



Ethnicity, Culture and Alcohol

NIAAA Social Work Education
Module 10H

(revised 03/04)



Outline

- Background
- Alcohol consumption/ drinking patterns
- Alcohol impacts
- Ethnic and cultural influences on drinking patterns
- Prevention and intervention

Background

- *Race (physical aspects)*
- *Culture (socio-cultural structures aspects)*
- *Ethnicity (group identity aspects)*
- *Cultural Identification (degree of affiliation)*



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Background (continued)

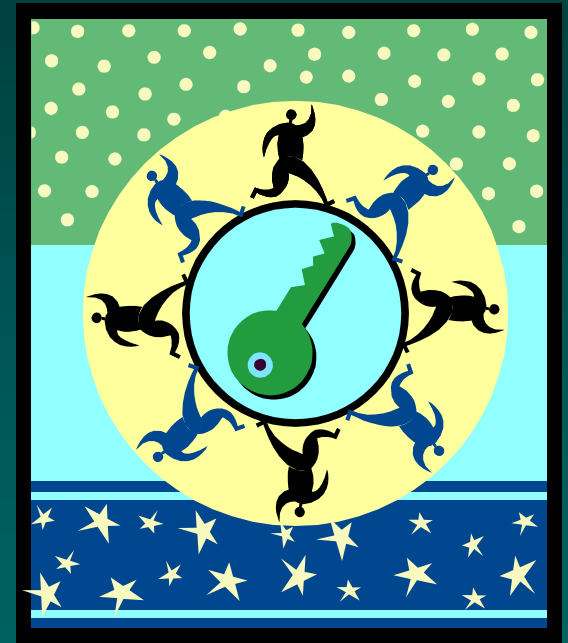
- *Ethnoculturally competent practice leads to better outcomes*
- *Requires:*
 - *Self-awareness*
 - *Knowledge*
 - *Commitment*
 - *Ability to appropriately adapt practices*



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Alcohol Pattern

- Typical study of “between group” differences:
 - White/Caucasian Americans vs.
 - African Americans vs.
 - Hispanic/Latino Americans vs.
 - Asian Americans/Pacific Islanders
- Aggregate data mask key “withingroup” differences



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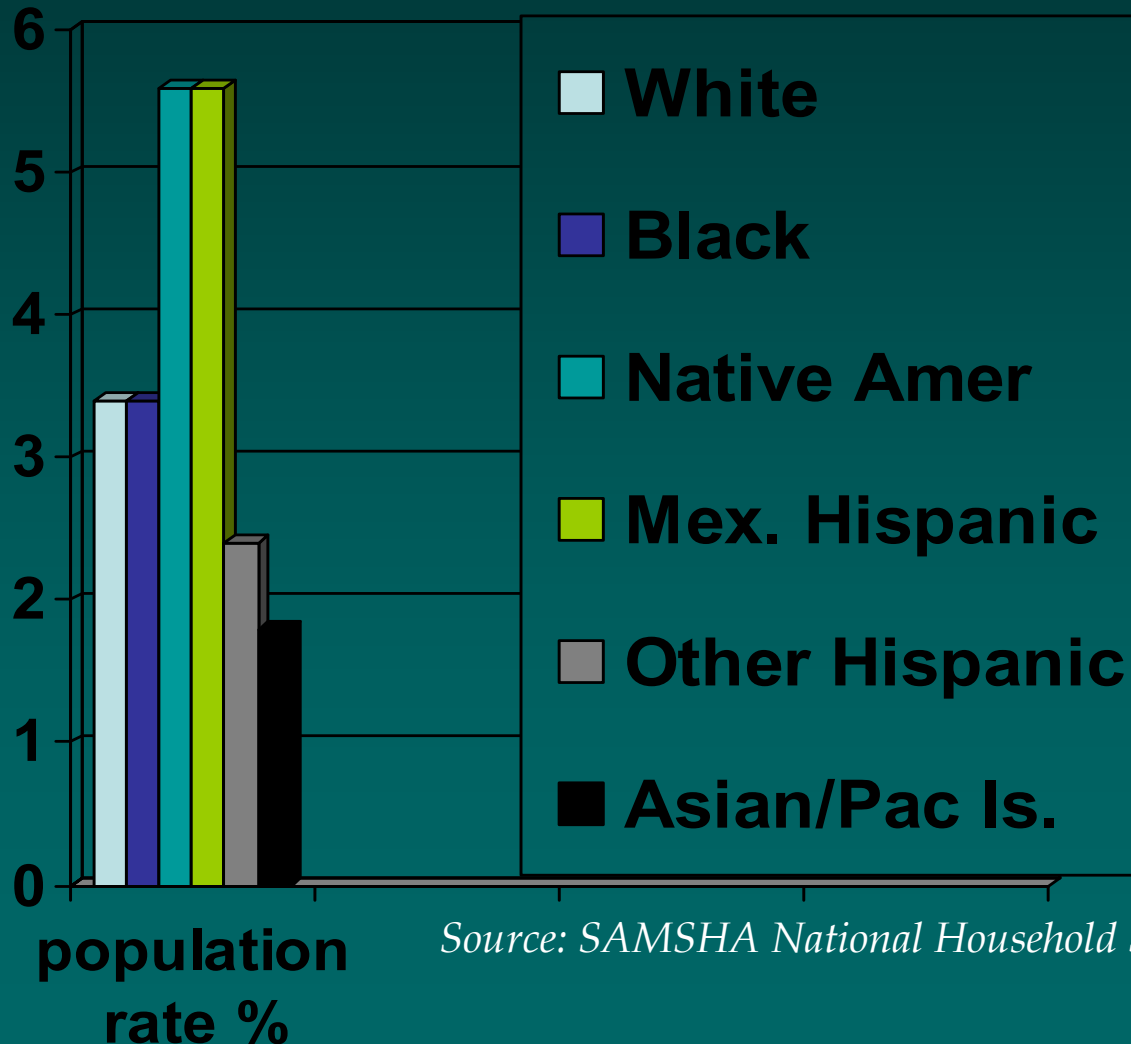


