Ethnicity and Substance Use Disorders: Introduction

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Definitions

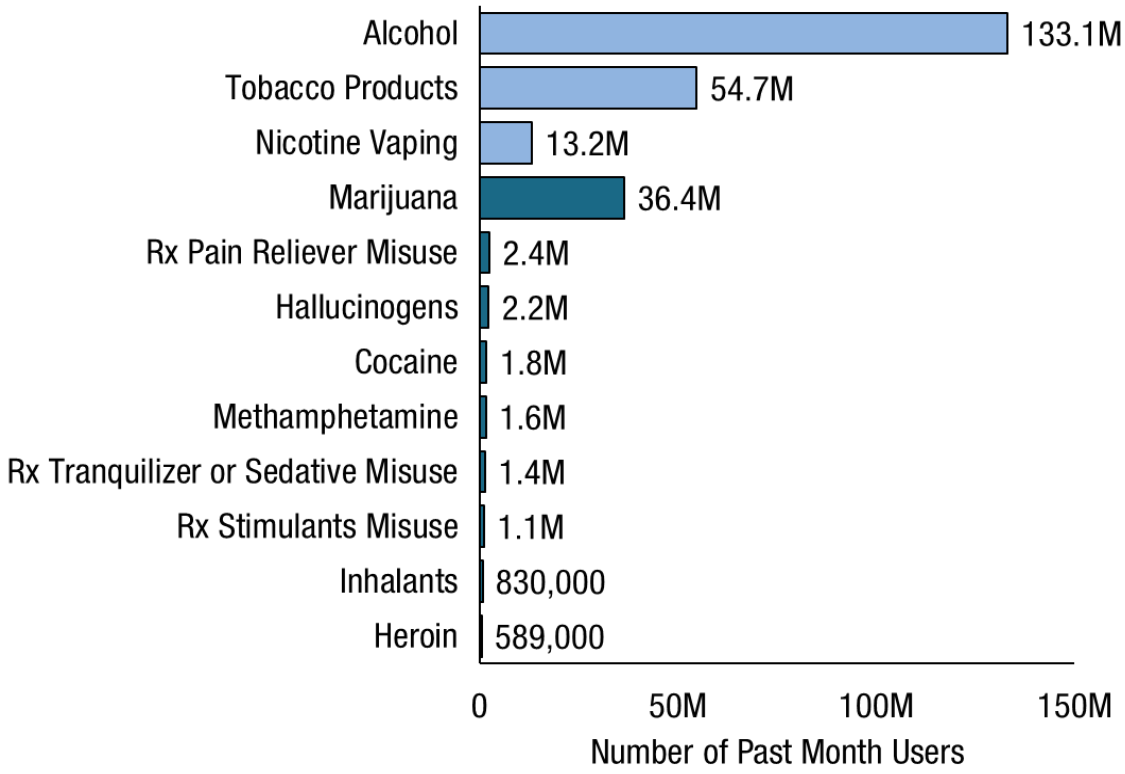
- **Cultural competence** is the ability to recognize the importance of race, ethnicity, and culture in the provision of behavioral health services.
- **Culture** is defined by a community or society. It structures the way people view the world. It involves the particular set of beliefs, norms, and values concerning the nature of relationships, the way people live their lives, and the way people organize their environments.
- **Ethnicity** refers to the social identity and mutual sense of belonging that defines a group of people through common historical or family origins, beliefs, and standards of behavior (i.e., culture).
- *Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.*

Ethnicity in SUDS

Ethnicity differs from race in that groups of people can share a common racial ancestry yet have very different ethnic identities. Thus, by definition, ethnicity—unlike race— is an explicitly cultural phenomenon. It is based on a shared cultural or family heritage as well as *shared values and beliefs rather than shared physical characteristics.*

Each ethnic drug culture has different drugs of choice, methods of using, and the ability to seek treatment.

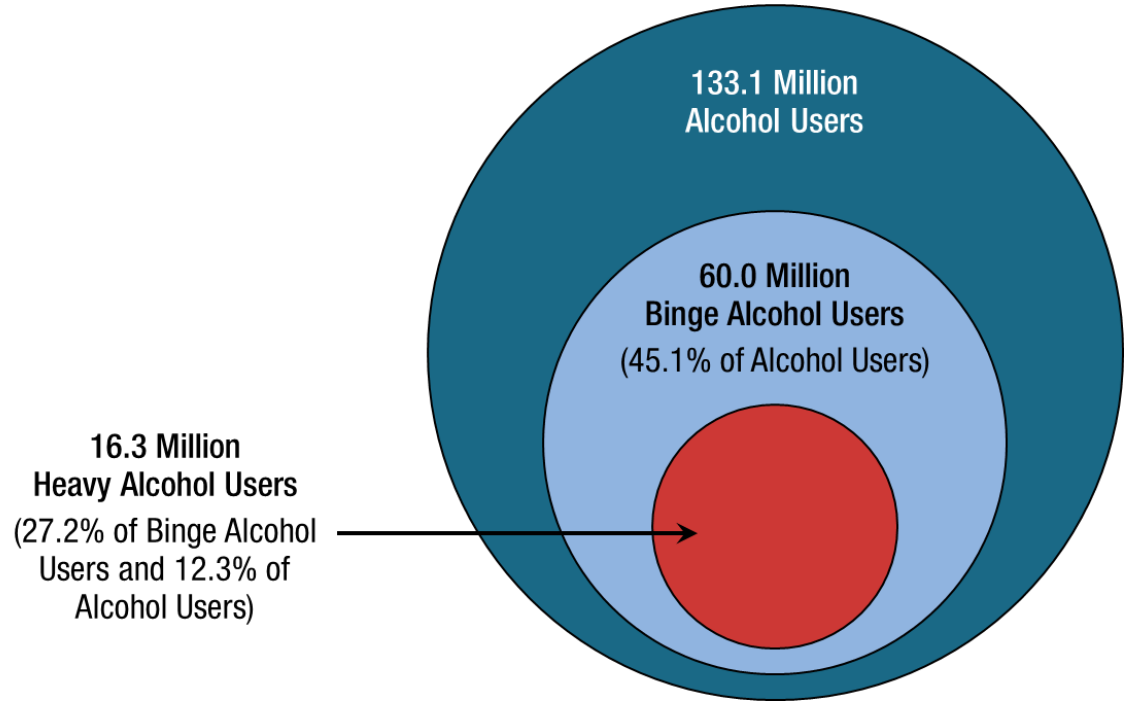
Past Month Substance Use: Among People Aged 12 or Older; 2021



Rx = prescription.

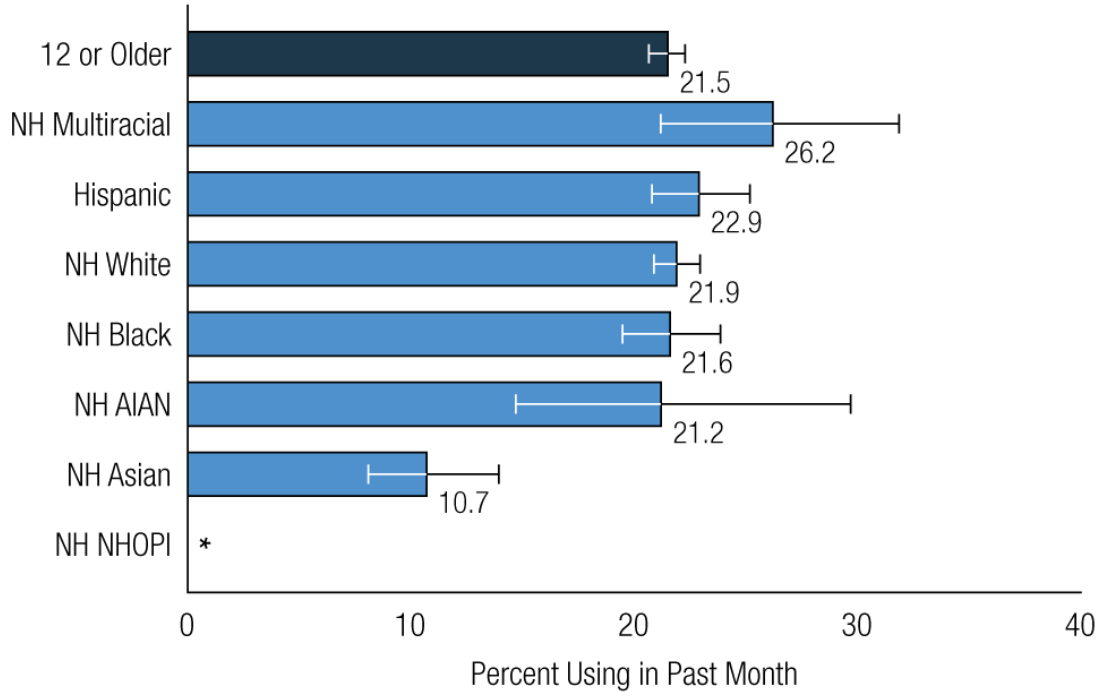
Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Past Month Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use: Among People Aged 12 or Older; 2021



Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Past Month Binge Alcohol Use: Among People Aged 12 or Older; by Race/Ethnicity, 2021



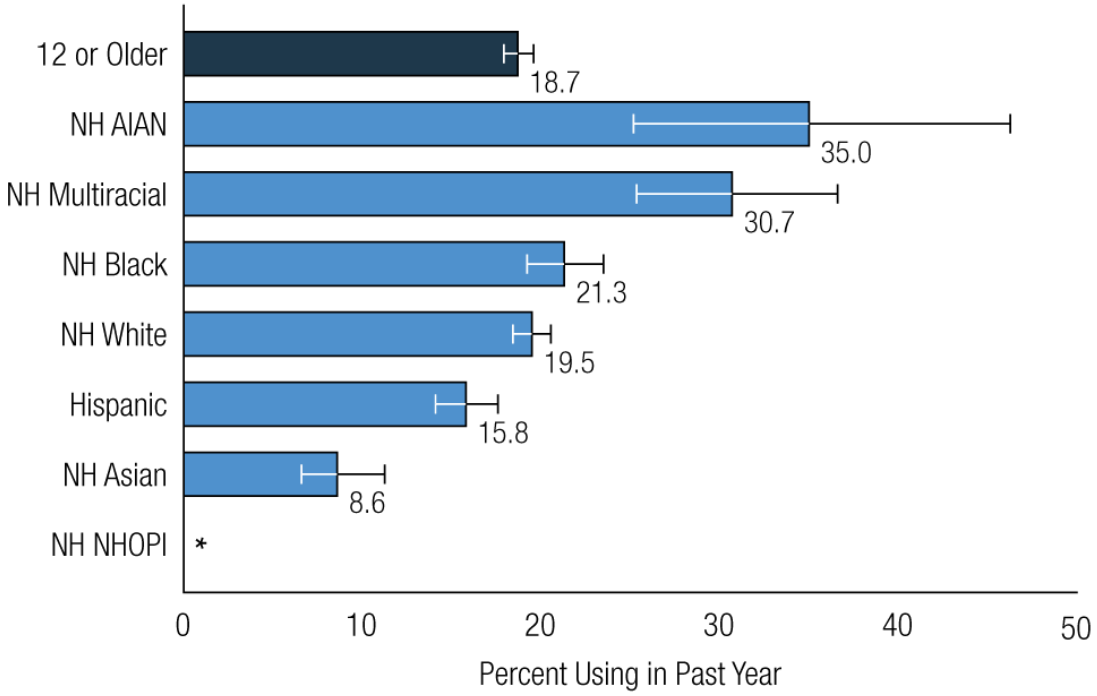
* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days.

Past Year Marijuana Use: Among People Aged 12 or Older; by Race/Ethnicity, 2021



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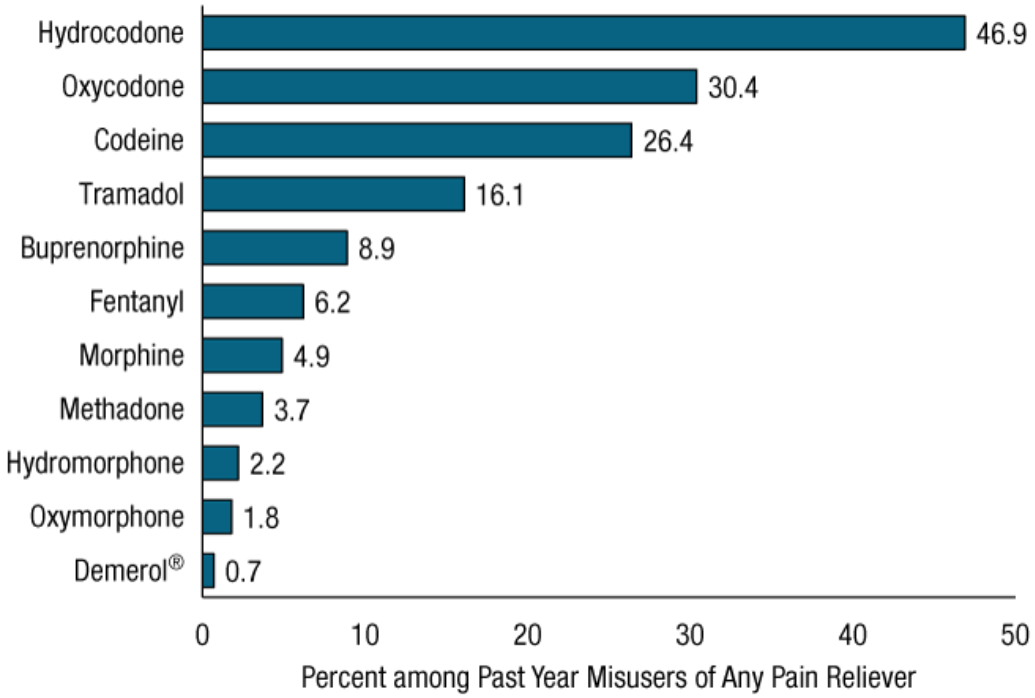
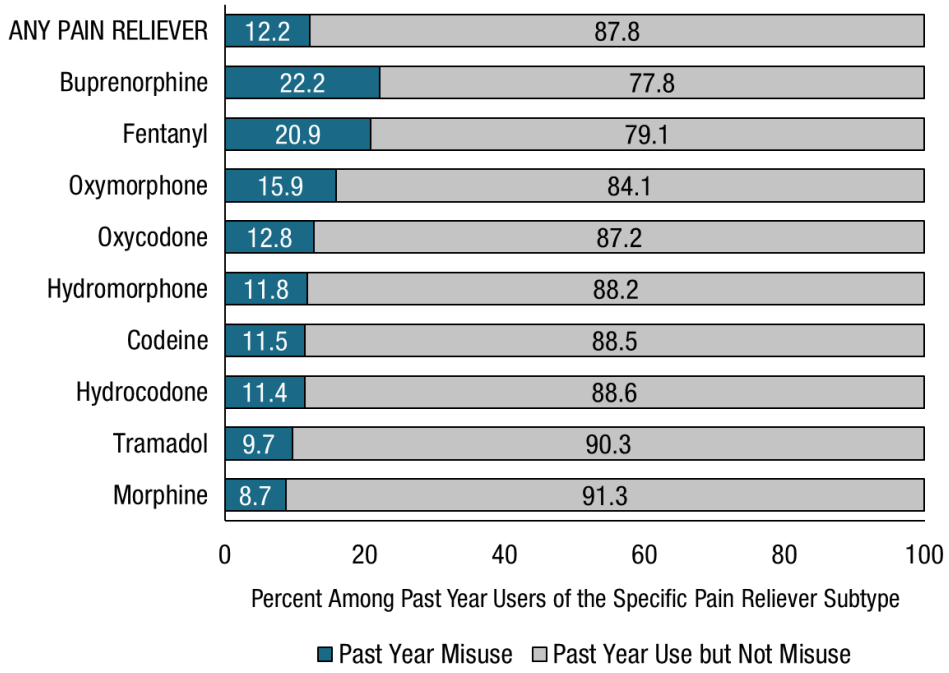
Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older Who Misused Any Prescription Pain Reliever; 2021

