studies, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.
- Substance Abuse and Mental Health Services Administration (2013) Drug Abuse Warning Network, 2011: National Estimates of Drug-Related Emergency Department Visits. *HHS publication no. (SMA), 13*, 4760.
- Swift, W., Coffey, C., Carlin, J. B., Degenhardt, L., & Patton, G. C. (2008). Adolescent cannabis users at 24 years: trajectories to regular weekly use and dependence in young adulthood. *Addiction, 103*(8), 1361-1370.