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The Americanization of Karen Refugee Youth: Exploring Attitudes Toward and Use of Methamphetamine

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ABSTRACT

Drug use among refugee populations is a concerning trend in many urban American cities. For instance, Omaha, Nebraska is home to an estimated 7,000 refugees from Myanmar, with at least 75% of those being Karen refugees. The purpose of this paper is to explore methamphetamine use among Karen adolescents in Omaha and to examine whether Karen youth bring their drug use habits with them from refugee camps or if they learn about drugs from their American peers. Two focus groups of Karen youth and two focus groups of Karen parents were conducted to examine methamphetamine use among this population. Findings suggest, like most youth, the Karen children were reluctant to disclose their own use of drugs, but they did see the use of methamphetamine and other drugs in their schools. It appears drug use among the Karen youth is acquired during the “Americanization” of these children in Omaha schools.

Keywords: methamphetamine, Americanization, juveniles, Karen, refugees, Myanmar

INTRODUCTION

Drug use among refugee populations is a concerning trend in many urban American cities. Omaha, Nebraska is one such city that attracts a large refugee population from many nations, including Myanmar, formerly known as Burma, and the number of Myanmar refugees is not only growing, but drug use among the Burmese appears problematic.¹ Omaha is home to an estimated 7,000 refugees from Myanmar, with at least 75% of those being Karen refugees. Myanmar refugees are a heterogeneous group of Karen, Karenni, Chin, and Kachin ethnic groups and Myanmar Muslims persecuted for their religious beliefs (Kobori et al., 2009). The movement of refugees from Myanmar has declined moderately, from 26% in 2015, to 15% in 2016, and 9% in 2017 (Zong & Batalova, 2017). Over the past decade, Myanmar refugees have been the largest group resettled to the United States, representing 23% (163,451) of the 708,354 refugees admitted since 2007 (Zong & Batalova, 2017).

Providers who serve refugee families in Omaha, who also created the Prevention of Expansion of Meth in Refugee Youth organization, report that methamphetamine use among Karen youth (persons 12–20 years old) appears to be precariously high compared to American youth. The prevalence of methamphetamine use is at an all-time low for American 8th, 10th, and 12th graders, and the number of youths using methamphetamine in the U.S. has declined significantly since 1999 (Johnston et al., 2018). Despite these trends, Karen youth have experienced a reversed trend with an uptick in methamphetamine arrests. Methamphetamine is a highly addictive stimulant that has notable effects on the central nervous system. Negative consequences related to methamphetamine use include neurological damage and altered cognitive and behavioral functioning (Davidson et al., 2001). Scholars have found that community risk factors significantly influence methamphetamine use (Arthur et al., 2002; Jang & Johnson, 2001; Rodriguez et al., 2005). What prior research on this population in Omaha has not answered is how and why percentages of methamphetamine use varies across racial and ethnic groups. Survey information specific to Karen youth has not been conducted in Omaha or the U.S. While the manufacture and use of methamphetamine has been well-documented in Myanmar, neighboring regions, and refugee camps (Chouvy, 2013; Cohen, 2014; Munro, 2012), little is known about methamphetamine use among Karen refugee youth in the United States. If refugee populations bring their methamphetamine habits and behaviors with them to the U.S., they could be introducing methamphetamine use into previously unaffected communities. Conversely, drug use by Karen youth may be learned during the “Americanization” of these children in Omaha schools. Though overall rates of methamphetamine use among American youth are low, the existing population of drug users may be enough to expose immigrants to drugs popular in the U.S. Consequently, it may be that Karen youth are actually socialized into drug use by their American peers. This alternative would suggest Karen youth and other immigrants may benefit from drug use education and support to prevent drug use as they transition into an American way of life.

The purpose of this paper is to explore methamphetamine use among Karen adolescents in Omaha and to assess if Karen youth’s drug use is socially selected from prior experience in refugee camps, or is it facilitated through assimilation processes inherent in the Omaha Public School District (OPS). Practical

implications of this research include when to introduce primary and secondary drug prevention efforts for adolescents, and particularly for refugee youth. Also, the current research examined both males' and females' perceptions of drug use and perhaps gender-specific programming is needed.