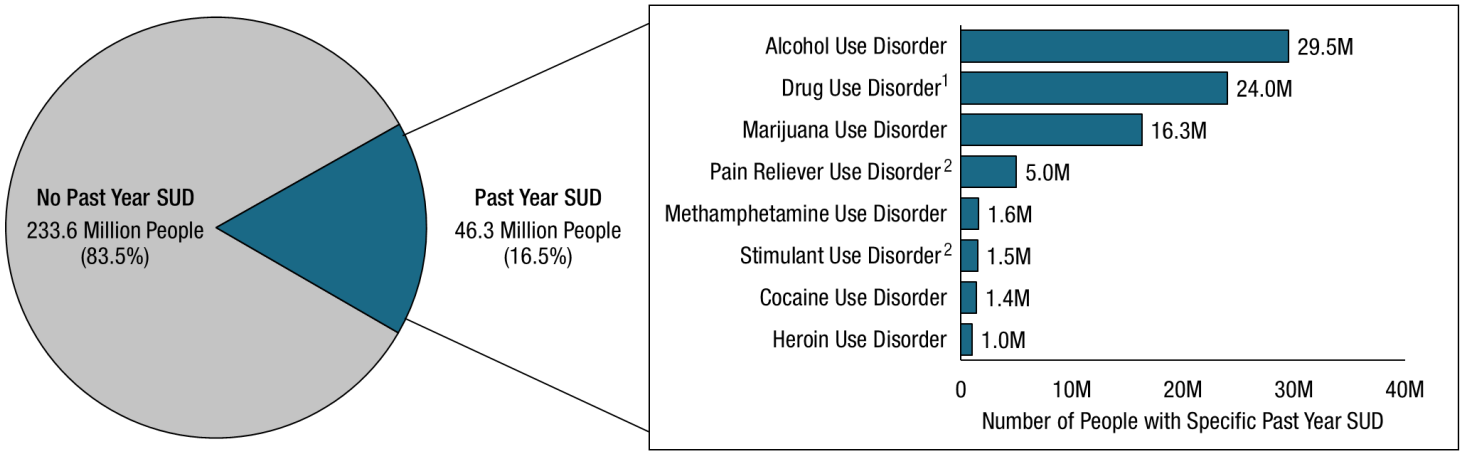


Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older Who Used the Specific Prescription Pain Reliever Subtype for Any Reason in the Past Year; 2021



Note: Estimates for methadone and Demerol® are not shown due to low precision.

Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2021

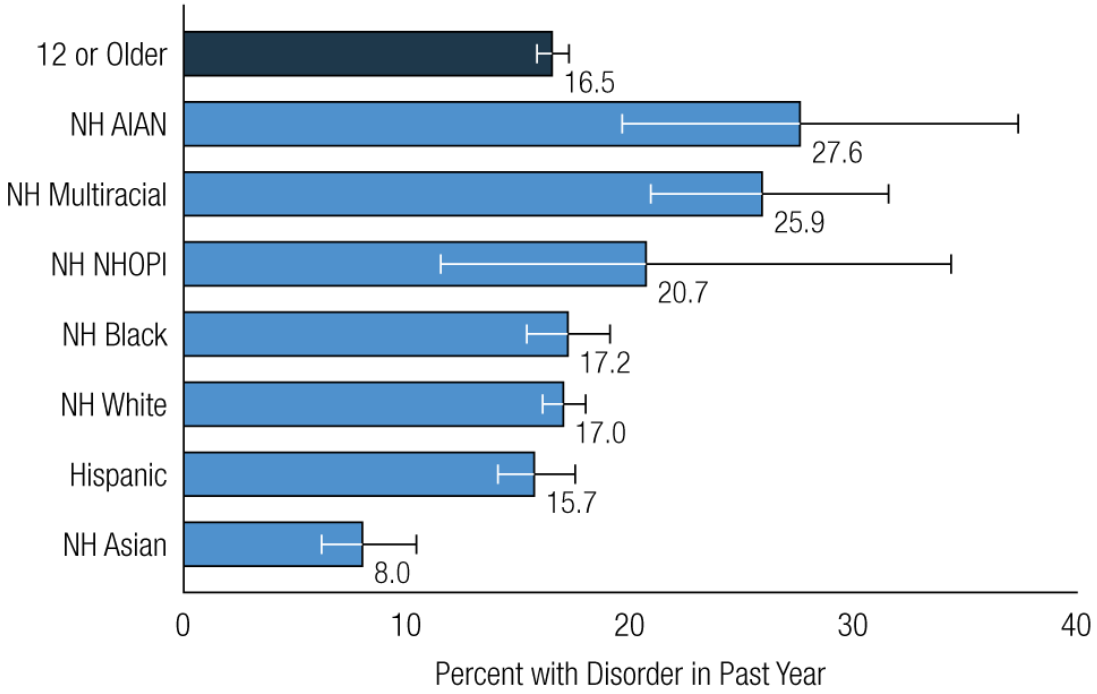


Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

[2] Includes data from all past year users of the specific prescription drug.

Past Year Substance Use Disorder: Among People Aged 12 or Older; by Race/Ethnicity, 2021



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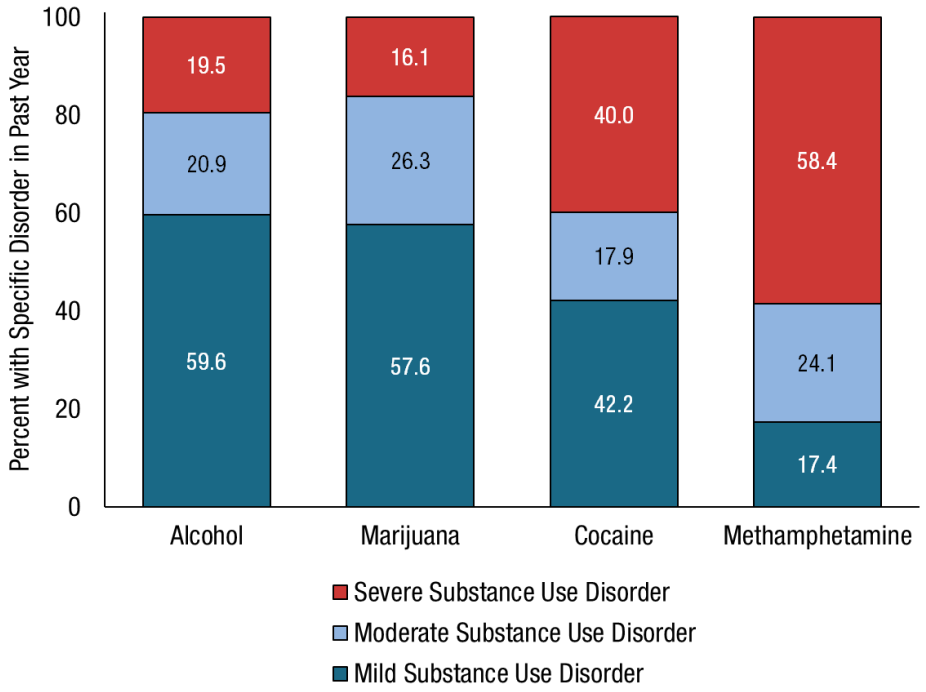
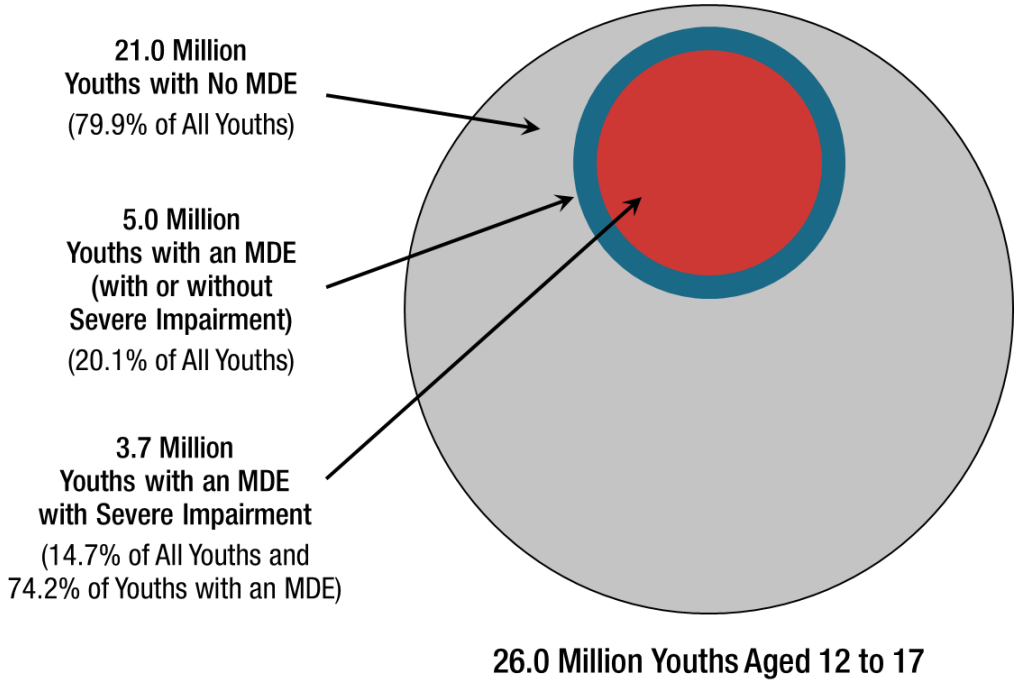
Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2021



Note: The percentages may not add to 100 percent due to rounding.

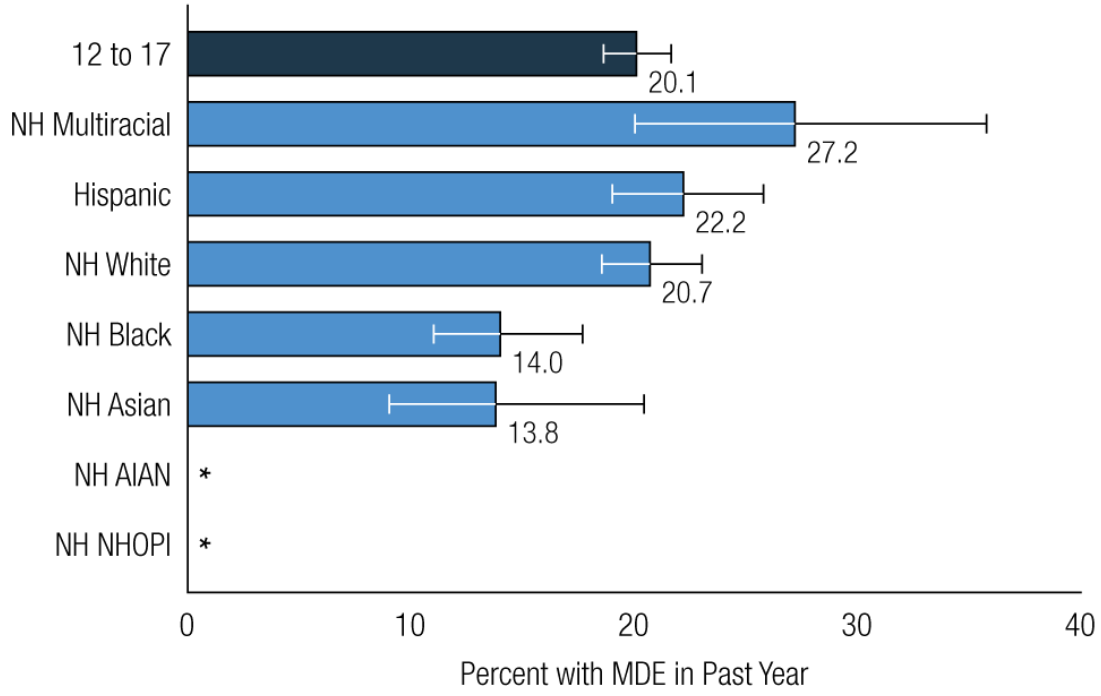
Note: There are 11 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, that apply to these substances. People who meet two or three criteria are considered to have a "mild" disorder, those who meet four or five criteria are considered to have a "moderate" disorder, and those who meet six or more criteria are considered to have a "severe" disorder.

Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Youths Aged 12 to 17; 2021



Note: Youth respondents with unknown MDE data were excluded.

Major Depressive Episode (MDE) in the Past Year: Among Youths Aged 12 to 17; by Race/Ethnicity, 2021



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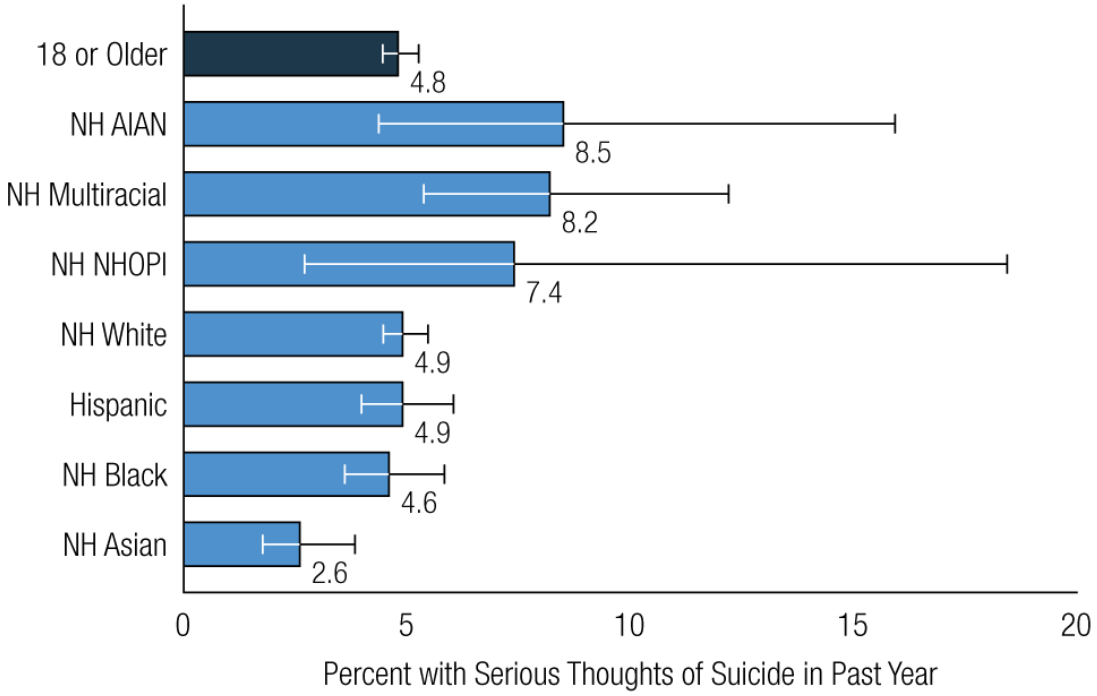
Note: Youth respondents with unknown MDE data were excluded.

Had Serious Thoughts of Suicide in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2021



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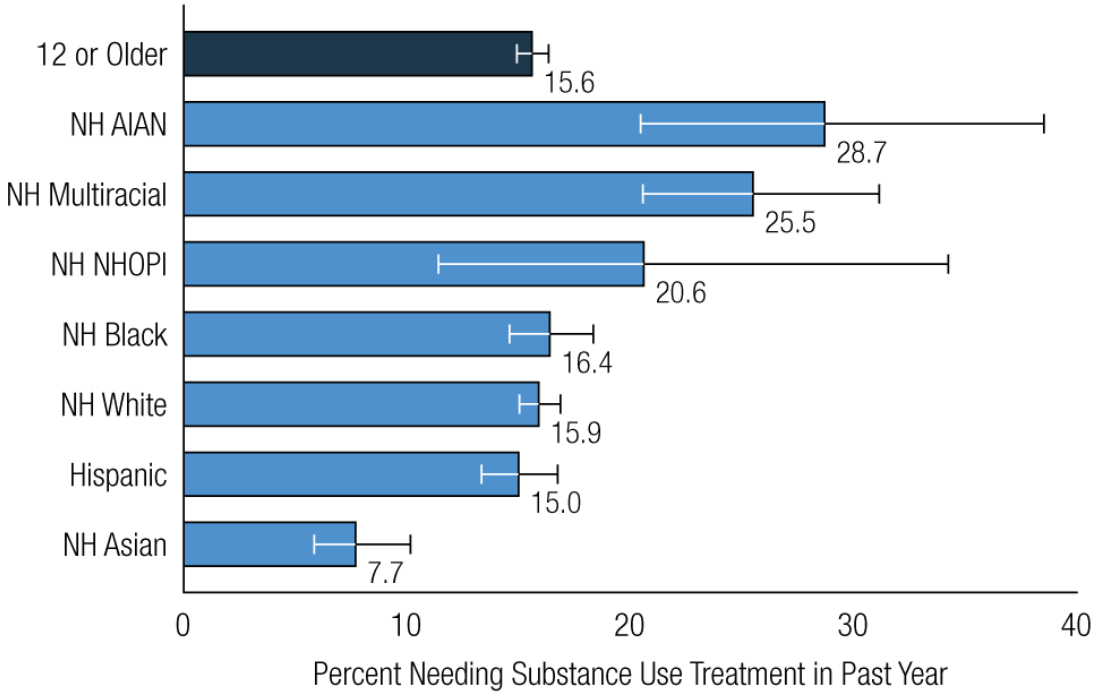
Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2021



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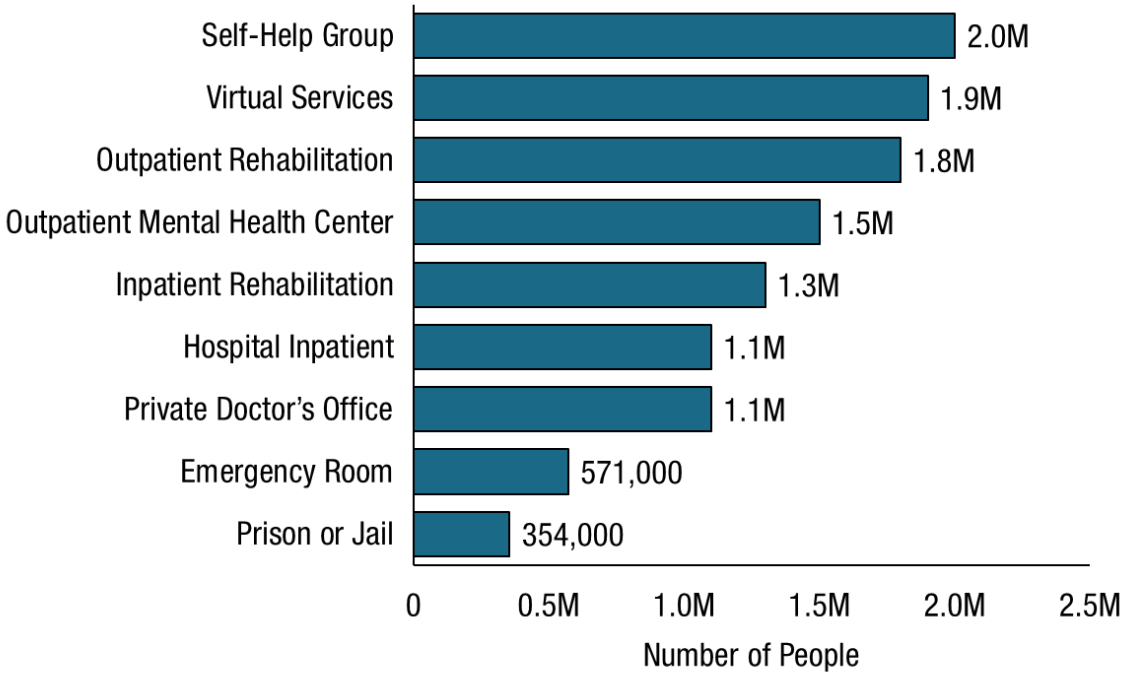
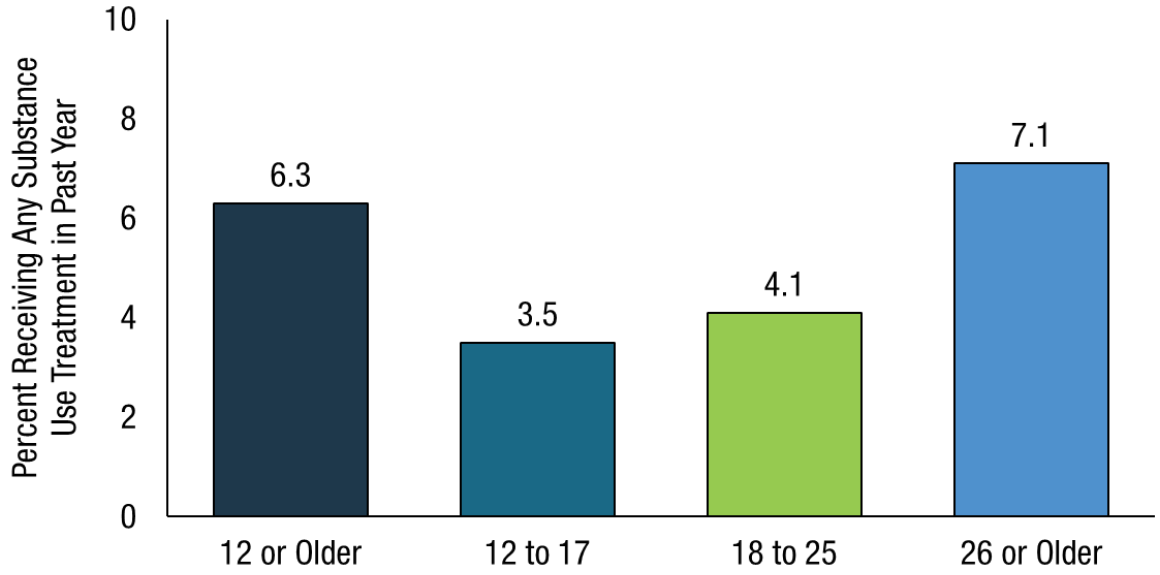
Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Locations Where Substance Use Treatment in the Past Year Was Received: Among People Aged 12 or Older; 2021

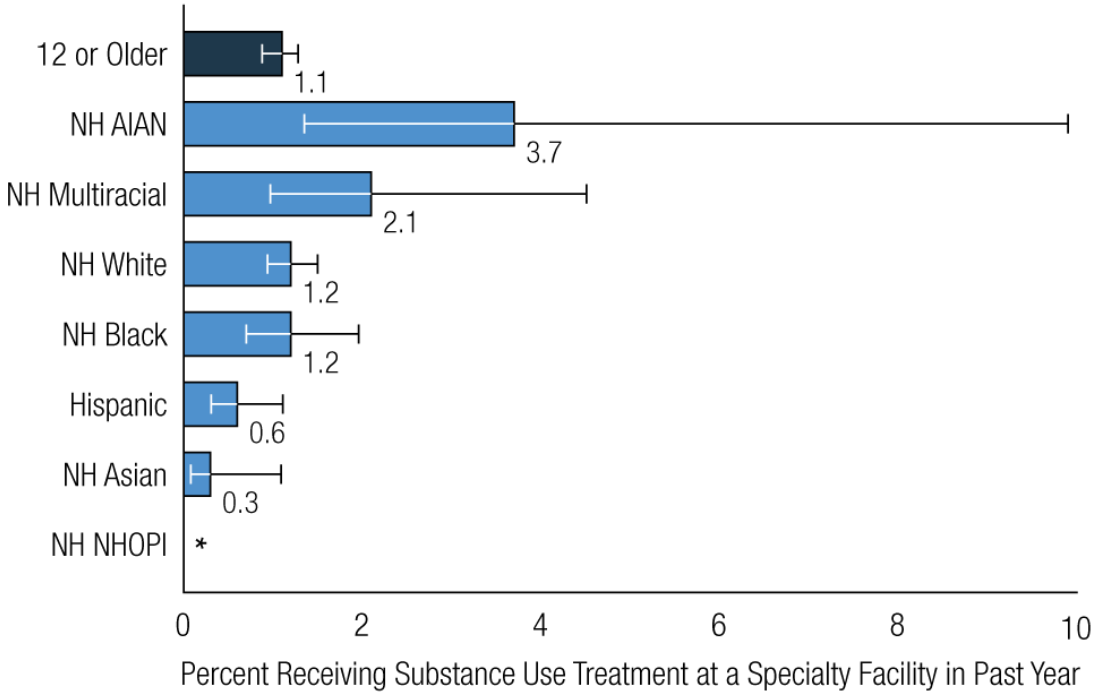


Note: Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

Received Any Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Had an Illicit Drug or Alcohol Use Disorder in the Past Year; 2021



Received Substance Use Treatment at a Specialty Facility in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2021



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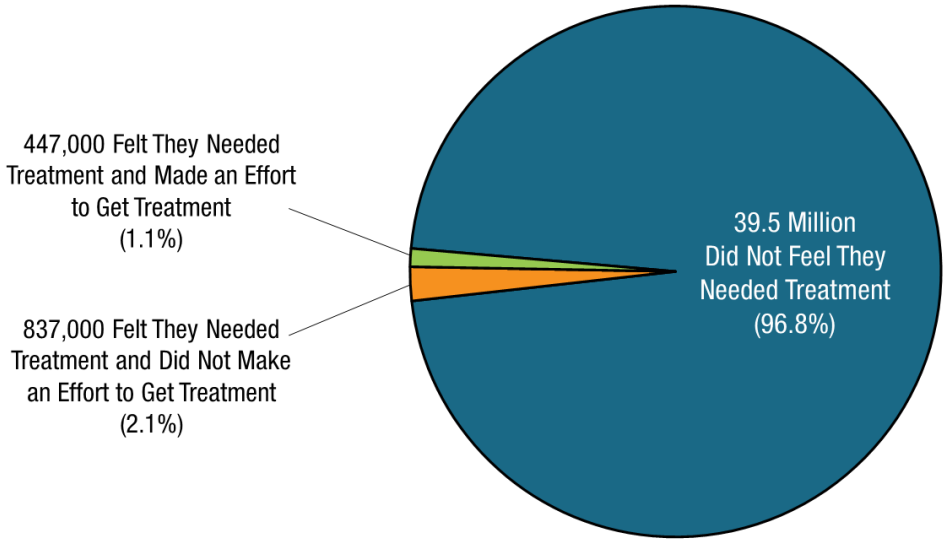
Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2021



