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Adolescent Drug Dealing and Race/Ethnicity: A Population-Based Study of the Differential Impact of Substance Use on Involvement in Drug Trade

Leah J. Floyd, Ph.D., Pierre K. Alexandre, Ph.D., MS, MPH, Sarra L. Hedden, Ph.D., April L. Lawson, MA, MS, and William W. Latimer, Ph.D., MPH

Johns Hopkins Bloomberg School of Public Health, Department of Mental Health, Baltimore, Maryland, USA

Nathaniel Giles III

Prince Georges Community College, Department of Psychology, Largo, Maryland, USA

Abstract

Background—Among adolescents, peers are an important source of drug procurement. However, little is known about factors associated with youths' involvement in drug trade.

Objectives—The aim of the study is to identify substance use behaviors and contextual factors related to drug dealing among Black and White adolescents.

Methods—The sample consisted of 13,706 White and Black youths who completed the National Survey on Drug Use and Health. Separate backward logistic regression was used to identify substance use behaviors and contextual factors associated with drug dealing among Black and White youths.

Results—Among White youths, drug dealing was associated with use of marijuana, hallucinogens, cocaine, prescription drug misuse, availability of cocaine, and socioeconomic status (SES). Among Black youths, marijuana use and availability of crack and marijuana were associated with drug dealing.

Conclusions and Scientific Significance—For White youths, substance use seems to be more relevant to drug dealing. Consequently, preventing and treating substance abuse may reduce involvement in the illegal distribution of drugs among White youths. More research is needed to identify risk and protective factors for drug dealing among Black adolescents.

Keywords

African American; cocaine; drug trade; marijuana; race/ethnicity; SES; substance use; youths

INTRODUCTION

Adolescent substance use and misuse continues to be a major public health concern (1). Among adolescents, peers are important sources for obtaining drugs. Approximately 25% of all

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Address for correspondence to Leah J. Floyd, Ph.D., Johns Hopkins Bloomberg School of Public Health, Department of Mental Health, 624 North Broadway Street, Hampton House Suite 880, Baltimore, MD 21205, USA. Fax: 1-410-955-0237. lfloyd@jhsph.edu.

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students in grades 9 through 12 indicate someone has offered, sold, or given them an illegal drug on school property (2). Among high school seniors reporting prescription drug misuse, approximately 42% indicated they bought drugs from a friend or relative (1). Further, in the United States, drug violations account for 11.6% of all juvenile arrests and juvenile arrests account for 12.4% of all arrests for drug violations (3,4). Although some attention has been given to the problem of adolescent drug dealing, research into factors associated with drug dealing remains underdeveloped.

Theoretical models (e.g., theory of problem behaviors) and limited empirical data suggest drug dealing occurs in the context of other risk behaviors including, substance use (5–11). Specifically, research findings indicate youths who use drugs are more likely to sell drugs (7–10,12). For example, Steinman [8] found almost 60% of students who sold drugs reported weekly use of marijuana.

Socioeconomic deprivation is another risk factor, which has received attention in the literature on adolescent drug dealing (13–15). Socioeconomic disadvantage is thought to place Black youths at increased risk for drug dealing. It is argued that Black youths' experience of low social status and reduced socioeconomic opportunities creates pressure that motivates participation in criminal activity (13,15–17).

The importance of identifying malleable individual level and contextual factors related to drug dealing is underscored by the numerous adverse social and health consequences associated with involvement with drugs. In the current article, two questions are posed. First, does the relationship between substance use and drug dealing vary by type of drug used? Second, is the receipt of public assistance related to drug dealing? Given the plethora of literature on racial differences in involvement with drugs, separate models are tested for Black and White adolescents (4,18). To the extent that substance use is tied to drug dealing, substance use/abuse prevention and treatment will likely reduce involvement in drug trade. Furthermore, if this relationship varies across race and socioeconomic status (SES), tailored interventions may be required. Finally, the present study is unique in that data is drawn from a national dataset.

METHODS

Sample

The present study involves secondary data analyses of the National Survey on Drug Use and Health (NSDUH). A total of 85,034 persons were selected nationwide. Consistent with previous surveys in the NSDUH series, the final respondent sample of 67,802 persons was representative of the U.S. general population aged 12 or older. The present study consisted of 13,706 Black and White adolescents aged 12 to 17 years. Other racial/ethnic groups were not included in the article because of low rates of drug dealing, which resulted in unstable coefficients.

Procedures

The 2006 NSDUH is part of a coordinated five-year sample design providing estimates for all 50 states plus the District of Columbia for the years 2005 through 2009. The respondent universe is the civilian, non-institutionalized population aged 12 years or older residing within the United States. The survey included persons living in non-institutionalized group quarters (e.g., shelters and dormitories), and civilians living on military bases. Persons excluded from the survey included persons with no fixed household address, active-duty military personnel, and residents of institutional group quarters (e.g., correctional facilities).

The data collection method involved in-person interviews, incorporating procedures that would be likely to increase respondents' willingness to report honestly about their behavior.

