Alcohol, Tobacco, and Other Drug Abuse among Asian American Youth

Introduction

Asian Americans are the fastest growing racial group in the United States (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011). Asian Americans (single or mixed-race) make up 5.6 percent of the US population (US Census Bureau, 2010). The Asian American population is highly diverse and consists of many different ethnic subgroups. The largest Asian ethnic populations in the US are Chinese (3.8 million), Filipino (3.4 million), Indian (3.2 million), Vietnamese (1.7 million), Korean (1.7 million), and Japanese (1.3 million) (U.S. Census Bureau, 2010). According to 2011 American Community Survey estimates, over one-fifth of the Asian American population is age 17 and under. The population of Asian American youth is expected to grow by 50 percent between the years 2011 (1.0 million) and 2050 (2.2 million) (SAMHSA, 2011).

Asian American youths have been described as having the lowest rate of ATOD use when compared to other racial groups within the United States (Dutta & Huang, 2011; Harachi, Catalano, Kim, & Choi 2001). However, with the rapid growth of this population, looking more closely at these trends is critical. Research on ATOD use in Asian American youth is limited. When Asian Americans were included in studies, they were often times grouped as one homogenous category, which may oversimplify differences that exist between subgroups. The purpose of this paper is to examine prevalence rates of alcohol, tobacco, and other drug use within the Asian American youth population, examine subgroup differences, discuss potential risk and protective factors, and propose ideas for future programs and interventions aimed specifically for Asian American youth. Asian Americans will be defined in this paper as those of Asian, Native Hawaiian, or Pacific Island descent. Youth in this paper will include individuals age 18 and under.

Prevalence

The most recent National Survey on Drug Use and Health (NSDUH), which looked at youth drug use across the United States, indicted that 3.6% of Asian Americans used drugs, which is the lowest rate compared to 10.1% of African Americans, 9.5% of Native Americans, 8.2% of Whites, 7.3% of Hawaiians and Pacific Islanders, and 6.2% of Hispanics (U.S Department of Health and Human Services, 2009).

SAMHSA's analysis of the NSDUH data found that Asian American youth aged 12 to 17 had lower rates of ATOD when compared to youth across all races. This pattern of lower rates of ATOD use was observed in both genders (see Table 1). Asian American males and females had a lower percentage rate of alcohol and other drug used within the past month among all four categories measured: alcohol use, cigarette use, marijuana use, and nonmedical use of prescription-type drugs (SAMHSA, 2011).

Table 1. ATOD use in Asian American youth compared to youth of all races (SAMHSA, 2011)

	Alcohol	Cigarettes	Marijuana	Prescription Drugs
Asian American	7.4%	3.9%	2.9%	1.8%
Males	7.8%	4.6%	3.4%	1.5%
Females	6.9%	3.1%	2.2%	2.2%
All Races	16.0%	10.2%	6.9%	3.3%
Males	15.8%	10.0%	7.6%	2.9%
Females	16.3%	10.3%	6.3%	3.6%

Alcohol Use

Asian American youths reported less heavy and binge alcohol use compared to all racial groups (SAMHSA, 2011). Alcohol use varies widely among Asian ethnic populations, with Filipino youth reporting the highest rate (9.7 percent) and Asian Indian youth reporting the lowest rate (5.1 percent) (SAMHSA, 2011). Asian American youth who are highly acculturated (spoke English at

home and U.S. born) are 11 times more likely to use alcohol than Asian Americans who were less acculturated (Hahm, Lahiff, & Guterman, 2003).

Tobacco Use

The 2011 SAMHSA study found that while Asian American youth had lower rates of smoking than the general population, the smoking rates among Asian ethnic subgroups were highly variable. Korean Americans had the highest rate of cigarette use (6.7 percent), while Chinese Americans had the lowest rate (1.7 percent) (SAMHSA, 2011). A different study looking at Asian American youth found that Vietnamese adolescents had similar rates of smoking to white adolescents (Dutta & Huang, 2011). Another study found that the age of initial tobacco use is slightly older for Asian Americans than youth of other races (Chen, Unger, Cruz, & Johnson, 1999).

Illicit Drugs

A study by Hunt, Moloney, & Evans (2011) showed that marijuana is the most commonly used illicit drug in the youth population. Although marijuana use dropped in the late 1990's, has began to increase since the late 2000's. Based on the survey conducted by the National Institute on Drug Abuse (NIDA) in 2012, 6.5% of 8th graders, 17.0% of 10th graders, and 22.9% of 12th graders used marijuana within the past month. There are rising concerns that the perception of marijuana as a safe drug, has led to an increase the use of the drug. Synthetic marijuana (herbal mixtures combined with artificial cannabinoids) (NIH, 2012) also known as Spice or K2, is a new major concern among youths. Research on marijuana use in Asian American youth is lacking, though with the overall prevalence of youth marijuana usage being high, it may be reasonable to consider marijuana a relevant concern to this specific population as well.

While the NIDA survey indicates that ecstasy (MDMA) has seen a major drop among teens, this may not pertain to Asian American youth. AANHPI youth age 12-17 may have the highest prevalence rates for ecstasy (Hunt, Evans, Wu, & Reyes, 2005). A study of 100 Asian American

youth participants showed that 90% of the sample used ecstasy (Hunt et al., 2010). The may be due to the popularity of the music dance scene among API youth. One study in the San Francisco Bay Area found that nearly one-third of the attendees of the music dance scene were Asian American (Hunt et al., 2005).