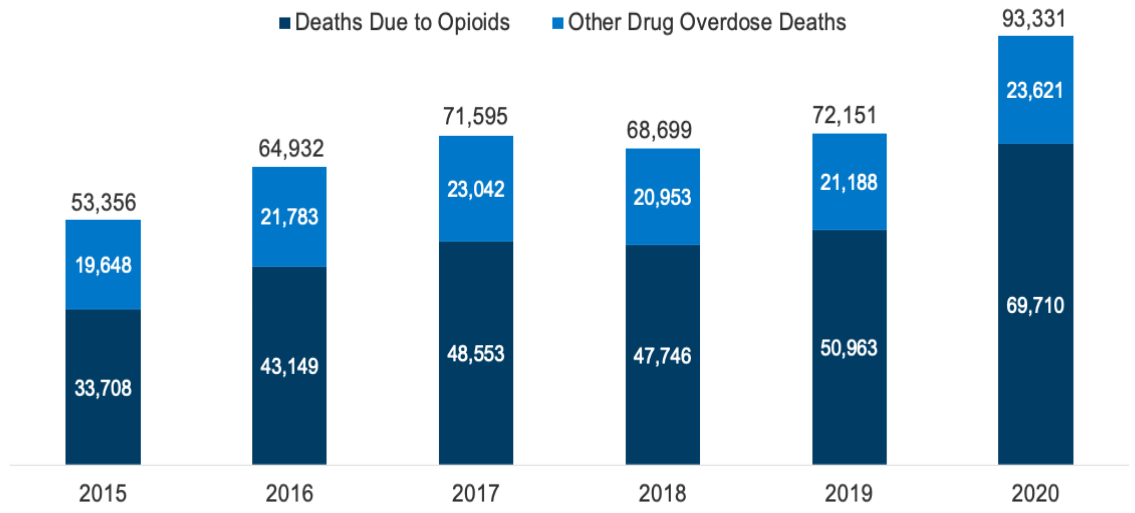
40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an illicit drug or alcohol use disorder were classified as needing substance use treatment.

Substance Use Issues Are Worsening Alongside Access to Care

Figure 1

Deaths due to Drug Overdose, 2015–2020



NOTES: Estimates are based on provisional data.
SOURCE: CDC, National Vital Statistics System. Available from: https://www.cdc.gov/nchs/nvss/mortality_public_use_data.htm.

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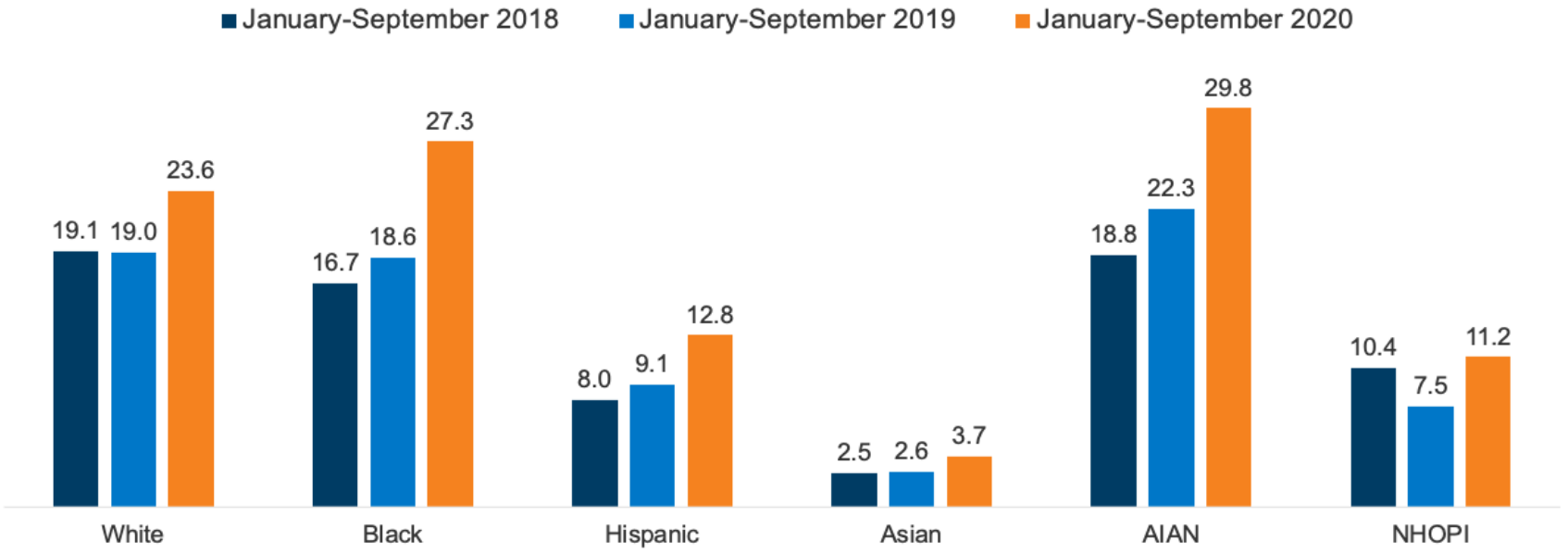
Figure 2

Drug Overdose Deaths Per 100,000, by Race/Ethnicity



NOTES: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. NHOPI refers to Native Hawaiian or Pacific Islanders.

SOURCE: Estimates for 2018 are from CDC National Center for Health Statistics. Multiple Cause of Death 2018-2019 on CDC WONDER Online Database, from: https://wonder.cdc.gov/mcd-icd10-expanded.html. Estimates for 2019 and 2020 are based on provisional CDC, National Vital Statistics System data, from: https://www.cdc.gov/nchs/data/health_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf. Population estimates from Census Bureau Monthly Population Estimates.

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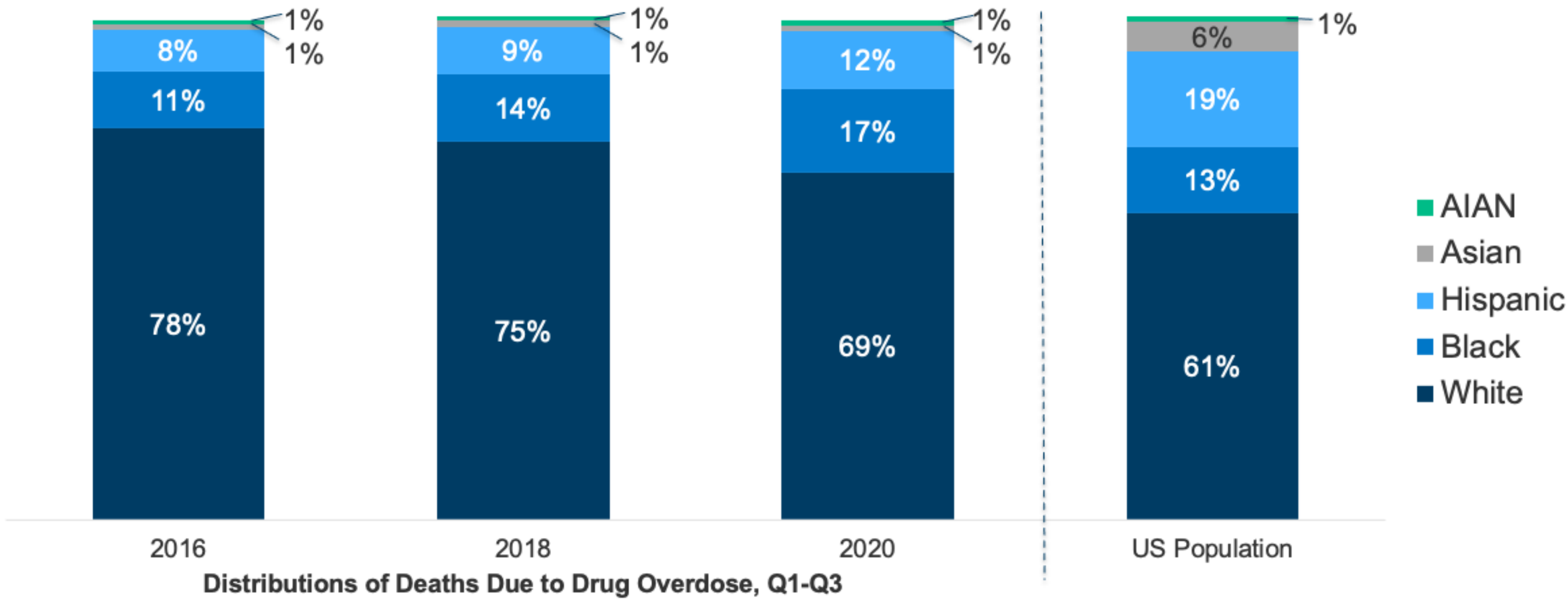
Figure 3

Drug Overdose Deaths, by Race/Ethnicity



NOTES: Totals may not sum to 100 due to rounding. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. Other race groups were excluded due to variation between sources.

SOURCE: Estimates for 2016 and 2018 are from CDC National Center for Health Statistics, Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, from: https://wonder.cdc.gov/mcd-icd10.html. Estimates for 2020 are based on provisional CDC, National Vital Statistics System data, from: https://www.cdc.gov/nchs/data/health_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf. Population estimates from Census Bureau Monthly Population Estimates.

Disparities of Overdose

- **White people continue to account for the largest share of deaths due to drug overdose, but people of color are accounting for a growing share of drug overdose deaths over time.**
- Between 2016 and 2020 the share of drug overdose deaths among White people fell from 78% to 69%, while at the same time the shares of deaths among Black and Hispanic people rose (from 11% to 17% and 8% to 12%, respectively) (Figure 3).
- As a result of this increase, Black people now account for a disproportionate share of drug overdose deaths relative to their share of the total population (17% vs. 13%).
- However, the share of drug overdose deaths among Hispanic people remains lower than their share of the population (12% vs. 19%).
- The share of deaths among White people remains higher than their share of the population (69% vs. 61%), although this difference has narrowed.

Disparities of Overdose

- **These recent trends are contributing to emerging disparities in drug overdose deaths among Black and AIAN people, which may worsen if they continue**.
- Other recent data also suggests that people of color are disproportionately experiencing substances use problems.
- In a survey from September 2020, larger shares of Hispanic (28%) and Black (19%) adults reported starting or increasing the use of alcohol or drugs compared to White adults (13%) since the pandemic began.
- Additionally, fentanyl-related deaths, which have accounted for many drug overdose deaths during the pandemic, may also be disproportionately affecting Black communities.
- These increases in substance use problems come at a time when many people of color have faced a number of negative effects of the pandemic, including increased mental distress and job loss and infection and deaths due to COVID-19.

Disparities of Treatment

Substance use issues were a concern even before the pandemic, yet many of those in need of care, particularly people of color, were not receiving treatment.

In 2019, over 20 million people over the age of 12 reported having a past year substance use disorder (SUD).

However, only 10% of these individuals reported receiving care. For those individuals with a past year SUD and an unmet need for treatment, 24% reported not knowing where to seek services and 21% reported not having health insurance and being unable to afford the cost.

Data from 2018 found that among those who began substance use treatment, the treatment completion rate was less than half (42%).

These access to care issues and low utilization rates were more pronounced among people of color.

Compared to White people, Black and Hispanic people had more limited access to buprenorphine and they were less likely to utilize specialty treatment and complete publicly-funded treatment programs.

AIAN people also faced limited access to medication-assisted treatment (MAT) services. Compared to other race and ethnicity groups, Asian people were less likely to receive needed substance use treatment; however, Asian and AIAN people had higher treatment completion rates.

Disparities of Treatment

- **There is some reporting and evidence indicating that access and utilization of substance use services has further worsened during the pandemic.**
- Early on in the pandemic, there were reports of some state and local programs decreasing funding for substance use services, though these funds may be restored as state budgets bounce back.
- Other media reports have highlighted treatment centers limiting their patient capacity or facing difficulty with patient retention, while some centers have closed.
- A recent analysis found that in 2020, there was a drop in initiations for addiction treatment in California.
- Other research during the pandemic suggests that although buprenorphine prescriptions for existing patients with opioid use disorder (OUD) decreased in 2020, the decrease was generally offset by an increase in the quantity supplied with each prescription. Among new patients with OUD, however, buprenorphine prescriptions were low after the pandemic began and through August 2020 at retail pharmacies across the U.S.
- Similarly, in Pennsylvania, buprenorphine prescriptions remained low among new patients with OUD through October 2020.
- Research also suggests that fewer naloxone prescriptions were filled during the pandemic. Many syringe service programs, which also provide naloxone, have had to suspend or change the way they operate their programs.

There have been some recent policy actions to address the worsening substance use crisis.

- American Rescue Plan Act allocated roughly $4 billion in funding for mental health and substance use programs, including $1.5 billion in block grants for substance abuse prevention and treatment and $30 million for overdose prevention and harm reduction programs.
- Several recently introduced bills include the LifeBOAT Act, which would attach a fee to opioid pain medications to be used toward substance use treatment; the Comprehensive Addiction and Recovery Act 3.0, which would expand availability of medication-assisted treatment; and the STOP Fentanyl Act, which would improve public health surveillance and education and expand access to treatment.
- Some restrictions around delivery of substance use care have also been lifted; many clinicians are temporarily able to see patients via telehealth, and guidelines have been issued to increase access to buprenorphine in opioid use disorder treatment.
- Additionally, steps have been taken to expand access to and enrollment in health coverage in recent months.
- The Biden administration also released a statement on drug policy priorities, including greater access to evidence-based treatment and recovery support services, increasing harm reduction efforts, and addressing racial equity issues.

There have been some recent policy actions to address the worsening substance use crisis.

While policy measures may provide some relief to the substance use crisis, a number of challenges remain.

