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Chapter 18

SUBSTANCE ABUSE AMONG ADOLESCENTS

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This chapter aims to provide a global perspective on substance abuse among adolescents across different cultures, and to review appropriate strategies in communicating with the adolescent population about substance abuse. Drug abuse continues to be a major public health issue in the United States, especially among adolescents. The attitude toward and involvement in drug abuse among adolescents is a complex problem shaped by multiple psychosocial parameters. Psychosocial variables such as ethnicity, and religion, and group dynamics, while deeply intertwined in shaping the cultural identity of adolescents, also deliver their impact to substance abuse in this patient population. In a society largely composed of a diverse immigrant population, cultural sensitivity of the healthcare provider to patient culture is critical to patient centered care and effective clinical outcomes. Summary: Cultural sensitivity of healthcare providers is critical to addressing the health needs of adolescent patients in the increasingly culturally heterogeneous patient population of the United States.

INTRODUCTION

The World Health Organization defines substance abuse as: the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (1). Substance abuse is public health care problem with global dimensions: worldwide psychoactive substance use is estimated at two billion alcohol users, 1.3 billion smokers and 185 million drug users (1). In the United States alone, drug abuse results in roughly 40 million serious illnesses or injuries (2). While statistics on drug abuse abound, the magnitude of this problem in the adolescent population remains most disturbing. In the most recent report by Johnston et al (3) "51% of America's teenagers have tried an illicit drug by the time they finish high school".

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Furthermore, adolescents 12-20 years of age comprise 49.8% of all persons aged 12 or older who used illicit drugs in the in 2007, with the highest frequency in the 18-20 age group (4).

Clearly, these statistics call attention to the importance of addressing substance abuse in adolescents. Yet more importantly, cultural diversity is on the rise in the United States as a nation of immigrants. A recent report by the US Census Bureau states that in 2042, whites will no longer be a majority in the country. Moreover, as of today, 1 in every 3 Americans is a minority (5). Therefore, addressing the healthcare needs of an increasingly diverse population poses the real challenge to health care providers. In this light, the purpose of this review is to highlight the different attitudes and perceptions of various populations toward substance use/abuse and propose guidelines to help address the unique needs of these populations.

ATTITUDES TOWARD DRUG ABUSE IN ASIA

In many eastern cultures, emotional problems and substance abuse are cause for dishonor. Among traditional Asian-Indians, for example, substance use is perceived as a moral problem contributing to family shame and loss of prestige (6). However, substance abuse seems on the rise in US immigrant refugee populations from Southeast Asia, suggestive of cultural influence. This is quite interesting from a historic perspective. In Asia, particularly in China, drug abuse along with its associated health problems, was brought by the British in the 17th century, but abated following independence of China from the British Empire. However, since the 1980s, the extensive modernization and westernization in China since has been associated with increasing drug abuse, suggestive again of cross-cultural influence (7). In terms of cultural views, intravenous drug abuse, commercial sex, and AIDS are associated with social stigmata. Surprisingly, AIDS was significantly less stigmatizing than either intravenous drug abuse or commercial sex. In fact, coexistence of AIDS with either commercial sex or intravenous drug use significantly decreased the stigma of either commercial sex or intravenous drug use alone, suggesting a mitigating effect of disease on social stigmata (8).

ATTITUDES TOWARD DRUG ABUSE IN AFRICAN CULTURES

Adolescent perception of drug abuse is varies and correlates with the dominant cultural norms, yet leaves many questions unanswered. For example, in a study of adolescents in South Africa, personal attributes and peer substance use correlated highly with drug abuse in adolescents. Parental factors and environmental stressors correlated less strongly with drug abuse in the same patient sample. It is interesting to notice that the adolescent lifetime rate of Marijuana in South Africa was significantly less than that in the United States (6-12% vs. 19.7%) (9). This may be due to the low availability of Marijuana compared to other drugs. For example, in Ethiopia, Somalia, Nigeria, and Yemen in the Arabian Peninsula, a common drug of abuse is an amphetamine-like substance called Cathinone, derived from a flowering plant called Khat or *Catha edulis* (10). Chewing Khat in Yemen is widespread due to its mild stimulant effect and deep social and cultural tradition, yet it poses significant health risks (11). While it is unclear what the motives are for adolescents to chew Khat, it has been

suggested that students use it to enhance performance on examinations (11). Although initially the regulation of Khat was limited to local levels, its worldwide spread especially among immigrants from Eastern African countries has spurred classification and subsequent regulation (12).

