

# DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

## Chapter 1 : Alcohol and Minorities: An Update

*calendrierdelascience.com: Alcoholism and Substance Abuse in Diverse Populations () and a great selection of similar New, Used and Collectible Books available now at great prices.*

An Update Patterns of alcohol use and its consequences vary widely among minority groups. Although more research is needed, evidence suggests that prevention and treatment efforts may be more effective when based on an understanding of the ethnic context of drinking behaviors and their development 1,2. This Alcohol Alert summarizes research on differences in alcohol use and problems, selected determinants of drinking, and the development of targeted prevention and treatment programs with respect to the four main minority groups in the United States: It is important to note that these categories include hundreds of distinct ethnic or racial populations which differ markedly in cultural characteristics and drinking behavior. Consequently, research does not support broad generalizations about specific subpopulations, many of which have not been studied individually 3. Alcohol use is increasing significantly among Asian Americans, who constitute one of the fastest growing U. Among adolescent minorities studied nationwide, African Americans show the lowest prevalence of lifetime, annual, monthly, daily, and heavy drinking, as well as the lowest frequency of being drunk 7. Hispanic adolescents have the highest annual prevalence of heavy drinking, followed by Whites 7. Among all age and ethnic groups, men are more likely to drink than are women, and to consume large quantities in a single sitting 7,4. Ethnicity and Alcohol Problems Medical Consequences. Analysis shows a strong correlation between death rates from liver cirrhosis, regardless of cause, and drinking levels nationwide 8. However Hispanics are approximately twice as likely as Whites to die from cirrhosis 8 , despite a lower prevalence of drinking and heavy drinking 9. The reason for this discrepancy is unclear. Evidence exists that Hispanics tend to consume alcohol in higher quantities per drinking occasion than do Whites, resulting in a higher cumulative dose of alcohol 9. In addition, Hispanics have a higher prevalence than do Whites of hepatitis C, a serious infectious liver disease that greatly increases the risk for liver damage in heavy drinkers Contributors to Ethnic Differences Social Factors. The availability of alcohol, as measured in terms of the geographic density of alcohol sales outlets, has been linked to patterns of alcohol-related traffic crashes in communities Studies have shown that greater densities of liquor stores are found in segregated minority neighborhoods However, the apparent association between minority status and alcohol problems in some areas may reflect the disproportionate concentration of alcohol outlets in low-income communities 12 rather than ethnicity per se. Another factor contributing to minority drinking patterns is acculturation, the partial or complete adoption of the beliefs and values of the prevailing social system. Through acculturation, the original drinking pattern of an ethnic group tends to change to resemble more closely that of the overall population. However, acculturation also is influenced by gender, religious beliefs, family traditions, personal expectations, and country of origin Some researchers have advanced the concept of "acculturation stress," whereby drinking increases in response to the conflict between traditional values and beliefs and those of the mainstream culture. Conversely, others have pointed out that many people, especially youth, learn to draw on support and resources from both cultures for protection against alcohol problems 5. People vary in their vulnerability to the effects of alcohol. For example, after drinking, many Asian subpopulations experience flushing of the skin, nausea, headache, and other uncomfortable symptoms. Those symptoms result primarily from inactivity of aldehyde dehydrogenase-2 ALDH2 , an enzyme involved in a key step of alcohol metabolism A study of Asian males born in Canada and the United States found that those who had inherited the gene for the less active form of this enzyme drank two-thirds less alcohol, had one-third the rate of binge drinking i. However, some people develop alcohol problems despite possessing the inactive form of ALDH2, demonstrating the importance of additional factors in the development of drinking patterns and consequences Among some African Americans, genetically determined variability in another alcohol-metabolizing enzyme, alcohol dehydrogenase-2, appears to affect the degree of vulnerability to alcoholic cirrhosis and

## DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

alcohol-related fetal damage Prevention Some alcohol prevention programs that have demonstrated success in the general population have been modified to be more culturally relevant for specific ethnic groups. The following two programs have been scientifically evaluated to compare the effectiveness of the culturally sensitive version with that of the generalized version for the populations in question. Researchers compared the standard LST program with a modified version based on both the traditional and current cultural heritages of African American and Hispanic inner-city youth 1. Data collected two years after program initiation indicated that participation in either program produced significant decreases in measures of alcohol consumption. However, the culturally focused approach produced significantly greater improvement than did the generalized LST approach 1. Since its inception as a generic program for White and multiethnic children of alcohol- or other drug-abusing parents, the Strengthening Families Program SFP has been modified for use with specific ethnic populations. The modified program generally has been found effective in reducing family problems and alcohol use among rural and urban African Americans and to a lesser extent with urban Hispanics 2. Among Native Hawaiians, however, comparison of the generic SFP with a culturally modified format produced inconclusive results 2. The high density of alcohol outlets in minority neighborhoods is noted above. However, the effect of limiting alcohol availability to reduce drinking problems among specific minority groups is not known. An exception to this situation is found among Alaska Natives, where geographic isolation and diversity of local alcohol control policies have combined to enable controlled research on naturally occurring experiments. Studies of local alcohol control laws in remote Alaska Native communities have shown that prohibiting the sale, importation, and possession of alcohol by adults as well as by adolescents i. In contrast, a study of American Indian reservations in the northwestern United States suggests that alcohol-related deaths may be reduced more effectively by restricting the sale and use of alcoholic beverages rather than by prohibiting them This conclusion is supported by results of a study that mapped the locations of alcohol-related deaths in a "dry" Navajo reservation in New Mexico. Most such deaths occurred among intoxicated pedestrians along roads leading to border towns, suggesting that those residents were returning from places outside the reservation where they had gone to obtain alcohol Treatment The Community Reinforcement Approach is a highly flexible treatment intervention that can be adapted to ethnic or cultural minorities through cooperation with family and community networks. The program has experienced some initial success in treating alcoholic members of a Navajo subpopulation in New Mexico who had not responded to previous alcoholism treatment approaches. An integral part of the program was the inclusion of American Indian spiritual traditions to encourage abstinence In the previous Alert on this topic, I noted that the increasing number of studies of alcohol problems among minorities had produced important findings and important new questions to answer. This continues to be the case. For example, we know that Hispanic males have the highest rates of cirrhosis mortality among all groups, but we do not know why. We have begun to identify biological mechanisms that may increase vulnerability to alcohol-related fetal damage in some African Americans. More complete knowledge of these mechanisms brings new hope for pharmacotherapy to aid the already indispensable prevention methods in reducing risk. Finally, although we have begun to look at the effects of society and culture on alcohol problems among US minority groups, the heterogeneity of such groups presents a future research challenge and opportunity. I would like to take this opportunity to thank the scientists and NIAAA staff who have worked on putting together the Alcohol Alert since its inception in and the many counselors, policymakers, and interested members of the public who read and use the information in the Alerts. As a personal observation, the alcohol field has changed tremendously since I entered it in the s. We have made much progress, but as long as alcohol remains the number one drug of abuse in our Nation with such heavy personal, social, and economic costs, we have much to do. I believe we are up to the challenge, and I wish each and every one of you success in the coming years. References 1 Botvin, G. Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority adolescents: Psychology of Addictive Behaviors 9 3: The Strengthening Families Program. National Institute on Drug Abuse, American Indians and alcohol. Drinking in the United States:

## DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

National Institute on Alcohol Abuse and Alcoholism, Drug Abuse Prevention in Multiethnic Youth. Drinking patterns and drinking problems among Asian-Americans and Pacific Islanders. Trends and differentials by ethnicity, socioeconomic status, and alcohol consumption. *Human Biology* 72 5: The critical dimension of ethnicity in liver cirrhosis mortality statistics. *Clinical and Experimental Research* 25 8: Liver disease by alcohol and hepatitis C: Early detection and new insights in pathogenesis lead to improved treatment. *American Journal on Addictions* 10 Suppl. Motor-vehicle crash-injury factors among American Indians. *Accident Analysis and Prevention* 29 3: Physical and economic access to alcohol. The use of drinking places by gender, age and ethnic groups: An analysis of routine drinking activities. Drinking over the life course within gender and ethnic groups: *Journal of Studies on Alcohol* 59 5: Functional polymorphism of alcohol and aldehyde dehydrogenases: Alcohol metabolism, alcoholism, and alcohol-induced organ damage. *Alcohol in Health and Disease*. Racial differences in biological sensitivity to ethanol: The role of alcohol dehydrogenase and aldehyde dehydrogenase isozymes. *Clinical and Experimental Research* 5 1: Alcohol consumption by Orientals in North America is predicted largely by a single gene. *Behavior Genetics* 25 1: Alcohol control and injury death in Alaska Native Communities: *Journal of Studies on Alcohol* 61 2: Alcohol-related injury death and alcohol availability in remote Alaska. *Journal of the American Medical Association* Impact of banning alcohol on outpatient visits in Barrow, Alaska. Alcohol-related mortality and tribal alcohol legislation. *Journal of Rural Health* 13 1: Counseling intervention and American Indian tradition: Citation of the source is appreciated.

# DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

## Chapter 2 : [PDF] Alcoholism and Substance Abuse in Diverse Populations Full Online - Video DailyMotion

*A rationale for planning treatment and prevention of alcoholism and substance abuse for specific populations / Gary W. Lawson --An overview of women, alcohol, and their treatment / Helena Dano Dow --Substance abuse and psychopathology: dually diagnosed patients / P. Clayton Rivers, Colleen J. Mullen, and Melissa Malakoff --Individuals seeking.*

Department of Health and Human Services, p. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition DSM-IV American Psychiatric Association calls on clinicians to understand how their relationship with the client is affected by cultural differences and sets up a framework for reviewing the effects of culture on each client. Culture, Race, and Ethnicity is the first comprehensive report on the status of mental health treatment for minority groups in the United States. This report synthesizes research data from a variety of disciplines and concludes that Disparities in mental health services exist for racial and ethnic minorities. These groups face many barriers to availability, accessibility, and use of high-quality care. The gap between research and practice is worse for racial and ethnic minorities than for the general public, with problems evident in both research and practice settings. No ethnic-specific analyses have been done in any controlled clinical trials aimed at developing treatment guidelines. In clinical practice settings, racial and ethnic minorities are less likely than Whites to receive the best evidence-based treatment. It is worth noting, however, that given the requirements established by funders and managed care, clients at publicly funded facilities are perhaps more likely than those at many private treatment facilities to receive evidence-based care. Because verbal communication and the therapeutic alliance are distinguishing features of treatment for both substance use and mental disorders, the issue of culture is significant for treatment in both fields. A common theme in culturally competent care is that the treatment providerâ€”not the person seeking treatmentâ€”is responsible for ensuring that treatment is effective for diverse clients. Meeting the needs of diverse clients involves two components: In this respect, being a culturally competent clinician differs little from being a responsible, caring clinician who looks past first impressions and stereotypes, treats clients with respect, expresses genuine interest in clients as individuals, keeps an open mind, asks questions of clients and other providers, and is willing to learn. This chapter cannot provide a thorough discussion of attributes of people from various cultures and how to attune treatment to those attributes. The information in this chapter provides a starting point for exploring these important issues in depth. More detailed information on these groups, plus discussions of substance abuse treatment considerations, is found in the resources listed in appendix A. The following resources may be especially helpful in understanding the broad concepts of cultural competence: Culture, Race, and Ethnicity U. Department of Health and Human Services www. Chapter 2 discusses the ways in which culture influences mental disorders and mental health services. This chapter describes steps that an IOT administrator can take to prepare an IOT organization to treat diverse clients more competently and sensitively. Chapter 4 also lists resources not found in the appendix at the end of this chapter. Only 6 percent of Whites reported the same feelings La Veist et al. Against this backdrop, it clearly is important for providers to have a genuine understanding of their clients from other cultures, as well as an awareness of how personal or professional biases may affect treatment. Most IOT counselors are White and come from the dominant Western culture, but nearly half of clients seeking treatment are not White Mulvey et al. This stark fact supports the argument that clinicians consider treatment in the context of culture. Counselors often feel that their own social values are the normâ€”that their values are typical of all cultures. IOT clinicians and program staff members can benefit from learning about the major areas of difference and from understanding the common ways in which clients from other cultures may differ from the dominant U. Treatment Principles Members of racial and ethnic groups are not uniform. Each group is highly heterogeneous and includes a diverse mix of immigrants, refugees, and multigenerational Americans who have vastly different histories, languages, spiritual practices, demographic patterns, and cultures U. Department of Health and Human

## DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

Services Many people also have overlapping identities, with ties to multiple cultural and social groups in addition to their racial or ethnic group. For example, a Chinese American also may be Catholic, an older adult, and a Californian. This individual may identify more closely with other Catholics than with other Chinese Americans. To avoid stereotyping, clinicians must remember that each client is an individual. An observation that is accurate and helpful when applied to a large group of people may be misleading and harmful if applied to an individual. It is hoped that the utility of offering broad descriptions of cultural groups outweighs the potential misunderstandings. When using the information in this chapter, counselors need to find a balance between understanding clients in the context of their culture and seeing clients as merely an extension of their culture. How strongly individuals share the dominant values of their culture varies and depends on numerous factors, including their education, socioeconomic status, and level of acculturation to U. Differences in

