Chapter 12

Racial, Ethnic, Cultural & Class Issues
Cross-cultural Communication
An Example of Different Meanings of the Same Gesture

UK & USA = O.K.

JAPAN = MONEY

RUSSIA = ZERO

BRAZIL = INSULT
Minority Group Membership

- Need to have social political context of being minority.
  - Slavery
  - Civil rights
  - Migration
  - War trauma
  - Oppression
  - Sexism
  - Racism

- Treatment must take into account ethnoculture norms.
  - Beliefs
  - Customs
  - Values
  - And these in relationship with substance use
Minority Group Membership

- Jellinick Chart

  Not for minorities or minority woman
  - Racism
  - Sexism
  - Poverty

- The Council on Social Work Education (CSWE):
  1 of 10 core competencies
  “Engage diversity and difference in practice”

- Need to Know Something About Norms of Groups to Enhance Tx

  - Choose egalitarian ideology – both learning at the same time
Social Class

• Racial Oppression and Economic Class Influence:
  – Drug initiation / access
  – Drug use patterns
  – Consequences of drug misuse
  – Addiction
  – Drug use affected by unemployment and low income

• As acculturation increases, so does substance misuse
Minority Group Membership

• Class and Race

1. How potent the available drugs
   • (crack in poor inner cities Vs power cocaine in affluent)

2. The relationship between sex and drugs in the social scene
   a) Poor – sex for money
   b) Wealthy - have job

3. Ability to maintain a “non-deviant” identity / conceal drug use

4. Resources to cushion the consequences of using illegal drugs

5. Ability to leave the drug scene & move to different way of life
   a) Poor – homeless shelter
   b) Wealthy – Hawaii with family
Asian Americans/Pacific Islanders

- 30 Asian and 21 Pacific Islander ethnic groups

- 2005 study
  - Substance dependence
    - Asian - Low rate of substance addiction—around 4.5%
    - Pacific Islanders - 11%
  - Current substance use
    - Asians – 3.1%
    - Hawaiians or other Pacific Islanders – 8.7%
  - Treatment
    - 1.1% of Asian/Pacific Islander

Why.....
Asian Americans/Pacific Islanders

• Why:
  – National database surveys have ignored this group
  – Asian/Pacific Islander in “other” category
  – Low treatment rate may be the lack of culturally relevant services
  – Methodological weaknesses in research
  – Underestimate use, abuse and dependence
  – Alcoholism is rare in this group; absence of enzyme so flushing
Asian Americans/Pacific Islanders

- Asian Americans –
  - Highest income of all ethnicities
  - Filial piety (devotion, obligation, duty)
  - Initial response to ignore problem –
    • Believe alcohol has healing powers
  - Problem “out of hand” -
    • Share emotion may = “losing of face”
  - Seeking outside help – seen as failure – want quick fix

- Native Hawaiians female elders provide culturally based tx

- Immigration, a major stress
Asian Americans/Pacific Islanders

• Cambodians –
  1. War trauma
     • Persecution
     • Torture
     • Refugee camps

  2. First wave of immigrants –
     • Well educated
     • Urban dwellers

  3. Second wave –
     • Farmers
     • Illiterate
     • Starved from war
American Indians

• Native Americans are less than .9% of US population
  – 300 different tribes or language groups

• Highest rate of substance misuse: 15.5%
  – Drug use—18.3%
  – Binge drinking – 22.2%
  – Cigarettes use – 18.3%

• 2.1% of all admissions to treatment

• 40% referred from judicial system

• Consequences of use
  – Alcohol related death – 5.6 higher than general population
  – Chronic liver disease and cirrhosis 3.9 times
  – Alcohol – related fatal car accidents 3 times
  – Alcohol related suicide 1.4 times
  – Alcohol related homicide 2.4 times
  – Fetal Alcohol Syndrome 6 – 30 times
American Indians & Alaskan Natives

- *Historical trauma*—Racism
  - Emotional wounding across generations
  - Collective traumatic experience
    - Depression
    - Anxiety
    - Substance misuse
    - Suicide

