

**COMMUNITY PERSPECTIVES ON CULTURAL PRACTICES AND BELIEF SYSTEMS
INFLUENCING ALCOHOL AND DRUG USE: A QUALITATIVE STUDY IN ANAANG
COMMUNITY, NIGERIA**

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ABSTRACT

Alcohol and drug use are socially sewn into cultural practices and belief systems in societies. This has been the case with Anaang community. This qualitative study examined narratives in a natural setting to gain insights on cultural practices relating to alcohol and drug use in Anaang society. The methods of study were participant observation and in-depth interview with 80 participants. The study found that some cultural activities harbour causal factors to alcohol use. Majority of participants reported using alcohol in conformity with societal norms and values. Participants differed in opinion concerning drug use. Some confessed using drugs out of personal conviction. Conversely, a good proportion of participants believed that cultural practices and belief system have either overtly or covertly lured them into drug use. Participants unanimously identified low literacy rates, ignorance and lack of effective regulatory mechanism as precursors to alcohol and drug use in local communities. This study mediated through Anaang cultural practices and belief system to derive informed insights that are needful for designing culture-sensitive-programme of preventive intervention for alcohol and drug use in local communities in Nigeria.

INTRODUCTION

The world drug problem remains a common and shared responsibility that requires effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing and balanced approach to drug supply, demand reduction and harm reduction strategies, as well as ensuring the availability of controlled substances

for medical and scientific use, while reducing the illicit use of narcotic drugs and psychotropic substances (Common African Position [CAP] for the UN General Assembly Special Session on the World Drug Problem, 2016).

Globally, alcohol use and misuse account for 3.3 million deaths every year, or 6percent of all deaths (Sudhinaraset, Wigglesworth & Takeuchi, 2016). The debilitating effects of alcohol and drug misuse are

not only complex but far reaching, ranging from individual health risks, mortality, morbidity and many other unpleasant consequences for family, friends, associates and the society at large. Many researches and studies on alcohol and drug abuse seem to have a dedicated focus on risk factors, from the societal perspectives down to the individual level (Sudhinaraset *et al.* 2016). According to a report from World Health Organization [WHO] report, cited in Center for Disease Control and Prevention (2014), Worldwide, 3.3 million deaths were attributed to alcohol misuse in 2012. Excessive alcohol use is the third leading cause of death in the United States, accounting for 88,000 deaths per year. Alcohol-attributable disease and injury are responsible for an estimated 4 percent of mortality and 4 to 5 percent of disability-adjusted life-years [DALYs] (Rehm and Popova, 2009).

In the United States alone, the costs of excessive alcohol use were estimated at \$223.5 billion in 2006 or \$746 per person (Bouchery, Harwood & Sacks, J. 2011). Much of these costs accounted for dwindling productivity at work place as well as health care expenses, criminal justice involvement and motor vehicle crashes (Rehm *et al.* 2009). Sudhinaraset, *et al.* (2016) reported that alcohol consumption varies across gender, race or ethnic inclination. Across the world, men consumed more alcohol than women, and women in more developed countries drink more than women in developing countries. American men are much more likely than women to use alcohol (56.5 percent Vs 47.9 percent respectively, to binge drink (30.4 percent Vs 16 percent respectively) and to report heavy drinking (9.9 percent Vs 3.4 percent, respectively) (Substance Abuse and Mental Health Services Administration [SAMSHA], 2013).

Binge drinking is conceptualized here as the number of instances in the past 12 months that women drank 4 or more drinks and men drank 5 or more drinks within a 2-hour period (Sudhinaraset, *et al.* 2016). Among racial and ethnic groups, researches have shown that, Whites report the highest overall alcohol use among persons age 12 and over (57.4 percent). American Indian/Alaska Natives report the highest levels of binge drinking (30.2 percent), followed by Whites (23.9 percent), Hispanic/Latinos (23.2 percent), African American (20.6 percent), and Asians (12.7 percent) (SAMHSA, 2013).

