

Motivational Characteristics of Initiation & Continued Recreational Drug Use by Emerging Adults.

A Cross-Sectional Study.

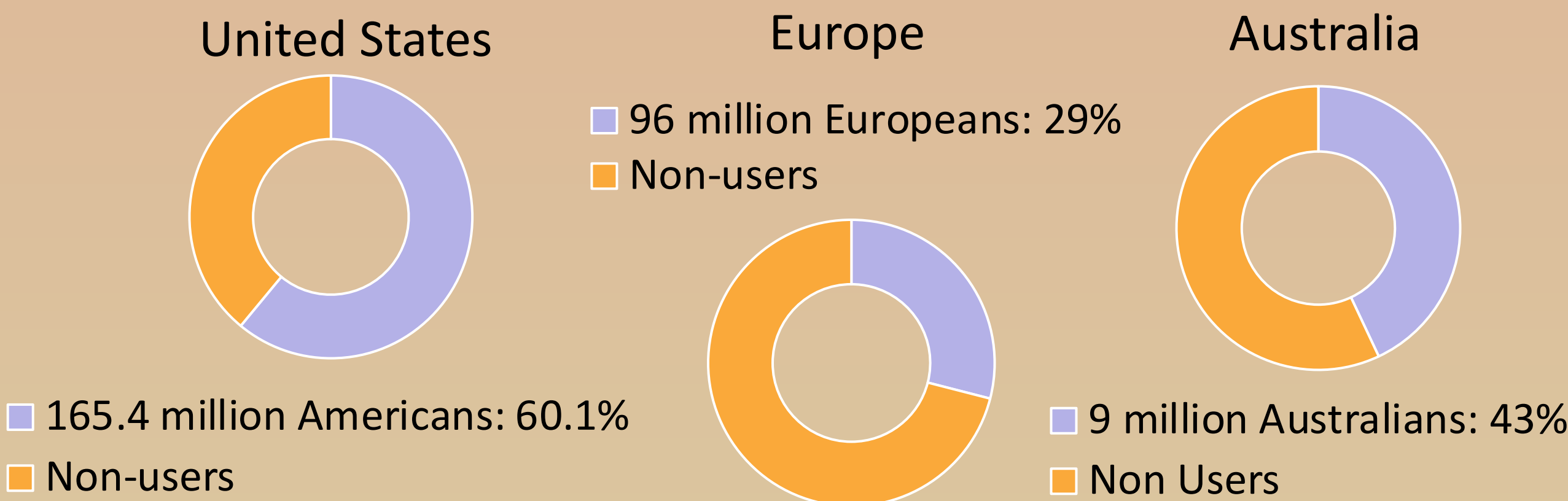


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BACKGROUND

- Recreational drug use is a **normative behaviour amongst emerging adults** when attending social settings and events.
- Recreational drugs are defined as **legal and illegal substances** that are taken for **enjoyment or pleasure** without medical reasoning to induce a **heightened or altered state of consciousness** through **intoxication**.
- There is a **lack of evidence that evaluates motivational characteristics of recreational drug initiation** and **patterns of continued use** among emerging adults in social settings.

GLOBAL DRUG USE STATISTICS - 2019



RESEARCH AIM

Investigate **motivational characteristics** of **initiation** and **continued use** of recreational drugs by emerging adults. Including **age of initiation**, **sources of initiation** and **social settings/environments** of **continued use**.

METHODS & METHODOLOGY

SURVEY TOOLS

National Institute Drug Abuse Quick Screen (NIDA)
World Health Organization – Alcohol, Smoking & Substance Involvement Screening tool (ASSIST V3.0)
Additional Questions: Age of Initiation | Source of Initiation | Social Settings & Environments of Use

PARTICIPANTS

356 Emerging Adults (aged 18-30)
Who participate in **Recreational Drug Use**
Exclusion Criteria: **Having/had** problems with **Substance Use Disorder**

WHY EMERGING ADULTS?

Emerging Adulthood is a **transitional period of identity exploration and experimentation** formed by **the adaptation of developmental, social, health and environmental influences**. It is recognised that **increased risk-taking and impulsivity** occurs in this population. This may **contribute to the statistically normative experimentation with alcohol and illicit drugs** seen in this age group.

REFERENCES

Arnett, J. (2014). *Emerging Adulthood: The Winding Road from the Late Teens Through the Twenties* (2nd Edition ed.). New York, New York, United States of America: Oxford University Press.