Alcohol Pattern (continued)

Within group differences relate to factors of

- | | |
|--|--|
| <ul style="list-style-type: none">• <i>National origin</i>• <i>Immigration/ migration histories</i>• <i>Region/geographic distribution</i>• <i>Generational and cohort influences</i>• <i>Group and religious affiliations</i> | <ul style="list-style-type: none">• <i>Discrimination and oppression experiences</i>• <i>Resources, education, language, nutrition, health, etc.</i>• <i>Lifecycle phases, age</i>• <i>Gender</i> |
|--|--|

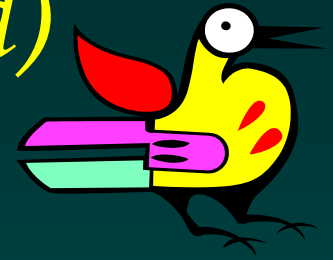
Alcohol Pattern (continued)



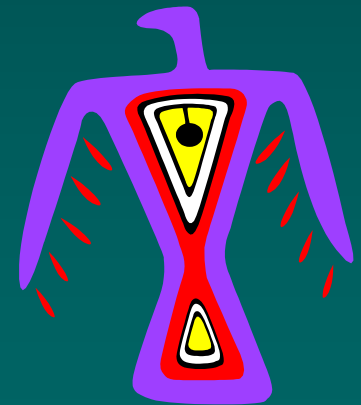
Source: SAMSHA National Household Survey (1991-1993)

- *Relative rates of alcohol dependence*
- *Sample average = 3.5%*

Alcohol Pattern (continued)



- *Importance of distinguishing aggregate versus disaggregate data*
- *Examples:*
 - *Aggregate Native American data versus data on distinct tribal groups*
 - *Reservation versus urban versus rural habitation*
 - *Level of attachment to Native American community and family*



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Alcohol Impacts

- *Differential consequences of alcohol consumption relate to:*
 - *Differing (intrinsic, biological) vulnerability*
 - *Differing (extrinsic, contextual) resiliency*
 - *Service disparities (access to intervention and prevention resources)*



Alcohol Impacts (continued)

Differential consequences of alcohol consumption also relate to:

- Differential rates of alcohol-related medical problems (cirrhosis, esophageal cancer not reflective of drinking patterns)*
- Differential rates of alcohol-related mortality*
- Differential impacts may relate to “drink of choice”*
- Differential impacts may relate to physiology (e.g., ALDH2 gene, ALDH2*2 allele and “flushing” response)*



Alcohol Impacts (continued)

