

**Factors associated with a drug and alcohol use among Native American youth**

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### **Socioeconomics**

Adolescents from ethnic minorities where low socioeconomic backgrounds are common have a higher likelihood of engaging in alcohol and substance abuse as it is validated as a coping mechanism to hunger, family issues, poor living conditions and health issues like diabetes in the family. This is common where adolescents witness their parents and adults misusing alcohol and drugs and where there is an increased availability of cheap alcohol or drugs and acceptance of such behavior (Heavyrunner & Hollist, 2010).

### **Lifestyle**

Rebellious, self-destructive or antisocial lifestyles all contribute to alcohol and cannabis use among Native American youth. Rebellious and antisocial lifestyles are usually a response to historical or family trauma with alcohol and substance abuse or self-medication acting as a way to avoid painful feelings and also to show their disapproval and rebellion to the greater society or as tools for self-discovery and exploration (Goldberg, 2013).

### **Spirituality**

Religious involvement and spirituality have been associated with decreased alcohol and substance use and stronger anti-drug behavior. Spirituality provides protective aspects against alcohol and substance use especially if it is connected with specific beliefs of the Native American cultures (Burnette & Figley, 2016). Both native and Christian beliefs establish value systems and traditions that act as deterrents to alcohol and substance use like

believing that the use of these substances is a sin that may hinder an individual from entering heaven.

### **Sensitive issues when interacting with a Native American patient**

Respecting traditions is essential when caring for Native American patients who may have different norms that are acceptable in their culture. Touching or hugging is rarely done while also avoiding looking straight into the eyes of the patient as it is not culturally appropriate. Most native society's measure intelligence by one's ability to hear and listen rather than asking too many questions, therefore, the caregiver should avoid interruptions as the patient speaks (Croff & Spence, 2014). Patients may even deny pain and may be resistant to medication as they believe that their Creator or traditional practices may heal them. It's therefore important to be aware of their beliefs and in co-operate strategies that can reassure them and be understanding of their preferences.

### **Targeted questions you would ask the patient**

1. When did you start using alcohol and smoking marijuana?
2. How often do you drink or smoke?
3. Have you been treated or given prescriptions for any medical conditions before?
4. Does anyone else in your home or residence use alcohol or marijuana?
5. Do you experience any physical or psychological problems or benefits after using alcohol or marijuana?
6. Does your family have any history of health issues or concerns?

### References

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Heavyrunner-Rioux, A. R., & Hollist, D. R. (2010). Community, family, and peer influences on alcohol, marijuana, and illicit drug use among a sample of Native American youth: An analysis of predictive factors. *Journal of Ethnicity in Substance Abuse*, 9(4), 260-283.

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