



## A comparison of Cambodian-American adolescent substance use behavior to national and local norms



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### HIGHLIGHTS

- We compared Cambodian-American youth substance use to national and local norms.
- Cambodian-American youth were less likely to use alcohol, marijuana, and cigarettes.
- Cambodian-American youth may not be at especially high risk for substance use.

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### ABSTRACT

**Introduction:** This study was designed to compare rates of alcohol, marijuana, and cigarette use in Cambodian-American adolescents with norms from nationally- and regionally-representative peers.

**Methods:** Substance use data from 439 10th grade Cambodian-American adolescents in Long Beach, California were compared to grade- and gender-matched nationally representative data from the Monitoring the Future study and data from the California Healthy Kids Survey of students within the same school district.

**Results:** Overall, the Cambodian-American youth were less likely than nationally- and regionally-representative youth to use alcohol, marijuana, and cigarettes. Specifically, relative to estimates obtained for the general population and students attending school in the same school district, Cambodian-American youth were significantly less likely to use alcohol and marijuana. Cambodian-American youth were also less likely than youth in the general population to smoke cigarettes, but did not differ statistically from youth within their same school district.

**Conclusions:** As a group, Cambodian-American youth may not be at especially high risk for substance use. As is the case with virtually all populations, some individuals within the Cambodian-American group are likely to have more difficulty than others with substance use concerns. Thus, additional research is needed to identify factors that might help to identify high users with potential service needs.

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### 1. Introduction

Asian-Americans are the fastest growing segment of the United States (U.S.) population (U.S. Census Bureau, 2012) and are underrepresented in psychiatric epidemiological research (Sue, Yan Cheng, Saad, & Chu, 2012). Moreover, Asian-Americans are particularly understudied with respect to substance misuse (Caetano, Clark, & Tam, 1998; Fang, Barnes-Ceeney, Lee, & Tao, 2011; Harachi, Catalano, Kim, & Choi, 2001; Sue, Sue, Sue, & Takeuchi, 1995). Thus, there is an emerging need to gather information regarding the health and risk behavior of individuals from specific Asian-American subgroups. The current investigation

examined the substance use behavior of one of these Asian-American subgroups, the children of Cambodian refugees, who are believed by some to be at high risk for substance use given the social history of their parents (Lee, Battle, Antin, & Lipton, 2008; Makimoto, 1998; Rumbaut, 1989).

Cambodian-American youth represent an important subgroup for examination due to the stressors and mental health problems prominent among their parents. Research suggests that children of parents from disadvantaged groups and children of parents with mental health problems are at-risk for mental health problems including substance misuse (Hancock, Mitrou, Shipley, Lawrence, & Zubrick, 2013; Huntsman, 2008; Lacey, Cable, Stafford, Bartley, & Pikhart, 2011; Luthar & Sexton, 2007; Poulton et al., 2002). Cambodian refugees immigrated in large numbers to the U.S. following the brutal and traumatic reign of the Khmer Rouge; during which 22–25% of an estimated Cambodian

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population of 7.8 million had lost their lives (Kiernan, 1993, 2003). Many surviving Cambodian refugees suffer from long-standing posttraumatic stress disorder and major depression, stemming from their high trauma exposure (Carlson & Rosser-Hogan, 1993; Marshall, Schell, Elliott, Berthold, & Chun, 2005). In reaction to these stressors and diagnoses, Cambodian refugees have traditionally been believed to suffer from high rates of substance use and related problems (D'Avanzo, 1997; D'Avanzo, Frye, & Froman, 1994; Ma, Shive, Tan, & Toubbeh, 2002; Makimoto, 1998; Wewers et al., 1995), often attributed to coping-related reactions to trauma, difficulties adapting to life in the U.S., feelings of marginalization from American society, and greater accessibility of alcohol in the U.S. than in Cambodia (Amodeo, Robb, Peou, & Tran, 1997; D'Avanzo, 1997; Makimoto, 1998).

However, there is a mix of evidence regarding the substance use behavior of Cambodian refugees and their children. More recent work indicates that Cambodian refugees do not engage in drinking behavior at high levels (D'Amico, Schell, Marshall, & Hambarsoomians, 2007) and premigration trauma does not associate with alcohol use disorders in the refugee population (Marshall et al., 2005). In particular, we found that of nearly 500 Cambodian refugee participants, nearly three-quarters reported no drinking behavior in the past month and only 4% met criteria for an alcohol use disorder (D'Amico et al., 2007; Marshall et al., 2005). The research for Cambodian adolescents is also mixed; with some studies citing elevated risk (e.g., Lee, Battle, Lipton, & Soller, 2010; Lee et al., 2008) and others suggesting that use may be no more problematic among this group than among others (Lim, Stormshak, & Falkenstein, 2011).

