Research consistently shows that personal disapproval toward drug use is protective against use. Furthermore, approval of the drug use of others appears to increase intentions for personal use. What is less understood, however, is how drug use in and of itself, might influence these perceptions of disapproval. A recent analysis by Joseph J. Palamar of the Department of Population Health at New York University’s Langone Medical Center, further explored this issue. The findings suggest that growing support for marijuana legalization is likely to have a detrimental effect on youth drug use behavior. Weakened marijuana laws will further reduce stigma and disapproval for using marijuana, resulting in increased marijuana use which appears to put youth at greater risk for using other, “harder” drugs.

What did they do?

The study analyzed a data from the nationally representative Monitoring the Future survey. Administered on an annual basis, this survey gathers information from youth (8th, 10th, and 12th graders) and young adults across 48 states. The group was for the most part, evenly split between females (53%) and males (47%) and most students were at least 18 years old when they completed the survey. The group identified as predominately White (68%), Black (12%), or Hispanic (10%). When asked about lifetime drug use, alcohol was most commonly reported (73%), followed by cigarettes (43%) and marijuana (42%).

Survey items for analysis were selected based on their ability to answer two primary questions. First, how does a student’s own reported lifetime use of alcohol, cigarettes, marijuana, and other “harder” drugs affect this perception of disapproval? In this study, “hard” drugs were defined as those more likely to be initiated after marijuana, less commonly used by youth, and typically viewed as more dangerous. The “hard” drugs included in the analysis for drug disapproval included powder cocaine, crack, LSD, heroin, amphetamine, and ecstasy. Among them, heroin and crack were most disapproved by students while LSD and amphetamine were the least disapproved. Second, how might certain individual demographics explain whether or not a young person disapproves of drug use? Individual demographics included those stated above, in addition to the population density of the students’ community, the level of education attained by their parents (an indicator for socioeconomic status), and the role that religion plays in their lives.

What did they find?

Students that reported using marijuana, but not a “hard” drug in their lifetime consistently reported lower disapproval toward the use of LSD, amphetamine, and ecstasy. Disapproval of powder cocaine, crack, and heroin for these youth appeared to remain unaffected. However, reported lifetime marijuana use in combination with another “harder” drug surfaced as a moderate risk factor for lower disapproval toward the use of those same three substances. In other words, multdrug use puts youth at greatest risk for lessening perceptions of disapproval toward other drugs. It is important to note that both cigarette use, and the use of more than one “hard” drug consistently reduced the odds of disapproval toward all other drugs. What may not be surprising is that heroin and crack have such high disapproval rates that even youth that report having used another “hard” drug such as LSD and amphetamine will often still disapprove of their use.

In many instances, disapproval of the use of one drug was associated with disapproval for the use of another. For example, students that disapproved of cocaine use were highly likely to disapprove of using crack. A similar relationship, though less strong, was found between LSD and heroin, LSD and amphetamine, and heroin and amphetamine. In addition, the use of one “hard” drug increased the likelihood for the use of another “hard” drug at some point in time. The large majority of students that used marijuana had also used alcohol (95%) or cigarettes (75%) and those that used cigarettes were highly likely to have used alcohol (94%). Those that reported “hard” drug use were also highly likely to have used alcohol (94%), and marijuana (81%), followed by cigarettes (77%).

When youth reported high levels of religious involvement, they were much less likely to approve of the use of any drug. Also, females were less likely to approve of cocaine, crack, LSD, and ecstasy use than males. Interestingly, higher parent education and residing in a community with higher population density appeared to increase the likelihood of approval toward the use of LSD, amphetamine, and ecstasy. Finally, while Black students are less likely to disapprove of the use of powder cocaine, crack, and ecstasy, they are also using these drugs at lower rates than White students. This finding is unique given that lower disapproval typically results in higher rates of use.

What did they do?

Assess how your coalition is communicating about “other” drug use. In prevention, we often speak about “alcohol, tobacco, and other drugs”. This research suggests that there might be a benefit to teasing apart the “other drugs” in our community-wide education efforts. By lumping them together, youth might feel that if they do one, it is okay to do another when the effects and harms of each drug are different. All efforts must be made to ensure that youth don’t become users of multiple drugs (licit or illicit).

To review the original source, please refer to: