Adolescent Drug use: What affects using drugs?

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Using a subset of data from the Juvenile National Survey on Drug Use and Health (NSDUH) 2007 survey this study looks at the relationships between religious beliefs, drug education, gender, age and other demographics in relation to drug use ever. We hypothesized that adolescents who had religion influence their life decisions, took drug education classes, and being home schooled would lower drug use. When first viewing the data it seemed to be hopeful that religion and drug education were conducive to lowering drug use, while being home schooled was not. However it seems that age and lower income are related to increased drug use, compared with others within the sample.

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A teenager is taken to the hospital due to not being able to feel his legs. When his parents are asked whether or not the child has ever taken drugs, the response is “my child would never do drugs.” The doctor recognizes the symptoms of a drug overdose and administers Narcan, a drug designed to reverse the effects of narcotics, to which the teen almost instantly recovers from not being able to feel his legs. The parents are shocked, and wonder how their child could have gotten and taken drugs without their knowledge. While this situation may seem improbable, scenes such as this are happening more frequently across America, and not always with these results. Drug use among children aged 12 to 17 is becoming more frequent, and often goes unnoticed by the people entrusted with their care.

Each year scenarios such as the one just mentioned happen, and in greater frequency than the past. The availability of drugs among teenagers, and the usage of them is increasing. When asked about having ever used drugs, over half of adolescents admitted to trying them at least once (Bratt, 2008). Parents might think that there is no possible way that their “babies” as adolescents are commonly referred to could take drugs or even know about them. In Colorado recently parents had an opportunity to meet a twenty year old woman who stated “she was 14 when she first tried methamphetamine… [which] led to cocaine, heroin, and ecstacy” (Pytlinski, 2009). Undoubtedly this was a shock, to hear of a 14 year old doing one of the hardest and destructive drugs that is rampaging across America, but it should not have been.

While on paper, or while thinking about it “fifty percent” does not seem like a big number, and can therefore ignore the implications for one’s own children. The fact is that one in two adolescents has tried illicit drugs at least once. Not accounting for multiple users, if someone has two children it is likely that one of them has tried illegal drugs at least once. Some parents may think that by keeping children home, and away from the outside influence of peer’s their children will remain safe, these hopes are wrongly placed. Prescription drugs are another rising problem among adolescents today, with groups of students in Wisconsin reporting “20 percent said they’ve taken painkillers that were not prescribed to them, 19.5% taking Oxycontin and Vicodin…15% admitted taking Ritalin and Adderall” (WheelerNewsService, 2009). While not as high as the overall numbers, even one in four children have most likely acquired drugs to take from their very own home.

This paper looks at drug use among 12 to 17 year olds, and what factors may affect it. With drug use being a large problem, setting out to determine what might slow drug use or be a predictor of who will, and will not use drugs. Whether or not drug education programs such as DARE, religious beliefs, or being home schooled away from peer influence makes any difference was examined. This research makes a major contribution to the literature in that it shows how drug education and religion make a difference in adolescents ever using drugs.

**Literature Review**

Due to the subject matter of teen drug use, there is a multitude of prior research on the matter. Parents, school administrators, police, and others all have a stake in what happens to the adolescents and therefore want to find out how to help prevent them from doing drugs. Research includes use of Routine Activities theory, General Strain theory, Social Bond Theory, and whether religion (social control) has an impact on drug use.

VanderWaal, Powell, Terry-McElrath, Bao, and Flay (2005) conducted a study on the matter of drug use amongst adolescents, and whether having parental guidance or drug education had any effect. The researchers “focused on community-based prevention strategies (adult-supervised after-school activities, unsupervised after-school recreational facilities, and community activities to reduce substance use) and school-based prevention strategies” in order to maintain a balanced approach (VanderWaal et al., 2005, p. 300). Having laid out what they were going to test, the authors looked for previous research done in the field, and to help with the assumptions they were working with. What they determined through the Dept. of Education studies was that “the largest proportion of youth drug use, sexual activity, and delinquency occurs between the after-school hours of 3:00p.m. and 6:00 p.m.” which shows part of routine activities theory (VanderWaal et al., 2005, p. 301).

