

ETHNICITY AND SUBSTANCE ABUSE

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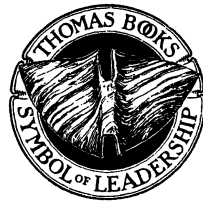
Prevention and Intervention

By

GRACE XUEQIN MA, PH.D.

and

GEORGE HENDERSON, PH.D.



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*This book is dedicated to health care professionals who make it possible for
their clients or patients to achieve healthy and substance-free lifestyles.*

PREFACE

Ample research findings support the notion that in order to be optimally effective treating patients or clients, health care practitioners must have an adequate understanding of cultures different from their own. Although this book focuses most of its attention on ethnic minority substance abusers, considerable mention is made of their White peers, too. Thus, we offer cultural points and counterpoints—all of them given to achieve three objectives: (1) to make care providers aware of cultural factors that affect substance abuse and cessation; (2) to review multidisciplinary research studies in order to ascertain helpful and unhelpful health care practices; and (3) to provide practical suggestions for improving community-wide substance prevention and intervention programs.

The areas of knowledge covered in this book range from theoretical issues to historical perspectives, from objective data to subjective interpretations of them, from traditional to iconoclastic approaches to health care. And we have opted to use a spiral method of content; that is, information discussed in Part One is revisited again in greater detail in other parts of the book. The risk in this strategy is that some readers will view it as data overload instead of repetition for a positive effect. In the end, we decided that if we were to err it would be on the side of presenting too much instead of too little information.

From the beginning, we have tried to answer three questions: What kind of treatment and services do most ethnic minority substance abusers receive in our nation's hospitals, clinics and other community rehabilitation facilities? How effective are those programs? What can be done, when necessary, to improve the quality of treatment and services? The triadic relationship between culture, ethnicity and substance use is evident in answers to those questions.

Implicit throughout this volume is our belief that *how* care is given to substance abusers is just as important as *what* kind of care they receive. We know that there are many culturally sensitive and organizationally effective practitioners scattered throughout the United States. Our concern is that there are

too few of them. Therefore, it is also a goal of this book to be of value to college and university professors, substance abuse workshop presenters, and in-service consultants who prepare professional helpers and paraprofessionals to render quality services to substance abusers.

As we edited the final drafts of the manuscript, it became evident to us beyond all doubt that it is counterproductive to treat all substance users and abusers as though they are a homogeneous group. In terms of ethnic minorities, we offer data that show which substance abuse behaviors African American, Asian Americans, Hispanic Americans, and Native Americans have in common as well as others that they do not share. We believe that it is important to be aware of these cultural similarities and differences. It is also important that care is taken to avoid creating ethnic group stereotypes and generalizations that do not leave room for individual differences. Therefore, being culturally aware to the extent the contributors to this book recommend can be a daunting challenge, but it is not an impossible one.

More than anything else, it is our wish that this book will help care providers to skillfully improve the quality of help they give substance abusers. That is not much for them to do; it will be life-threatening to substance abusers if they refuse to do it. If one person at risk is helped because of someone reading this book, the effort was worthwhile.

GRACE X. MA
GEORGE HENDERSON

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ETHNICITY AND SUBSTANCE ABUSE

PART I
ETHNICITY MATTERS

Chapter 1

CONCEPTS OF ADDICTION IN ETHNIC MINORITY POPULATIONS

GEORGE HENDERSON AND GRACE XUEQIN MA

Substance abuse is a significant public health problem for all racial and ethnic groups. And it is becoming increasingly important to understand its impact on the ethnic minority groups that comprise American society, especially because they now account for 29.4 percent of our nation's population: Hispanics (12.5%), Blacks (12.3%), Asians and Pacific Islanders (3.7%), and American Indians, Eskimos and Aleuts (0.9%). The U.S. 2000 census documents an Hispanic population increase of 61.2 percent (from 21.9 million to 35.3 million), the Black population increased 15.7 percent (from 30 million to 34.7 million), the Asian and Pacific Islander population increased 45.2 percent (from 7.3 million to 10.6 million, and the American Indian, Eskimo and Aleut population increased 25 percent (from 2 million to 2.5 million).

The White flight out of our nation's major urban centers, combined with a significant influx of Blacks and Hispanics in particular, has resulted in nearly half (48) of the nation's largest cities being occupied mainly by ethnic minorities. Along with those changes have come differences in community substance use and dependency patterns.

DEFINITIONS

The term *drug addiction* is synonymous with *substance dependence* or *substance abuse*. These terms imply a physiological increase of tolerance to a substance; that is, more and more of it is required to achieve the same effect. When a substance addiction develops, the dependent individual cannot wait too long

between doses before his or her craving for it and dependence on it results in physical withdrawal symptoms. However, the time it takes for a substance to become addictive varies according to the substance. For example, addiction usually occurs in a shorter period of time for heroin or cocaine users than it does for alcohol or marijuana users. Contrary to popular opinion, alcohol and marijuana can cause the progressive deterioration of an individual's resistance to other drugs. Thus the term *gateway drugs* refers to alcohol, marijuana, inhalants and certain prescription drugs—to mention a few substances that may cause individual users to experiment with illicit substances.

Drawing on the World Health Organization's definition of drug addiction, we offer the following modified definition. *Any form of substance use which goes beyond traditional and customary dietary uses or deviates from a medical regimen and results in uncontrolled compulsive intake of the substance is an addiction.* Within that context, substance abusers are people whose substance use results in a loss of control over its intake and that, in turn, interferes with their health, employment or relations with their significant other persons, but they continue using it.

PATTERNS OF DRUG OR CHEMICAL USE

One thing is evident in the literatures: substance use is a complex paradox. For example, people who use drugs may do so to fit in socially or to obtain feelings of pleasure or to get relief from emotional stress or physical pain. Some people are infrequent drug users; others use drugs continuously. Thus we have the paradox: most individuals can take drugs or leave them alone; a minority of people should not use certain drugs but they do and cannot stop. Simply stated, they are hooked or addicted.

While the debates continue regarding the extent of substance abuse and dependency, it is less problematic for law enforcement officials and medical personnel. They describe substance abuse and dependency as culminating into a national epidemic which is destroying too many of our citizens. Relevant scientific journal articles note that children who are substance abusers, when compared to their peers who are nonsubstance users, are more likely to: (1) have parents who smoke cigarettes, drink alcohol or use other substances excessively; (2) come from physically and/or emotionally broken homes; (3) believe themselves to be worthless, helpless, impulsive and unhappy; (4) have friends who use substances; and (5) participate less in academically enhancing school activities. These, then, are the progenitors of substance abuse parents and who themselves often become such parents. A few selected national statistics highlight the grim nature of substance use and abuse:

- More than 10 billion amphetamine tablets are produced each year. This is enough to provide every man, woman and child in the country with over 30 doses.
- Fifty percent of all traffic fatalities are alcohol related. The percentage is higher among persons ages 16 to 24. In this age group, six out of ten traffic fatalities are alcohol related.
- Almost half of American males ages 15 through 20, and a slightly lesser percent of the females in this age bracket, drink alcohol.
- One-third of the American children who smoke marijuana began in grade school.
- Every 30 minutes a child will die in a motor vehicle accident, and in most of these instances alcohol or some other substance is involved.

Upon close analysis, it is evident that some individuals partake of particular substances because they believe that, when taken in “appropriate” amounts, no harm will occur to them. Some individuals abstain from using those same substances because they believe that even a small amount of them is injurious to their health. Yet other individuals, most of whom are unable to stop, excessively use them.

It is debatable whether there is a medical crisis. Despite the fact that drug addiction is labeled a “disease” by the American College of Physicians, the American Medical Association, the American Psychiatric Association, the World Health Organization and other health care organizations, countless Americans believe that drug dependency is a moral weakness rather than a disease. Whether it is a disease or a moral weakness or both, substance dependency is 100 percent debilitating; nobody who is addicted is spared the consequences. Substance abuse has four characteristics: (1) it is primary; (2) it is progressive; (3) it is chronic; and (4) sometimes it is fatal. Ideally, treatment of addicts involves whole persons, which includes their physical, mental, psychological and spiritual domains. And there are four mood-altering stages of substance use: experimental, regular, daily and dependency. Upon close examination, it is evident that these stages encompass behavioral and attitudinal dimensions of substance use that can lead to abuse.

Experimental users of substances such as beer, wine, whiskey or marijuana most often are infrequent users who try to fit in or to be more sociable with their friends, acquaintances or even strangers. And some people try substances, mainly alcohol, to relax or to unwind after a hard day’s work.

Regular substance users move toward dependency as a result of their weekly or monthly patterns of substance use. Relatedly, their behaviors include doing things such as lying about their substance use, being absent from their jobs or frequently making heretofore atypical caustic comments when questioned about their substance use. Like a bad play, lies build on lies and before long, regular users are trapped in a cycle of denial, remorse and