Respondents' names were not collected with the data and computer-assisted interviewing methods were used to provide a confidential setting to complete the interview. More information on the sample design can be found in the 2006 NSDUH sample design report by Morton et al. (26).

Measures

SES—One item measured SES: “Did your family receive public assistance in the past 12 months?” (1 = yes and 0 = no.)

Substance Use—Participants were asked if they used: marijuana, cocaine, heroin, LSD, ecstasy, stimulants, methamphetamines, CPN methamphetamines, sedatives, oxyContin, prescription drugs, inhalants, pain relievers, and tranquilizers in the past 12 months.

Availability of Drugs—On a Likert-type scale from 1 (impossible) to 5 (very easy), participants rated how difficult it was to get the following drugs: (1) marijuana, (2) LSD, (3) crack, (4) cocaine, and (5) heroin. For data analyses purposes, a dichotomous variable was created (impossible/difficult = 0 and possible/easy = 1). A second question asked participants to indicate whether they had been approached by someone selling drugs (no = 0 and yes = 1).

Drug Distribution—One item assessed drug dealing: “During the past 12 months, how many times have you sold illegal drugs?” Response options included: 0 times (1), 1 or 2 times (2), 3 to 5 times (3), 6 to 9 times (4), and 10 or more times (5). For data analyses, individuals were grouped into one of two groups (i.e., never sold drugs = 0 and sold drugs = 1).

Data Analyses

Descriptive statistics were calculated to describe the sample characteristics of a subgroup of 13,706 Black and White adolescents aged 12 to 17 years. Backwards stepwise logistic regression was used to select a group of factors that appeared to have the strongest independent associations with drug dealing for whites and blacks separately. Inclusion and removal of the predictors or covariates are based solely on statistical criteria (19). Associations were summarized with adjusted odds ratios (OR) and their 95% confidence intervals (CI) to characterize the relationship between personal substance use, availability of specific drugs, SES, and drug dealing. For all analyses, the individual sampling weights provided by the NSDUH 2006 were used to provide estimates that are representative of the U.S. population. Analysis for survey data, which takes into account the design features of the NSDUH, was performed in STATA Version 10.0.

RESULTS

Sample Description

The sample included 13,706 White and Black youths between 12 and 17 years of age. Almost 5% of the households received public assistance. Approximately 3.4% of youths indicated selling drugs. Among Whites, rates of drug dealing were 4.5% for males and 2% for females. Among Black adolescent males and females, rates of drug dealing were 6.4% and 1.6%, respectively. Rates of drug dealing did not differ across race.

White Youths

Males were more likely to report involvement in drug dealing. (AOR = 3.3; 95% CI = 2.30, 4.75). Drug dealing was associated with personal use of marijuana (AOR = 13.9; 95% CI = 8.32, 23.19), cocaine (AOR = 1.8; 95% CI = 1.06, 2.97), hallucinogens (AOR = 1.9; 95% CI = 1.26, 2.86), and misuse of prescription drugs (AOR = 2.6; 95% CI = 1.78, 3.79). Perceived

availability of cocaine was associated with involvement in drug trade (AOR = 1.5; 95%CI = 1.06, 2.27). Being approached by someone selling drugs was associated with drug dealing (AOR = 3.4; 95%CI = 2.39, 4.81). Family SES was inversely related to selling drugs (AOR = 0.3; 95%CI = 0.12, 0.67). Results are summarized in Table 1.

Black Youths

Males were more likely to report selling drugs (AOR = 3.7; 95%CI = 1.66, 8.13). Marijuana use was associated with an increased odds of selling drugs (AOR = 12.6; 95%CI = 6.85, 23.27). The availability of crack (AOR = 1.9; 95%CI = 1.02, 3.41) and marijuana (AOR = 5.0; 95%CI = 1.70, 14.62) was associated with drug dealing (see Table 2).

DISCUSSION

Although rates of drug dealing were similar across race, different patterns of substance use and contextual factors associated with drug dealing emerged for Blacks compared to Whites. Specifically, Black youths who used marijuana were 13 times more likely to sell drugs compared to Black youths who did not use marijuana. In contrast, among White youths the use of marijuana, hallucinogens, and cocaine was positively associated with drug dealing. Also, White youths who misused prescription drugs were three times more likely to sell drugs, compared to White youths who did not misuse prescription drugs. For Black and White youths, weak relationships emerged between drug dealing and the availability of crack and powder cocaine, respectively. Additionally, Black youths who indicated marijuana was easy to obtain were five times more likely to report drug dealing, compared to Black youths who thought marijuana was difficult to obtain. Finally, White youths who received public assistance were less likely to engage in drug dealing, compared to White youths who did not receive public assistance.