The researchers did not just pick previous research that matched with their expectations, citing other studies “find no relationship or even an increased relationship between drug use and other delinquent behaviors and after-school programming” (VanderWaal et al., 2005, p. 301). The data used in the study came from Monitoring the Future data, along with ImpacTeen Project information (VanderWaal et al, 2005). The use of two sources for data greatly increases the validity of the findings by providing multiple sources to either make or break the test. What was found by the team of researchers was that “the availability of school-based non-class activities had no significant relationships with any of the youth substance use outcomes” (VanderWaal et al., 2005, p. 312). In the end, the researchers noted that when a town or community wants to reduce teen drug, alcohol, and tobacco use they should provide adult supervised after school activities, not just in school programs (VanderWaal et al., 2005).

Among the work on the subject of teen drug use, Bratt (2008) applies Routine Activities theory and parental guardians to the subject. “The object of the present study was to investigate whether the introduction of guardians in self-governed youth activities was a likely explanation of this change in adolescents drug use” is the main goal of the research (Bratt, 2008, p. 386). What Bratt (2008) hypothesized was that adolescents who were engaging in illegal drug use instead of stopping due to increased parental presence, would become more marginalized and move to places where the new guardians would not notice them. However Bratt (2008) then raised another question “should preventative action against adolescents’ drug use focus on situational variables, or should it try to influence psychological traits that may influence motivation” (p. 390). Bratt used two cohorts based on surveys done in 1999 and 2003 from a town of approximately 55,000 people (Bratt, 2008). Since one cohort was prior to introducing the adult guardians at events, the results for the second should be better in terms of preventing drug use, unless as Bratt hypothesized that drug users would feel marginalized and just move further away from society. The results from cross-tabulation “reported prevalence of drug use suggested a general reduction, not primarily among subgroups who were likely to have been directly affected by guardians at arenas for out-of-home activities” (Bratt, 2008, p. 397). Bratt (2008) concluded that “data did not indicate that guardians provided any substantial contribution to reduced drug use by weakening the link between out-of-home activities and drug use” (p. 400).

Brent B. Benda set out to find whether or not religion (social control) had any effect upon adolescent drug use. Benda’s study utilized a scale to test for “religiosity” to determine whether someone who claimed to be religious, actually followed it in daily life (Benda, 1995). One of the hypotheses that Benda (1995) came up with was “Antiascetic behaviors (status offenses, alcohol, and other drug use) are more influenced by religiosity than are crimes against property and persons amongst adolescents” (p. 448). The study undertook by Benda (1995) “consists of 1,093 public high school students, evenly distributed across grades 9 through 12…selected from five schools through computer-generated random sampling procedures” (p. 450). The study included approx. five questions used to determine how much ones religious beliefs impacted decisions, in addition to questions regarding drug and alcohol use (Benda, 1995). Testing of this first hypothesis was done, and the results were not promising. “The Pearsons product-moment correlations do not provide unequivocal support for Hypothesis A that antiascetic behaviors are more influenced by religiosity than crimes against property” (Benda, 1995, p. 454). This study that was undertaken by Benda seemingly accounted for most problems that could of arose, but failed to produce the results that proved his first hypothesis.

The study conducted by Laurie A. Drapela (2006) hoped to show the relation of drug use amongst adolescents using General Strain Theory by Agnew. What Drapela (2006) hypothesized was that “drug use is one way adolescents mitigate negative emotions brought on by aversive environmental stimuli” (p. 755). This study by Drapela (2006) was conducted on high school dropouts, and whether or not that affected their decision making and use of legal, and illegal drugs. Drapela maintains his support throughout the article of GST being linked to, and able to prove drug use which makes the study seem somewhat biased from the very beginning. Not allowing the possibility to explore or utilize other options, Drapela (2006) goes on to note “despite this study’s equivocal support for the strain-negative emotion portion of GST, negative emotions—in this case despair – did in turn significantly increase drug use, a finding consistent with the theory” (p. 766). While this study shows that despair can lead to drug use among adolescents, it seems somewhat one sided, and does not thoroughly explain how it came about the results.

