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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• Ethnoculturally competent practice leads to better outcomes

• Requires:
  - Self-awareness
  - Knowledge
  - Commitment
  - Ability to appropriately adapt practices
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 “within group” differences

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### Alcohol Pattern (continued)

**Within group differences relate to factors of**

<table>
<thead>
<tr>
<th><strong>Factors</strong></th>
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<tbody>
<tr>
<td>National origin</td>
<td>Discrimination and oppression experiences</td>
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<tr>
<td>Immigration/migration histories</td>
<td>Resources, education, language, nutrition, health, etc.</td>
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<td>Region/geographic distribution</td>
<td>Lifecycle phases, age</td>
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<tr>
<td>Generational and cohort influences</td>
<td>Gender</td>
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<tr>
<td>Group and religious affiliations</td>
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Alcohol Pattern (continued)

- 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)
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)
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
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
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~
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
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
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
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
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
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
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