- Loss of culture — primary cause of social problems
  - Children sent to boarding schools
    - Not taught native language/rituals
  - Breakdown of cultural ties; spirituality

- War, Poverty, Disease & Displacement
  - High poverty- 25.3% compared to 12.6%
American Indian

• Alcohol –
  – Used for family bonding –
  – Abstain risk being ostracized

• Youth inhalant use
  – Fear moving to more potent substances

• “Crisis of the spirit” use of ceremony –
  – Interdependence with nature
  – Western; change is personal responsibility

• Treatment
  • Red Road to Sobriety (Box 12.2) pg. 608

• Use of Medicine Wheel
  – Holistic, spiritual framework, talking circles
Latinos

• 16% of population (California: 1/3 of population)

• 58% of Hispanics in the U.S. are Mexicans.

• Substance abuse for Hispanics is 10.2% : (compared to 3.5% of general population)
  – Mexican Americans (5.6%)
  – Puerto Ricans (3%)
  – Central America (2.8)
  – South Americans (2.1)
  – Cuban Americans (.9%)

• Drug use
  – Alcohol - (36%)
  – Tobacco – (30%)
  – Opiate - (28%)
  – Marijuana - (15%)

• Youth –
  – Cocaine, marijuana and crack

• Treatment –
  – 13.3% compared to 14% of general population

AIDS, the 2nd leading cause of death.
Latino

• Poverty Rate
  – 25.6%
  – 31% for Puerto Ricans and Mexican Americans
  – 14% Cuban Americans

• Latinos less educated
  – Group has the highest high school drop-out rate (56% graduate)
  – Puerto Ricans have highest poverty rate

• Male/female role differentiation
  – Female - not use; moral authority
  – Men – “Machismo” – dominant

• Stressors
  – Immigration
  – Poverty
  – Discrimination
  – Isolation from extended family
  – Acculturation
Latino

Treatment

– 10.6% attend; look to family and religion first
– Less likely to complete treatment or attend AA
– Work with family should support family strengths
– Include key figures
– Avoid jumping to “co-dependence” look first to culture
– Avoid confrontational approach
– Thoroughly and respectfully review assessment criteria
– Willing to accept gifts; use more self disclosure and physical contact

• Women
  – Depression
  – 80.3% child abuse
African Americans

- 12% of population
  - Slavery, civil rights & racial oppression

- Blacks are Not all African American (no slavery ancestry)
  - Canadian
  - Caribbean
  - Central and South America

- Substance use
  - Abuse or dependence 9.6%
  - Illicit drugs 9.6%

- 24% of treatment admissions

- Women tend to abstain (51%) Men (35%)
African Americans

- Consequences of use:
  - Higher than whites
  - Higher from:
    - Alcohol related disease
    - Cirrhosis of the liver
    - Dug related homicide
    - Car crashes
  - Likelihood of incarceration
    - 44% inmates-illicit drug
    - 12% female
    - 80% male
  - Pregnant woman using; likely turned over to child abuse auth.
African Americans

- Poverty rate – 24.9% (nation 12.6%)
- Lowest median income
  - $ 30,858 – African Americans
  - $ 35,967 – Hispanics
  - $ 33,627 – American Indians / Alaskan Natives
  - $ 50,784 – Non Hispanic Whites
  - $ 62,094 – Asian / Pacific Islanders

- Women
  - Victimization
  - Homicide (leading cause of death)
    - aggravated assault
    - rape

- Fatherless children
  - Incarceration
  - Mark Sanders
African Americans

- Almost half of advertising budget targets blacks
  - Black youth – 34% more alcohol advertisements

- Protective factors
  - Higher social class
  - Church attendance

- Recovery relates to spirituality and family support

- David Goodson quote: “deals with cultural pain.”
  - Harm reduction looked upon as supporting genocide
Project Safe

- Rockford, Illinois
  - Highlighted in the Bill Moyers PBS series on addiction.
  - Women’s program more than cultural
  - “Women don’t hit bottom; they live on the bottom”