Factors associated with substance use, including job loss and poor mental health outcomes, remain above pre-pandemic levels, and may further contribute to substance use problems.

Longstanding stigma associated with substance use problems may also continue to affect access to care.

These challenges underscore the importance for policymakers, providers, and researchers to consider how substance use issues will impact people even as the pandemic subsides.

Resources

Advancing Best Practices in Behavioral Health for Asian American, Native Hawaiian, and Pacifc Islander Boys and Men:

This report offers tools and best practice guidance for working with Asian American, Native Hawaiian, and Pacific Islander boys and young men

(https://store.samhsa.gov/product/advancing-best-practices-behavioral-healthasian-american-native-hawaiian-pacifc-islander/ SMA17-5032).

Resources

- ***A Provider's Introduction to Substance Abuse Treatment for LGBT Individuals:***
- This manual informs clinicians and administrators about SUD treatment approaches that are culturally responsive to LGBT individuals.
- It covers cultural, clinical, health, administrative, and legal issues as well as alliance building
- (https://store. samhsa.gov/product/A-Provider-s-Introductionto-Substance-Abuse-Treatment-for-LesbianGay-Bisexual-and-Transgender-Individuals/ SMA12-4104).

Resources

- ***Continuity of Offender Treatment for Substance Use Disorders from Institution to Community— Quick Guide for Clinicians Based on TIP 30:***
- This publication guides SUD treatment providers in helping offenders transition from the criminal justice system to life after release, including adaptation to community and work cultures and the culture of recovery.
- It discusses assessment, transition plans, special populations, family involvement in treatment and transition where appropriate, and confidentiality
- (https://store.samhsa.gov/product/ Continuity-of-Offender-Treatment-for-SubstanceUse-Disorder-from-Institution-to-Community/ sma15-3594).

Resources

TIP 51, *Substance Abuse Treatment: Addressing the Specifc Needs of Women:*

This guide assists providers in offering treatment to women living with SUDs.

It reviews gender-specific research and best practices, such as common patterns of initial use and specific treatment issues and strategies

(https://store.samhsa.gov/ product/TIP-51-Substance-Abuse-TreatmentAddressing-the-Specifc-Needs-of-Women/ SMA15-4426).

Resources

- **TIP 55, *Behavioral Health Services for People Who Are Homeless:***
- This manual emphasizes that SUD treatment and mental health service providers can improve their service delivery by understanding the cultural context of clients and having the skills to adapt to a variety of cultures of people who are homeless.
- It also describes intervention methods to address SUDs during a variety of stages of homelessness rehabilitation and discusses methods providers can use to support recovery from mental illness and substance misuse among people and families who are homeless
- (https://store. samhsa.gov/product/TIP-55-Behavioral-Health- Services-for-People-Who-Are-Homeless/ SMA15-4734).

Resources

- **TIP 56, *Addressing the Specifc Behavioral Health Needs of Men:***
- This guide addresses specific treatment needs of adult men living with SUDs.
- It reviews gender-specific research and best practices, such as common patterns of substance use among men and specifc treatment issues and strategies
- (https://store. samhsa.gov/product/TIP-56-Addressing-theSpecifc-Behavioral-Health-Needs-of-Men/ SMA14-4736).

Resources

- **TIP 57, *Trauma-Informed Care in Behavioral Health Services:***
- Trauma can affect individuals, families, groups, communities, specific cultures, and generations.
- This manual helps behavioral health professionals understand the impact of trauma on those who experience it.
- The manual discusses trauma-informed, culturally responsive assessment and treatment planning strategies, and it highlights the importance of context and culture in people's response to trauma and SUD recovery
- (https:// store.samhsa.gov/product/TIP-57-Trauma- Informed-Care-in-Behavioral-Health-Services/ SMA14-4816).

Resources

- **TIP 59, *Improving Cultural Competence:***
- This manual provides more information on working with people from various cultures and providing culturally competent treatment
- (https://store.samhsa.gov/product/ TIP-59-Improving-Cultural-Competence/ SMA15-4849).

Resources

TIP 61, *Behavioral Health Services for American Indians and Alaska Natives:*

This publication offers practical guidance for addressing the social challenges and behavioral health needs of Native American populations in culturally responsive ways

(https://store. samhsa.gov/product/tip-61-behavioral-healthservices-for-american-indians-and-alaska-natives/ sma18-5070).

Resources

- Center for Behavioral Health Statistics and Quality. (2021). ***Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019)*** (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https:// www.samhsa.gov/data/

Resources

- Substance Abuse and Mental Health Services Administration. *Substance Use Disorder Treatment and Family Therapy.* Treatment Improvement Protocol (TIP) Series, No. 39. SAMHSA Publication No. PEP20-02-02-012. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

Ethnicity Highlights 2021

Estimates of past year illicit drug use among people aged 12 or older were highest for people reporting two or more races and for American Indian or Alaska Native people (28.5 and 25.9 percent, respectively) compared with the estimates for people in all other racial/ethnic groups, followed by the estimate for Black people (20.8 percent)

The estimate of past year alcohol use among people aged 12 or older was highest for White people (70.3 percent) compared with the estimates for people in all other racial/ethnic groups, followed by the estimate for people reporting two or more races (61.4 percent).

The estimate of past year alcohol use was higher for Hispanic people (58.7 percent) than the estimates for Black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Asian people (56.8, 53.2, 52.7, and 51.7 percent, respectively).

Ethnicity Highlights 2021

Across all alcohol and drug classes and drugs, Asian people had either the lowest estimate or one of the lowest estimates of past year substance use compared with estimates for all other racial/ethnic groups.

Estimates of past year illicit drug use disorder among people aged 12 or older were higher for people reporting two or more races (5.0 percent) and for American Indian or Alaska Native people (4.8 percent) than for all other racial/ethnic groups.

The estimate of past year alcohol use disorder among people aged 12 or older was higher for American Indian or Alaska Native people (8.3 percent) than the estimates for people in all other racial/ethnic groups. The estimate of past year alcohol use disorder was higher for White people (5.8 percent) than the estimates for Black, Hispanic, and Asian people (4.8, 5.2, and 3.3 percent, respectively).

Ethnicity and SUDS Highlights 2021

- The estimate of past year substance use disorder (SUD) among people aged 12 or older was higher for American Indian or Alaska Native people (11.2 percent) than the estimates for people in all other racial/ethnic groups except those reporting two or more races. The estimate of past year SUD was higher for White people (7.8 percent) than the estimates for Black, Hispanic, and Asian people (7.1, 7.1, and 4.1 percent, respectively).

- Across all alcohol and drug classes and drugs, Asian people had either the lowest estimate or one of the lowest estimates of past year illicit drug use disorder, alcohol use disorder, and SUD compared with the estimates for all other racial/ethnic groups and correlates.

Ethnicity and SUDS Highlights 2021

- White people had the highest estimate of past year illicit drug use treatment utilization at any location among people aged 12 or older who needed treatment (23.5 percent) compared with the estimates for all other racial/ethnic groups except American Indian or Alaska Native and the estimate for people reporting two or more races.

These patterns in the estimates of past year illicit drug use treatment utilization by racial/ethnic group did not change for people within most subgroups defined by gender, age, health insurance status, and treatment facility type.

Center for Behavioral Health Statistics and Quality. (2021). *Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019)* (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https:// www.samhsa.gov/data/

Ethnicity and SUDS Highlights 2021

American Indian or Alaska Native people had a higher estimate of past year alcohol use treatment utilization at any location among people aged 12 or older who needed alcohol use treatment (22.4 percent) than their White, Hispanic, and Asian counterparts (10.9, 10.5, and 4.4 percent, respectively).

However, these patterns in the estimates of past year alcohol use treatment utilization by race/ethnicity were not consistent for people within some subgroups, such as those defined by poverty status and health insurance status.

Center for Behavioral Health Statistics and Quality. (2021). *Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019)* (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Ethnicity and SUDS Highlights 2021

American Indian or Alaska Native people had a higher estimate of past year substance use treatment utilization at any location among people aged 12 or older who needed substance use treatment (24.8 percent) than their Black, White, Hispanic, and Asian counterparts (15.8, 14.9, 12.6, and 5.9 percent, respectively).

However, estimates of past year substance use treatment utilization among people who needed substance use treatment were more similar across racial/ethnic groups within subgroups defined by gender, age, poverty status, health insurance status, and treatment facility type.

Center for Behavioral Health Statistics and Quality. (2021). *Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019)* (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Ethnicity and SUDS Highlights 2021

- Asian people had either the lowest estimate or one of the lowest estimates of past year illicit drug use treatment, alcohol use treatment, and substance use treatment utilization at any location among people who needed treatment across all racial/ethnic groups and correlates.
- Center for Behavioral Health Statistics and Quality. (2021). *Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019)* (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Ethnicity and SUDS Highlights 2021

- The estimate of past year alcohol use among people aged 12 or older was highest for White people (70.3 percent) compared with the estimates for people in all other racial/ethnic groups, followed by the estimate for people reporting two or more races (61.4 percent)
- The estimate of past year alcohol use was higher for Hispanic people (58.7 percent) than for Black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Asian people (56.8, 53.2, 52.7, and 51.7 percent, respectively).
- ● Asian people had the lowest estimate of past year alcohol use (51.7 percent) compared with the estimates for people in all racial/ethnic groups except American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander.

Ethnicity and SUDS Highlights 2021

- The estimate of past year marijuana use among people aged 12 or older was highest for people reporting two or more races (24.1 percent), followed by the estimates for American Indian or Alaska Native people (21.0 percent) and for Black people (17.6 percent) (Figure 3.7).
- ● Asian people had the lowest estimate of past year marijuana use compared with the estimates for all other racial/ethnic groups (7.2 percent).

Ethnicity and SUDS Highlights 2021

- The estimate of past year methamphetamine use among people aged 12 or older was highest for American Indian or Alaska Native people (2.4 percent) compared with the estimates for all other racial/ethnic groups (Figure 3.10).
- The estimates of past year methamphetamine use were lower for Black people (0.2 percent) and Asian people (0.2 percent) than the estimates for people of all other racial/ethnic groups.

Ethnicity and SUDS Highlights 2021

- The estimate of past year prescription pain reliever misuse among people aged 12 or older was higher for people reporting two or more races (5.8 percent) compared with the estimates for White, Hispanic, Black, and Asian people (4.2, 4.1, 3.6, and 1.7 percent, respectively)
- The estimate of past year prescription pain reliever misuse was lower for Black people (3.6 percent) than the estimates for American Indian or Alaska Native, White, and Hispanic people (5.2, 4.2, and 4.1 percent, respectively).
- Asian people had the lowest estimate of past year prescription pain reliever misuse (1.7 percent) compared with the estimates for all other racial/ ethnic groups.

Ethnicity and SUDS Highlights 2021

- The estimate of past year fentanyl product misuse among people aged 12 or older was higher for White people (0.1 percent) than for people in all other racial/ethnic groups except people reporting two or more races (0.2 percent).

Ethnicity and SUDS Highlights 2021

- The estimate of past year SUD among people aged 12 or older was higher for American Indian or Alaska Native people (11.2 percent) than the estimates for people in all other racial/ethnic groups except those reporting two or more races (Figure 4.7).
- ● The estimate of past year SUD was higher for White people (7.8 percent) than the estimates for Black, Hispanic, and Asian people (7.1, 7.1, and 4.1 percent, respectively).
- ● Asian people had the lowest estimate of past year SUD compared with the estimates for all other racial/ethnic groups.

Ethnicity and SUDS Highlights 2021

- The estimate of past year illicit drug use treatment utilization at any location among people who needed treatment was lower for Asian people (8.3 percent) than for all other racial/ethnic groups.
- White people (23.5 percent) had the highest estimate of past year illicit drug use treatment utilization at any location among people who needed treatment compared with the estimates for all other racial/ethnic groups except American Indian or Alaska Native people and the estimate for people reporting two or more races.

Agenda

Part 1: Hispanic/Latino

Part 2: African American

Part 3: Asian

Part 4: Native American

Part 5: LGBT

Part 6: Men

Part 7: Women

Ethnicity and Substance Use Disorders: Hispanic/Latino Populations

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Diversity of the Hispanic Population in the United States

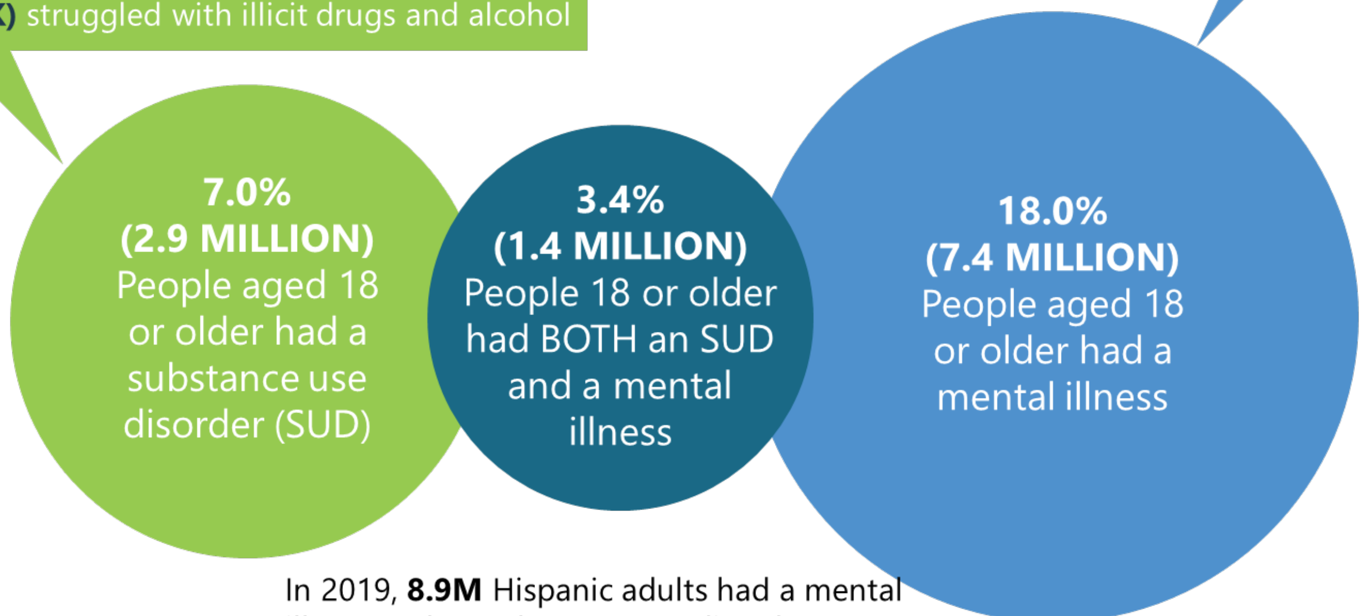
- Hispanics in the United States are a diverse population, including:
  - Mexicans (64%),
  - Puerto Ricans (9.4%),
  - Cubans (3.7%),
  - South Americans (5.9%),
  - Central Americans (9%), or
  - Other Spanish origin groups.
- Although socioeconomically disadvantaged (except Cubans), Hispanics, particularly Mexican women, have better mortality rates than Whites.

