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## Short Communication

## Declining trends in drug dealing among adolescents in the United States

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## HIGHLIGHTS

- The prevalence of drug-selling among adolescents in the US decreased significantly between 2002–2015
- The rate of drug-selling decreased significantly among boys and remained stable for girls
- Decrease in drug-selling observed for nearly all male subgroups and African-American girls

## ARTICLE INFO

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## ABSTRACT

**Introduction:** The link between drug selling and other delinquent behaviors in adolescence is well established. Less is known regarding the trends in drug selling among youth in the US and whether they are consistent with the recently observed decline in problem behaviors among this population.

**Methods:** Data were collected between 2002 and 2015 as part of the National Survey on Drug Use and Health (NSDUH). Participants included 233,435 US youth aged 12–17. The primary variable of interest was self-reported past year drug-selling. Logistic regression assessed trends in drug-selling among male and female subgroups.

**Results:** Between 2002 and 2015, the prevalence of drug-selling decreased significantly across all youth (AOR = 0.970,  $p < .001$ ). Analysis of gender differences revealed that the rate of drug-selling decreased significantly among boys (AOR = 0.962,  $p < .001$ ), however, the trend remained stable for girls (AOR = 0.987,  $p > .05$ ). The decrease in drug-selling was observed for nearly all male subgroups, African-American girls (0.946,  $p < .01$ ) and girls reporting no illegal substance use in the past year (0.960,  $p < .05$ ).

**Conclusions:** The prevalence of past year drug-selling among youth in the US is declining significantly, especially for boys.

## 1. Introduction

The selling or “dealing” of drugs by adolescents possesses critical implications for the healthy development of youth and portend costly justice system contact. Arrests stemming from possession and trafficking of illegal substances have risen three-fold from 1980 to 2005 and incarceration for drug offenses has risen even more steeply over the past thirty years (Caulkins & Chandler, 2006; Mauer & King, 2007). Extant research on adolescent drug sellers have found that drug selling is associated with a wide range of risky and delinquent behaviors including the abuse of psychoactive intoxicants (Little & Steinberg, 2006; Magyar, Edens, Lilienfeld, Douglas, & Poythress, 2011; McCurley & Snyder, 2008; Shook, Vaughn, Goodkind, & Johnson, 2011).

Despite accrued evidence on the correlates of drug selling, there is a relative dearth of systematic research examining the trends in drug selling among youth. Extant studies have focused on arrests over time. For instance, using state-level Uniform Crime Report data, Jacobson (2004) examined drug sales arrest rates among youth ages 15–19 in the US from 1976 to 1997. During that time, the youth marijuana sales arrest rate was 51.5 per 100,000 residents and 149 per 100,000 for all drug sales. Saner, MacCoun, and Reuter (1995) conducted a multiple-cohort analysis with 98,106 African-American male offenders ages 18–29 from 1985 to 1991. The number of persons charged with drug distribution increased from 3807 in 1985 to 6093 in 1991. Notably, the ratio of people charged with drug selling to those charged with drug possession tripled from 1.2 in 1985 to 3.1 in 1991, suggesting changes

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in law enforcement policy and participation in the drug trade.

An examination of trends in drug selling is critical in providing an empirical basis for policy, prevention, and for informing programs designed to address subgroups that may be disproportionately impacted by the distribution of illicit substances. Moreover, there is reason to suspect that, despite ongoing concerns regarding drug use and associated illegal behaviors, there may be important changes underway with respect to the proportion of youth involved in drug selling. Several recent epidemiological trend studies focused on youth problem behaviors, such as alcohol and drug use, truancy and handgun use, and risky sexual behavior, indicate that recent years have seen meaningful reductions in the number of young people involved in problem behaviors (Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2015; Kann et al., 2016; Salas-Wright & Vaughn, 2016; Salas-Wright, Vaughn, Todic, Cordova, & Perron, 2015; Vaughn, Nelson, Salas-Wright, Qian, & Schootman, 2016).

The current study employs data from a population-based study (i.e., National Survey on Drug Use and Health [NSDUH]) that surveyed nearly 200,000 non-Hispanic White ( $n = 130,630$ ), African-American ( $n = 29,827$ ), and Hispanic ( $n = 36,856$ ) adolescents ages 12–17 in the US. Specifically, our objective is to examine trends in drug selling among youth from the nation's three largest racial/ethnic groups as well as across gender between 2002 and 2015.