- Graduation ceremony
  - Participant testimonials

- Remarkable outreach worker
  - Clean for 7 years
  - Chauffeur
  - Counselor
  - Case manager
Chapter 4

Gender and Sexual Orientation Differences
Gender Issues

Use:

- Men more likely to report illicit drug use than females 10.2% vs 6.1%
- 2 x marijuana
- Current alcohol use 58.1% vs 45.9%
- Non medical prescription use about the same 2.8% & 2.5%
- Current alcohol rate higher in young women 17.2% vs 15.9%
- Dependence: male 2 x female
Percentage of Abuse of Alcohol / Illicit drug Among Persons Aged 12 or older
Issues

Women in treatment

- High stigma rate –
  - Barrier to treatment
  - Shame
  - Treatment not have child care
    - Unemployed
    - Make less money
    - Have children at home
    - PTSD & other co-occurring disorders
    - Victims of multiple victimizations
      - SV/DV
        - 95% of dual dx – physical or sexual abuse
          - Tend to have male drinking partners
            - If they change could change or destroy relationship
  - Feel invisible – no one noticed my problem
    - Less likely to be cajoled into treatment
Treatment for Women

- **Treatment:**
  - Address women’s needs
    - Child care
    - Transportation
    - Appointment slots
    - Job skills
    - Parenting
  - Embrace empowerment
  - Avoid (traditional) confrontational approach that triggers emotions from abuse
  - Cognitive approach that addressed both PTSD and substance use

- **Why women do not get treatment**
  1. Obligation of child rearing
  2. Unavailability of treatment slots for women with children
  3. Barriers such as transportation and childcare
  4. Treatment programs not designed to meet the needs of women
Gender Issues

- **The Child Welfare League of America**
  - 67% of women needed treatment
  - 31% got it

- **Crime and Punishment**
  - Women more likely to have parental rights taken away
  - No male counterpart
  - Using drugs during pregnancy is child abuse in 14 states
  - In 9 states, healthcare are required to report use

- **South Dakota—Whitner v. State**
  - Forces pregnant women with alcohol & drug problems into treatment

- **1990’s**
  - 240 women were criminally prosecuted for harming unborn children

- **2001**
  - Supreme Court says only testing of hospital patients with their consent
Gender Issues

• **War on Drugs— Incarceration and treatment**
  – 45% of females
  – 22% of men
  – Violence—3 of 4 intimate partner murders are of women.

• **Sexual activity**
  – Diminished in men and women yet expect greater sexual arousal

• **More eating disorders in women**
  • 1:2 to 1:20 for anorexia nervosa / bulimia nervosa
  • 1:2 for binge eating disorders

• **Smoking**
  – **Women**
    • control weight
    • decrease stress, anger & negative feelings
  – **Males**
    • Relieve boredom & fatigue
    • Help with concentration
Gender Differences

• **Gambling**
  – Men more likely to have gambling problems
  – Men
    • Action & excitement
  – Women
    • “Pain medications”
    • 12% other significant problems bipolar or child abuse
    • Escape from memories; current relationship and loneliness

• **1987 Study - Issues related to Woman who are compulsive gamblers**
  1. One or both parents addicted to gambling or alcohol (40%)
  2. Parents with mental health or sexual abuse (12%)
  3. Troubled husbands (60%)
    • Alcoholic (35%)
    • Substance abusers (10%)
    • Compulsive gamblers (15%)
Biological Differences

- Biological differences—women

1. Shorter interval between onset of drinking related problems and entry to tx
2. Higher rate of physiologic impairment
   - Telescoped effect
   - Liver damage
   - Lives shortened by 15 yrs avg (alcoholism)
3. Get intoxicated quicker
   - Less fat
   - Less water content
   - Diminished activity of alcohol dehydrogenase – (metabolism of alc)
4. Poorer overall physical & mental health
   - Overall impairment and higher mortality rates
Sexual Orientation