ATTITUDES TOWARD DRUG ABUSE IN LATIN AMERICA

In contrast to Eastern cultures, the Latino culture attitude toward substance use especially drinking alcohol is on the opposite end of the spectrum. In fact, boys are introduced to “manhood” by initiation of drinking, usually by the father or the male figure in the family. Also, what is considered “underage drinking” in North America is acceptable within the Latino family (13). Refusing to drink in the family is interpreted as rejection of other family members (14). It is interesting that the family assumes the gatekeeper role with regards to drinking habits in Latino culture. This may be explained by fact that most Latino men and women continue to live with their parents after reaching 18 years of age (13). A study by Navarro et al (15) confirmed the importance of the family role in prevention of substance abuse and found that the main reason for drug consumption was “to have fun”. Other Latin American cultures in Cambodia and Haiti consider narcotics as medicine rather than drugs of abuse (14).

ATTITUDES TOWARD DRUG ABUSE IN WESTERN CULTURES

Adolescent substance use is considered deviant in most Western cultures including Europe and North America (16). The perception of drug abuse by adolescents in the United States has been well documented. Perception of harm correlated negatively with cigarette smoking, binge drinking, and illicit drug use (4). Also, adolescents who perceived a strong parental disapproval of drug use were less likely to abuse drugs. In addition, participation in religious services correlated with less incidence of drug abuse among adolescents. On the other hand, subjects engaging in fights were more likely to abuse drugs (4). Drug abuse remains a challenging public health issue in the United States. Relative to other countries, addressing drug abuse issue is complicated due to the growing ethnic diversity, especially that of immigrant populations. It is particularly interesting to notice drug abuse trends among youth immigrants. A study by Blake et al (17) revealed that recent immigrant youth reported lower substance use including alcohol and Marijuana compared to residents of the US. Yet, it seems that with time, the rates of drug use in this population were no longer significantly different from the mainstream population (18). Similar results were obtained in a group of Mexican immigrants (19).

The link between substance abuse and cultural exchange is quite dynamic. On one hand, the waxing and waning of substance abuse in China in association western influence is an example of how developing countries are influenced by the “developed” world (7). On the other hand, the spread of Khat chewing from Eastern Africa and the Arabian Peninsula to Western hemisphere through immigrants is illustrative of how cultural influence acts both

ways (12). Clearly, culture plays a considerable role in shaping substance abuse through the process of acculturation as seen in youth immigrants from Asia and Mexico (18,19).

In an age where globalization is facilitating cultural exchange in our society, health care providers are posed to the challenge of becoming “culturally competent” to better serve the needs of their patients via more effective communication. Aside from the important roles of families, organizations, and programs in fighting substance use, the patient-physician trust-based relationship remains indispensable to effectively addressing this issue.

PHYSICIANS AND CULTURE COMPETENCE

Recognition of and sensitivity toward cultural differences by care providers is critical to improving clinical outcomes related to substance abuse in adolescents. From an economic standpoint, the WHO estimates that for every dollar invested in drug treatment, seven dollars are saved in health and other social costs (1). The role of the physician is to appreciate cultural relativism and treat patients in the appropriate cultural context when dealing with substance abuse.

In this regard, some investigators have pointed out that many substance abuse prevention programs were designed for a White, middleclass recipient population and influenced by mainstream American values (20). Other authors assert that such programs are inadequate to the needs of ethnic minorities (21). In support of the alternative view, Hecht et al. found that “minority youth responded more favorably to programs in which teachers or characters were members of their own group” (22). To conclude, perhaps the Institute of Medicine report on “Unequal treatment”, sums it best by highlighting that “education as the best strategy to develop cultural competence among providers” (23).

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