



Effects of Substance Abuse among African-American Adolescents in the United States

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Abstract:

Adolescence is the developmental period that allows multiple risk behaviors to emerge. During this period, multiple risk behaviors affect health outcomes in adulthood. One of the effects of substance abuse is that adolescents who use illicit substances might subsequently feel guilty about their habit and begin to experience low self-esteem and depressive symptoms. This is an exploratory study based on existing literature to critically examine and understand effects of substance abuse among African-American adolescents. This study concludes that the development of culturally specific treatment options for African-American substance abusers will help to strengthen overall health among African American youth and adolescents.

Keywords: *Adolescents, Family Relationship, Substance Abuse, Health Risk Behaviors*

1. Introduction

1.1 Incidence Rates

Based on the World Health Organization data, youth are considered to be adolescents from ages 10 to 19 years old (Goodburn & Ross, 2005). Adolescence is the developmental period that allows multiple risk behaviors to emerge. During this period, those behaviors influence health outcomes in adulthood (Grunbaum, Kann et al. 2004). Also, the leading causes of morbidity and mortality among adolescents were attributed to diseases and substance use, suicide, and depression (Brown, 2007).

Currently, statistics show that over the past two decades preventable injuries are the major causes of adolescent death but since the 1980's there had been a great decline in overall mortality among youth ages 10 to 24. Additionally, car accidents, falls, overdose remain the leading cause of death among adolescents, while homicide and suicide from substance abuse are also responsible (NCHS, 2005). It is known that the declines in death rates were not equally distributed across all youth of all races, ethnicities, or socioeconomic status most especially among African-Americans where substance abuse is rampant (NCHS, 2005).

2. Prevalence Rates

2.1 Depressive Symptoms

Many studies report rates of depression and measure symptoms that are responsible but not how it can occur from drug abuse or substance abuse. Depression from drug abuse affects people's

mood, emotions, and thoughts (NIMH, 2002). Depressive symptoms from substance abuse may include feeling sad, hopeless, fatigue, and suicidal among adolescents, adults and elderly (American Psychology Association, 1994).

There are few national studies on depressive symptoms from substance abuse. The Youth Risk Behavior Surveillance Survey in 2005, indicated that a total of 28.5% of U.S. high school students were sad, or hopeless for more than two weeks in a row. Saluja et al. (2004) found that 18% of 6th to 10th graders in a national sample reported depressive symptoms based on various reasons. They also found that students who reported substance use were 2.5 to 3 times more likely to report depressive symptoms (Halfors, Waller et al. 2004).

The relationship between substance use and negative mental health has not been determined but it is assumed by experts that youth that are suicidal or depressed might use and abuse substances in form of self-medication so as to enhance their mood qualities (Catalano & Hawkins, 1996). Also, it is possible to assume that adolescents who use illicit substances might subsequently feel guilty about their habit and begin to experience low self-esteem and depressive symptoms (Hawkins).

From 2003 to 2006, the overall prevalence of use of alcohol and marijuana increased among African American youth. Additionally, current marijuana use has increased from 13.5% to 23.9%, while current alcohol use has declined over time. Equally important is that cigarette use decreased from 67.2% to 58.4% over the same time period. However, the prevalence of current smoking increased slightly overall, but has been declining since 1997 from a high of 22.7% to 15.1% in 2006 among African American youth (Center for Disease Control, 2006).

In 2005, more African American males (14.0%) reported smoking cigarettes on one or more days in the past 30 days than African American females (11.9%). Males reported more current alcohol use than females (29.6% and 32.5%, respectively). Current marijuana use was higher among males (22.1%) than females (18.8%) in 2003 (Center for Disease Control, 2006). As of 2005, African American youth still reported significantly lower rates of recent substance use than their white counterparts (Grunbaum, & Kann et al. 2004; Fagan, 2010).

For example, in the study conducted in 2006, 12.9% of African American youth report smoking cigarettes in the past 30 days compared to 25.9%. The prevalence of recent alcohol use was 31.2% among African Americans and 46.4% among whites. However, African-Americans report a prevalence of recent marijuana use (20.4%) similar to their white counterparts (20.3%). Despite these lower rates of substance use, there is a need for concern due to the disparate health outcomes that African Americans experience when seeking and obtaining treatment for substance use and abuse (Center Disease Control, 2007).

2.2 Health People Objective

The goal of health people is to improve the healthy development, safety, and well-being of adolescents and young adults. The main objective of Healthy people is to increase the proportion of adolescents who have had a well health preparedness checkup in the past 12 months (Center for Disease Control, 2006). Focusing on this objective will help reduce substance use and abuse among African-American adolescents.

2.3 Increased and Decreased Factors

It is important to know that empirical studies have identified several individual ecological risks and protective factors responsible for adolescent mental health and behavioral outcomes. Specifically, it is established that increased deviance and lack of many opportunities to get

involved in community activities and other educational programs have been responsible for increased levels of adolescent substance use, and depression (Catalano, Haggerty et al. 2004).

Studies have identified social support and positive role models as significant factors that contribute towards healthy development of African American youth (Fitzpatrick, & Piko, 2005). Specifically, Fitzpatrick and Piko (2005) found that African American youth who are exposed to poor environments like bad school, unsupportive community, broken home, and decreased social network with less association with people or role models in their community tend to create higher levels of depressive symptoms and substance use.

3. Clinical Data

3.1 Factors in the History

3.1.1 Cultural Context

Among African American youth, depression and substance use have been shown to be related to a variety of ecological, sociocultural, and psychosocial factors. Culture can be defined as the customs, beliefs, values, and institutions of a social group like African-American (Corneille, Ashcraft et al. 2005). Historically, African American culture was defined by strong ties to family, community organizations and churches and when this is lacking it can lead to drug or substance abuse, or alcohol use (Brown, 2007).