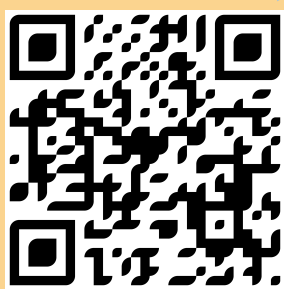
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RESULTS

INITIATION

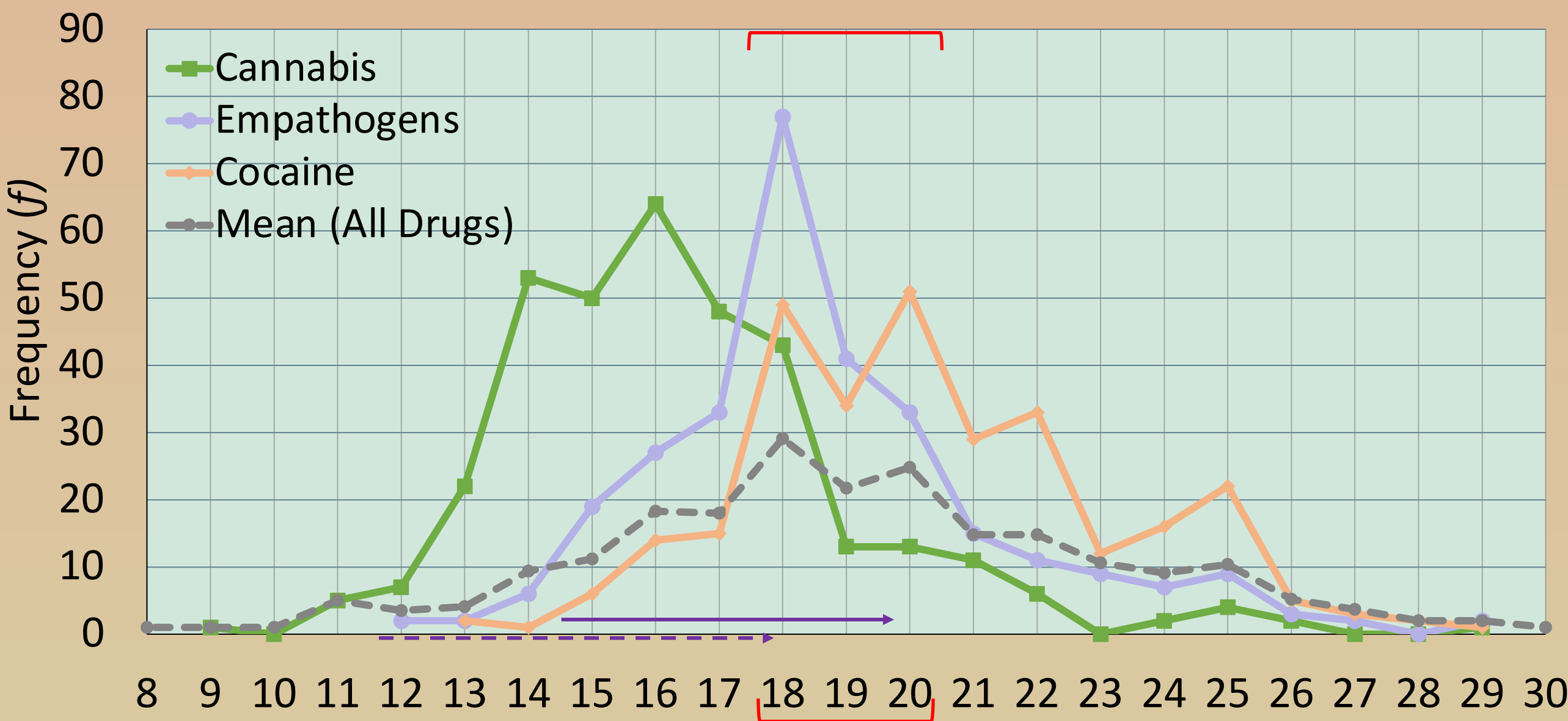
Most Commonly Used Drugs & Average Age of initiation*

1. Cannabis: 96.9% (n=345) | 16.3 years*
2. Empathogens: 83.7% (n=298) | 18.7 years*
3. Cocaine: 82.9% (n=295) | 20.3 years*