**Worldview** A first step in mediating among various cultures in treatment is to understand the Anglo-American culture of the United States. When compared with much of the rest of the world, this culture is materialistic and competitive and places great value on individual achievement and on being oriented to the future. For many people in U. Some examples of this worldview that differ from that of other cultures include Holistic worldview. Many cultures, such as Native-American and Asian cultures, view the world in a holistic sense; that is, they see all of nature, the animal world, the spiritual world, and the heavens as an intertwined whole. Becoming healthy involves more than just the individual and his or her family; it entails reconnecting with this larger universe. This spirituality should be recognized and considered during treatment. In programs for Native Americans, for example, integrating spiritual customs and rituals may enhance the relevance and acceptability of services. Many other cultures instead are oriented to the collective good of the group. Asian-American and Native-American clients may care more about how the substance use disorder harms their family group than how they are affected as individuals. For many groups, family often means an extended family of relatives, including even close family friends. IOT programs need a flexible definition of family, accepting the family system as it is defined by the client. Cultural misunderstandings and communication problems between clients and clinicians may prevent clients from minority groups from using services and receiving appropriate care U. Understanding manifest differences in culture, such as clothing, lifestyle, and food, is not crucial with the exception of religious restrictions on dress and diet to treating clients. It often is the invisible differences in expectations, values, goals, and communication styles that cause cultural differences to be misinterpreted as personal violations of trust or respect. The Anglo-American culture emphasizes learning through reading and teaching. This method sometimes is described as linear learning that focuses on reasoned facts. Other cultures, especially those with an oral tradition, do not believe that written information is more reliable, valid, and substantial than oral information. Instead, learning often comes through parables and stories that interweave emotion and narrative to communicate on several levels at once. The authority of the speaker may be more important than that of the message. Expressive, creative, and nonverbal interventions that are characteristic of a specific cultural group can be helpful in treatment. Common issues affecting the counselor-client relationship include the following: Boundaries and authority issues. Clients from other cultures often perceive the counselor as a person of authority. For most cultures, particularly those that have been oppressed, being treated with respect and dignity is supremely important. The Anglo-American culture tends to be informal in how people are addressed; treating others in a friendly, informal way is considered respectful. Anglo Americans generally prefer casual, informal interactions even when newly acquainted. However, some other cultures view this informality as rudeness and disrespect. For example, some people feel disrespected at being addressed by their first names. Attitudes toward help from counselors. There are wide differences across cultures concerning whether people feel comfortable accepting help from professionals. Many cultures prefer to handle problems within the extended family. The clinician and client also may harbor different assumptions about what a clinician is supposed to do, how a client should act, and what causes illness U. Whether the program is prepared to serve adequately foreign-born clients living within their catchment area Whether the special needs of their minority or foreign-born women clients are

## DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

being addressed adequately Whether the program needs to make any content adjustments out of respect for the religious orientation of current or potential clients Foreign-Born Clients In , according to the U. Census Bureau, about Eleven percent were born in another country and may be speaking or learning English as a second language. Migration is a stressful life event, and immigrants are at risk for substance abuse because of stress, isolation, and the lack of social support they experience in adjusting to their new country. Refugees typically have been forced to abandon their countries and former lives, leaving their belongings behind, to relocate to a different and sometimes unwelcoming new world in which language, social structures, and community resources may be totally unfamiliar Jezewski and Sotnik This displacement can be particularly difficult for older refugees. Clinical considerations Having a personal history of abuse and trauma is recognized as a major factor in substance use disorders and in the inability to maintain recovery. A large percentage of Asian-American and Hispanic-American immigrants show clinical evidence of posttraumatic stress disorder PTSD as a result of exposure to severe trauma, such as genocide, war, torture, or extreme threat of death or serious injury U. Other clinical issues include the following: Immigrants and refugees from many regions of the world feel extreme mistrust of government based on the atrocities committed in their countries of origin or fear of deportation by U. This mistrust can be a barrier to entering treatment and to obtaining services. Extreme sense of stigma. Clients from other cultures view mental disorders, including substance abuse, much more negatively than does the general U. Generally speaking, foreign-born persons have rates of substance use lower than U. For example, foreign-born Cuban Americans have lower lifetime use of alcohol and start drinking later in life than do U. However, being born in the United States does not mean necessarily that a person is acculturated. Implications for IOT providers IOT providers who want to reach out to foreign-born clients in their community and serve them better should become more knowledgeable about the history and experiences of the newcomers. One way to start is by researching and reading about these cultural groups. Providers also should get to know newcomer populations by visiting community refugee and immigrant organizations, such as their Mutual Assistance Associations. Representatives of these associations can identify the need for substance abuse treatment among their constituents, as well as provide advice and suggestions about designing culturally specific services. One note on language: In addition to native-language treatment groups, programs should provide services in English for those clients who want them. Many immigrants understand that not knowing English can be a barrier, and they are motivated to improve their English-language skills. Clients are immigrants from all over Russia, and most are religious refugees. The newcomers generally stay in family groups that immigrate together, so these clients have close family connections. Clients learn about the social and legal expectations regarding substance use in the United States. The group work focuses on the cultural attitudes that these Russian clients bring to their substance use and treatment.

# DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

## Chapter 3 : References | National Institute on Drug Abuse (NIDA)

*This item: Alcoholism and Substance Abuse in Diverse Populations by Gary W. Lawson Paperback \$ Only 20 left in stock - order soon. Sold by A C A M E D I A and ships from Amazon Fulfillment.*

The neurobiology of disrupted selfcontrol. Trends Mol Med 12 Accessing antiretroviral therapy following release from prison. Release from prisonâ€™a high risk of death for former inmates. New Engl J Med 2: Effect of drug treatment during work release on new arrests and incarcerations. J Crim Justice 34 5: Treating drug abuse and addiction in the criminal justice system: Improving public health and safety. J; and West, H. J Exp Criminol 5 3: Correctional Populations in the United States, Substance abuse treatment entry, retention, and outcome in women: Drug Alcohol Depend A randomized clinical trial of methadone maintenance for prisoners: J Subst Abuse Treat 37 3: Treatment of Drug Offenders: A; and Inciardi, J. Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: From prison to work release to aftercare. The Prison Journal 79 3: Multiple substance use disorders in juvenile detainees. Detection and prevalence of substance use among juvenile detainees. Predictors of prison-based treatment outcomes: A comparison of men and women participants. Am J Drug Alcohol Abuse Drug treatment as HIV prevention: J Acquir Immune Defic Syndr 55 suppl. Expanded highly active antiretroviral therapy coverage among HIVpositive drug users to improve individual and public health outcomes. National Drug Intelligence Center. United States Department of Justice, Gender differences in outcomes from prison-based residential treatment. J Subst Abuse Treat 24 2 , â€™, The effectiveness of drug abuse treatment: A meta-analysis of comparison group studies. Drug Alcohol Depend 67 1: Declining share of epidemic but persistent public health opportunity. PLoS One 4 Substance use, health, and mental health: Problems and service utilization among incarcerated women. Drug treatment services for adult offenders: The state of the state. J Subst Abuse Treat 32 3: Behind Bars in America The effect of alternative staff time data collection methods on drug treatment service cost estimates. Evaluation and Program Planning This page was last updated April Contents.

# DOWNLOAD PDF ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

## Chapter 4 : Alcohol | National Institute on Drug Abuse (NIDA)

*Description. Target Group: Mental health and substance abuse counselors, practitioners, and students Addictions counselors as well as mental health professionals that treat substance abuse and addictions will find the book to be an invaluable resource that will help them to address the many issues that diverse populations bring to treatment.*

Selected References These references are in PubMed. This may not be the complete list of references from this article. Prevalence, detection, and treatment of alcoholism in hospitalized patients. The detection and assessment of alcohol-related problems in health and social service agencies. Can J Public Health. Comorbidity of mental disorders with alcohol and other drug abuse. The co-occurrence of alcoholism with other psychiatric disorders in the general population and its impact on treatment. Alcohol-related disabilities in general hospital patients: Epidemiology, correlates, and consequences. A comparison of alcoholic and nonalcoholic drug abusers. Gender disparities in treatment for alcohol problems. Drinking patterns and problems associated with injury status in emergency room admissions. Alcohol Clin Exp Res. Drinking patterns and problems among primary care patients: A profile of problem drinkers in public mental health services. The merging of alcohol and drug treatment: J Public Health Policy. Drinking patterns and drinking problems in Demographic characteristics and the frequency of heavy drinking as predictors of self-reported drinking problems. The role of alcohol-related problematic events in treatment entry. Am J Public Health. Substance abuse by women:

## Chapter 5 : Alcohol and drug problems among diverse health and social service populations.

*Highest prevalences were found in the populations of behavioral health agencies, including alcohol, drug, and mental health treatment facilities and criminal justice, followed by welfare agencies. General medical agencies served populations with the lowest prevalence and problem severity.*

## Chapter 6 : ALCOHOLISM AND SUBSTANCE ABUSE IN DIVERSE POPULATIONS

*alcoholism and substance abuse in diverse populations By Tammy on Mar 12, An easy to read book with great information to assist in helping the diverse population with current substance abuse issues.*