

Abstract

The research here investigates race-ethnicity and self-esteem in the misuse of prescription drugs. While there has been much research into the demographic factors that predict prescription drug misuse (PDM), we lack a

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Received July 09, 2015; **Accepted** August 28, 2015; **Published** September 03, 2015

Citation: Broman CL, Miller PK, Jackson E (2015) Race-ethnicity and Prescription Drug Misuse: Does Self-esteem Matter? J Child Adolesc Behav 3: 239. doi:[10.4172/2375-4494.1000239](https://doi.org/10.4172/2375-4494.1000239)

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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 differ on the direction of effects. Some studies find that girls and women are more likely to abuse prescription drugs than boys and men [9,13,16,19,25,26]. However, other studies find limited effects of gender on PDM [15,17,27,28].

There are relatively clear findings 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 differences 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 influence the construction of drug-related 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. These experiences often negatively differentiate marginalized (n)3(a)-5(l 9(r)8(g)-5(i4 Tw T* c)6(hi)6 Tw T†.)4(es)-8es on the micratioT†. esg htti

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 significant 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. These 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 significance 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 differed in its effects on PDM across race-ethnicity. Examining interactions between race-ethnicity and self-esteem, we did not find evidence of an interaction. This 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 self-esteem 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 significant 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 effects on the specific 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 significance. These are consistent patterns across all prescription substances. Prior alcohol and marijuana use varies somewhat in its significance. There are a few instances in which prior use does not significantly predict use of specific prescription drugs. However, it needs to be stated that we could not confirm this differential effect in multivariate analyses. We did find evidence for the differential effect of self-esteem. As is the case with the overall measure, self-esteem is significantly associated with the use of specific prescription drugs for whites only.

Discussion

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 significantly 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 significant effects on PDM for whites only. As the level of self-esteem increased, the proportion of people who are white misusing prescription drugs declined. There 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 find 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 effects. 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 significance of education in our analyses. Though not shown, we also did not find college attendance to be of significance, 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 find self-esteem of importance for whites, but not for other race-ethnic groups. This 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. The 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. Therefore, 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.

These results for self-esteem only for whites may argue that our theories regarding

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