Our findings are consistent with research suggesting a relationship between substance use and drug dealing (7–10,12). Yet, the current study findings expand previous research by highlighting differences in associations between specific use and availability of drugs and drug dealing across race. For example, given the pharmacological effects of hallucinogens, cocaine and many of the commonly misused prescription drugs, the current findings suggest White adolescents who sell drugs may be more entrenched in substance misuse and abuse (e.g., cocaine) (20). This finding is consistent with research by Dembo et al. (7), which suggest the personal use of drugs (i.e., cocaine) may play more of a role in drug dealing among White adolescents compared to Black adolescents. Furthermore, the inverse association between family receipt of public assistance and drug dealing implies White adolescents' involvement in selling drugs may not be a consequence of or response to economic deprivation. Interestingly, for White youths substance abuse prevention and treatment may serve to reduce their involvement in the illegal distribution of drugs.

However, for Black youths involvement in drug dealing may represent a different domain. No relationship emerged between selling drugs and personal use of any drug other than marijuana. This finding is not surprising given substance use trends among Black adolescents. For example, national data indicate Black youths' drug of choice is marijuana and an overall trend among African Americans for a later onset of other drug abuse and dependence (1,21). In addition, our findings are similar to those of Friedman et al. (22) who found young Black men involved in drug trade who used illegal drugs only used marijuana. Factors other than individual substance use (e.g., contextual factors) are likely driving involvement in drug trade among Black youths.

Extant literature suggests among blacks, social and economic factors play a significant role in their involvement in the drug economy (13,15,16). Nevertheless, in the present study, family

receipt of government benefits was not related to drug dealing. Similar to the present study's findings, Friedman et al. (23) did not find a relationship between SES measured at the individual level and drug dealing among African Americans. A review of the literature revealed many studies citing SES as a potential risk factor for drug dealing focused on individuals residing in disadvantaged neighborhoods (13–15). Individual level measures of SES were not included in the analyses. These findings, when taken into consideration with current study findings suggesting the availability of marijuana and crack is associated with drug trade, implicate the social environment as an important contributor to involvement in drug dealing among Black youths (7,18,23,24).

Although the present study offers insight into drug dealing among adolescents, the findings must be considered in light of the study's limitations. Presently, a single item measure of individual level SES was included. Although there is no gold standard for measuring SES, a comprehensive measure of individual SES would likely improve prediction. Also, the validity of self-report is questionable. However, studies have demonstrated that adolescents' self-report measures can yield valid measures (25). Additionally, the generalizability of the findings is limited, given only Black and White youths are included and homeless youths are excluded. Finally, given the cross-sectional nature of the study, we cannot determine if substance use preceded drug dealing. Still, the current study provides insight into drug dealing among youths. In conclusion, substance use prevention and treatment for White youths may reduce involvement in drug trade. Presently, more work is needed to identify factors associated with drug dealing among Black youths.

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TABLE 1Factors associated with drug dealing among White adolescents aged 12–17 years ($N = 11,113$).

	N	%	AOR	95% CI
Gender				
Male	253	4.5	3.3	2.30,4.75**
Female	106	2.0	1.0	—
Marijuana				
Yes	310	20.8	13.9	8.32,23.19**
No	49	.5	1.0	—
Cocaine				
Yes	80	42.1	1.8	1.06,2.97
No	279	2.6	1.0	—
Hallucinogens				
Yes	132	39.3	1.9	1.26,2.86**
No	227	2.1	1.0	—
Psychotherapeutics				
Yes	201	20.4	2.6	1.78,3.79**
No	158	1.6	1.0	—
Availability of marijuana				
Easily obtained	239	6.1	1.9	0.91,4.09
Not easily	19	.4	1.0	—
Availability of cocaine				
Easily obtained	210	8.2	1.5	1.06,2.27*
Not easily	141	1.7	1.0	—
Availability of heroin				
Easily obtained	83	6.0	1.4	0.92,2.18
Not easily	267	2.9	1.0	—
Approached by someone selling drugs				
Yes	253	16.2	3.4	2.39,4.81**
No	106	1.1	1.0	—
Public assistance				
Yes	20	6.4	0.3	.12,.67**
No	339	3.1	1.0	—

* $p \leq .05$ ** $p \leq .01$

TABLE 2Factors associated with drug dealing among Black adolescents aged 12–17 years ($N = 2,593$).

	N	%	AOR	95% CI
Gender				
Males	83	6.4	3.7	1.66, 8.13**
Females	20	1.6	1.0	—
Marijuana use				
Yes	66	20.8	12.6	6.85, 23.27**
No	37	1.6	1.0	—
Cocaine use				
Yes	3	50.0	9.4	1.76, 50.48**
No	100	3.9	1.0	—
Use of pain relievers				
Yes	17	12.1	1.1	.45, 2.61
No	86	3.5	1.0	—
Availability of marijuana				
Easily obtained	95	7.2	5.0	1.70, 14.62*
Not easily	8	.7	1.0	—
Availability of crack				
Easily obtained	66	7.9	1.9	1.02, 3.41*
Not easily	36	2.2	1.0	—
Approached by someone selling drugs				
Yes	54	12.8	1.8	0.98, 3.35
No	49	2.3	1.0	—

* $p \leq .05$ ** $p \leq .01$