Given a mix of evidence regarding substance use risk in the Cambodian-American population, this study was designed to examine the substance use behavior of Cambodian-American youth (i.e., children of Cambodian refugees) to determine if they are an at-risk subgroup of the American population. The available research on substance use of Cambodian-American youths is limited in several respects. First, relatively little research has addressed the issue. In addition, much of the available literature consists of studies based on small nonrepresentative samples. Studies combine substances in analyses and aggregate across youths from other Southeast Asian countries and across gender. These analytic strategies may obscure important differences between groups and substances (e.g., Lee et al., 2008, 2010; Lim et al., 2011). For example, studies report high cigarette, marijuana, and alcohol prevalence for Southeast Asian youth, but these studies combine several ethnic groups into a heterogeneous category (e.g., Cambodian, Mien, Lao) and employ a snowball sampling recruitment strategy in which heavy using participants recruit others within heavy drug-using environments, potentially biasing the sample (Lee & Kirkpatrick, 2005; Lipperman-Kreda & Lee, 2011).

In addition, investigations often fail to differentiate American-born children of Cambodian refugees from their Cambodian-born counterparts who immigrated as refugees. Cambodian refugee children who experienced first-hand the atrocities of the Khmer Rouge period and/or traumas experienced in refugee camps may display disparate substance use profiles than U.S.-born children of Cambodian refugees; the latter group of which very little is known (Lee & Kirkpatrick, 2005; Mollica, Poole, Son, Murray, & Tor, 1997; Morgan, Wingard, & Felice, 1984). Finally, insofar as a substantial portion of the studies on both youth and adults are over 15 years old, it is important that the knowledge base includes a picture of the current status of Cambodian-American youth.

### 1.1. Present study

In the present study, we provide estimates of the alcohol, marijuana, and cigarette use behavior of a relatively large sample of second-generation Cambodian-American adolescents. We compared data collected from 10th grade Cambodian-American students attending high school in Long Beach, California to grade- and gender-matched available

nationally representative data from the Monitoring the Future (MTF) study. MTF is a large and representative dataset containing substance use behavior for adolescents and young adults from over 400 urban, suburban, and rural U.S. schools. In addition, we compared our sample to a grade- and gender-matched sample of youth from the CHKS within the same school district of our sample. The California Healthy Kids Survey (CHKS) is a California school-based study that has data on substance use behavior of youth in all California school districts.

## 2. Method

### 2.1. Participants

Four-hundred and thirty-nine Cambodian-American adolescents participated in the Cambodian-American Adolescent Survey (CAAS), a larger study designed to examine the health and risk behavior of children of Cambodian refugees in Long Beach, California. The sample consisted of 10th grade students enrolled in the Long Beach Unified School District (LBUSD) in the years 2009–2011. The LBUSD is the primary K-12 education system for students residing in the largest Cambodian refugee community in the U.S. (Quintiliani & Needham, 2008). Contact information for all households with self-assessed Cambodian ancestry was obtained from the LBUSD under the Family Educational Rights and Privacy Act. Letters describing the study in both English and Khmer were mailed to a random subset of all Cambodian heritage households in the school district. Persons eligible to participate were American-born students who were living with a biological mother who emigrated to the U.S. as a refugee. If a biological mother was not living in the household, then biological fathers were interviewed ( $N = 19$ ). Home visits were then conducted to screen for eligibility and obtain consent from parents. After obtaining parental consent, separate home visits were made to obtain assent and interview each child. We had an overall youth response rate of 78.4%, as determined by Formula 3 of the American Association for Public Opinion Research (AAPOR, 2011). Data were collected between June 2011 and July 2012. Fifty-one percent of the sample was female. Participants reported a mean age of 16.28 ( $SD = 0.52$ ).

### 2.2. Procedure

The youth interview team consisted of Cambodian-American lay interviewers. Interviewers received extensive training before conducting interviews as well as active supervision throughout the study period. Data were obtained via face-to-face, fully structured, computer-assisted interviews that took place in participants' homes. All youths expressed a preference to complete interviews in English and interviews took 60 min on average to complete. Following the interview, participating youths received \$25. The RAND Institutional Review Board approved and monitored the study.

#### 2.2.1. Measures

Participants completed measures of substance use based on the items utilized in the MTF studies (Johnston, O'Malley, Bachman, & Schulenberg, 2012). In particular, participants were asked to indicate if they had ever used alcohol (yes/no), marijuana (how many occasions in lifetime; 1 = 0 occasions to 7 = 40 or more times), and cigarettes (1 = never to 5 regularly now). Participants reported on past 30 day use of alcohol and marijuana (1 = 0 occasions to 7 = 40 or more times), as well as cigarettes in the past 30 days (1 = not at all to 7 two packs or more per day) and heavy drinking (how many times have you had five or more drinks in a row; 1 = none to 6 = 10 or more times) in the past two weeks. All items were dichotomized for analyses (i.e., used in lifetime, used in past 30 days, used in past two weeks). The MTF items used for analyses matched those from the CAAS. Response options for items on the CHKS varied slightly from CAAS and MTF items; however, items were able to be clearly dichotomized to examine "use" versus

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