## 2. Methods

### 2.1. Data

This study used data from the National Survey on Drug Use and Health (NSDUH) from the years 2002 to 2015. The NSDUH is an annual, national survey of civilian, noninstitutionalized persons ages 12 and over about tobacco, alcohol, and illegal drug use and abuse, and mental health issues (Center for Behavioral Health Statistics and Quality, 2016). RTI International is authorized to conduct this survey by Section 505 of the Public Health Service Act which requires annual collection of national and state level data on patterns of substance use (NSDUH, 2018a). The sampling methodology includes individuals who may be homeless or living in a noninstitutionalized group home (i.e., college housing) in addition to those living in traditional residences. The NSDUH oversamples youth ages 12–17 and 18–25. The survey is cross-sectional; every year represents a different sample of individuals. Respondents are interviewed in their own homes using computer-assisted interviewing technologies. Confidentiality of their answers is protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (NSDUH, 2018b). Depending on the series of questions, the respondent either answered the questions directly into the computer (audio computer-assisted interviewing, ACASI) or indirectly via the interviewer (computer-assisted personal interviewing, CAPI). The majority of questions are asked on the ACASI, permitting privacy for the respondent and potentially decreasing any social desirability bias in their survey responses. However, the drug and alcohol measures are self-report which can result in errors in reporting due to poor memory recall or bias. (Center for Behavioral Health Statistics and Quality, 2016). An alpha level of 0.05 was used for all statistical tests. All analyses were conducted using Stata 14.1 MP survey data functions (Stata Corp LP, 2015).

### 2.2. Measures

#### 2.2.1. Drug selling

Youth were asked how many times they had sold illegal drugs in the last year. This variable was collapsed so that youth were coded as having sold illegal drugs once or more (1) or never having sold illegal drugs (0) in the past year.

#### 2.2.2. Controls

A range of sociodemographic factors were used as controls in the analyses. Age was dichotomized into two categories ages 12–14 and ages 15–17. Gender, school enrollment, and father's presence in the home were also included. Youth race/ethnicity was restricted to non-Hispanic White, non-Hispanic African American/Black, and Hispanic. These three groups represent the majority of the sample. To control for the varying access and use patterns of illegal drugs by socioeconomic status (e.g., Humensky, 2010) and region (e.g., Gfroerer, Larson, & Colliver, 2007), annual family income and urbanicity were also included as control variables. Participant engagement in alcohol use, marijuana use, and other illegal substance use in the past year were also examined.

### 2.3. Analyses

The statistical analysis was conducted in three parts. First, annual prevalence estimates were calculated for each year among the full sample and by racial/ethnic and gender subgroups. Then, we tested the significance of the linear trend across groups controlling for sociodemographic factors. In the logistic regression models, survey year was included as a continuous variable according to the methods outlined by the Center for Disease Control and Prevention (2016). Finally, we stratified by sex and reran the trend analyses. All estimates were weighted to account for NSDUH's sampling design based on the guidelines provided by the Substance Abuse and Mental Health Data Archive (Substance Abuse and Mental Health Services Administration [SAMSHA], 2014).

## 3. Results

### 3.1. Trends in drug-selling among adolescents

As shown in Fig. 1, in the period of study, 3.12% (3.02, 3.23) of youth ages 12–17 sold drugs in the past year. Across all youth, there was a significant decrease in drug-selling over the 12 years (AOR = 0.970,  $p < .001$ ). From 2002 to 2015, male youth's selling of drugs significantly decreased (AOR = 0.962,  $p < .001$ ), while the overall female trend remained stable (AOR = 0.987,  $p = .15$ ).

As revealed in Table 1, drug-selling decreased among nearly all male demographic and risk factor subgroups; the rate of drug-selling remained stable among rural boys and those from households with incomes between \$20,000–39,000 (Table 1). Conversely, there was no significant change in the proportion of youth selling drugs among most female subgroups. There was a significant decrease in drug-selling among girls who did not use an illegal substance in the last year (0.960,  $p < .05$ ), were Black/African American (0.946,  $p < .01$ ), or were ages 15–17 (0.980,  $p < .05$ ).

## 4. Discussion

Findings from the present study address a critical gap in our understanding of the overall trends and correlates of drug selling among adolescents in the US. With respect to trends, the prevalence of drug selling decreased significantly over the course of the study, dropping from a pinnacle of over 4.1% in 2002 to 2.3% in 2015. Notably, this constitutes an approximate 40% reduction in the proportion of youth reporting involvement in drug selling. We also observed sex differences of note in that significant decreases were found for males, of any racial/ethnic group, and not females in general. However, there were significant decreases identified for African-American girls. Future research could examine causal explanations of subgroup differences through longitudinal studies to inform the development of group-specific interventions.

As previous research suggests, law enforcement policies and practices may impact youth involvement in drug selling (Saner et al., 1995).

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