Literature Review

Methamphetamine Use in America

Before turning to research on drug use among Karen youth, it is important to briefly describe methamphetamine, its effects on the body, and the prevalence of methamphetamine use in the U.S. According to the National Institute on Drug Abuse (NIDA, 2013), methamphetamine (meth, crystal, crystal meth, chalk, or ice) is a highly addictive substance that produces an intense sense of pleasure and energy. The pleasure described from consuming methamphetamine is far greater than that produced from any activity that a human can experience in everyday life because of the extreme flood of dopamine in the brain (NIDA, 2013). Over time, the dopamine receptors in the brain that allow an individual to feel this high are reduced as a response to the excess dopamine and greater amounts of methamphetamine are needed to produce the initial feelings of euphoria. Individuals who attempt to quit methamphetamine find that activities that previously brought pleasure are no longer pleasurable because of the brain's decreased capacity to respond to less dopamine. Because normal activities no longer produce a pleasurable response, methamphetamine is extremely difficult to stop using. Moreover, withdrawal from methamphetamine can produce a myriad of symptoms including anhedonia, irritability, fatigue, depression, impaired social functioning, and an intense craving for the drug (Cantwell & McBride, 1998; Newton et al., 2004).

NIDA (2013) has stated that the short-term effects of methamphetamine on individuals include: aggression, memory impairment, dental issues, weight loss and malnutrition, heart damage, psychotic behavior, and greater susceptibility to chronic infections such as hepatitis and HIV. Chronic long-term effects lead to structural changes in the areas of the brain responsible for emotional functioning and cognitive reasoning (Rawson et al., 2007). Non-neuronal areas (areas outside of the brain and nervous system) can also be impaired. However, with prolonged abstinence from methamphetamine, neural imaging shows that some areas of the brain can recover. For instance, it was found that, former methamphetamine users who had been abstinent for 6 months scored lower on motor skills, verbal skills, and psychological tasks compared to a matched set of individuals who had never used (Gould, 2010). After 12 and 17 months, though, their ability to perform many of the tasks improved with motor and verbal skills equal to that of the non-users (Gould, 2010).

Globally, the dilemma of methamphetamine use among adult populations persists and must be addressed to reduce the harmful outcomes of methamphetamine (United Nations Office on Drugs and Crime, 2007), though more information is needed about how some populations use methamphetamine (Degenhardt et al., 2007). While epidemiological data worldwide present mixed findings, in many regions of the world methamphetamine use among adolescents is a significant public health issue

(Rawson et al., 2007). For example, there is much variability in methamphetamine use among youth across Europe, but the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2006) reports the prevalence of methamphetamine use among individuals aged 15 to 24 has been rising since 1990. Evidence suggests that methamphetamine use is highly problematic among youth from Taiwan and northern Thailand (Chou et al., 1999; Sattah et al., 2002) (See Figure 1 for geographical context).



Figure 1. The Karen state and refugee camps.

Federal government statistics in the United States may be minimizing the problem, or not presenting an accurate picture of methamphetamine abuse. For instance, a national survey of 12th graders showed a downward trend in lifetime methamphetamine users from 1999 to 2017 (Johnston et al., 2018), yet state and local level data from treatment programs in some parts of the country reveal that rates of treatment admission of adolescents with methamphetamine abuse are more prevalent and increasing (Gonzales et al., 2008).

