

ANNOTATED BIBLIOGRAPHY:

DRUG USE IN HAWAII



The state of Hawaii is generally perceived as one of the most attractive tourist destinations due to its exceptional diversity of flora and fauna, climate conditions, cultural peculiarities, and favorable geographic position. The development of the hospitality industry in Hawaii, as well as worldwide, creates new jobs, generates additional incomes, diversifies the national economy, develops new businesses, promotes economic integration, adds new tourism products, preserves endangered species, and restores natural resources. However, despite a constant increase in travelers and holidaymakers, the Hawaiian community faces some health, education, employment, and poverty-related issues.

In conformity with statistical data provided by the U.S. Census Bureau ("Hawaii", 2012), the community of Hawaii accounts for 1,374,810 people including representatives of all races and various ethnic minorities such as Hawaiians, Caucasians, Asian Americans, Hispanics, Filipinos, Mixed, non-Hawaiians, Japanese, Samoans, African Americans, and others. These ethnic groups differ in their socio-demographic and economic characteristics, such as their well-being, health conditions, number of inhabitants, mentality, beliefs, social and economic status, span of life, age distribution, location, attitudes to others, intergroup relations, and levels of assimilation.

Health care policy, strategies to prevent diseases, and health insurance of the Hawaiian populations are regulated in accordance with state, federal, and local guidelines. Being based on the findings of pertinent

research studies, recent reports have indicated that the “Hawaiians live an overall healthy lifestyle”, infants and toddlers have complete immunizations, and prevalence of the infectious diseases, preventable disorders, and obesity-related illnesses have lowered over the last decades (“Hawaii Health Insurance”, 2010). However, prenatal care, health conditions of the impoverished and ethnic minorities, binge drinking, and drug use are still quite alarming issues of health care in Hawaii. Moreover, Edwards et al. (2010) claim that “alcohol and drug use are among the most pressing problems facing Hawaii and have been the cause of major concern for the past ten years” (p. 153).

Drug use and drug dependence comprise a global problem, which is associated with violent, aggressive, uncontrolled, and high-risk sexual behavior, accidents, traumas, disability, and preventable deaths. It prompts increasing rates of criminality, violence, orphanhood, and marginalization of the community. Drug use and dependence can trigger congenital or inherited intellectual and physiological abnormalities of infants born to abusive parents. Adverse effects of drug intake cause losses of labor capacity and deaths of young and middle-aged people who possess the most valuable professional skills. Therefore, drug abuse depreciates investments in education and training and leads to social and economic losses, resulting, thus, in dramatic social problems and humanitarian crises.

Synthetic cannabinoids, synthetic cathinones, marijuana, cocaine, opioids, amphetamine-type stimulants (ATS), cannabis, and non-prescribed psychoactive medications are illicit drugs, which are becoming increasingly prevalent and abused in Hawaii. Abuse of illicit drugs is associated with the following basic symptoms: abusers' failure to perform their duties and obligations, their continued drug intake despite persistent problems caused to themselves and their surroundings, loss of

control over drug consumption, legal problems, mood-altering behaviors and decreased health conditions (Stolerman, 2010). Drug abusers frequently experience psychoses, agitation, losses of memory, concentration, and motor control as well as difficulties in decision-making, learning, and cognition due to the toxic properties of drugs.

Although factors contributing to drug use have been researched over many decades, official statistics related to drug dependence testify to its dramatic prevalence globally. The specificity of drug use in Hawaii is stipulated by the demographic, economic, cultural, and social characteristics of the state. Seeds of Hawaiian Baby Woodrose, *Argyreia nervosa* have been used by Native Hawaiians in religious ceremonies for many centuries due to their hallucinogenic effect. Today, these seeds are distributed via the Internet and can be easily obtained. A number of illicit drugs used by the Hawaiians appear to originate from foreign sources. Despite existing legal restrictions and customs control, numerous illicit drugs are shipped to Hawaii by aircraft passengers and through the U.S. Postal Service and/or parcel services ("Hawaii Health Insurance", 2010).

According to the survey conducted on the use of toxic substances by students in Hawaii (Goebert et al. 2009), "community disorganization, local laws and policies related to adolescent substance use, and adolescents' perceptions about the ease of obtaining drugs have been shown to be associated with adolescent drug use" (p. 295). A person's consumption of toxic substances can progress from casual use to regular or frequent use inducing psychological, emotional, and physiological dependence. While patterns of drug intake may differ across the human lifespan, adolescents who begin using toxic substances prior to the age of 14 are more likely to develop drug dependence later. Today research studies and published scientific materials are focused on such pernicious consequences of drug use as worsened intellectual, mental and

psychological abilities of young people, their high-risk sexual behavior, violence, academic problems, social issues, and drug-related injuries. Therefore, drug use of Hawaiian adolescents is a crucial problem of the community (Goebert et. al, 2009; Lai et. al, 2009; Okamoto et. al, 2009; Edwards et. al, 2010).

While a Hawaiian teenagers' dependence on drugs can result from several interrelated factors, such as genetic predisposition (heritable risk factors), environmental impacts (family-related characteristics, peer influences, child maltreatment, and drug availability), and combination of these factors, family and community risks are the most significant factors contributing to drug use of rural Hawaiian youth (Lai et. al, 2009; Okamoto et. al, 2009).

Official numerical data and facts related to local demographic characteristics of drug users, preventive programs, funds expended for treatment services, and outcomes of treatment are represented by Lai et.al. (2009) in "Alcohol and Drug Treatment Services Report". In accordance with the information provided by Lai et al. in 2008, 5,374 individuals received outpatient treatment and residential services in Hawaii; marijuana was identified as "the leading substance for juveniles and methamphetamine for adults ages 18 to 49" (p. 2). The Alcohol and Drug Abuse Division (ADAD) of the Hawaii Department of Health designs strategies and funds agencies that provide Hawaiians with drug treatment services. "In 2008, ADAD funded 18 agencies that offered services to adults at 43 sites, and 11 agencies that provided services to juveniles at 84 sites" (Lai et. al, 2009, p. 6).

Such programs as "Too Good for Drugs ", "Too Good for Drugs and Violence", "Positive Action", and others have been launched in Hawaii in order to strengthen local policies regarding access to drugs and "establish

a sustainable substance abuse prevention framework” (Yuan et. al., 2011, p. 13).

Theory of self-care, the theory of self-care deficit, and theory of nursing systems are three integral components of the self-care deficit theory of nursing (S-CDTN) developed by Dorothea Orem (DeLaune Ladner, 2011). In conformity with Orem's nursing model, the theory of self-care deficit should be used to describe the community of Native Hawaiians because these residents of Hawaii “are affected by limitations that do not allow them to meet their self-care needs” and requisites (DeLaune, 2011, p. 34). Their limitations involve social, economic, cultural, educational, and familial specifications (Goebert et. al, 2009; Okamoto et. al, 2009; “Hawaii Health Insurance”, 2010). Thus, nursing interventions developed to provide Native Hawaiians in general, and their adolescent dependents in particular, with nursing care, should include supportive-educative and partly compensatory types of nursing systems in order to neutralize and prevent destructive impacts of the drug use on them.

In conclusion, the continued uncontrolled use, distribution, importation, and abuse of illicit drugs and medications pose an imminent hazard to the Hawaiian community involving all demographic ranks of the population. The consumption of drugs significantly aggravates Native Hawaiians' health conditions. Irrespective of their type, these toxic substances afflict every organ in an abuser's body and increase the risk of numerous severe and even incurable illnesses. Thus, taking into consideration potential significant losses caused by drug use, pertinent governmental policies should be developed and implemented both nationwide and in Hawaii.