



Nonmedical stimulant use among young Asian-Americans, Native Hawaiians/Pacific Islanders, and mixed-race individuals aged 12–34 years in the United States



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ABSTRACT

There are concerns over nonmedical use of prescription stimulants among youths, but little is known about the extent of use among young Asian-Americans, Native Hawaiians/Pacific Islanders (NHs/Pis), and mixed-race individuals—the fastest growing segments of the U.S. population. We examined prevalences and correlates of nonmedical stimulant use (NMSU) and disorder (StiUD) for these underrecognized groups. Whites were included as a comparison. Data were from young individuals aged 12–34 years in the 2005–2012 National Surveys on Drug Use and Health. We used logistic regression to estimate odds of past-year NMSU status. Significant yearly increases in lifetime NMSU prevalence were noted in Whites only. NHs/Pis (lifetime 7.33%, past-year 2.72%) and mixed-race individuals (10.20%, 2.82%) did not differ from Whites in NMSU prevalence (11.68%, 3.15%). Asian-Americans (lifetime 3.83%, past-year 0.90%) had lower prevalences than Whites. In each racial/ethnic group, “Methamphetamine/Desoxyn/Methedrine or Ritalin” was more commonly used than other stimulant groups; “got them from a friend/relative for free” and “bought them from a friends/relative” were among the most common sources. Females had greater odds than males of NMSU (among White, NH/PI, mixed-race individuals) and StiUD (among mixed-race individuals). Young adults (aged 18–25) had elevated odds of NMSU (White, NH/PI); adolescents had elevated odds of StiUD (White, mixed-race). Other substance use (especially marijuana, other prescription drugs) increased odds of NMSU and StiUD. NHs/Pis and mixed-race individuals were as likely as Whites to misuse stimulants. Research is needed to delineate health consequences of NMSU and inform prevention efforts for these understudied, rapidly-growing populations.

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1. Introduction

Asian-Americans, Native Hawaiians and other Pacific Islanders (NHs/Pis) in the United States are identified as vulnerable populations as they tend to underutilize behavioral healthcare (Ida

et al., 2012). Due to an array of factors—such as limited English proficiency, a lack of providers who have the language and cultural skills needed to meet their healthcare needs, no insurance coverage, or fears of immigration and deportation—these populations either have difficulties using healthcare timely or experience a high level of dissatisfaction with the healthcare received (Ida et al., 2012; Masson et al., 2013; Yu et al., 2009). In the United States, an estimated 33% of adolescent Asian residents aged 12–17 years nationally were born aboard (non US-born), and 81% of adult Asian residents aged ≥18 years nationally were born aboard (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010, 2011). Asian-Americans and NHs/Pis face unique barriers to seeking care related to substance use problems because of a lack of culturally or linguistically congruent interventions and providers as well as culture-related attitudes towards substance abuse and

Abbreviations: MTF, Monitoring the Future Study; NSDUH, National Surveys on Drug Use and Health; NHs/Pis, Native Hawaiians and other Pacific Islanders; NMSU, Nonmedical Stimulant Use; StiUD, Stimulant Use Disorder; TEDS, Treatment Episode Data Set.

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treatment (shame, wanting to keep the problems within the family to avoid disgrace), which may reduce treatment-seeking and interfere with treatment engagement (Edwards et al., 2010; Masson et al., 2013; Yu et al., 2009). Inadequate behavioral healthcare, however, has adverse effects on the healthcare, education, welfare, and justice systems and impacts the nation's economy (Institute of Medicine, 2006). Adolescents and young adults are vulnerable to substance-related adverse consequences; prevention interventions are critical to reducing substance use problems. However, Asian-Americans, NHs/PIs, and mixed-race individuals are vastly under-represented in substance use prevention and treatment studies (Korte et al., 2011; Rehuher et al., 2008); they are either excluded from comparisons or pooled with other racial/ethnic groups. The lack of epidemiological data on drug use impedes health policy and prevention efforts.

Asian-Americans, NHs/PIs, and mixed-race (>1 race) population are the fastest-growing segments of the U.S. population, growing in numbers at 3–4 times the rate of the overall U.S. population (U.S. Census Bureau, 2011). On average, these groups include higher proportions of youths than the White population (Wu et al., 2013a, 2013b). Because substance use often starts in adolescence and increases with age during the young adulthood (SAMHSA, 2013a), the increase in their population sizes warrants research to determine the extent of drug use to inform national *Healthy People* initiatives, which also have the least amounts of empirical data available for these groups (National Center for Health Statistics, 2012). Of note, there have been concerns over nonmedical use of prescription stimulants among youths (Arria and DuPont, 2010; Nagel and Graf, 2013). Depending on the survey samples, an estimated 5–35% of college-aged young adults reported past-year nonmedical stimulant use (NMSU) (Wilens et al., 2008). Studies of adolescents or young adults suggest a high lifetime prevalence (range: 11–62%) of diversion (selling, trading, giving away) of prescription stimulants (Kaye and Darke, 2012). In a study of college students, 50% of the sample perceived that “prescription stimulants are easy to get on campus” (Weyandt et al., 2009). Nonmedical stimulant users (NMSUs) were found to be more likely than non-users to have academic, conduct, or substance use problems (Arria and DuPont, 2010; Bavarian et al., 2013; Lakhan and Kirchgessner, 2012; Wilens et al., 2008). Repeated NMSU is associated with psychotic symptoms or cardiovascular problems (Lakhan and Kirchgessner, 2012; McKetin et al., 2013). Recent data also show an increase in prescription stimulant-related emergency department visits (SAMHSA et al., 2013b).