Asians, on the other hand, generally are thought to have higher abstention rates compared with other racial and ethnic groups, especially when they are integrated within their ethnic cultures (Cook, Mulia & Karriker-Jaffe, 2012). One measure of the retention of ethnic values and cultural norms is generation status. That is, the longer immigrants have lived in the United States, the more likely they are to acculturate to the cultural norms of their destination community (Berry, Phinney, Sam, & Vedder, 2006). Lower levels of ethnic identity may be one explanation for these differences across Asian subgroups. Japanese Americans, Filipino Americans, and Korean Americans often have been in the United States longer than other Asian subgroups, such as Cambodians, Thais, and Vietnamese, and also report higher levels of alcohol use compared with other Asian Americans and Asian immigrants (Iwamoto, Takamatsu & Castellanos, 2012). Ethnic identity may promote stronger family values and traditional ties, leading to lower levels of alcohol use. Moreover, Asian-American adolescents who have a high attachment

to family or who share their family's negative attitudes toward drinking are less likely to consume alcohol (Hahm,, Lahiff, & Guterman, 2003).

Scholars have amply documented African drinking practices. The history of drug use is much less studied, but in the recent past at least illicit drug use has become ubiquitous in many African societies. And the fact is that African fiction and autobiography are awash in alcohol—and increasingly provide rich accounts of local drug cultures as well (Marry, 2016). In a panel on “Drugs in Africa” at the African Studies Association annual meeting in Washington, DC in November, Donna Patterson, a historian in the Department of Africana Studies at College, presented a paper on “Drug Trafficking in Africa: Historical Cases from West Africa,” which in contrast to other papers on the panel looked at the commerce in legal pharmaceuticals. The discussion that followed made clear the value of exploring the histories “legal” and “illegal” drugs in conjunction one with the other—something that has rarely been done for Africa, where the focus has been much more on understanding the linkages between “traditional” and Western medicine. At the same time, the discussion led us to consider how those very linkages might inform our understanding of the trade and consumption of various kinds of drugs—however categorized—in African societies. Are Africans simply more abstemious? This is hardly the case (Marry, 2016).

In a recent talk on “African Issues” and US policy on those issues, Assistant Secretary of State for African Affairs, Ambassador Johnnie Carson, chose to conclude by stressing the growing challenge of drug trafficking in Africa. Having discussed democratization, having covered all of the

regional hot spots and having emphasized hot-button topics such as HIV AIDS, malaria, and lagging agricultural production, Carson turned his attention to a topic that he reminded his audience would not have been included on his list of “African problems” a decade or even five years ago (Marry, 2016). Addressing a large audience at the African Studies Association meeting in Washington in mid-November, Carson, who has had a long career at State and was formerly Ambassador to Kenya, Zimbabwe and Uganda, reminded fellow Africanists that a claimed 40% of illicit drugs interdicted in Europe had passed through West Africa. What is a major issue for Europe and the USA must therefore become a major issue for Africa.

All of the focus on Guinea Bissau as the first African narcostate has tended to distract us—according to Carson—from a much broader and growing pattern of drug trafficking throughout Africa. Although Guinea Bissau may provide a dramatic tale of high level politicians in the thrall of global drug lords gunning each other down in the ramshackle capital of a marginal state, the drug trade routes run through virtually every West African country and certainly through Sénégal, Côte d’Ivoire, Ghana and especially Nigeria—which has been a nexus of trafficking and drug gangs that spread across five continents through networks that reach across the Indian Ocean as well as the Atlantic. Unsurprisingly, Carson made the case for US official support for efforts in African countries to combat the trade. Again unsurprisingly, he talked exclusively about the need to provide moral, material and training support to the USA’s African allies in a global war on drugs.

The literature on community influences on alcohol use focuses primarily

on environmental aspects, such as neighborhood characteristics and opportunities for alcohol purchasing and consumption (Sudhinaraset *et al.*, 2016). For example, one study found that individuals who lived in a neighborhood with a poorly built environment, characterized by inferior building conditions, housing, and water and sanitation indicators, were 150 percent more likely to report heavy drinking compared with those living in better built environments (Bernstein, Galea & Ahern, 2007). Other studies have examined the spatial epidemiology of neighborhoods regarding alcohol availability, individual consumption, and community disorganization and violence (Cohen, Ghosh-Dastidar, & Scribner, 2006; LaVeist and Wallace, 2000; Scribner, Cohen & Fisher 2000; Shimotsu, Jones-Webb, & MacLehose, 2013; Theall, Lancaster & Lynch. 2011).

