Alcohol Use Among Special Populations

Research on alcohol use in the United States has historically excluded minority ethnic groups. For instance, the nationwide household alcohol surveys began in 1984, but the first survey that emphasized non-European Americans was in 1994. Ethnic groups typically exhibit drinking behaviors in accordance with their respective culture. However, individual drinking patterns within each ethnic group can vary greatly and ethnicity alone does not necessarily explain the variability. When researchers analyze the drinking behaviors of minority ethnic groups, they focus on various factors that may influence the rates of alcohol use among special populations. This article will address certain populations as Hispanic Americans, African Americans, Asian/Pacific Islander Americans, and Native Americans.

Often factors specific to an ethnic group’s culture and socioeconomic environment affect alcohol use and alcohol-related behavior patterns. These factors include the availability of alcohol in the community, use and extent of treatment services in communities, specific cultural perspectives in relation to alcohol and other drugs, and genetic predispositions and dietary habits existing in the community. Such factors as gender, age, socioeconomic level, and level of acculturation often contribute to rates of heavy drinking and alcohol-related problems. To fully understand the complexity and depth of alcohol use, one must also look at the historical, economical, cultural, and social aspects of each specific ethnic group.

Hispanic Americans originate from Central and South America, Puerto Rico, Cuba, and Mexico. Although each country has different cultural backgrounds, some overall observations can be made from the current research. It appears those who have a higher socioeconomic status are more likely to have moderate drinking behaviors. Older Hispanic males seem to have lower alcohol consumption levels in comparison to younger Hispanic males. Mexican American studies have shown that males who drink have a pattern of low-frequency, high-volume. Cuban American women report the lowest amount of alcohol consumption. In all of the Hispanic culture groups, women who are older and less acculturated appear to drink less compared to the younger, more acculturated women who tend to drink at a higher volume and frequency.

Although African Americans may have become the most acculturated group, they still exhibit differences in drinking behavior compared to European Americans. African American men and women report higher alcohol abstinence rates than European Americans, but both groups have similar occurrence rates of heavy drinking. Even though the rates may be similar, African American males tend to experience more serious consequences of heavier drinking than European American males.

Previous studies of Asian/Pacific Islanders (API) have defined the group as those individuals originating from China and Japan. However, more recent studies also include those from India, the Philippines, Vietnam, Laos, Cambodia, Korea, Hawaii, and other Pacific islands. Although patterns of alcohol consumption of the API group have not been studied in detail, it appears that heavy drinking is less prevalent in the API ethnic group than in the European American group. Individuals whose families have been living in the U.S. for several generations are more likely to identify with the mainstream culture’s drinking norms. API college students have a lower rate of alcohol consumption and seem to be at a lower risk for alcohol-related problems compared to other ethnic groups, including European American college students. Adult Chinese Americans have the lowest rate of heavy drinking and lifetime prevalence of alcohol use and abuse. Japanese Americans have the highest rates of lifetime use and heavy drinking compared to other API groups, and Southeast Asian Americans seem to be at a higher risk for drinking heavily compared to the ethnic groups in general. Koreans exhibit the highest rates of abstinence, yet they

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also have the highest rates of heavy drinking. Researchers found that there are low numbers of Asian-Pacific Islanders in treatment settings, but the numbers increase when the treatment program hires bilingual and bi-cultural personnel.

Although research indicates that Native American use of alcohol has remained stable since 1975, those studies have historically focused on alcohol use from reservation populations which only account for one third of the total Native American population in the United States.

In relation to the general U.S. population, Native Americans are at a higher risk for alcohol-related deaths, and Native American men are almost twice as likely to die from causes related to alcohol than Native American women. Still, a few scientists claim that overall there are more Native American individuals who abstain from alcohol compared to the abstinence rate of the rest of the U.S. population. These discrepancies may indicate that those Native Americans who use alcohol seem to drink it at a higher rate.

Each diverse ethnic group discussed here represents socioeconomic, historical, demographic, environmental, and cultural differences that prevent scientists from developing a clear perspective of alcohol use behavior. Research has yet to study each ethnic group and the potential reasons why some groups drink less, stay sober, and/or recover from alcoholism. The research thus far shows populations who suffer poverty, illiteracy, and malnutrition and live in urban areas are at a higher risk for drug and alcohol abuse. This higher risk may increase further social and health consequences.

Throughout the next century, the United States will experience major demographic changes. By the year 2030, minority ethnic groups may be at least one-half of the student population through the 12th grade. Studies from several government organizations suggest more research is needed in order to assess and understand the factors that affect alcohol use behaviors of various ethnic minority groups. For more information regarding this topic, please refer to the resources below.


CAMPUS RESOURCES
University Counseling Services
401 Health Center - 2nd Floor
(Sherry Benson) Phone: 332-6927
Alcohol & Other Drug Education Services
Director: Bill Auk
241 Health Center
Phone: 332-6927
Anonymous
Open Houses Meeting (Mon-Fri)
141 Health Center
Phone: 332-9562
775-8308

The intent of this newsletter is to provide accurate, timely information regarding the current status of alcohol-related knowledge. It is advised that readers consult their physician or counselor for personal alcohol and other drug problems. For additional support, please contact your counselor or a counselor in your area.