Another team of researchers, Reid, Peterson, Hughey, and Garcia-Reid (2006) looked into drug use amongst adolescents and violence. The group used data from Substance Abuse Mental Health Services Administration (SAMHSA), and used “a group of 586 high school students with a response rate of 74%” (Reid et al., 2006, p. 285). The data that was used was distributed as evenly as possible, between gender and race. What the researchers found, was “lack of enforcement of school rules was found to predict adolescent drug use directly, as well as indirectly through its relationships with social norms against drug use” (Reid et al., 2006, p. 286).

An additional study by Guy, Smith, and Bentler in 1994 focused on substance use and deviant behavior in young adulthood. The goal was to determine whether any substance use while in adolescents had translated into criminal problems when adults (Guy et al., 1994, p. 236). The researchers believed that Hirschi’s theory on social control/bonding would influence the amount of delinquency or crime that the subjects took part in. The sample that was used “provided data as adolescents in 1969 and 1971-1973 and again as young adults in 1980-1981…when all subjects were ages 14-16, mainly White, middle-income families” (Guy et al., 1994, p. 239).

In a study done by Poulin and Nicholson (2005) regarding a different approach to substance use among adolescents in Nova Scotia, they came up with some interesting results. In an effort to grant greater validity to the study they included four separate schools, two with intervention programs and two without. Within the schools “a sample of 1117 and 849 students in the intervention school, and 3755 and 4247 in the rest of the schools” were used as the control and experimental groups (Poulin and Nicholson, 2005, p.493). The researchers found that using drug intervention programs such as harm reduction in high schools reduced delinquency and drug use compared with the control schools during the same time period. While they concluded that harm reduction rather than a program that taught drug abstinence such as DARE (Drug Abuse Resistance Education) greatly lowered the use among them. These programs that were effective in high school tests, had the opposite effects when tested at the same time in junior high schools (Poulin and Nicholson, 2005). What the study failed to note was how variables of age, gender, and race could have any effect upon the results. The researchers used many variables about drugs and what type of drug use was studied, but left out many demographics that could be relevant to the study, and other studies.

**Theoretical Framework, Hypothesis, and Path Model**

While there has been prior research into the reasons for drug use among adolescents, this study will test our hypothesis for drug use. What causes a child to use drugs, and what programs or strategies have an effect upon ever using drugs. This study suggests that being home schooled and or having drug education classes will affect whether or not an adolescent has done drugs. Involved in the rationale is elements of Social Bond Theory by Hirschi.

*Social Bond Theory*

In 1969, Travis Hirschi created the theory of Social Bond Theory, which states that “social bonds have four elements -- attachment, commitment, involvement, and belief – which independently and in combination restrain criminal conduct” (Cullen and Agnew, 2006, p. 219). Hirschi argued that these four elements are the cause of, and can be used to reduce the amount of crime one commits. If someone (an adolescent) is lacking in one of the elements for the purposes of our study they will be more likely to have used drugs. Youth who are not attached to their parents enough, and more to peers likely to be involved in drug use will go along with them and not follow their parental influence.

The other three elements, Commitment, Involvement, and Belief are also important to the theory. According to Hirschi “the idea, then, is that the person invests time, energy, himself, in a certain line of activity…whenever he considers deviant behavior he must consider the costs of the deviant behavior, and the risk of losing the investment he has made” (Cullen and Agnew, 2006, p. 222). That idea of investing, or committing, oneself to the environment or community holds true with the other aspects of the theory. When you spend the time with people, things, or community you form a bond between yourself and the surroundings. Hirschi believed that these bonds would reduce the amount of criminal behavior done by people, due to not wanting to hurt or damage the surrounding and friends or family (Cullen and Agnew, 2006).

This study addresses the following hypothesis, based on research previously done, and theories.

*Hypotheses:*

H1: Being home schooled at any point will reduce drug use among adolescents.

H2: Adolescents who’s religious beliefs influence their lives decisions will have lower drug use than those who do not.