Spatial relations between alcohol outlets and individual consumption also may be a key to explaining differential rates in alcohol use across racial/ethnic groups. A number of studies suggest that minority communities have higher concentrations of liquor stores than White communities (Alaniz and Wilkes, 1998; LaVeist and Wallace, 2000; Pollack, Cubbin, Ahn, & Winkleby. 2005; Romley, Cohen, Ringel & Sturm, 2007; Treno, Alaniz, & Gruenewald, 2000), potentially increasing access to alcohol among minority populations (Freisthler, Lipperman-Kreda, Bersamin, & Gruenewald. 2015; Scribner *et al.* 2000). Moreover, living in a disadvantaged neighborhood at an early age has long-term effects. Childhood exposure to violence leads to increased exposure to delinquent peers and alcohol use (Trucco, Colder & Wiczorek, 2014). In another study, realizing how easy it is to get alcohol, witnessing neighborhood

drug dealing, and seeing peers drink were all associated with increased alcohol use (Chung, Pedersen & Kim, 2014).

Relating neighborhood characteristics to alcohol use risk is useful for public health program planning because it allows policymakers and programmers to understand how changing structural-level factors of the built environment may affect health risk behaviors, including alcohol use (Sudhinaraset, *et al.*2016). However, methodological challenges remain when analyzing the impact of complex community factors on individual behaviors. Such factors include social stratification (i.e., the probability of living in certain neighborhoods, which is higher for certain types of persons) and social selection (i.e., the probability that drinkers are more likely to move to certain types of neighborhoods). It remains unclear whether neighborhood disadvantage causes alcohol problems, and whether frequent drinkers are in fact usually more attracted to certain neighborhoods (i.e., self-selection). These challenges limit the interpretation of research on community-level effects (Sudhinaraset, *et al.*2016). Some studies have attempted to address these issues using propensity matching and time-sensitive indicators (Ahern, Galea & Hubbard, 2008). Future studies should take these challenges into consideration and address subgroup differences in alcohol use norms across race/ethnicity and gender.

Peer norms play an important role at this life stage (Jackson, Roberts & Colby, 2014). By the late adolescent period, parental influences related to alcohol use are small compared with peer influences (Schwinn and Schinke, 2014; Zehe and Colder, 2014). Much of the focus on peer influences has highlighted the risk

networks associated with alcohol use. Peer pressure (Studer, Baggio & Deline, 2014), peer alcohol norms (Varvil-Weld, Turrisi & Hospital, 2014), and socializing with substance-using peers (Patrick, Schulenberg, & Martz, 2013) were associated with alcohol misuse and binge drinking. Studies note that leaving the home environment, entering college, and joining Greek organizations increased alcohol use as a result of more socially permissive norms around drinking (Scott-Sheldon, Carey & Carey 2008; White, McMorris, & Catalano, 2006).

More recent studies have attempted to assess the synergistic influence of peers and families. Whereas the majority of studies on peers have focused on the negative consequences of social networks, research shows that greater parental support and monitoring can lead to prosocial peer affiliations (Williams, Marsiglia, Baldwin, & Ayers, 2015). One study found that protective influences in parental domains can moderate the negative effects of negative peer influences among Latino college students (Varvil-Weld et al. 2014). In particular, maternal communication resulted in less alcohol use; conversely, maternal permissive norms and peer norms were associated with more alcohol use. Greater parental disapproval toward alcohol use is associated with lower involvement in peer networks that use alcohol, less peer influence to use, and greater self-efficacy and stronger negotiation skills to avoid alcohol (Nash, McQueen, & Bray, 2005). Interventions aimed at establishing and fostering conservative peer norms were found to be more effective than individual resistance training (Hansen and Graham, 1991), whereas multi-level interventions incorporating peers, families, and communities are known to

be effective among adolescents (Chapman, Buckley, Sheehan & Shoche, 2013; Perry, Williams, & Komro, 2002; Toumbourou, Gregg & Shortt, 2013).

Existing successful interventions to reduce alcohol use include incorporating culturally sensitive delivery models, such as employing community health workers among Latino populations (Ornelas, Allen & Vaughan 2014) and using Web-based interventions to change norms (Patrick, Lee & Neighbors, 2014). In a recent review, *Familias: Preparando la Nueva Generación*, a culturally grounded intervention for parents to support Mexican-heritage youth, showed reductions in parental drinking (Williams, *et. al.* 2015). Because past studies show that parents may potentially moderate negative peer influence, fostering synergistic solutions between multiple contexts should be a priority (Ewing, Osilla & Pedersen, 2015).