Main Sources of Initiation

- i. Friends/partner consensually 60%
 - ii. Motivational Curiosity/Self-interest 26%
- > Emerged from 12 years of age
--> Increased from 15+ years
--> Curiosity peaked between 18-20 years

AGE OF INITIATION TRENDS - 3 MOST COMMON DRUGS & MEAN



SOCIAL ENVIRONMENTS OF CONTINUED USE

Mostly Used in **Social Settings** with **Friends** 59.3%

Residential/Home Environment: 36.3%
Non-Residential Environments: Parties 17.3% | Festivals 11% | Nightclubs 9.9%

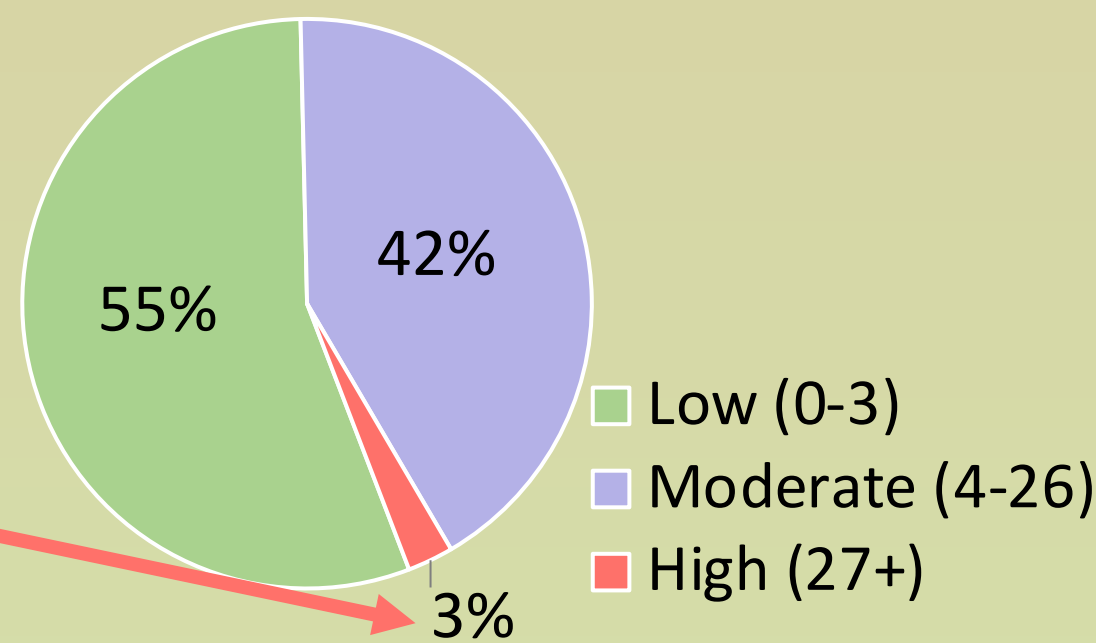
Substances Used **"Only Alone"**: 9%

Drugs with Depressant Effects (Sedatives | Dissociatives | Street & Prescription Opioids) & Prescription Stimulants

SUBSTANCE INVOLVEMENT (SI) SCORING

SI Scoring is used to determine **potential risks associated to continued use**. Including: impact on health, finances and activities of daily living.

High-Risk SI scoring drugs primarily included: **Cannabis** (8.7%), **Prescription** (6.3%) & **Street Opioids** (5.9%)



CONCLUSION

- **Age and source of initiation patterns observed** in the study **underscores** the **complex interplay** of **individual, social, and environmental factors** surrounding the motivations of recreational drug use initiation and continued use.
- Motivational **curiosity** emerged during **middle-late adolescence** and **continued to develop during emerging adulthood**.
- The development of **curiosity** and **initiation endorsed by friends** (consensually) supported emerging adults to develop patterns of continued use.
- Continued use linked to **socio-recreational goals including pleasure seeking, social bonding & group norms in social environments** – including parties, festivals & nightlife venues.
- Emerging adults commonly used recreational drugs in a **social contexts**.
- Patterns of use had **little negative impact** on **activities on daily living** and **did not result in significant negative health, social or financial concerns** for most participants.

RECOMMENDATIONS

1. **Timely harm reduction & health education interventions** during middle-late adolescence and emerging adults to minimise risks.
2. **Drug testing & health education accessibility** in **settings where recreational drug use** is a **normative behaviour**.