Adolescent Health
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ADOLESCENTS AND CLUB DRUGS

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INTRODUCTION

Certain drugs have become popular among teens and young adults at dance clubs and "raves" during recent years. These drugs, commonly known as "club drugs," include the following substances: 1) gamma hydroxybutyrate (GHB); 2) flunitrazepam (Rohypnol); 3) ketamine ("Special K"); 4) lysergic acid diethylamide (LSD); 5) methylenedioxymethamphetamine (MDMA or "Ecstasy"); and 6) methamphetamine (Substance Abuse and Mental Health Services Administration [SAMHSA], 2002; Office of National Drug Control Policy [ONDCP], 2003). The effects of these six different club drugs vary. GHB and Rohypnol are depressants that are often referred to as date rape drugs, because these drugs sedate and intoxicate unsuspecting victims. Ketamine is a tranquilizer that when taken in large doses can cause reactions such as dream-like states and hallucinations (ONDCP, 2003). LSD is a powerful hallucinogenic that can also cause panic, anxiety, confusion, and suspicion (Drug Enforcement Agency [DEA], 2001). MDMA (Ecstasy) is a synthetic, psychoactive drug with both stimulant and hallucinogenic properties (National Institute of Drug Abuse [NIDA], 2000). Methamphetamine is a central nervous system stimulant that has emerged as an alternative to MDMA (DEA, 2001).

DEFINING THE PROBLEM

The Prevalence of Club Drug Use among Adolescents

Studies indicate that young people (age 25 and under) use club drugs more frequently than other age groups (SAMHSA, 2002). In 2001 an estimated 8.1 million (3.6 percent) Americans aged 12 or older reported using MDMA at least once in their lifetimes (SAMHSA, 2002). The rate for individuals 18 to 25 years of age who reported using MDMA at least once in their lifetimes was more than 13 percent. The Monitoring the Future (MTF) survey indicates that the rate of lifetime use of MDMA among 8th, 10th, and 12th graders has been increasing over the past few years (NIDA, 2002). According to this same study, adolescents use MDMA, LSD, and methamphetamine at much higher rates than the other three club drugs. This study also reported that in 1999 the increase in MDMA use occurred primarily in the Northeast and in large cities, but in 2000 the increase diffused into all other U.S. regions. Furthermore, the initiation of MDMA use by individuals ages 12 to 17 has increased by a statistically significant amount since 1994 (SAMHSA, 2002).

A recent survey conducted in Phoenix by the Partnership for a Drug-Free America indicated that 13 percent of Phoenix-area teens reported using methamphetamine and MDMA (Ecstasy), these rates are higher than those for teens nationwide (Join Together, 2003). This same study conducted in Phoenix also indicated that 33 percent and 35 percent of teens reported having been offered methamphetamine and MDMA respectively. The MTF survey included questions about the availability of various drugs, excluding the overall category of methamphetamine. This study indicated that more than 20 percent, 40 percent, and 60 percent of 8th, 10th, and 12th graders, respectively, reported that it was "fairly easy" or "very easy" to get MDMA (NIDA, 2002).

According to the Drug Abuse Warning Network (DAWN), a national surveillance system that collects data on drug-related visits to emergency departments (EDs), the number of such visits due to club drugs increased from 1994 to 2001 (SAMHSA, 2002). Methamphetamine was the club drug most frequently mentioned in ED visits during 2001. It is estimated that, in 2001, 30 percent of visits to emergency departments due to club drugs involved individuals aged 25 and under

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(SAMHSA, 2002). At least 75 percent of Ecstasy and LSD mentions and more than 55 percent of GHB mentions during these visits were attributed to this same age group. Adolescents aged 12 to 17 accounted for 10 percent of all drug-related ED visits in 2001. This same age group accounted for 34 percent of ED visits involving LSD. Furthermore, ED visits due to Ecstasy and LSD use tended to be highest with individuals aged 18 and 19 in 2001 (SAMHSA, 2002).

The Impact of Club Drug Use on Adolescent Development

Adolescence is the last developmental stage of childhood, entailing intense physical, cognitive, social, and emotional development. For instance, puberty involves rapid sexual and physical growth. Thinking becomes less concrete and more conceptual and awareness is increased. During this phase of emotional development, an individual's identity is formed and coping skills are acquired. Social and behavioral development also transpire during adolescence, with an emphasis on peer relationships and dating, as well as experimentation with risk-taking behavior.

Club drug use can negatively affect adolescent, physical, cognitive, social, behavioral, and emotional development. For instance:

- Club drugs can cause hypothermia, damage nerve cells in the brain, increase heart rate, and damage teeth (U.S Department of Health and Human Services [DHHS], 2003).
- MDMA (Ecstasy) can cause memory impairment, and, as a consequence, affect the ability to store information (NIDA, 2001).
- Generally, the effects of substance abuse in adolescents can cause depression, antisocial behaviors, and psychological challenges that can lead to suicide and homicide (Hussey & Singer, 1997).
- Adolescents who use drugs frequently have difficulty in school, including declining grades and increased potential for dropping out of school. Additionally, drugs affect their physical appearance, friendships, and increase chances of unprotected sex and risk-taking behaviors (Pruitt, 1999).