H3: Drug education classes in school will reduce drug use by adolescence

H4: Adolescents from African American and Hispanic backgrounds will be more likely to use drugs than non Hispanic white adolescents

H5: Adolescents with family incomes above $40,000 will be less likely to of ever taken drugs than those below

H6: Adolescents aged 15 to 17 are more likely to of taken illegal drugs, than those aged 12 to 14

H7: Adolescent males are more likely to have tried drugs than female adolescents

**Path Model**



**Data**

Data used for this study was from the 2007 Juvenile National Survey on Drug Use and Health (NSDUH) and included 12 to 17 year olds. The NSDUH was conducted upon high school age students from all fifty states, done in survey form during school classes.

The data set was then modified for the variables to be tested, students who had used illicit drugs ever. Also included within the data set were the variables thought to make a difference upon the students ever using drugs such as: religious beliefs, drug education, home schooling, and demographics. Table 1 below shows the analysis of the demographics of the study.

[Table 1 goes here]

**Operationalization and Measurement**

In this study the Dependent Variable (DV) is Illicit Drug use ever among adolescents aged 12 to 17. The variable is divided into two categories, Never Used and Ever Used. Adolescents having never used drugs will of answered Never used, while those who had ever in their lifetime used drugs answered they had used. The main reason for choosing a Dependent variable that shows ever used or never, is to get an idea of how many adolescents overall had taken drugs, even just as experimentation once. The Independent Variables (IV) include: being Home Schooled within the past 12 months, Religious Beliefs influencing decisions, and Youth having any drug education in school.

Being Home Schooled within the past 12 months is measured by a simple Yes or No question. The reason for choosing this as a variable in the study was to see whether or not the parental influence of being home schooled would change the outlook on drugs. Without the peer influence that is generated in a school environment, adolescents should be more likely to not engage in drug use. One issue with this is that an adolescent could have used drugs prior to being home schooled, and not once he has become home schooled.

Religious Beliefs influencing decisions was a variable that was done on a 4 point scale. Answers ranging from Strongly Disagree (1), Disagree (2), Agree (3), Strongly Agree (4) were all included in this. Within the dataset, Strongly Disagree/Disagree and Agree/Strongly Agree were grouped together to form roughly Yes/No type groups. Reasoning behind using this as a variable is that adolescents who are truly religious will most likely have more parental guidance, and respect for rules/laws. By finding out if a child is religious, and religious enough to have it influence their decisions it should make them more likely to avoid drug using behavior.

Youth having any drug education in school is another variable that was done on a 4 point scale. Answers ranging from Strongly Disagree (1), Disagree (2), Agree (3), Strongly Agree (4) were all included in this. Within the dataset, Strongly Disagree/Disagree and Agree/Strongly Agree were grouped together to form roughly Yes/No type groups. The hope of this variable is to show that youths who have taken a drug education class, will have avoided drug use ever by taking this class. However, some adolescents may have started using drugs prior to taking a drug education class which would impact the results slightly. Table 2 below shows the Dependent variable and Independent variable along with the frequency and percents of respondents.

[Table 2 goes here]

***Bivariate Results***

Tables 3 and 4 present the bivariate relationships between the demographic and dependent variables and between the independent and dependent variables. Table 3 presents Chi-Square analysis of the relationship between the demographic and dependent variables.

[Table 3 goes here]

As indicated by Table 3, adolescent males are more likely to have tried drugs than females, which support the original hypothesis. Adolescents whose family income was above $40,000 were predicted in the original hypothesis to be less likely to of ever taken drugs was proven as well. Older aged adolescents (15 to 17) were more likely to have tried drugs at least once, which supports the original hypothesis as well as Non Hispanic African American and Hispanic youth were more likely to have tried drugs than Non Hispanic White adolescents if only slightly.

Table 4 represents the bivariate relationship between the Independent variables and Dependent variable.

[Table 4 goes here]

As indicated by the table, adolescents that had drug education in school were less likely to have ever taken drugs, which supports the original hypothesis. Also, those whose religious beliefs influenced decisions were less likely to have ever used drugs, which support the original hypothesis. However, being home schooled at any point in the last 12 months had the opposite effect, and is not significant and will not be included in the multivariate analysis.

***Multivariate Analysis***

Table 5 presents the results of logistic regression analysis of the effects of the demographic and independent variables on drug use ever.