• **Terms of prejudice**
  
  – *Heterosexism* – prejudice on sexual minorities
    
    • Think heterosexuals are “better than” homosexuals
  
  – *Homophobia* – fear of homosexuality
    
    • Person may have tendencies; transfer onto gays and lesbians

• **Preferred term**
  
    • Sexual orientation to sexual preference
    • Partner or significant other
    • Life Partner
    • Lifestyle choice

• **Bi sexuality**
  
  – More likely women than men
Myths

• Lesbians
  – Hate men
  – Turned lesbian after bad experience with a man
  – Lesbianism can be corrected with female hormonal treatment
  – Lesbians would prefer to be heterosexual
  – One woman plays the part of man

• Gay men
  – Homosexuality is a choice
  – Gay males are attracted to children and at risk for molesting them
  – Gay males are effeminate
  – Feel ID with gay in early childhood
Lesbians—

- Lowest rate of AIDS of any group
- Double the drug use of other women
- 55% smoke at some point compared to 35%
- 28% are obese compared to 19% overall
- Slightly more likely to be a heavy drinker

• Reasons for high drinking rate
  - Gay / Lesbian bar – gathering place
  - Heavy use among mature members of this community
  - Stress related to leading a “deviant” lifestyle
  - Fewer are mothers
  - Intense marketing to Gays and Lesbians
Sexual Orientation

• Gay males
  – Self destructive
  – U.S. studies of schools shows suicide is 14 x’s heterosexual rates
  – Use of unprotected sex with strangers
  – Deliberately try to contract HIV/AIDS
  – Religious fundamentalism correlated with suicide; high for young gays
  – Alcohol problems persist across life span
  – High risk of sexual abuse in jail cells
  – More likely to have several partners
Transgendered

- Transgendered
  - Conform to the gender-role expectation of the opposite sex, or
  - May clearly id their gender as the opposite of their biological sex
  - Attracted to males, females or both

- Transvestite
  - Cross dresser
  - Wear clothes usually worn by people of the opposite biological sex
  - Do not ID as gender identify different from their biological sex or gender role

- Transgender group
  - Preoperative- Those contemplating surgery
  - Postoperative –
    - Those having completed reassignment surgery
    - More likely to be victim of violence
  - Native Americans – “two spirited” – special place
Do’s and Don’t
Working With Transgender and Transvestites

- Use the proper pronouns based on their self-identity when talking to/about transgender individuals.

- Get clinical supervision if you have issues or feelings about working with transgender individuals.

- Allow transgender clients to continue the use of hormones when they are prescribed. Advocate that the transgender client using “street” hormones get immediate medical care and legally prescribed hormones.

- Require training on transgender issues for all staff.

- Find out the sexual orientation of all clients.

- Allow transgender clients to use bathrooms and showers based on their gender self-identity and gender role.

- Require all clients and staff to create and maintain a safe environment for all transgender clients. Post a nondiscrimination policy in the waiting room that explicitly includes sexual orientation and gender identity.

- Don’t call someone who identifies himself as a female he or him or call someone who identifies herself as male she or her.

- Don’t project your transphobia onto the transgender client or share transphobic comments with other staff or clients.

- Never make the transgender client choose between hormones and treatment and recovery.

- Don’t make the transgender client educate the staff.

- Don’t assume transgender women or men are gay.

- Don’t make transgender individuals living as females use male facilities or transgender individuals living as males use female facilities.

- Never allow staff or clients to make transphobic comments or put transgender clients at risk for physical or sexual abuse or harassment.
Treatment

• Acceptance
  • Pink triangle / Rainbow

• Not recommended:
  – Let them know right away that you are heterosexual
  – Post a “I’m straight but not narrow” slogan on the office door
  – Keep homosexuality out of the conversation

• Issues
  • Confidentiality
  • Respect
  • Recognition of special health risks
  • DV
  • Child custody
  • Family of origin

• Spirituality
  • Church can be insensitive to this population
  • 2/3 experienced conflict with church
    – Shame
    – Depression
    – Suicidal thoughts
Resources