More recent data from the 2012 National Survey on Drug Use and Health Survey suggest that approximately 12 million people (or 4.7% of the U.S. population) have tried methamphetamine at least once, and 1.2 million people (or 0.4% of the population) had used methamphetamine in the year prior to the survey. Studies of youth populations show declining trends in methamphetamine use. Again, overall, the number of youths using methamphetamine in the U.S. has declined significantly since 1999 (Johnston et al., 2018); however, trends in methamphetamine use vary across states and cities. In

Nebraska, for example, the rate of methamphetamine use among middle school and high school students has remained relatively constant over time (Radatz et al., 2015). Radatz et al. (2015) found that 1.1% of all students surveyed in 2012 and 2014 in Nebraska said they had tried methamphetamine. These scholars found that community risk factors, such as the availability of afterschool programs and a community's disorganization significantly influenced methamphetamine use, which suggests there are differences in methamphetamine use among students in urban and rural environments. There is likely more availability of afterschool programs in urban areas. Nevertheless, this study had its limitations in that it could not explain differences in the percent of methamphetamine use across racial/ethnic groups in Nebraska.

While the number of youths using methamphetamine in the U.S. suggests an overall decline, verbal communication from the juvenile court, social service providers, and parents of Karen refugee youth in Omaha suggest that methamphetamine use among this group is of growing concern. Providers serving refugee families in Omaha formed the Prevention of the Expansion of Meth in Refugee Youth (PEMRY) group to address this concern.

Methamphetamine Use in Myanmar and Factors Related to Refugee Drug Use

While rates of methamphetamine use vary across the U.S., it is important to consider rates of use among immigrant populations and how those populations may influence trends in methamphetamine use in the U.S. It is estimated that over half of the world's 15 to 16 million methamphetamine users reside in Southeast and East Asia (United Nations Office on Drugs and Crime, 2007), making it a major global hub for methamphetamine production and trafficking (Reid et al., 2006; United Nations Office on Drugs and Crime, 2007). Recent reports on drug activity suggest that methamphetamine production has surpassed the production of heroin in this region. Chouvy (2013) ascertains that Myanmar is a major source of international methamphetamine, and Munro (2012) describes the Thai-Burmese border as a unique location for both the trafficking of methamphetamine and heroin. Thailand has become one of the largest consumers of methamphetamine pills, also known as *aba* ("crazy drug"), in the world, with those under the age of 20 consisting of the majority of users (Cohen, 2014). Thai youth use methamphetamine for a multitude of reasons, including to demonstrate autonomy from their parents, and it gives them the energy and self-confidence to do things they normally would not do (Ahmad, 2003). Thai youth have transformed a drug that was historically used by workers to increase productivity to one used primarily for recreation and socialization (Cohen, 2014). Given that Thailand and Myanmar share a border, many of the patterns of methamphetamine use in Thailand are similar among Myanmar youth, including members of the Karen population.

It would be erroneous to assume that all subpopulations, such as the Karen, use methamphetamine because of its wide availability in Myanmar and neighboring regions due to the lack of scholarship on the subject. Only one study to date, has documented methamphetamine use in the Karen population in Myanmar. However, Kobori et al. (2009) studied methamphetamine use in two mountainous villages in

Thailand and found that among the Karen, methamphetamine has been widely available and used since the 1990's.

Theoretical Guidance for this Exploratory Study

This study does not test a single theory, but rather data interpretation was guided by social learning theory and the notion that refugee drug use is partially learned through interactions with others. Akers' (1985) social learning theory emphasizes the influence of socialization and the normative impact of significant others on individual behavior. Social learning theory expands on Sutherland's (1947) concept of differential association by integrating elements of behavioral psychology from Skinner (1953). Deviant behavior is then explained as a result of interactions with primary group members, such as friends and family, who expose individuals to deviant role models and provide normative definitions and reinforcements that encourage or discourage behavior (Akers, 1985). Criminal behavior is one outcome of learning and occurs when such behavior is defined as desirable and has been differentially reinforced over other types of behaviors, such as non-criminal legitimate behaviors. According to Akers (1985), four mechanisms influence individual learning and behavior, including (1) differential association, (2) definitions, (3) differential reinforcement, and (4) imitation.