METHOD

Study Site

The Anaang people are in Akwa Ibom state, South-south of Nigeria. They are the second largest ethnic group of the state, occupying its Northwestern part. They are bounded in the North by the Isogbo Igbo (Abia state), in the West by the Ngwas (abia state), and Ndoki (Rivers state) and in the South, East and North-east by the Ibibios.

The Anaang people are territorially located in eight Local Government Areas in Akwa Ibom State: Abak, Ikot Ekpene, Ukanafun, Ika, Obot Akara, Essien Udim, Oruk Anam and Etim Ekpo. The Anaang and Ibibio people do possess some cultural similarities and could be traced to the same ancestral root, despite their distinct

ethnic inclinations. The community is besieged with many developmental challenges ranging from poor access to basic amenities such as good road network, water supply, electricity, modern health-care facilities, schools, housing and other modern social amenities. Majority of the people are engaged in subsistent farming, trading and other informal sectors to earn a living. Although, good number are also employed in white collar jobs. They are mostly Christians, but a good number are traditional worshippers. The condition of living is observed to be very low.

Participants and Data Collection

The study employed a multi-sited ethnographic and qualitative approaches to examine the influence of cultural practices on alcohol and drug use in Anaang community. The study participants included young and adult population aged 15-60 years old. Males(n=50) and females(n=30) participated in the study. Altogether, 80 participants were interviewed for this study using a convenient sampling method. Data was collected using unstructured-open-ended in-depth interview guide and participant observation. All interviews were conducted in Anaang dialect by three of the authors and were both audio-recorded after seeking the consent of participants in addition to diligent note taking of informal discussions and interactions with study participants.

The interview guide was developed to capture participant's perception on alcohol and drug use and their opinions and experiences on influence of cultural practices on drug use. Averagely, the interview lasted 35-60minutes. Audio-recorded interviews were later translated and transcribed by experts in that field.

Procedure

A thematic framework was designed by the researchers to code all qualitative datasets (raw narratives) and field notes emanating from participant observation. Grounded theory was employed to identify key themes and variables in the recorded interviews and participant observation conducted during the data collection period (Beth, Dorothy and Nsikanabasi, 2016). This involved immersing in the data by reading the transcribed texts over and over again (Ediomo-Ubong, 2012). The data was thereafter coded and organized in such a manner to identify participant type, research site and specify their properties and dimensions to create analytic categories of thematic domains. The categories were literally placed side by side to establish similarities and dissimilarities. This is done to ensure that they are mutually exclusive. Thereafter, they were related to each other according to their corresponding properties and dimensions (Ediomo-Ubong, 2012). In this study some participant's opinions during interview are quoted verbatim to illustrate their views on cultural practices, alcohol and drug use.

RESULTS

Culture, Belief System and Perception of Participants on Alcohol and Drug Use

A Typical African is so deep in his culture. He goes to church and does everything with elements of his culture. Therefore, participants opined that cultural norms, values, beliefs systems are associated with alcohol and drug misuse. It is a well sung saying across Anaang land that " when occasion comes, drinks also comes." Alcohol drinking is so deified in

Anaang land, to the extent that a certain date in the local calendar is set aside for free drinks (*Usen ibet ukot*). On this day all palm wine tappers in Anaang land are forbidden from selling their wine. Men are often found strolling in groups from one compound to another on drinking episode amid songs and dance.

Participants (97%) pointed out that alcohol consumption in Anaang land was culturally tolerated as parts of ceremonial lives of the people. It is essentially a social act subject to variety of rules and norms regarding who may drink, when, where with whom and why.

Raw alcohol from raffia palm is called *ukot nsung*. The fermented one is distilled locally to produce the local gin *kaikai*. Another form of alcohol mainly tapped by youths is from felled palm tree, and is called *ukot ayop*.

Observations and comments from participants revealed that, local gins are commonly mixed with herbs, roots as herbal therapy for various illness condition and performance boosters.

Participants (85%) pointed out that alcohol is mainly consumed by male adults for pleasure while the females and children were culturally restrained from drinking, though there were no formal rules prohibiting them.