• Pride Institute -
  – 36 – bed facility
  – Near Minnesota
  – Gay specialized treatment

• PFLAG – Parents, Families & Friends of Lesbian & Gays
  – Gay or Lesbian and support system
  – Self Help group
  – Advocacy group
Chapter 11

Mutual-Help Groups
Mutual Aid Groups

• **12 Step facilitated treatment**
  – Paid professionals
  – Teach 12 step assumptions
  – Government regulated and monitored
  – Client may need “proof of attendance”

• **AA – in the community**
  – Not treatment
  – Chairperson rotates with others in recovery
  – Spiritually based fellowship
  – Free
  – No “proof of attendance” needed
  – New comers “90 meetings in 90 days”

• Voluntary treatment: consistent with harm reduction

• Involuntary treatment for those who failed at moderation
THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.
Twelve Steps

• Greater involvement in AA found effective

• Metaphor – easy to understand
  – Disease; mental; physical and spiritual – emphasize wellness
  – Powerlessness – give up the illusion that you are in control
  – Dependence;
    • independence and interdependence - - consecutiveness w/ members
  – Higher power – God; group; self
  – Storytelling – abstraction - “Hi, I’m _______ and I am an alcoholic”

• Use of narrative
  – Stories of powerlessness over the addiction
  – Lives out of control...
  – Narrative that tell of change
  – That things can get better
  – Strength based
12 Steps

• Means of expanding treatment

• The meeting after the meeting

• AA available everywhere and almost anytime

• Objections to 12 Step
  – Feminist
    – Sexist language
    – Powerless – like oppression

• Atheists / Agnostics
  – God references
12 Step

Words in Big Book...
- One day at a time
- Higher Power
- First things first

Myths
- Unreliable
- Require total abstinence
- Disease model
- Not strength based
- Substitute for addiction

Other 12 Step meetings
- GA / NA / EA / COA / CA

• No 13th stepping!

• Some say 12 Steps should be modernized
  - 9 Steps
  - www.katherinevanwormer.com
Nine Steps to Recovery

1. We acknowledge we had lost control over (the source of the addiction) - that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to wholeness.

3. Made a decision to turn our will and our lives over to the care of a Higher Power as we understood him, her, or it.

4. Made a searching and fearless moral inventory of ourselves, our relationships, and our manner of living.

5. Acknowledged to the Higher Power, to ourselves, and to another human being the exact nature of our addiction.

6. Made a list of all persons whose suffering was connected to our own.

7. Made every effort to restore, physically and spiritually, to ourselves and others, those things that were lost.

8. Sought through prayer and/or meditation to enrich our sense of connectedness to nature and to one another.

9. Having had a personal and spiritual awakening as the result of these steps, we tried to carry this message to others in need and to practice these principles in all our affairs.

Modified from the 12 Steps of Alcoholics Anonymous for compatibility with the strengths perspective by Katherine van Wormer (2001) from Counseling Female Offenders and Victims, Springer Publishing Co.
Other Self-Help Groups

• Women for Sobriety (WFS)

• SMART Recovery—
  – Off shoot of rational recovery – Albert Ellis
    • Cognitive behavioral approach
    • Communication
    • Anger management
    • Stress management

  2 Goals
  1. Help individuals gain independence from addictive behavior (abstinence)
  2. Teach people how to enhance and maintain motivation to:
     – Abstain
     – Cope
     – Manage thoughts, feeling and behaviors
     – Balance momentary and enduring satisfaction
Overall, what does this instructor hope you glean from this class?
How are you going to achieve it?

All achievements, all earned riches, have their beginning in an idea.

Desire is the starting point of all achievement, not a hope, not a wish, but a keen pulsating desire which transcends everything.

Self-discipline begins with the mastery of your thoughts.

If you don’t control what you think, you can’t control what you do.

Cherish your visions & your dreams as if they are the children of your soul; the blueprints of your ultimate achievements.

Man alone, has the power to transform his thoughts into physical reality; man alone, can dream and make his dreams come true.