PROMOTING POSITIVE ALTERNATIVES

Research has helped identify factors that put children and adolescents at risk for, or protect them from, drug use (NIDA, 1997). Risk and protective factors, which vary along the developmental process, exist at every level on which individuals interact with others and with society. According to SAMHSA, "Research on protective factors explores the positive characteristics and circumstances in a person's life and seeks to strengthen and sustain them as a preventive device" (SAMHSA, 2003). Research sponsored by NIDA suggests that the most salient protective factors include:

1. Strong bonds with the family;
2. Experience of parental monitoring, with clear rules of conduct within the family unit, and involvement of parents in the lives of their children;
3. Success in school performance;
4. Strong bonds with pro-social institutions, such as the family, school, and religious organizations; and
5. Adoption of conventional norms about drug use (NIDA, 1997).

Prevention programs should focus on enhancing protective factors, while moving toward reversing or reducing risk factors. According to NIDA, the primary targets for prevention intervention include: family relationships, peer relationships, the school environment, and the community environment (NIDA, 1997). Assisting adolescents to increase social- and self-competency skills, helping with adoption of pro-social attitudes and behaviors, and providing science-based information about the harmful effects of club drugs at all these levels will help deter the initiation of drug use. The remainder of this section will focus on identifying ways that adolescents can move away from alienation to connectedness, and on drug-related prevention and education activities.

Connectedness

In order to exhibit positive behaviors, adolescents need to feel they are part of a community. Through building connections with other individuals and organizations, they develop a deeper sense of responsibility toward others and their environment (Mattaini, 2001). Connections for adolescents are essential in multiple situations, including families and in school settings.

Studies have demonstrated that youths who experience a sense of connection to their parents are less likely to take part in risk-taking behaviors (NASW, 2002). Therefore, it is important for parents to be able to connect appropriately with adolescents. This connection occurs when parents are present and pay attention to their adolescents, participate in activities together, and are at home in the morning, after school, at dinner, and at night (Blum & Rinehart, 1997).

Overall, when youths feel connected they are less likely to take part in risk taking behavior, especially drug use. Schools provide ample opportunity for young people to feel connected. Reports indicate that students involved in school activities are more productive. Students also feel more connected in schools when they are challenged. Parents can play a role in school connections by participating in, or involved with, school activities (Blum et al., 2002).

Education and Prevention

Prevention and educational programs—often provided through schools, the community, family, and other individuals—are an important factor in decreasing the number of youths using and abusing club drugs. The most common education program consists of providing knowledge about the harmful consequences of drug use. Engaging family members as part of this process gives them an opportunity for involvement. For example, the strengthening families program (SFP) focuses on parenting training, alcohol and drug education, family sessions, ways to assist youths in problem solving and expression, and understanding of feelings. Youths in this program learn ways to cope with peer pressure (Howard & Jenson, 1999).

Community programs take a global look at prevention programs, involving trainings for leaders in the community, media coverage, and getting parents involved in school policies (Howard & Jenson, 1999). For example, the National Institutes of Health (NIH) is providing postcards—available in stores, restaurants and other settings—that show a difference between brain scans of individuals who have never used Ecstasy and those who have. These images provide strong reinforcement for adolescents (NIH, 1999). Prevention and education is also a priority for SAMHSA's National Clearinghouse on Drug and Alcohol Information. Many publications, tip sheets, multimedia activities, videotapes, and announcements have been created to inform young people of the negative consequences of club drugs. Overall, educational prevention programs have proven to be a successful tool in preventing drug use among youths.

SOCIAL WORK IMPLICATIONS

Social workers are the only professionals in the helping profession arena who focus on both the person and the environment as variables for intervention. This unique training and perspective enables social workers to be effective in working with adolescents to augment relevant protective factors to deter the use of club drugs (Wood & Dunn, 2000). It is important that social workers use a variety of skills and a full range of roles when working in this prevention arena (Rush, 2000). Social work roles relevant to such activities include teacher, facilitator, advocate, and counselor.

Social workers can play a major role in educating adolescents about the harmful consequences of club drugs in the various settings in which social workers interact with young people. Other skills that professionals can use to help prevent adolescent club drug use include:

- Teach adolescents social- and self-competency skills to enhance self-esteem
- Work with families, teaching them various skills to improve family communication and functioning
- Facilitate the learning process in school, assisting adolescents with developing positive attitudes about school
- Facilitate change in conventional norms about club drug use with adolescents
- Facilitate change within individuals through the various skills they have developed

Social workers in school settings can work to help change school policy regarding drug education, advocating for change that will increase and improve education about drugs and the effects of drug use. As advocates, social workers may want to consider working toward changing applicable policy and/or laws at the local and other (e.g., county, state) levels. Because they often provide counseling to adolescents and their families, social workers can help identify issues or problems with individuals or families that may place adolescents at risk for club drug use.

Prevalence of Club Drug Use Among Adolescents

Type of Drug	8th Graders	10th Graders	12th Graders
GHB	1.1%	1.0%	1.6%
Rohypnol	1.1%	1.5%	1.7%
Ketamine	1.3%	2.1%	2.5%
LSD	3.4%	6.3%	10.9%
MDMA (Ecstasy)	5.2%	8.0%	11.7%
Methamphetamine	4.4%	6.4%	6.9%

Source: National Institute of Drug Abuse (2002).

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