Furthermore, it is established that positive relationships and interdependence, and spirituality were recognized as integral parts of African American society. Many of these structures of African American culture have served as positive factors for young and old alike. Experts have suggested that some of these value systems have been eroded by acculturation, technological advances, and social and economical changes in the United States which may affect their behaviors in such a way that they can result in using substance abuse (Willis, Coombs et al. 2003).

Recent studies of adolescent and young adult African Americans have provided evidence for the support of Africentrism which is the belief in the importance of maintaining cultural aspects of being African American and ethnic identity as basis of significant mechanisms against substance use, deviant behaviors, and mental health outcomes (Brook and Pahl, 2005, Clark, 2008). Brook and Pahl (2005) found that attachment to family and family church attendance played a significant role in protecting African-American young adults from advanced levels of drug use in a sample of urban area (USDHHS, 2006).

Furthermore, among African Americans there is stigma attached to discussing depression or anxiety, talk less drug or substance abuse treatment (Poussaint and Alexander 2000). Due to the stigma associated with seeking mental health services and the environmental barriers affecting those services leave African American males at higher risk for negative mental health outcomes than females when abusing substance (Poussaint and Alexander 2000). This is because they fail to seek help because of the shame when people find out that they are being treated for substance abuse.

3.1.2 Physical Findings

In a report about the use of illicit drugs, it is reported that the rate varied among ethnic/racial groups. For example, American Indians have the highest rate of 12.3% compared with African Americans which have 8.7%. The European Americans, Latino-Americans, and Asian

Americans have 7.2% to 3.1% which shows a significant reduction in drug use (USDHHS, 2007).

The NSDUH report of 2006 showed a significant of 23.6 million persons aged 12 or older abused illicit drugs. Among those treated in specialist clinics top on the list were European Americans with 59.4%, African-Americans 21.3%, Latino Americans 14.3%, American Indians 2.3%, while Asian American/Pacific Islander had the lowest percentage,(USDHHS, 2007).

3.1.3 Laboratory Data

Based on laboratory data, factors like gender, age, education, and drug abuse, are responsible towards decrease or increase among Latino and African Americans, and Europeans. The data demonstrate that drug-abusing individuals among the two groups had fewer admissions for substance abuse treatment. Researchers purported that Latinos were more likely than the other two ethnic groups not to feel the need for treatment which is responsible for their rate of admission into treatment centers (Longshore, Hsieh, Anglin, and Annon, 2007). Interestingly, the current studies show lower rates of substance abuse treatment in admission, retention and treatment satisfaction among African-Americans adolescents and youth (Schmidt, Greenfield, & Mulia, 2006).

It is reported in 1993 to 2003 that there was an increase in rate of substance abuse and treatment admissions. Many of those admitted into drug and rehabilitation centers were youth aged 12 to 22 involved in cocaine and other stimulants. Especially in 2006, 3.8% of youths reported using illicit drug (USDHHS, 2007).

Furthermore, in 2001 it was reported that many young adults used illicit drugs and this increased with age among young persons but tend to decline steadily after the age of 20. It is also reported in 2007 that among youths aged 12 to 17 about 10.8% were illicit drug users. Although, substance abuse is more common among younger adults, the misuse of alcohol and the abuse of illicit drugs also increased among older adults too (Center for Disease Control, 2007).

4. Pathophysiology of Risks Factors

It is noted that the traditional values, attitudes and normal behaviors of people from various ethnic groups may be affected by substance abuse. The impact is so devastating that it can destroy personal and social relationships established for a very long time. Addictive behavior could negatively affect families and communities when drug abusers tend to withdraw from families and their communities. They may fail to become responsible by not performing their normal tasks, roles and responsibilities in the families and communities. (Fitzpatrick & Piko, 2005).

In 2005, the statistics on drug use showed a significant number of eighth grade students had used illicit drugs, about 44.9% of 10th grade students, and 52.8% of 12th grade students had done the same (NCHS, 2005). This study shows negative effects of teen drug use which cannot be denied. The alarming effects of the drug use among African American youth and teens are so visible among high schools and middle schools (Grunbaum, J. A., L. Kann, et al. 2004).

The available data show that underage alcohol abuse also costs the United States approximately \$58 billion per year resulting in poor grades; vandalism, shoplifting, and other crimes. Also, the cost for substance abuse treatment admission is estimated to be \$484 billion per year among youth (Keider & Murray, 2001). Early critical nursing intervention could help reduce these costs.

5. Nursing Prevention and Intervention

It is important that professionals like nurses and health care workers are able to identify and focus on the various aspects like cultural, social and spiritual issues related to substance abuse in African Americans youth so that they can be well equipped to provide more culturally sensitive and appropriate care to these patients. Equally important is the past awareness and diagnoses regarding substance abuse treatment in the black community which can be used to guide nursing practice when dealing with this population.

6. Conclusion

The development of culturally specific treatment options for African-American substance abusers will help to strengthen overall health among African American youth and adolescents. Health care practitioners who understand the cultural needs of this minority population will be better prepared to support patient recovery and intervention process. (Kitwana, 2003). The researcher believes that many healthcare workers can tap into these opportunities and experiences to prevent all risk factors mentioned in this paper and to identify critical interventions for the African-American adolescents. It is strongly recommended that existing resources and opportunities for healthcare workers can yield new concepts and knowledge to lead to greater intervention of impact of substance abuse among African Americans especially youth and adolescents (De La Rosa, Vega, & Radisch, 2000).

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