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## Abstract

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Although much research has been done over the years regarding the nonmedical use of prescription drugs, it is clear that there is still much research to be done. In past studies, the relationship between PDM and demographic factors has been examined [9,10,12,13,15,16,23-25]. Age and sex, as well as race-ethnicity have been examined. Regarding age, adolescents and young adults are more likely to abuse prescription drugs than older adults [15-18,23] but this may vary depending on the particular prescription drug an individual abuses [25]. Gender is also an important factor, but studies di er on the direction of e ects. Some studies nd that girls and women are more likely to abuse prescription drugs than boys and men [9,13,16,19,25,26]. However, other studies nd limited e ects of gender on PDM [15,17,27,28].

ere are relatively clear ndings regarding race-ethnicity. Prescription drug misuse is generally found to be higher among White adolescents and young adults, compared to ethnic minority adolescents and young adults [12,13,15,16,23,25]. Whites have greater access to prescription drugs and are more likely to misuse prescription drugs than Blacks, Hispanics, and Asians [29]. Support for racial/ethnic di erences has been found in both adult and adolescent samples [12,15,16,23,30].

While there has been a great deal of research into the topic of PDM, we lack a full consideration of many possibly important factors that may help us to understand why people misuse prescription drugs. In this paper, we investigate self-esteem as one of possible factor. Scholars have long discussed negative views of the self as a possible reason for a variety of self-destructive behaviors. In our quest for greater understanding of race-ethnicity and PDM, we suggest that studying self-esteem may help increase our understanding of PDM [31]. Our attention is drawn to this construct because of the theoretical discussions of its possible importance. Kaplan et al. [31] has argued persuasively that self-referent constructs are of great importance in understanding a variety of health-related outcomes, including substance use. Two theories, cultural identity theory and the self-derogation perspective, have addressed the role of self-perceptions in the use of drugs. Let us turn to a discussion of these ideas below.

Cultural identity theory "seeks to inform substance abuse etiology by understanding how individual (i.e, micro) and environmental (i.e., meso and macro) phenomena in uence the construction of drugrelated identities and drug abuse" [32]. In particular, cultural identity theorists posit that drug abuse arises through a drug-related identity reformation process that occurs primarily through personal and social marginalization that materializes on the micro, meso, and macro levels [32].

Personal marginalization is a "micro-level concept that helps initiate the drug-related identity change process" [32] through early childhood and adolescent experiences that tear individuals away from mainstream standards of what is socially acceptable. ese experiences o en negatively di erentiate marginalized (n)3(a)-5(1 9(r)8(g)-5(i4 Tw T\*c)6(hi)6 Tw T<sup>‡</sup>.

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than females. Race-ethnicity is of importance in patterns of prescription drug misuse. Immediately obvious is the fact that blacks and Hispanics are much less likely than whites to report misuse of prescription drugs, as shown by their lower average levels of use. Educational level was not a statistically signi cant determinant of prescription drug misuse.

Adolescents who used alcohol and marijuana at W1, as teens, are more likely to misuse prescription drugs later on in life (W4). Respondents who previously used alcohol were 26% more likely to misuse prescription drugs in the future, and respondents who previously used marijuana were 52% more likely to misuse prescription drugs in the future. ese numbers suggest that marijuana may have a slightly larger impact on determining future prescription drug misuse than alcohol. We also see in Table 3 that self-esteem is of signi cance in PDM. Respondents who reported higher levels of self-esteem were less likely to misuse prescription drugs.

Because we were interested to explore race-ethnicity, we examined the possibility that self-esteem di ered in its e ects on PDM across race-ethnicity. Examining interactions between race-ethnicity and self-esteem, we did nd evidence of an interaction. is is presented in Table 4.

Table 4 presents results of a logistic regression of PDM on the demographic predictors, alcohol and marijuana use as teens, and selfesteem across race-ethnicity. We can see that the relationship between the various predictors and PDM is very similar across race-ethnicity, with the exception of self-esteem. Only for whites is self-esteem a signi cant factor in PDM. For whites only, higher levels of self-esteem in adolescence are associated with lower levels of PDM in young adulthood.

Table 5 presents results of a logistic regression of the separate prescription drugs on the demographic predictors, alcohol and marijuana use as teens, and self-esteem across race-ethnicity. Age, gender, alcohol and marijuana use generally have consistent e ects on the speci c prescription drugs. Older young adults are less likely to have ever used prescription drugs, while men are more likely to have used them. Whites are more likely to have ever used prescription drugs prescription drugs. Older young adults are less likely to have ever used prescription drugs, while men are more likely to have used them. Education is not of statistical signi cance. ese are consistent patterns across all prescription substances. Prior alcohol and marijuana use varies somewhat in its signi cance. ere are a few instances in which prior use does not signi cantly predict use of speci c prescription drugs. However, it needs to be stated that we could not con rm this di erential e ect in multivariate analyses. We did nd evidence for the di erential e ect of self-esteem. As is the case with the overall measure, self-esteem is signi cantly associated with the use of speci c prescription drugs for whites only.

## Dic i

In this paper, we investigated race-ethnicity in PDM. Our results regarding race-ethnicity were consistent with prior literature. Whites were the race-ethnic group most likely to engage in PDM. Blacks were signi cantly less likely to engage in PDM as compared to all other race-ethnic groups. We also investigated the role of self-esteem in race-ethnic patterns of PDM. We found support for this association. Self-esteem had signi cant e ects on PDM for whites only. As the level of self-esteem increased, the proportion of people who are white misusing prescription drugs declined. ere was no impact of self-esteem on PDM for Blacks and Hispanics.

As we noted before, it is important to examine a variety of psychosocial factors that have been shown to impact the use of drug abuse other than prescription drugs, as we seek to understand more about who engages in PDM and who does not. When we examine these other factors, we may nd that we are able to increase our knowledge about the various patterns of PDM, and perhaps to be in a better position to intervene in the misuse of prescription drugs.

Reviewing our results for the other variables, we found our results consistent with prior literature on age e ects. Aging through young adulthood decreased the likelihood of PDM [15-17,23,25]. Unlike some prior literature [9,13,16,19,25,26] we found that males were more likely than females to engage in PDM. We found no signi cance of education in our analyses. ough not shown, we also did not nd college attendance to be of signi cance, unlike some prior research [43,44]. Prior substance use is generally always a factor in later substance use, as people who use substances early in life are more likely to be users later on in life [12].

Our results do have implications for theories of the self, and their role in substance abuse. We did nd self-esteem of importance for whites, but not for other race-ethnic groups. is fact argues for a reconsideration of theories about the self as they apply to PDM. It may be that theories about the self are not as useful for explaining prescription drug misuse as it might be for use of other drugs. We discussed reasons for this earlier in the paper. Because people procure prescription drugs through legitimate sources, it may be that a deviant identity is not necessarily adopted for the misuse of this substance. e accessibility of prescription drugs may allow people who want to misuse them to maintain a non-stigmatized identity within mainstream society. One is not marginalized because of the use of prescription drugs, and this may extend to those who misuse the substance. An additional factor is that many see prescription drugs as 'legitimate' and generally think less of misusing them than is the case for illicit substances. erefore, as procuring and using do not involve as many deviant behaviors as is the case for illicit drugs, there may be little damage to self-image.

e results for self-esteem only for whites may argue that our theories regarding w7(le i42(n)8(s 9a1.9(r 3d21(lf-im)3(a)5(g)]TJ0.006 Tc 0.006 519(t7(y-0.006 Tc 0..206 TD[)6(o(n2.1(t 5(3(s u)3(s)-8)

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