Differential association emphasizes one's direct interactions with others and experiences to normative definitions (Sutherland, 1947). Interactions with others refer to important social and reference groups like peers and family, so Karen youth could have learned the motives for and techniques of methamphetamine use in refugee camps. Second, Akers (1985) hypothesized that deviant behavior will occur when a person holds more definitions favorable to drug use, for example, than definitions unfavorable to drug use. Third, differential reinforcement refers to the balance of anticipated or actual rewards and punishments that accompany behaviors. Akers (1985) postulated the greater the amount of reinforcement for individuals' behaviors, the more frequently it is reinforced and will occur. For Karen youth, if peer adulation occurred in refugee camps after methamphetamine use, the use would be positively reinforced. Finally, social learning theory involves imitation, or the modeling of other's behavior (Akers, 1985). If Karen youth witnessed methamphetamine use in refugee camps, they would be more likely to imitate it.

Beyond the social learning perspective, aspects of strain theory may be present in Karen youth's drug use. The trauma of displacement in their home country, war, poverty, poor living conditions in refugee camps, loss of family members, and other persecution in their home country are a few of the hardships that refugees experience (Fazel et al., 2005). The stress of relocation to a new country, despite better living circumstances, may significantly exacerbate existing mental health issues and continuing adjustment to new circumstances is a significant cause of strain.

Research into medical and illicit drug use in resettled refugee populations is limited, regardless of the fact that mental health status often has been found to be poorer in comparison to that of the general population (Blight et al., 2008). In addition to physical health, epidemiological evidence indicates that refugees in Western countries often experience poor mental health, which may be related to drug use

(Fazel et al., 2005). For example, migrants and refugees often come from war-torn countries and have experienced conflict and persecution (Blight et al., 2008). Further, refugees may have been forced to migrate away from their native country and the migratory experience itself can induce stress and trauma, leading to poor mental health (Blight et al., 2008). In addition to experiences prior and during migration, refugees experience varying levels of social support, access to jobs, quality health care, and access to other social services once they are resettled, and many face discrimination as a result of their new minority status. These factors could play an integral role for mental health and drug use (Roth, 2006; Silove & Ekblad, 2002), though more research is needed to identify the specific ways that immigration affects refugees' physical and mental health.

While wide scale studies of health and mental health can be disaggregated by refugee populations in the U.S., it is difficult to estimate these figures for refugee subpopulations, such as the Karen. Far less is known about substance use and abuse and adolescent refugees, which is the primary focus of this study. As well as observing a significant amount of mental health needs related to trauma and resettlement, social service agency providers in Omaha have noted the surprising use of methamphetamine among the adolescents in the Karen community.

Methodology

The purpose of this paper is to qualitatively explore methamphetamine use among Karen adolescents in Omaha and to assess how Karen youth become involved in methamphetamine use (e.g., whether they learn habits in refugee camps or from their American peers). Several questions are used to gain basic information about how Karen refugees perceive methamphetamine use to inform and contextualize information about the social learning process of drug use. The primary research question for this study is: How knowledgeable are Karen youth and parents about methamphetamines? In addition, three secondary questions will be examined including: (1) How many kids do refugees think use methamphetamine in Omaha? In refugee camps? (2) Why do refugee parents believe kids use methamphetamine? And (3) From where do Karen refugees believe youth obtain methamphetamine?

Sampling

The Karen community in Omaha resides mainly in three apartment complexes where methamphetamine use has been documented. We used a snowball sampling method to recruit youth and parent participants. This strategy is often used to study difficult to reach populations such as refugees (Jacobs & Wright, 2008; Wright & Decker, 2011). Refugee populations are often reluctant to communicate with government officials or agencies, or even researchers, in fear of being harassed. We recruited participants for this study through Heartland Family Services, an organization that aids refugees in this community. These individuals were more likely to trust us and were willing to participate in this study as we contacted them through this organization rather than directly or through alternative channels.

Heartland Family Services, as the host for Prevention of the Expansion of Meth Use in Refugee Youth (PEMRY), was the main community partner for this research. In response to growing numbers of refugee youth testing positive for methamphetamine in Omaha, the PEMRY group was comprised of representatives from social service agencies who work with refugee youth, such as Heartland Family Services, Lutheran Family Services, Refugee Empowerment Center, Douglas County Health Department, and the Omaha Police Department. The PEMRY group organized a Karen parent educational meeting on methamphetamine to address the growing concern of Karen adolescents testing positive for methamphetamine. What was garnered from this meeting is that Karen parents acknowledged they thought their kids were using drugs but did not know how to stop them from using. Further, Karen parents did not understand why methamphetamine would be sold if it was harmful and why the government was not doing more to prohibit its illegal distribution.