A participant (aged 50 years) said:

A woman is regarded as the beauty of the family (mkpo uto) she is not expected to take part in public discussions or engaged the opposite sex in arguments not to talk of drinking freely in the public. Nevertheless, depending on the nature of the gathering or events, she could be offered a little quantity. Any woman who competes for drinks in the public is

socially and culturally a disgrace to her family.

Another participant (aged 25 years) commented:

Our culture does not sanction women drinkers. But it is viewed as an act of irresponsibility for a woman to compete for alcoholic drinks with men in the public. If she eventually become intoxicated and perhaps strip her clothe who will marry such a woman? Definitely no serious minded person will approach her for marriage.

Majority of Participants (97%) believe that alcohol consumption is normal as long as people do not in excess to the point of losing self-control and become a public nuisance. Excess consumption of alcohol was not a norm neither was it encouraged and intoxication attracted negative sanctions such as not allowing them to partake in active or major decision making, not allowed to attend meetings were secret/deep things of the community was planned to avoid leakage of vital information to women or enemies.

According to a participant (aged 57 years):

A person that is given to excessive drinking or a drunk was not treated with dignity as he cannot be nominated to represent the village or his peers. His family is not regarded in the community. Such people do not have future prospects as they are exposed to many adverse situations in life.

Notions on why People Misuse Drugs and Alcohol

The misuse of drugs and alcohol is one of the most controversial issues in our

society, and often a source of conflict between generations and sections of the society.

Participants (67%) pointed out that people use drugs and alcohol out of personal volition as nobody is compelled to use them under normal condition or as a matter of compunction. Users make conscious decision by evaluating the risks and benefits of indulging in the act. This, of course depends on an individual's ability to make informed and positive decisions / choices, which is a function of psychological, social and cultural variables. Insights from personal observation and participants' responses identified low literacy rates, ignorant and lack of effective regulatory mechanism as major precursors to drug use among other variables.

Some Cultural Practices that Influence Alcohol and Drug Use

Alcohol use is an intrinsic part of Anaang cultural heritage. It played major roles in traditional activities. Ceremonial rites and pouring of libation to propitiate the angry gods or ancestors. In every gathering, celebration of birth, death, victory, success, achievements, and even when somebody commits suicide which is considered abominable, alcohol is demanded from the victim family among other items to cleanse the land and appease the gods. Observations have shown that most times, this local gin is garnished with herbs and roots which have drug effects on drinkers. The participants identified the following cultural practices as having the potential to covertly or overtly promote alcohol and drug use.

Births: The arrival of a new baby to the family is usually celebrated with varieties of drinks including alcohol beverages such

as *Ukot nsung, kaikai, ukot ayop*, Beer, Schnapps, Malt drinks etc.

Circumcision: The practiced of circumcision for both male and female children was a major traditional rite, and is still being in vogue currently, especially among the non-educated families. Family members and friends gather to share drinks at the success of the surgical operation.

Coming of Age: This is a rite of passage in Anaang land where the females approaching menarche are initiated into the *Nwowo* (age of puberty) cult. Others are; Traditional Marriage, Death/Burials, Land Acquisition, Foundation Laying ceremonies, Chieftaincy Installation, Traditional festivals, etc

The Community, Culture, Alcohol and Drug Use Control

Although, alcohol and drug use is acceptable practice in Anaang land, there are some cultural practices that regulates or discourage the use of these harmful substances: Religious belief, Family /Parental Disapprovals, Sacred Days, Dedicated Days, Gender/Age, Intertribal/Communal Conflicts, Era of Civilization, Use of Measure, etc.

DISCUSSION

Cultural norms and beliefs are strong predictors of both current drinking and frequent heavy drinking (Brooks-Russell, Simons-Morton & Haynie, 2013; Caetano and Clark 1999; LaBrie, Atkins & Neighbors 2012; O'Grady, Cullum, Tennen, & Armeli. 2011;