Mental Illness and Substance Use Disorders in America among Hispanic Adults (≥18 y.o.)

PAST YEAR, 2019 NSDUH, Hispanic 18+

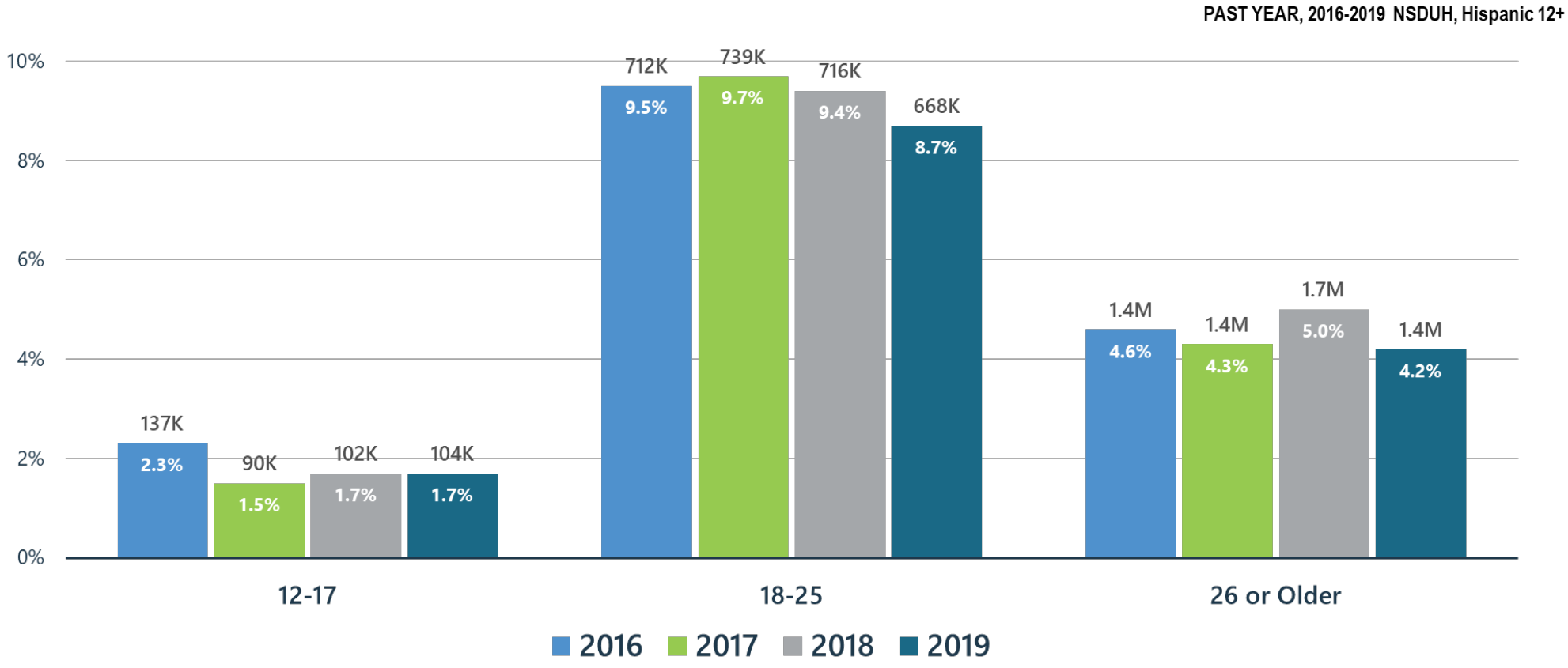
Among Hispanics with a substance use disorder:
- **2 IN 5 (41.0% or 1.2M)** struggled with illicit drugs
- **3 IN 4 (72.4% or 2.1M)** struggled with alcohol use
- **1 IN 8 (13.4% or 386K)** struggled with illicit drugs and alcohol

Among Hispanics with a mental illness:
1 IN 4 (27.0% or 2.0M) had a serious mental illness



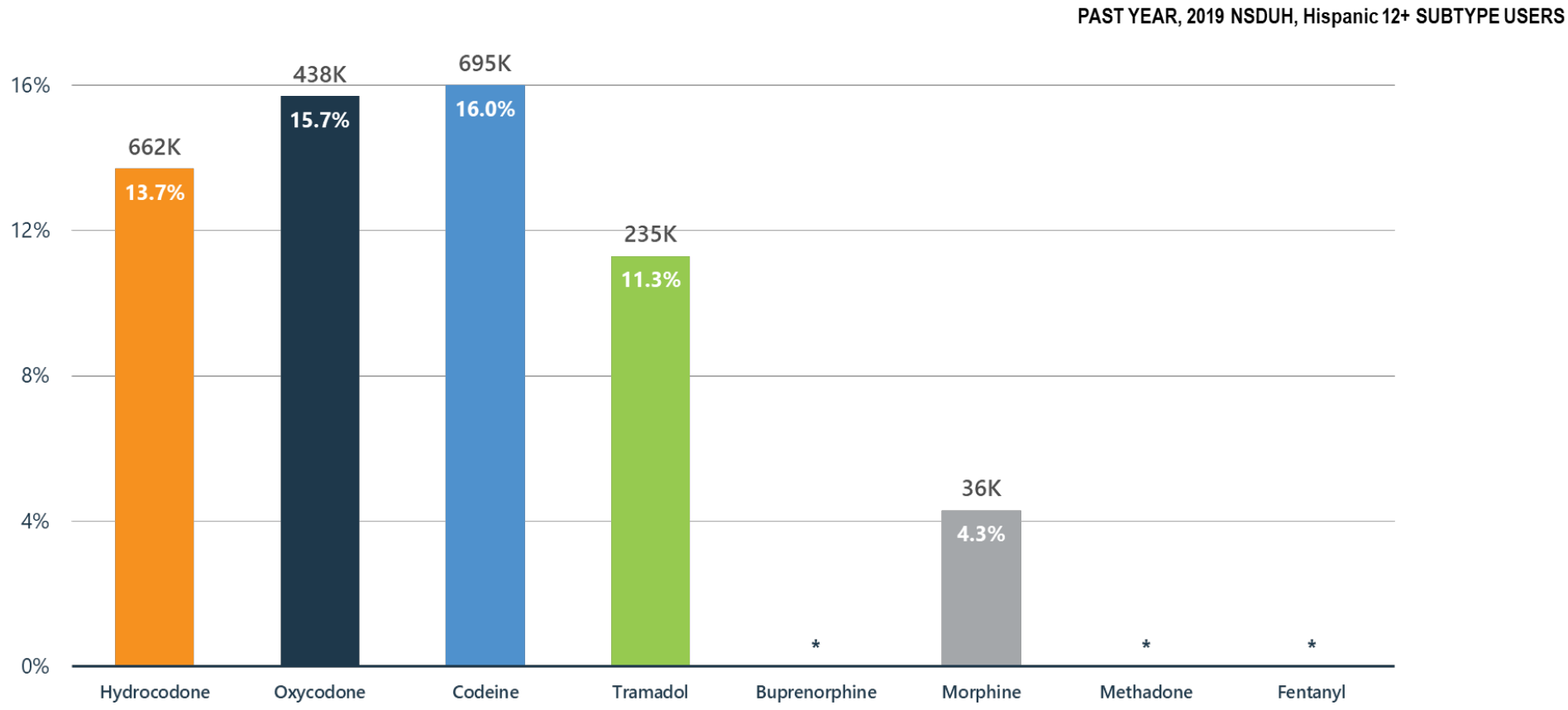
In 2019, **8.9M** Hispanic adults had a mental illness and/or substance use disorder-an increase of 3.7% over 2018 composed of increases in both SUD and mental illness.

Alcohol Use Disorder among Hispanics



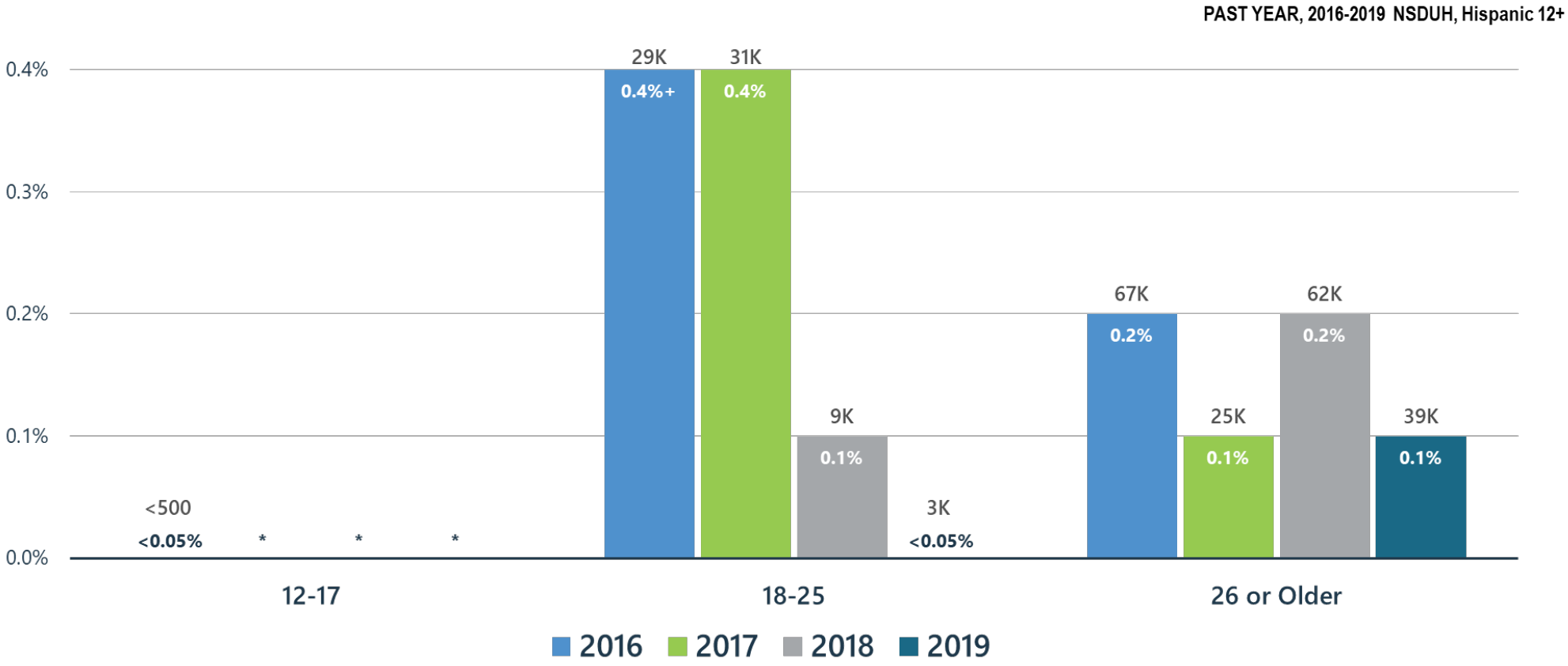
No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

Misuse of Prescription Opioid Subtypes among Hispanics



* Estimate not shown due to low precision.

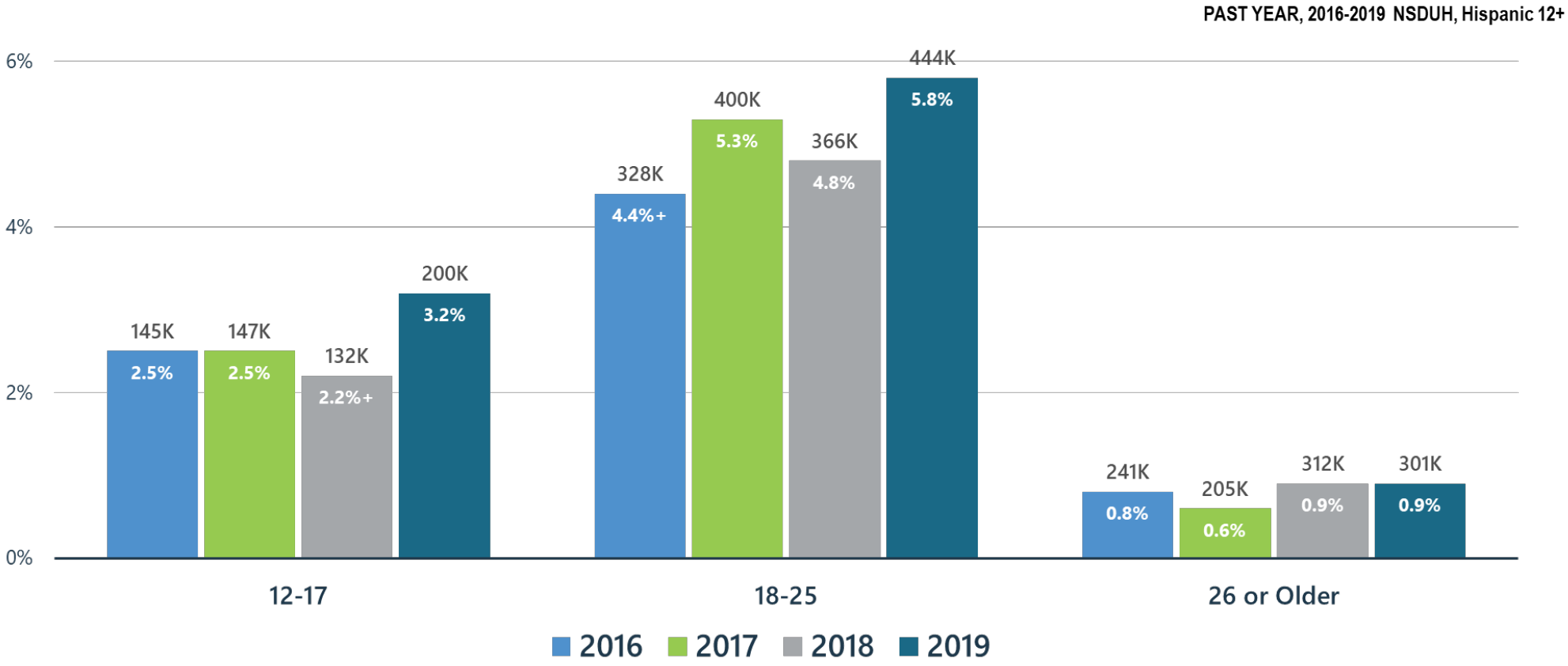
Heroin-Related Opioid Use Disorder among Hispanics



* Estimate not shown due to low precision.