An active member of PEMRY and an employee of Heartland Family Services noted that the Karen take methamphetamine to stay awake and energized for working in meatpacking plants (a common job for adult Karen males) and do not understand it is an addictive substance. Additionally, a social service representative in Minnesota noted the same issue with Karen refugee youth. This social service representative believed methamphetamine use for Karen youth is a huge problem in Minnesota and some start using in the refugee camps because the Myanmar military is using methamphetamine to sabotage the Karen resistance. However, these are anecdotal accounts and little is known about the extent of use among the Karen youth in Omaha or the United States.

Families were asked to refer other families who have adolescents or parents who might be interested in participating in focus groups about methamphetamine use. A total of four focus groups were conducted, two consisting of Karen youth and two consisting of Karen parents. The first two focus groups included Karen adolescents who were between the ages of 11 and 17. The first youth focus group had six participants, and the second youth focus group had five participants. Of the 11 youth participants six were females and five were males. Further, for triangulation of information, two focus groups were conducted with Karen parents. The first parent focus group consisted of six participants and the second focus group had three participants. Of the nine Karen parents who participated in the focus groups only one male was present (See Table 1).

****see attachment for Table 1****

Data Collection

During the summers of 2016 and 2017, non-probability snowball sampling with families in the *Ready in Five Program* was used to develop a sample of participants. The *Ready in Five Program*, is a program provided to Karen refugee children by Heartland Family Services to help them prepare for kindergarten. Families who participated in the *Ready in Five Program* were asked if the older siblings, aged 11 to 17, and parents of these children would volunteer for focus groups about adolescent drug use. All participants were offered a \$10.00 Wal-Mart gift card for their participation in the focus groups. Cultural ambassadors fluent in the Myanmar language were hired by Heartland Family Services to interpret and

translate researcher questions and participant responses if needed. Cultural ambassadors were also responsible for coordinating the focus groups with Karen youth and parents at one of the participants' apartment. These focus groups took place inside one of the participants' homes. The focus groups were audio recorded for accuracy and then transcribed.

Focus groups were desired over other interviewing techniques because of the population of interest and the subject matter. It was assumed that Karen youth and parents would be more comfortable talking to researchers about methamphetamine use if they were in a group setting rather than one-on-one interviews. The group setting allowed participants to engage with one another to stimulate memories, alternative interpretations, and to elicit more in-depth information (Tewksbury, 2009). Focus groups encouraged participants to have greater clarity and thoroughness in their responses. The participants were interacting among themselves, building on and replying to the comments of others, and they had their experiences and interpretations of events and actions questioned by other group members who are also knowledgeable on the topic (Tewksbury, 2009). The focus groups not only provided data that most likely would have been gathered in a series of individual interviews, but yielded additional in-depth information as participants were able to rely on each other's responses and experiences.

Data Analysis

To assess methamphetamine use among Karen youth in Omaha, a qualitative analysis of transcripts was necessary. This study employed thematic narrative analysis in identifying the current themes and trends found in the transcripts from Karen youth and parents. Narrative content analysis was conducted by repetitive reading of transcriptions by researchers, identifying common themes relating to the research topic throughout the transcribed text, and organizing these themes into patterns (Gibbs, 2008). We used the analytical approach outlined by Braun and Clarke (2006) when reviewing the focus group transcripts. First, we became familiar with the data and then read it in an active way while searching for meanings and patterns (Braun & Clarke, 2006). Second, we generated initial codes from manifest or latent context appearing interesting and relevant. Next, we looked at different codes and how they could combine to create overarching themes, which we defined and named. Finally, comparative analysis was performed (Braun & Clarke, 2006) revealing how knowledgeable Karen youth were about methamphetamine. Thematic analysis allowed for flexibility, as key themes were summarized while permitting detailed descriptions as well as highlighting Karen youth and parents' knowledge about methamphetamine use, which generated unanticipated insights (Braun & Clarke, 2006).