Paschall, Grube, & Thomas, 2012). Across race and ethnicity, African

Americans and Latinos report more conservative attitudes toward drinking compared with Whites (Caetano and Clark, 1999; LaBrie, *et al.* 2012). These more conservative norms may be associated with lower drinking rates among African Americans and Latinos compared with Whites (SAMHSA 2013). Few studies have examined diversity within racial and ethnic groups such as Latinos, Blacks, and Asians, limiting our ability to meet the needs of specific subpopulations. Some studies suggest that alcohol-related problems differ substantially across Latino subgroups, including higher rates of alcohol abuse and dependence among Mexican-American and Puerto Rican men compared with Cuban Americans and Central and South Americans (Caetano, Ramisetty-Milke & Rodriguez, 2008). These findings may best be explained by considerable differences in cultural norms, especially the cultural beliefs regarding appropriate alcohol use (Greenfield and Room 1997; LaBrie, *et al.* 2012). For example, some scholars explain heavy-drinking patterns among Latino men through the concept of machismo, which has been a significant cultural influence for generations and remains integral to Latino male identity (Dolezal, Carballo-Diéguez, Nieves-Rosa & Díaz, 2000). Machismo suggests that Latino men attempt to appear strong and masculine because of cultural values, and drinking greater amounts of alcohol further exemplifies their masculinity. More recently, scholars have commented that concepts like machismo cannot account for the complexity of Latino drinking behavior (Caetano, 1990)

Cultural norms also vary by context and place. Some alcohol researchers have used multilevel approaches to distinguish among the causal effects of individual and

neighborhood-level norms. For example, Ahern and colleagues (2008) found that neighborhood norms against drunkenness were a more robust and stronger predictor of binge drinking than permissive beliefs about it held either by the individual or family and friends. If an individual lived in a neighborhood that frowns on binge drinking, that individual was less likely to drink, even if he or she believed it acceptable to **do so**. This was particularly true for women, suggesting gender norms around alcohol use may be a factor.

Specifically, past studies found that gender differences in alcohol use may reflect the greater social stigma directed at women who drink. This seems to be more pronounced in certain cultures. Caetano and Clark (1999), for example, found stronger gender norms related to alcohol use in Latino cultures compared with the United States (Kulis, Marsiglia & Nagoshi 2012). This results in greater gender differences in alcohol use among Latinos compared with other U.S. populations, with recent trends suggesting similar levels of binge drinking between men and women in Western cultures (Iwamoto, *et al.* 2012). This may reflect changing beliefs about gender and social status. Although traditionally perceived as a “masculine” behavior, binge drinking is now more acceptable among women in certain cultures that foster more balanced gender roles (Lyons and Willott, 2008).

Some of the strongest influences on adolescent drinking behavior come from the people that youth spend the most time with: family and friends (Sudhinaraset, *et al.* 2016). Studies have found that higher levels of alcohol use among parents and peers is associated with increased alcohol use among adolescents and young

adults (Cruz, Emery & Turkheimer, 2012; Dawson, 2000; Mares, Engels and Lichtwarck-Aschoff, 2011; Trucco, *et al.* 2014; Varvil-Weld, *et al.* 2014; Wallace, Forman, & Guthrie, 1999; Walsh, Djalovski, Boniel-Nissim, & Harel-Fisch, 2014; Williams & Smith, 1993). Developmentally, people's social contexts shift from the family unit during childhood to focus more on their peers and their schools during adolescence. Reflecting this, parental alcohol use seems to exert a greater influence before age 15 and diminishes over time (Dawson, 2000).

Conversely, family support, bonding, and parental monitoring is associated with lower alcohol use (Bahr, Marcos & Maughan, 1995; White, *et al.* 2006) and social networks and social support also have protective effects (Ramirez, Hinman & Sterling, 2012). For example, one study that assessed the effects of leaving home and attending college found that although the transition overall was associated with higher levels of alcohol use, young people with fewer friends who use alcohol reported higher levels of religiosity. Higher parental monitoring also protected against alcohol and marijuana use (White, *et al.* 2006). Moreover, higher levels of familism (values that place family needs over individual needs) and being in a nuclear family served as protective factors among adolescents (Ewing, *et al.* 2015).

CONCLUSION

Traditionally in Anaang land, alcohol consumption is not just a social act but is deeply entrenched and engraved in the heart of Anaang cultural heritage. Even though consumption is seen as normal, it

is subjected to variety of rules and norms of usage in terms of who offers it, when, why and where to drink. Excessive drinking has some unpleasant consequences socially, economically and health wise. Alcohol education programs need to also address individual intent and motivations while offering personalized feedback and protective behavioral strategies (Patrick *et al.* 2014). Public health and treatment programs needed to be culturally sensitive, paying particular attention to cultural factors such as ethnic identification and orientation. This study attempts to explore how cultural practices, norms, and belief system can influence drug and alcohol use as well as a community perspective on the war against substance misuse.

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