[Table 5 goes here]

Gender, Age, Race, and Income are all significantly associated with ever using drugs. Drug education and religious beliefs are positively associated with ever using drugs as predicted by hypothesis, however being home schooled was not included due to being a constant and not significantly associated.

**Discussion and Conclusion**

This study looked just at whether an adolescent between ages 12 and 17 had ever used drugs. While this sample is technically small, the adolescents answered questions ranging from age to whether religious beliefs influence their decisions, family income, and other variables that are used within our study. What this study attempted to bring to light was whether religion, home schooling, or drug education programs made any difference upon an adolescent ever using drugs, and the majority of our hypothesis was supported.

It was hypothesized that males would be more likely than females to have tried drugs, which was found to be true. While 28.7% of males had ever used drugs, only 27.2% of females had which was found to be significant. Adolescents who’s family income was greater than $40,000 all fell under 28% having ever used drugs, while those whose income fell below all had rates higher than 29% using drugs which was also found to be a significant result. Originally it was believed that being home schooled would affect having ever used drugs, which was not the case. However religion and drug education classes were both associated with lowered drug use amongst adolescents. In the case of religion, it was believed that due to the social bond created between the adolescent and the church would have drug use lower than that of one who was lacking that bond. For adolescents who said that religious beliefs influenced their decisions, 21.8% had ever used drugs, while those who had not 40.0% had tried drugs at least once, seeming to prove our original hypothesis.

Having drug education in school seems to make a slight difference upon whether or not an adolescent does drugs. Our study found that 27.0% of students who had taken part in drug education tried drugs, compared with 31.8% that have taken drugs and never been in a drug education class. Overall, the data shows that adolescents who have formed strong social bonds between themselves and institutions within society are less likely to use drugs. Being involved and attached/committed to ideas, goals, or the community provides the support structures to influence decisions for the better. These bonds seem to be stronger with religious adolescents, both male and female, than perhaps those who do not have that additional social control or bond.

**Implications of the present study**

This study shows that while as stated previously about adolescents doing drugs, the problem is serious. Both adolescent males and females are more than 25% likely to of tried drugs, mirroring the statistics to prove this is a serious problem. What was found out in our study is the benefit of religion and drug education programs. Some studies have been done to dispute the fact that drug education programs help teens, but it was shown that those who had taken drug education programs were less likely to have ever tried drugs. Given the findings of this study, and prior research, making drug education mandatory for junior and senior high schools seems like a must. If it is possible to extend the benefits of a drug education class by repeating it at least once, to reinforce and have the adolescents connect with the information drug use could be further decreased.

Based upon the information presented, students should also be encouraged to attend religious services, or incorporate religion into the classroom and/or drug education. By combining the two aspects that seem to help them not use drugs, it could show marketed improvement in regards to drug use. While this will not be popular forcing, or encouraging students to become religious this could also direct further studies into whether catholic schools have less drug use than public schools within the same area.

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Table 1. Demographic Characteristics of the Sample

|  |  |  |
| --- | --- | --- |
|  | ƒ | % |
| Gender |  |  |
| Male | 9160 | 51.7 |
| Female | 8567 | 48.3 |
|  |  |  |
| Minority Group Status |  |  |
| NonHisp White | 10599 | 59.8 |
| NonHisp Black/African American | 2437 | 13.7 |
| Hispanic | 3063 | 17.3 |
| Other | 1628 | 9.2 |
|  |  |  |
| Age |  |  |
| Respondent is 12 years old | 2716 | 15.3 |
| Respondent is 13 years old | 2911 | 16.4 |
| Respondent is 14 years old | 2865 | 16.2 |
| Respondent is 15 years old | 3079 | 17.4 |
| Respondent is 16 years old | 3124 | 17.6 |
| Respondent is 17 years old | 3032 | 17.1 |
|  |  |  |
| Family Income |  |  |
| Less than $10,000 | 1111 | 7.0 |
| $10,000 - $19,999 | 2022 | 12.8 |
| $20,000 - $29,999 | 1971 | 12.4 |
| $40,000 - $49,999 | 1870 | 11.8 |
| $50,000 - $74,999 | 3481 | 22.0 |
| $75,000 or more | 5400 | 34.1 |