Limitations

All research comes with limitations and this study is no exception. First, there was selection bias as a result of the sampling procedure, so those who participated may be inherently different than those who did not, thus preventing generalization. Further, the sample size is too small to generalize results to all Karen youth and parents. However, the study was exploratory in nature; thus, accordingly a higher emphasis was placed on internal validity rather than external validity and the sample bias present was

no more than what would be seen in other qualitative research. Furthermore, owing to the lack of prior scholarship on this population, the current study was not focused on generalizability, but rather was concerned with learning about the lived experiences of the specific group, the Karen, in rich detail. This study will allow for future research to test generalizability of identified themes. The goal of the research was to assess Karen methamphetamine use in Omaha, and regardless of limitations, the study was able to provide insight into Karen adolescents' drug use and parents' perceptions.

Results

Guided by social learning theory and aspects of social strain, the current study investigated perceptions of methamphetamine use among Karen adolescents in Omaha, how Karen youth come to be acquainted with methamphetamine use, and parental attitudes about drug use. Two focus groups of Karen youth and two focus groups of Karen parents were conducted to assess methamphetamine use among this specific population.

Karen Youth and Parents' Knowledge about Methamphetamine

Both Karen youth and juveniles knew what methamphetamine was and its effects. The youth recalled hearing stories of people when they use methamphetamine and how they have short tempers, often get into fights, hallucinate, and have a sense of invincibility. Among the two youth focus groups there was a consensus that most Karen youth begin trying drugs in middle school, but it is mostly high school students who use methamphetamine, much like their American counterparts.

Prevalence of Methamphetamine Abuse and Why Refugees Use

When youth were asked about the prevalence of methamphetamine use among Karen and American youth, comments were mixed. For example, one youth participant stated, "I don't think Karen kids do methamphetamine more than U.S. kids. I actually think we use less because yeah they don't really know much about drugs, they just do I think mostly weed." Another participant suggested Karen and American drug use are the same and stated, "Both talk about drugs, like all drugs, but mostly weed." Parents revealed they do not know who uses drugs more between Karen and American youth, but they believe drug use is a problem for Karen youth. It was parents who perceived a methamphetamine problem among their youth, not the children themselves. One parent noted, "We know of other Karen kids in other apartments using drugs but we do not know what kinds of drugs they are." Parents discussed how every night about ten Karen teenagers engage in drug use in the apartment complex parking lot. A parent estimated, "I think 25 to 30 Karen teenagers in this apartment complex use drugs." Karen parents felt it was not their business to tell the teenagers' parents because they already knew their kids were doing drugs and were aware of the situation.

When asked about why Karen youth use methamphetamine or other drugs, both youth focus groups agreed they thought kids used drugs to fit in. A participant stated, "If they see other people do it, they

will start doing it just to be cool and like stuff like that.” The parent focus groups concurred and felt Karen youth were using methamphetamine in order to fit in. One parent shared, “I fear when they grow up, they will use because of their friends,” referring to both Karen and American friends. Interestingly, these findings suggest that both Karen youth and parents perceive decisions related to using methamphetamine as corresponding to a desire to fit into their current surroundings and with their American peers.

How Karen Know about and Get Methamphetamine

As it relates to how Karen youth know about and get methamphetamine, both youth focus groups agreed they learned about methamphetamine and other drugs from school. Almost all the participants went to different high schools and middle schools, but all agreed that they hear about drugs in school. Researchers asked follow-up questions pertaining to whether the youth may have heard about drugs while in refugee camps, however, participants discussed how they were too young when they were staying at the camps to remember. One older participant stated, “Most of us were little kids when we were at the camps, but I don’t remember anyone talking about or using drugs, there was a lot of alcohol though and it was pretty common for adults to drink.” Another participant informed researchers, “I never heard of those different types of drugs until I came to the U.S. Yeah, we learn from school and stuff.” Further, the youth focus groups also detailed how they refer to marijuana, not methamphetamine, as *ya ba*. Historically, *ya ba*, translated into crazy drug, has been used to describe methamphetamine pills in Thailand (Cohen, 2014). Once again, parental perceptions of Karen youth methamphetamine use were different than the youths’ themselves. Parents’ perceptions were predicated on terminology, where they believed *ya ba* to be methamphetamine, but the children were discussing marijuana.