Mental health and other social effects

- Alcohol-related problems of men and women continue to be strong predictors of interpersonal violence*
- Historically, alcohol has been used to maintain and preserve an inequitable social order and to reinforce patterns of oppression*
- Alcohol has been recognized by some Native American tribal leaders as a source of their increasing vulnerability, poverty, persecution, and loss of traditional social order and resources*

Ethnic/Cultural Influences

Drinking is influenced by:

- *Social norms, customs, and traditions of ethnic/cultural context*
- *(False) stereotypes, over-estimates, and misperceptions that affect drinking patterns by “normalizing” drinking behavior*



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Ethnic/Cultural Influences (continued)

Alcohol-related cultural norms/values affect:

- *Drinking patterns, reasons*
- *Alcohol expectations and resiliency/cultural strengths*
- *Preferences, which affect access and relative exposure*
- *Drinking contexts, controls, linked behaviors*
- *Some consequences*

*~abstinence~
~ceremonial~
~group solidarity~
~non-deviance~
~problems~*



Ethnic/Cultural Influences (continued)

Socialization theory explains transmission of drinking norms, customs, and patterns

modeling
reinforcement paradigms
verbal directives
shaping environment

Ethnic/Cultural Influences (continued)

- *Alcohol risk perceptions vary with cultural norms, may affect use of alcohol*
- *Culture affects help-seeking*
- *Culture/ethnicity interact with other factors to affect stress and responses*



Ethnic/Cultural Influences (continued)

Practice and research influence drinking by:

- *Influencing perceptions about ethnic groups' drinking patterns*
- *Inattention to underlying social conditions, inequities that encourage drinking*
- *“Problematizing” ethnic groups*



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Ethnic/Cultural Influences (continued)

- *Ethnicity x Gender*
(e.g., Hispanic communities)
- *Religion, spirituality*
(e.g., Asian and African- American communities)
- *Sub-groups may have risk factors/absence of protective factors*
- *Norms may include drinking in moderation*





Ethnic/Cultural Influences (continued)

Discrimination

Racism

Oppression

Social Injustice

Ethnocentrism

Economic Instability

Ethnic/Cultural Influences (continued)

- *Alcohol access differs*
- *Neighborhoods differ in concentration of suppliers*
- *Targeted marketing exists*
- *Adolescents encounter differences in offers, have different refusal strategies*





Prevention & Intervention

Ethnocultural competence in prevention and intervention:

- *Strategy #1*
 - *Adapting evidence-based approaches*
- *Strategy #2*
 - *Developing culturally-specific approaches*



Prevention & Intervention (continued)

Different cultural and ethnic group approaches to accessing treatment (rates, styles of approach)

Models/approaches:

- Motivational Enhancement Therapy (MET)*
- Motivational Interviewing (MI)*
- Transtheoretical Stages of Change*
- AOD Cultural Framework*



Prevention & Intervention (continued)

Screening, assessment, diagnosis needs differ:

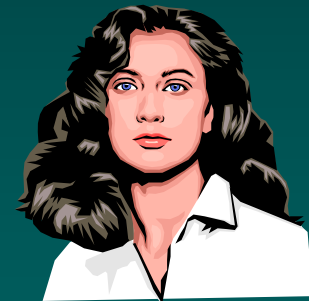
- Avoiding “built in” bias of instruments & interview techniques*
- Norming for different groups may be necessary (non-universal “cut” points)*
- Intake success predicts outcomes*

Instrument reliability?

Prevention & Intervention (continued)

Different “best practice” approaches may be more salient with different groups:

- For example, behavioral vs. insight orientation vs. AA*
- Approaches must address differences in causality and relapse risk factors*
- Approaches need to draw on different strength factors*





Prevention & Intervention (continued)

- *Discrimination*
 - *Racism*
 - *Oppression*
 - *Social injustice*
 - *Ethnocentrism*
 - *Economic instability*
- 

- *Pain*
- *Fear*
- *Anxiety*
- *Depression*
- *Frustration*
- *Low self-esteem*
- *Economic difficulties*



Prevention & Intervention (continued)

Community practice addresses:

- *Messages about risk/protective factors*
- *Change norms, values, policies*
- *Promote cohesiveness*
- *Support systems enhancement (including “natural” systems and traditions)*
- *Integrate existing services; involve accepted groups/organizations*