



Marijuana and tobacco use and co-use among African Americans: Results from the 2013, National Survey on Drug Use and Health



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HIGHLIGHTS

- Marijuana and tobacco co-use is a public health problem among African Americans.
- Nearly 28% of African Americans reported past month marijuana and tobacco co-use.
- Co-users report different use patterns than single users of marijuana and tobacco.

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ABSTRACT

Background: Although studies have identified an increased likelihood of marijuana and tobacco co-use among African Americans as compared to other racial groups, few studies have specifically examined the prevalence and substance use characteristics of co-users among African Americans in a national survey.

Methods: The current secondary analysis examined the prevalence rates and substance use characteristics (e.g., marijuana dependence) of 2024 African American past month marijuana and tobacco users and co-users participating in the 2013 National Survey on Drug Use and Health.

Results: Findings revealed that 18.5%, 53.8% and 27.7% of African Americans smoked marijuana only, tobacco only and marijuana and tobacco in the past 30 days, respectively. Relative to participants who smoked marijuana only, African Americans who smoked marijuana and tobacco were more likely to be marijuana dependent in the past year and report more days of marijuana use in the past month. Further, relative to participants who smoked tobacco only, African Americans who smoked marijuana and tobacco were less likely to be dependent on nicotine, reported fewer days of cigarette use in the past month, and began smoking cigarettes, cigars and marijuana at a younger age, but were more likely to be marijuana dependent in the past year and reported more days of cigar use in the past month.

Conclusions: Marijuana and tobacco co-use is a significant public health problem, especially among African Americans. Additional research on effective prevention and treatment interventions for African Americans who smoke marijuana and tobacco is warranted.

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1. Introduction

Marijuana and tobacco co-use is a growing public health problem. Epidemiological data from the 2009 National Survey on Drug Use and Health (NSDUH) suggest that 57.9% of cigarette smokers reported a lifetime history of marijuana use and 90% of marijuana users reported smoking cigarettes at some point in their life (Agrawal, Budney, & Lynskey, 2012). A recent review of the literature revealed that being African American was one of the most significant predictors of increased likelihood of marijuana and tobacco co-use (Ramo, Liu, & Prochaska,

2012). Although studies have documented higher rates of marijuana and tobacco co-use among African Americans, to the authors' knowledge, no studies have used national survey data to provide a broad picture of marijuana and tobacco co-use specifically among African Americans. The current examination was designed to address this gap in the literature by examining the prevalence rates of marijuana and tobacco use and co-use, as well as sociodemographic and substance use characteristics that are associated with marijuana and tobacco use and co-use among African Americans who participated in the 2013 NSDUH survey.

Several studies have shown negative health effects that are associated with the single use of marijuana (e.g., Lubman, Cheetham, & Yucel, 2015) and tobacco (e.g., Lee, Forey, & Coombs, 2012). However, a growing body of literature suggests that the dual use of marijuana and

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tobacco also has a negative impact on public health, perhaps even more detrimental than that seen by the single use of marijuana and tobacco. For example, studies have consistently found that dual users of marijuana and tobacco report more severe marijuana use than individuals who smoke marijuana only (Agrawal & Lynskey, 2010). Further, studies have shown that dual users of marijuana and tobacco report more difficulty quitting tobacco than their counterparts who smoke tobacco only (Ford, Vu, & Anthony, 2002). Marijuana and tobacco co-use has also been associated with higher rates of psychiatric (e.g., bipolar disorder, borderline personality disorder) and psychosocial (e.g., driving under the influence of alcohol) problems as compared to individuals who smoke marijuana or tobacco only (Peters, Schwartz, Wang, O'Grady, & Blanco, 2014).

Several theories have been proposed as to why these two drugs are commonly used together (see Agrawal et al., 2012 for a detailed review). For example, some studies suggest that tobacco enhances the subjective experiences of marijuana (Cooper & Haney, 2009) while others have posited that cigarettes are a gateway drug that leads to the use of marijuana and other illicit drugs (Korhonen et al., 2010). However, similar to the increased rates of marijuana and tobacco co-use observed among African Americans as compared to other racial groups, there are also documented differences in the initiation and maintenance of these drugs among African Americans. For example, recent studies have found that marijuana use often precedes tobacco use among African Americans, thereby providing evidence for the reverse gateway theory which suggests that marijuana is a gateway drug that leads to tobacco use (Agrawal et al., 2012; Ramo et al., 2012). The reverse gateway theory might highlight the increased ease of access of marijuana relative to cigarettes and other tobacco products among African American youth, but more research is needed to fully support this assertion (Agrawal et al., 2012). Given the high rates of marijuana and tobacco co-use and growing evidence of differential pathways of marijuana and tobacco use and co-use among African Americans, additional research on this population is warranted.