While results from the youth focus groups suggest that Karen youth did not perceive methamphetamine use to be a problem and discussed how marijuana was primarily the drug of choice for teenagers, parents perceived methamphetamine use in Omaha to be a problem. The parent focus groups believed methamphetamine use was a problem among Karen teenagers, but male and female parents disagreed on where they believed youth learned about methamphetamine. Female parents agreed only alcohol was used at the refugee camps and assumed Karen teenagers learned about methamphetamine in Omaha schools. However, the one male parent interviewed believed methamphetamine was used in the camps and it was popular among male youth.

Overall, no youth spoke about the use of methamphetamine in refugee camps and stated they were introduced to drugs in the Omaha school system. Moreover, Karen youth did not believe methamphetamine use to be a noteworthy problem and discussed how marijuana was the most common drug of choice among students they know. Conversely, Karen parents believed methamphetamine use to be a problem among teenagers, but diverged based on gender on where they believed youth learned about drugs. The female parents assumed Karen youth learned about methamphetamine while in school because to their knowledge only alcohol was available at the refugee camps. The one male Karen parent, however, believed male youth learned about drugs in refugee

camps and could get access to it while staying there because it was a common drug used along with alcohol.

Discussion and Implications

The purpose of this paper was to explore methamphetamine use among Karen adolescent refugees in Omaha and how these children came to be acquainted with methamphetamine use and overall drug seeking behaviors. By conducting focus groups with Karen parents and youth, we found two very distinct sets of perceptions for the same action and events. The Karen youth did not perceive a methamphetamine problem among their peers, Karen or otherwise. Despite anecdotal observations that more Karen youth were involved with methamphetamine use than in previous years, we could find no evidence, statistical or through focus groups with youth, that methamphetamine use was increasing among Karen children. It is possible, however, that methamphetamine-using children did not agree to participate in our focus groups.

We did find that Karen youth did create their understanding of drug use through social learning, but the focus of this learning was almost exclusively on “*ya ba*” or marijuana. Also, definitions, motives, and techniques of drug use were being learned in peer networks found in Omaha schools, not in refugee camps. As noted above, Karen youth explained they remembered very little about drug use in refugee camps. They perceived themselves as too young to be involved in drug use in the camps, and no one took the time to explain to them why they would want to use drugs, how to use drugs, or that the effects of methamphetamine use would vary from the effects of any other drug use.

We also found very little evidence of trauma or mental illness among Karen youth that would influence drug use. Karen youth in this study had settled into school, made friends with other Karen and American children, and appeared to be emulating their American peers’ language and behaviors. In contrast, it appeared that Karen parents had learned much about methamphetamine use and overall drug use in the refugee camps. These parents witnessed drug use first-hand in the camps and observed how people act while using methamphetamine and other drugs, as well as observing the violence surrounding the drug trade. Unlike Karen youth, Karen parents had fewer interactions on a daily basis with Americans than their children. When parents discussed youth using drugs near their homes, they made assumptions that the drug being used was methamphetamine, largely based on their past experiences. A few interesting findings in this regard were (1) parents use of the term “*ya ba*” for methamphetamines, but the youth used this term for marijuana. This difference in language when referring to drugs may lead parents to assume more methamphetamine use than actually exists. Second, males, both youth and parents, in the study perceived much more methamphetamine use than the females, indicating drug use perceptions could be gendered. Perhaps males are more often approached by peers to engage in drug use than females, or males are more likely than females to directly observe drug use. Either way, further study is needed to understand the difference in perceptions of school- and community-based drug use between males and females.