To date, little is known about the extent and correlates of NMSU and stimulant use disorder (StiUD) among Asian-Americans, NHs/PIs, and mixed-race individuals (Kaye and Darke, 2012). Existing studies generally have not included an adequate number of Asian-Americans, NHs/PIs, and mixed-race individuals to permit comparisons for each group. The national Monitoring the Future (MTF) study found racial/ethnic differences in NMSU for three major racial/ethnic groups (e.g., lifetime use prevalence among 12th graders: 10.1% of Whites, 3.3% of Blacks, and 6.3% of Hispanics) (Johnston et al., 2014). Greater access to stimulants for managing attention deficit hyperactivity disorder (ADHD) symptoms among Whites than Blacks and Hispanics may contribute partly to greater NMSU prevalences among Whites (Pastor and Reuben, 2005; Stevens et al., 2005). However, MTF reports have not routinely included drug use estimates for Asian-American, NH/PI, and mixed-race students because of their small sample sizes in MTF studies (Johnston et al., 2014). Smaller-scale studies of young individuals (convenience, regional samples) are constrained by even smaller sample sizes, excluding them from analyses of NMSU, StiUD, and sources of stimulants.

Stimulants are sometimes called “study” or “smart” drugs as they are reported to be used as “cognitive enhancers” by students to stay awake to study for exams or to improve academic performance (Arria and DuPont, 2010; Bavarian et al., 2013). Reasons for NMSU may include enhancing school performance, achieving euphoria, or coping with stressors, suggesting that NMSU may affect youth of various racial/ethnic backgrounds (Lakhan and Kirchgessner, 2012; Rabiner et al., 2009). Compared with other racial/ethnic groups, Asian-Americans generally report a higher level of personal and/or (perceived) parental educational expectations for academic performance, which, however, may be associated with parent-child conflict, psychological stress, or emotional problems among Asian-American youths (Castro and Rice, 2003; Qin et al., 2012a, 2012b; Saw et al., 2013). Given that prescription stimulants also are perceived as safer than other illicit drugs (legal, information about their effects available in package inserts), it is important to determine the extent to which Asian-American youths are NMSUs or manifest StiUD and their correlates (Arria and DuPont, 2010; Quintero et al., 2006).

Moreover, treatment-seeking data suggest that Asian-Americans and NHs/PIs may be more likely to misuse stimulants than other drug classes. The Treatment Episode Data Set (TEDS) reports, which track substance-related treatment admissions, consider Asian-Americans and NHs/PIs as a single group (SAMHSA, 2012). In the TEDS, amphetamines and marijuana were the most commonly identified classes of abused drugs for female Asian-Americans/NHs/PIs (23%, 19% respectively) and male Asian-Americans/NHs/PIs (17%, 21% respectively) (SAMHSA, 2012). While research tends to show a low prevalence of substance use in the pooled sample, analyses that specifically examine NHs/PIs find a higher prevalence of substance use and delinquency among NHs/PIs than among Asian-Americans (Andrade et al., 2006; Lowry et al., 2011; Wu et al., 2013c). Thus, it is important to examine Asian-Americans and NHs/PIs separately for NMSU.

The TEDS reports omit mixed-race individuals because of limited data. Mixed-race individuals also are under-represented in the drug use prevention research (Rehuher et al., 2008). During the past decade, mixed-race groups grew in number at least 3 times faster than single-race groups; mixed-race individuals are on average younger and financially poorer than Whites (U.S. Census Bureau, 2011; Wu et al., 2013a, 2013b). Moreover, mixed-race individuals are similar to Whites in tobacco use prevalence but higher than Whites in any drug use prevalence (Wu et al., 2013a, 2013b). The growing populations of young Asian-American, NH/PI, and mixed-race individuals, along with increased availability of stimulants and stimulant-related emergency department admissions, warrant research to characterize factors associated with NMSU and StiUD and sources of stimulants to inform research (Setlik et al., 2009; SAMHSA et al., 2013b).

Here, we examined not only the prevalence and correlates of past-year NMSU but also past-year StiUD and the types and sources of stimulants used to address the lack of such data. To mitigate constraints of the sample size, we analyzed datasets from national samples of Asian-Americans, NHs/PIs, and mixed-race individuals using the National Surveys on Drug Use and Health (NSDUH). The independent, cross-sectional 2005–2012 NSDUH used similar designs, allowing analysis of the same variables from the pooled sample to determine correlates of NMSU and StiUD. While prior research has focused exclusively on either adolescents (12–17 years) or college-aged individuals (18–25 years), we examined data from adolescents and adults aged 12–34 years to evaluate age-related differences in NMSU and StiUD. Given age-related increase in academic work demand and the likelihood of affiliating with substance-using peers, we examined whether NMSU

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