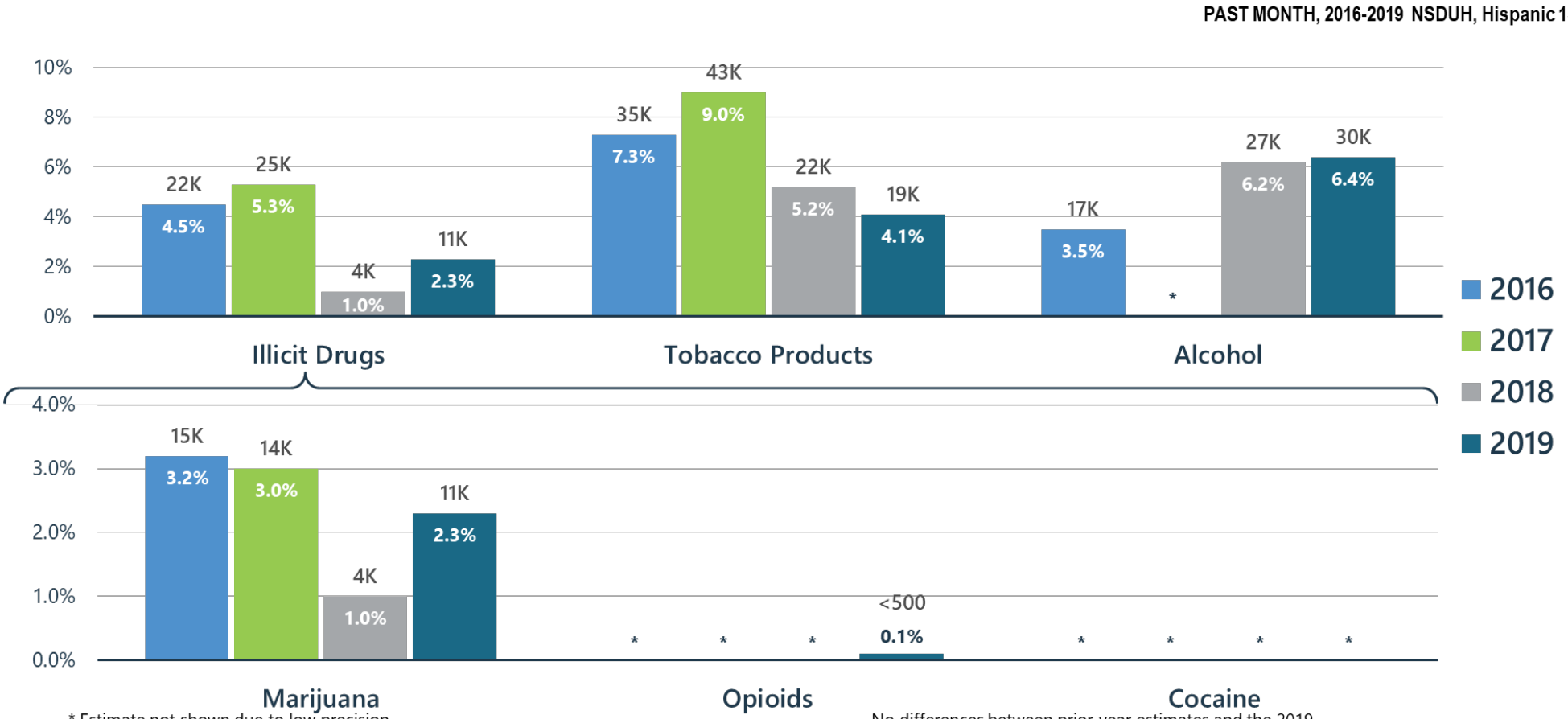
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Marijuana Use Disorder among Hispanics: Significant Increase for 12-17 y.o.



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Month Substance Use among Hispanic Pregnant Women



* Estimate not shown due to low precision.

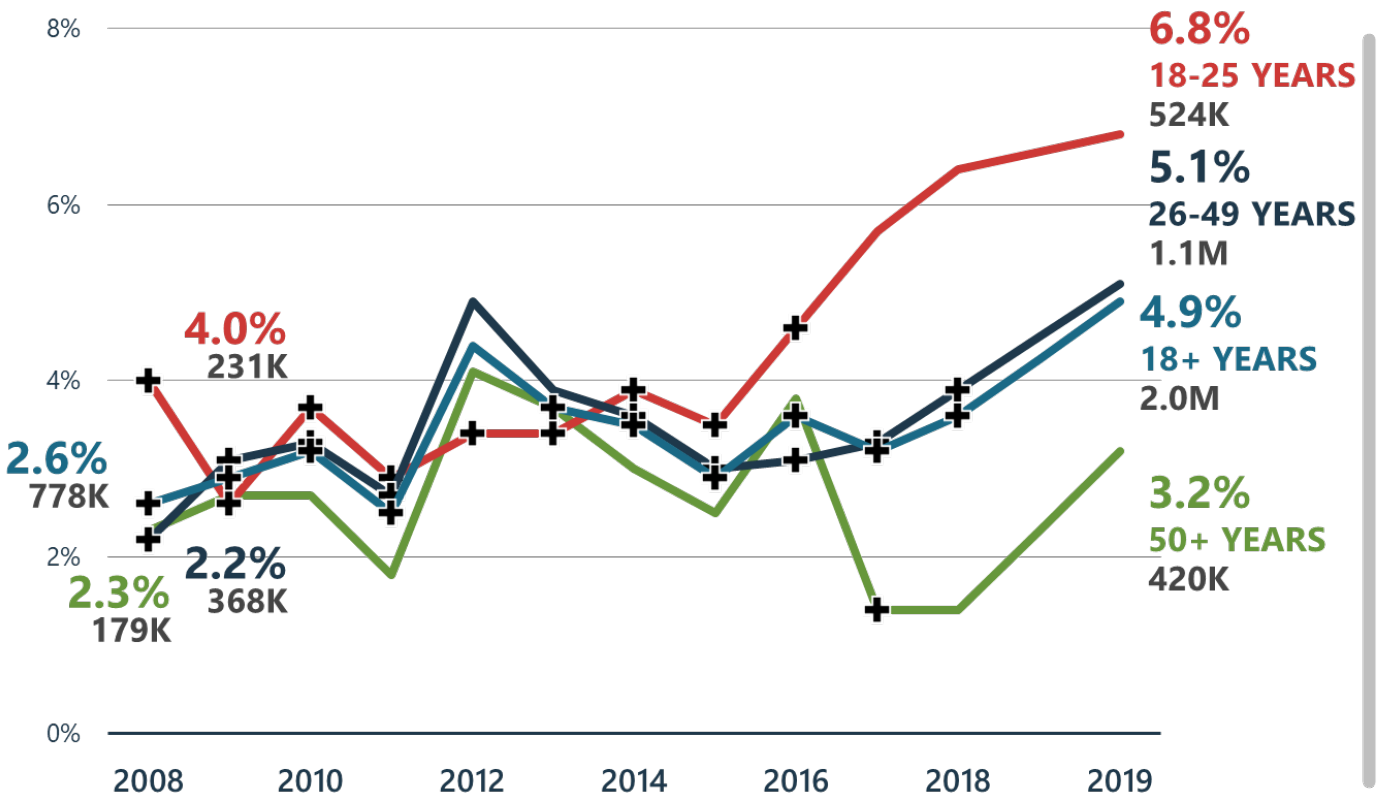
Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

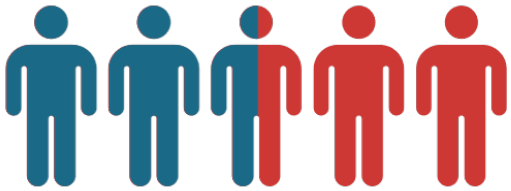
Mental Health

Serious Mental Illness (SMI) among Hispanics Increasing

PAST YEAR, 2008-2019 NSDUH, Hispanic 18+



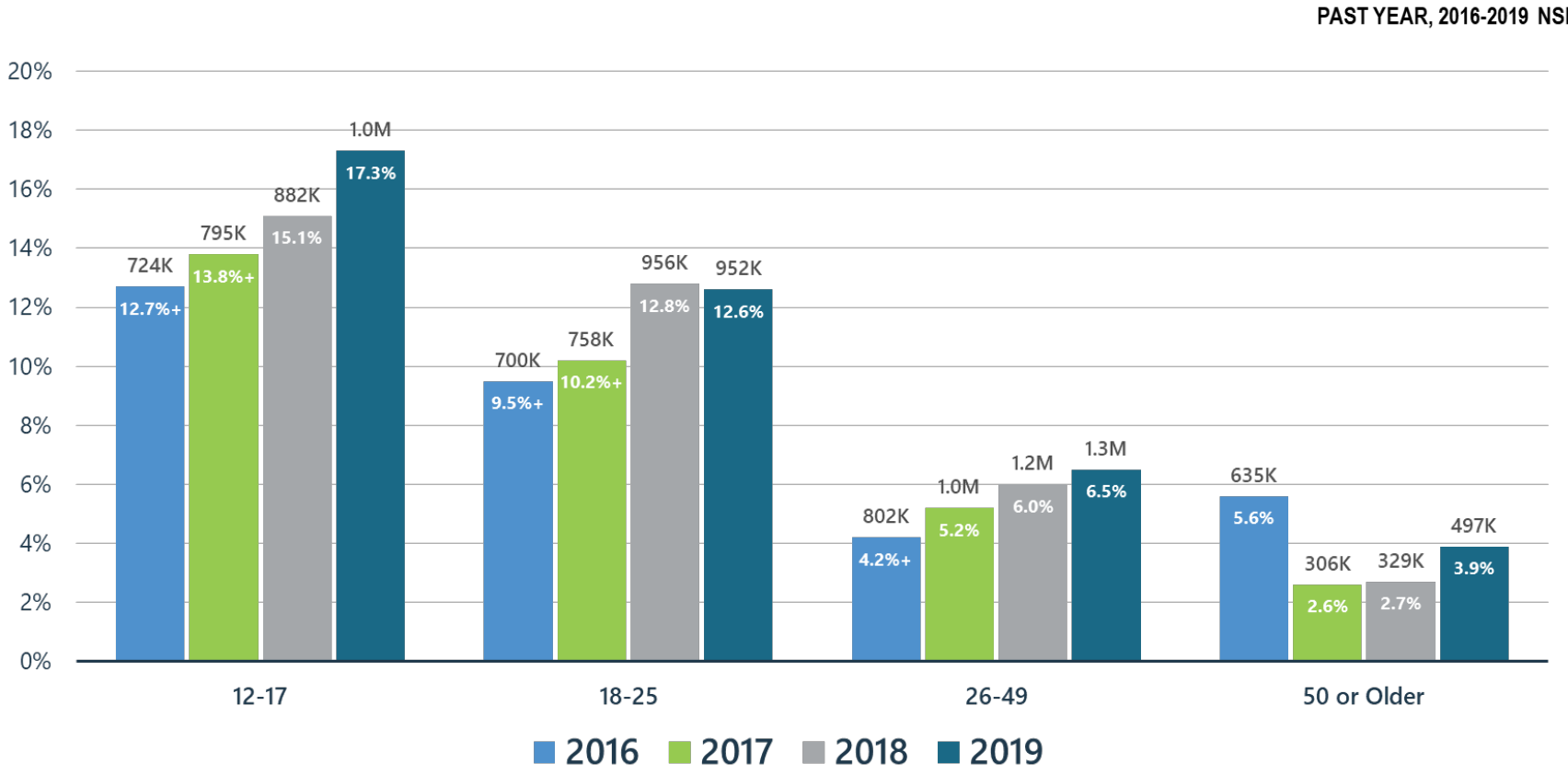
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



48.8%
256,000 HISPANIC YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2019
51.2% got NO treatment

54.0%
572,000 HISPANIC ADULTS AGED 26-49 WITH SMI RECEIVED TREATMENT IN 2019
46.0% got NO treatment