1.1. Marijuana and tobacco co-use among African Americans

The high rates of co-use among African Americans are further complicated by the nontraditional patterns of marijuana and tobacco use and initiation that have been documented in the literature. For example, as discussed Section 1, marijuana use is often the entry point to tobacco in the African American community (Ramo et al., 2012). Further, marijuana is often smoked in blunts (tobacco cigar shells filled with marijuana and residual tobacco), as opposed to traditional marijuana joints (hand-rolled paper typically made of rice or hemp), in the African American community (Ramo et al., 2012; Golub, Johnson, & Dunlap, 2005). In addition, unlike other racial groups, African Americans often initiate smoking later in life between the ages of 18–29 (Trinidad, Gilpin, Lee, & Pierce, 2004), not in adolescence. Further, studies have identified unique risk (e.g., traditional health beliefs and practices) and protective (e.g., traditional religious beliefs and practices) factors for marijuana and tobacco smoking among African Americans (Nasim, Utsey, Corona, & Belgrade, 2006).

Studies have also shown the administration methods of marijuana and tobacco among African Americans differs from that of other racial groups. For example, several studies have shown that relative to other groups, African Americans are more likely to smoke marijuana and tobacco through blunts (hollowed-out cigars filled with marijuana) (Golub, Johnson, & Dunlap, 2005; Jones et al., 2014; Montgomery & Oluwoye, in press; Timberlake, 2013). This is an important detail that might possibly contribute to the misreporting of tobacco smoking prevalence rates of African Americans due to a primary focus on cigarette use rather than non-traditional products, such as cigars and cigarillos, in the literature. The aforementioned studies highlight important racial differences that are not always considered in studies on marijuana and tobacco co-use together and separately. Therefore, existing studies that focus on

marijuana and tobacco use may have limited applicability for African Americans. More studies, especially on a national level, that focus specifically on the prevalence and characteristics of African American marijuana and tobacco smokers are warranted.

Despite the growing body of robust literature on marijuana and tobacco co-use among African Americans, there are several gaps that need to be addressed. First, many of these studies have focused solely on African American adolescents and young adults (Jones et al., 2014; Nasim et al., 2006; Sinclair, Foushee, Pevear, Scarinci, & Carroll, 2012; Sinclair, Foushee, Scarinci, & Carroll, 2013). Therefore, the prevalence rates and effects of marijuana and tobacco co-use on substance use characteristics (e.g., age of first marijuana use) and disorders (e.g., nicotine dependence) among African Americans across the lifespan remains unclear. Second, studies have highlighted the increased likelihood of marijuana and tobacco co-use among African Americans (Ramo et al., 2012), but very few have focused on factors that might be associated with co-use in this population (Montgomery & Marinos, in press; Ream, Johnson, Sifaneck, & Dunlap, 2006). Third, many of the studies on marijuana and tobacco co-use specifically among African Americans have focused on use in local communities across the United States (e.g., Sinclair et al., 2013). More studies are needed to provide a broader understanding of marijuana and tobacco co-use among African Americans across the nation. A national review of the co-use problem specifically among African Americans will help to better inform the development of effective prevention and treatment interventions for this community.

1.2. Current examination

The current examination was designed to address the aforementioned gaps by assessing the prevalence rates of and sociodemographic and substance use characteristics that are associated with the single use of marijuana and tobacco as compared to the dual use of these substances among African Americans. The current examination is a secondary analysis of data provided by African Americans aged 12 or older participating in the 2013 NSDUH. Specifically, the examination is designed to describe the substance use characteristics (e.g., marijuana use disorders, age at first cigarette use) of African Americans who smoke marijuana only versus tobacco only versus marijuana and tobacco in the past month.

2. Methods

2.1. Participants

The current examination used data from the 2013 NSDUH sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The NSDUH is an annual survey that is designed to provide quarterly and annual estimates of substance use and health status of civilian non-institutionalized individuals aged 12 years and older in the United States. Individuals within the sample include household residents; residents of shelters, rooming houses, college dormitories, migratory workers' camps, and halfway houses; and civilians residing on military bases. Individuals excluded from the sample are active military personnel, residents of institutional group quarters (e.g., prisons, nursing homes, mental institutions, long-term hospitals), and homeless persons. For the current examination, we used data from the 2024 participants who (1) self-identified as a Black or African American man or woman and (2) reported smoking marijuana and/or tobacco (i.e., cigarettes, cigars, pipe tobacco, chewing tobacco, smokeless tobacco or snuff) in the past 30 days. Demographic characteristics are shown in Table 1.

In the 2013 NSDUH survey, 2024 African Americans reported smoking marijuana only (18.5%), tobacco only (53.8%) or marijuana and tobacco (27.7%) in the past month. Cigarettes (83.1%) and cigars (which includes big cigars, cigarillos, and little cigars; 29.1%) were the

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