Nonmedical Prescription Drugs

Teenagers who use prescription drugs for nonmedical use often use amphetamine and dextroamphetamine drugs such as Adderall and pain relievers such as Vicodin (Hong et al., 2010). Although usage rates are lower among Asian American youth compared to the national average there are subgroup differences. For example, more Asian American females use prescription drugs for nonmedical use than Asian American males (2.2 percent versus 1.5 percent) (SAMHSA, 2011). There are also differences between ethnic groups. For example, while only 0.5 percent of Japanese American youth use non-medical use of prescription drugs, 2.4 percent of Chinese American youths use these drugs (SAMHSA, 2011). Individuals not born in the United States also have a higher rate of nonmedical use of prescription drug use (2.7 percent) compared to individuals born in the United States (1.4 percent) (SAMHSA, 2011).

Risk & Protective Factors

Acculturation

Acculturation, defined as the process of a non-native born individual accepting the behaviors, values, and practices of the host culture, is a complex factor in ATOD use. Groups that are the most acculturated (speaking English proficiently at home, being born in the U.S) had the highest risk of using alcohol and cigarettes (Hahm et al., 2003; Harachi et al., 2001; Unger et al, 2002). One reason for this may be because acculturation can cause tension and discord within families. Differences in values, beliefs, and attitudes may emerge if the youth acculturate more quickly than their parents. Furthermore, more acculturated youth may be more accepting of ATOD use than their less acculturated peers (Chen et al., 1998). AANHPI youth who come from more collectivist cultures tend to view abnormal behavior, including ATOD use, as being more damaging than youth that come from individualistic cultures (Dutta & Huang, 2011).

While higher levels of acculturation seem to be associated with greater ATOD use, low levels of acculturation may be a barrier for seeking help and accessing resources for youth with ATOD issues because of stigma, language issues, or lack of familiarity with treatment options.

Gender

There are major differences on substance use among males and females among the AANHPI youth group (Hong et al., 2010; SAMHSA, 2011). Males are more prone to ATOD use when compared to females among all racial groups. This trend is also reflected in the Asian American youth population, as shown in Table 1. Use of alcohol, tobacco and marijuana are more common among boys than girls, though girls exceed boys in nonmedical prescription drug use. Research indicates that the gender gap in drug use may be growing smaller, as some drugs become more popular with girls. For example, one study found a big jump in tobacco use by Asian American females. in 1991-1995, Asian American females had a rate of daily cigarette smoking at less than five percent but from 1996-2000 it had almost increased to ten percent (Wallace et al., 2003).

Age

As one might expect, as teens get older, they are more likely to use alcohol and drugs (Hong et al., 2010). Table 2 shows ATOD use for two different age groups of Asian American youths (12-14 and 15-17) (SAMHSA, 2011).

Table 2. ATOD use in Asian American Youth: Comparison of Two Age Cohorts (SAMHSA, 2011)

	Alcohol	**Cigarettes**	**Marijuana**
Aged 12-14	2.7%	0.8%	0.5%
Aged 15-17	11.5%	6.6%	4.9%

Peer Influence

This factor can be both beneficial and risky for AANHPI youths. Asian Americans may stop their drug use if peers criticize them about it (Sasao, 1999), but they may start using drugs if peers encourage it. Liu & Iwamoto (2007) and Hunt et al. (2011) found that youth were more likely to use ATOD if they were associated with others that were involved with these activities.

Involvement in School

Asian American youth tend to be more involved with academic activities when compared to other races (Wallace & Bachman, 1991). More engagement in school and higher grade point averages have been thought to be a protective factor against ATOD use among Asian American youths however family relationships may be a large confounding factor (Kim, Zane, & Hong, 2002).

Family Environment

Family can play different roles in the life of a youth. Family can serve as a protector against ATOD use if the family dynamic is illustrated by solidarity, intimacy, and care, and parents set clear standards for behavior (Dutta & Huang, 2011; Kim et al., 2002). Youths who have parents that disapprove of substance use are less likely to use ATOD, while individuals that have less attachment to their parents are more likely to use (Hahm et al., 2003; Harachi et al., 2001). Having open communication between Asian American youths and the parents can also be beneficial to decreasing the use of ATOD (Hong et al, 2010; Kim et al., 2002). Asian American youths are more likely than youth from other racial groups to live in two-parent households, which could also be a factor to lower ATOD use (Kim et al., 2002).

Genetics

Biology may serve as a protective factor against alcohol abuse for some Asian American youth. Around half of all individuals of East Asian descent, including Chinese, Japanese, and Koreans, have low levels of an enzyme called Km isoenzyme of aldehyde dehydrogenase (ALDH2). The deficiency of ALDH2 causes an alcohol-induced reddening reaction and a low tolerance for

alcohol. This causes individuals to drink less and have lower rates of alcohol dependence (Hong et al., 2010).

Conclusion

There is very limited data on Asian American youth and ATOD use. Existing research points to differences based on ethnicity, gender, nativity, and acculturation level. However, many of these studies have size or geographic limitations and cannot be generalized to these populations nationwide. More research must be done on the role of culture, family, and peer influences on Asian American youth and their ATOD use. Lack of robust, culturally-specific research creates potentially inaccurate portrayals of the impact of ATOD use in the Asian American community, and can impact the allocation of resources, as well as the design and implementation, of treatment and prevention programs.

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