Another factor to consider regarding differences in perceptions of community drug use is geographic location. The Karen are predominately located in three different apartment complexes in Omaha and one apartment complex is located in a more socially disorganized neighborhood that has a reputation for being an area where methamphetamine is sold and used. It is possible that perceptions of methamphetamine use among Karen youth has more to do with where parents live than what the youth are actually doing. Also, we noted that our definition of youth varied somewhat from Karen parents. Often, they spoke about youth on the corner who were in their early 20s rather than 18 or younger, as we envisioned youth. This demonstrates the strong need to operationalize concepts culturally rather than assuming a Euro-meaning for terms.

Last, both Karen youth and parents had the same average time living in the United States, yet perceptions vary across groups. We believe this may be attributed to social learning, in that Karen youth, through public school, are interacting far more often with American peers than Karen parents. Karen children have far more American friends than Karen parents to offer American interpretations of typical American teenage behavior. To this end, we also witnessed more indicators of strain among Karen parents than youth. As parents struggled to master English and use English when at work or when shopping, Karen youth were getting daily doses of English lessons and interactions with English-speaking individuals. In many ways, Karen youth appeared to assimilate to American culture much faster than adults. Karen youth learned definitions of marijuana that largely negated any of its negative effects. They imitated their friends' marijuana use and were thereby reinforced to use marijuana through peer acceptance. As Karen youth were "Americanized," marijuana use was not punished but rather rewarded through social interaction. In contrast, Karen parents had not been socialized into America's growing acceptance of marijuana use, and based on past experience in the camps, assumed all drug use entailed methamphetamines.

While these findings are not generalizable to all Karen youth and parents due to limitations such as selection bias and sample size, the current research provides much needed insight into Karen youth drug use and serves as a foundation for future research. The qualitative nature of this study will help advance future research germane to Karen youth because researchers now know how to better operationalize concepts such as "youth" and "drug use" to include on survey instruments and be administered to larger samples. Furthermore, results from this study have practical implications such as when to introduce primary and secondary drug prevention efforts for adolescents. The current research conducted focus groups with youth who were aged 11 to 17. There may be disparities in younger youths' responses as opposed to older youth. Therefore, there is a need to determine the timing of drug prevention efforts for refugee youth.

Clearly, we have found a need to educate refugee parents as to drug use acceptance among youth in the United States. As of July of 2020, in the United States, marijuana is currently legal to use recreationally in 10 states and the District of Columbia, and another 24 states have decriminalized or legalized marijuana use for medical purposes (<https://disa.com/map-of-marijuana-legality-by-state>). In Nebraska, although marijuana has been decriminalized, state law prohibits medical and recreational use, sale, and distribution. Further, the legalization of marijuana in bordering states (e.g., Colorado) does more to

confuse Nebraska youth and parents about the positive and negative effects of marijuana use. This is something to consider as drug policy continues to vary across federal and state jurisdictions. What message are we sending to children about marijuana use when over half of American states have decriminalized or legalized its use? More importantly, what direction are we providing parents about teenage drug use, particularly refugee parents new to the U.S.

Those who help resettle refugees in the U.S have a responsibility to teach more than just English, job skills, and how to acquire stable housing. Refugees need to learn the “American” drug culture among peers in their community, which is different from the Karen drug culture, British drug culture, or Denmark drug culture. Adult refugees need to understand the conflicting messages American youth receive about drug and alcohol use, and how much this varies across countries. Parents should be prepared to have their children assimilate to their new country rapidly and adopt teenage cultural norms. Refugee parents should not have to worry that their children are methamphetamine users simply because of a terminology difference across generations. Parents should be given information about drug use in America and its effects so they can begin prevention efforts with their children upon landing on U.S. shores. By waiting until refugee children begin attending American schools, parental drug prevention efforts may be moot.

Notes

1. This study resulted from requests from Omaha, NE juvenile justice officials who anecdotally observed an uptick in Karen youth arrested for drug crimes

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