Table 2. Independent and Dependent Variables

|  |  |  |
| --- | --- | --- |
| Dependent Variable | ƒ | % |
| Respondents drug use |  |  |
| Never Used | 12776 | 72.1 |
| Ever Used | 4951 | 27.9 |
|  |  |  |
| Independent Variables |  |  |
| Youth had any Drug Education in School |  |  |
| Agree/Strongly Agree | 12564 | 77.0 |
| Strongly Disagree/Disagree | 3752 | 23.0 |
|  |  |  |
| Home Schooled at any time during the past 12 months |  |  |
| Yes | 86 | 6.4 |
| No | 1261 | 93.6 |
|  |  |  |
| Religious Beliefs influence life decisions |  |  |
| Agree/Strongly Agree | 11468 | 66.4 |
| Strongly Disagree/Disagree | 5813 | 33.6 |

Table 3. The relationship between drug use and demographic characteristics of the sample

|  |  |  |
| --- | --- | --- |
| Any Illicit Drug Use Ever | | |
|  | Never Used | Ever Used |
| Gender\* |  |  |
| Male (N=9160) | 71.3% | 28.7% |
| Female (N=8567) | 72.8% | 27.2% |
|  |  |  |
| Minority Group Status |  |  |
| NonHisp White (N=10599) | 72.6% | 27.4% |
| NonHisp Black/African American (N=2437) | 72.0% | 28.0% |
| Hispanic (N=3063) | 71.0% | 29.0% |
| Other (N=1628) | 70.7% | 29.3% |
| Age\* |  |  |
| Respondent is 12 years old (N=2716) | 89.4% | 10.6% |
| Respondent is 13 years old (N=2911) | 84.1% | 15.9% |
| Respondent is 14 years old (N=2865) | 76.6% | 23.4% |
| Respondent is 15 years old (N=3079) | 68.9% | 31.1% |
| Respondent is 16 years old (N=3124) | 60.3% | 39.7% |
| Respondent is 17 years old (N=3032) | 56.1% | 43.9% |
|  |  |  |
| Family Income\* |  |  |
| Less than $10,000 (N=1111) | 68.8% | 31.2% |
| $10,000 - $19,999 (N=2022) | 70.5% | 29.5% |
| $20,000 - $29,999 (N=1971) | 69.1% | 30.9% |
| $40,000 - $49,999 (N=1870) | 72.0% | 28.0% |
| $50,000 - $74,999 (N=3481) | 72.2% | 27.8% |
| $75,000 or more (N=5400) | 75.0% | 25.0% |

\*sig. at p≤.05

Table 4. The relationship between drug use ever and the independent variables

|  |  |  |
| --- | --- | --- |
| Any Illicit Drug Use Ever | | |
|  | Never Used | Ever Used |
| Youth had any Drug Education in School\* |  |  |
| Agree/Strongly Agree (N=12564) | 73.0% | 27.0% |
| Strongly Disagree/Disagree (N=3752) | 68.2% | 31.8% |
|  |  |  |
| Home Schooled at any time during the past 12 months |  |  |
| Yes (N=86) | 74.4% | 25.6% |
| No (N=1261) | 75.7% | 24.3% |
|  |  |  |
| Religious Beliefs influence life decisions\* |  |  |
| Agree/Strongly Agree (N=11468) | 78.2% | 21.8% |
| Strongly Disagree/Disagree (N=5813) | 60.0% | 40.0% |

\*sig. at p≤.05

Table 5. Significant factors associated with illicit drug use ever among adolescents

|  |  |  |
| --- | --- | --- |
| Demographic Characteristic | B | Exp(B) |
| Gender | .044 | 1.045 |
|  |  |  |
| Age | .361 | 1.435 |
|  |  |  |
| Race | .022 | 1.022 |
|  |  |  |
| Income | .055 | 1.056 |
|  |  |  |
| Independent Variables |  |  |
| Drug Education | .067 | 1.069 |
|  |  |  |
| Religious Beliefs | .793 | 2.211 |
|  |  |  |
|  |  |  |
| -2 Log likelihood | 15497.184 | |
| Cox & Snell R Square | .098 | |
| Nagelkerke R Square | .142 | |