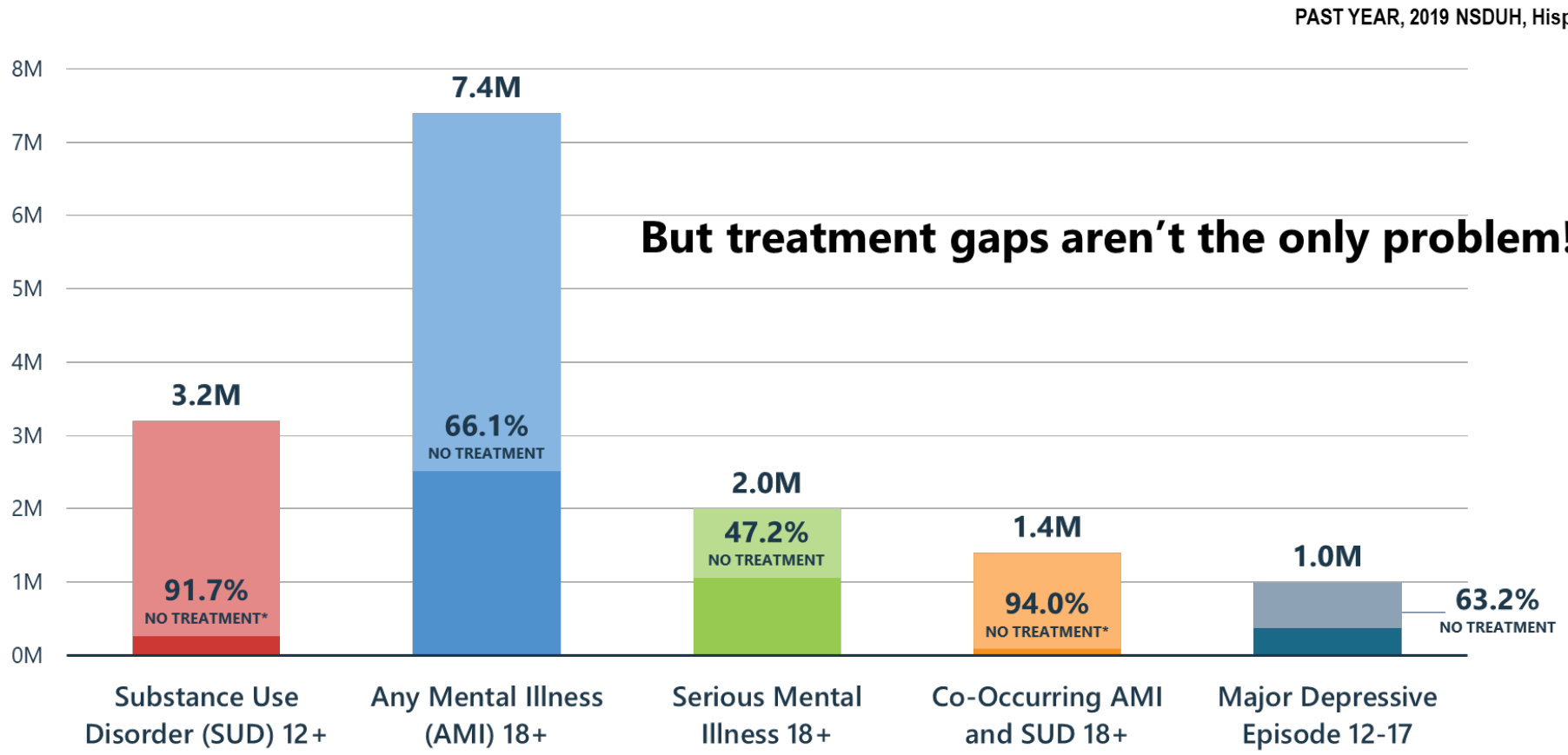
Major Depressive Episodes among Hispanics



Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

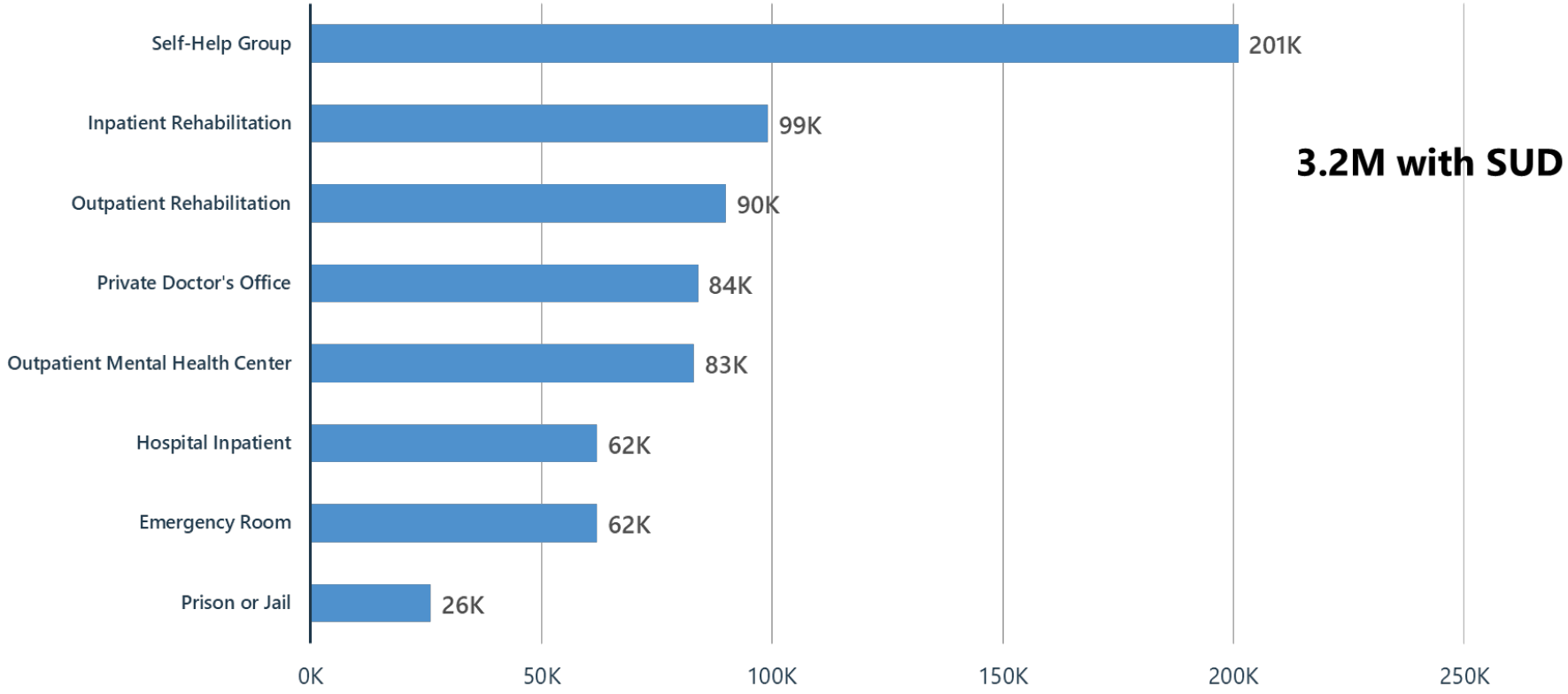
Mental and Substance Use Disorders among Hispanics: High Prevalence/Huge Treatment Gaps



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Hispanics

PAST YEAR, 2019 NSDUH, Hispanic 12+



3.2M with SUD

Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

Care for Substance Use Disorders

National Healthcare Quality and Disparities Report

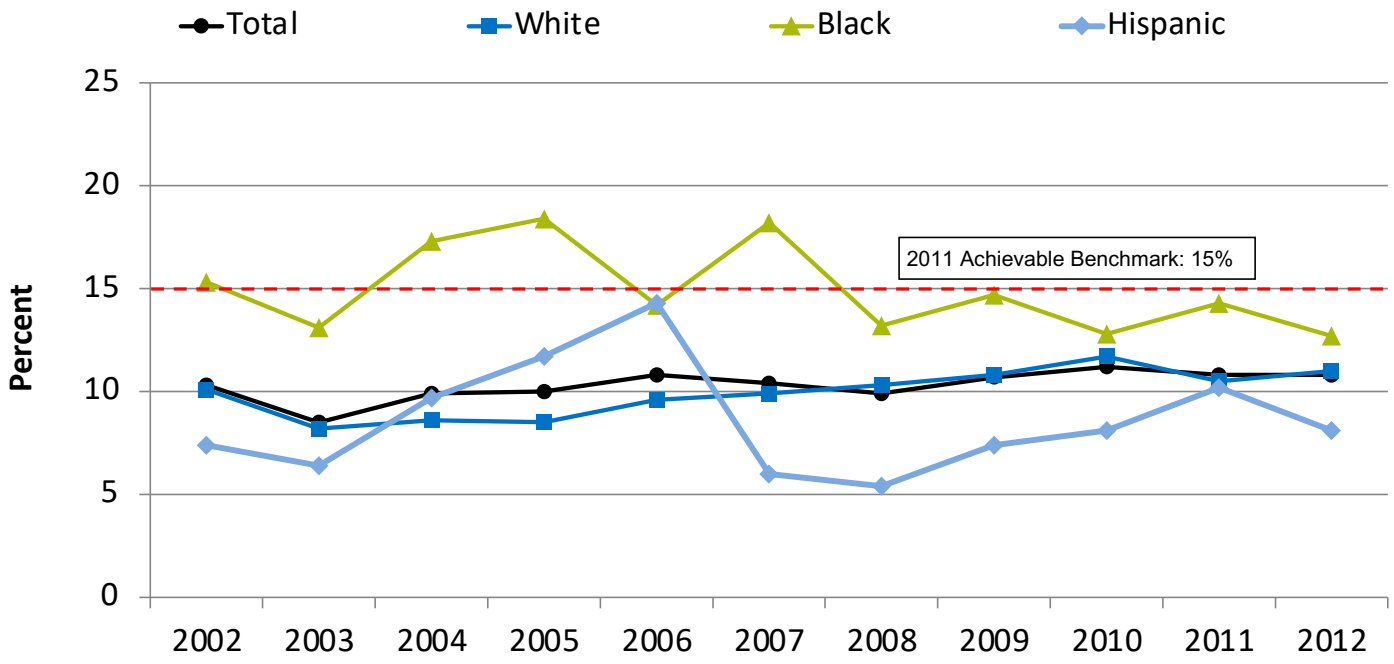
Chartbook on Health Care for Hispanics

Part 2: Trends in Priorities of the Heckler Report

Care for Substance Use Disorders for Hispanics

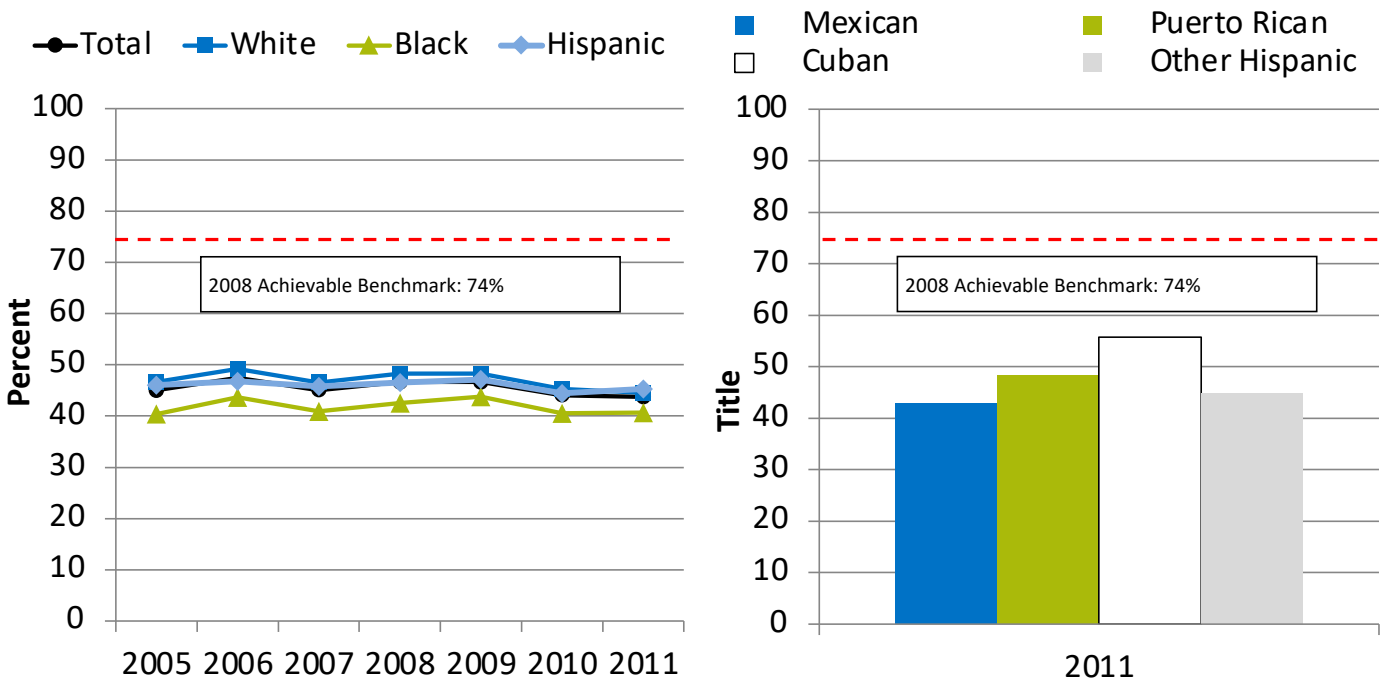
Measure	Most Recent Disparity	Disparity Change
People age 12 and over who received any illicit drug or alcohol abuse treatment in the last 12 months	Same	No Change
People age 12 and over who needed treatment for illicit drug use or an alcohol problem and who received such treatment at a specialty facility in the last 12 months	Same	No Change
People age 12 and over treated for substance abuse who completed treatment course	Same	No Change

People age 12 and over who needed treatment for illicit drug use or an alcohol problem and who received such treatment at a specialty facility in the last 12 months, by race/ethnicity



Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2002-2012.
Denominator: Civilian noninstitutionalized population age 12 and over who needed treatment for illicit drug use or an alcohol problem.
Note: Treatment refers to treatment at a specialty facility, such as a drug and alcohol inpatient and/or outpatient rehabilitation facility, inpatient hospital setting, or mental health center.

People age 12 and over treated for substance abuse who completed treatment course, by race/ethnicity, 2005-2011, and by Hispanic group, 2011



Source: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set, Discharge Data Set, 2005-2011.
Denominator: Discharges age 12 and over from publicly funded substance abuse treatment facilities.

Treatment Aspects of Hispanic/Latino Populations

"Latinos are healthier . . . when they first arrive in the United States, however, they become less healthy after acculturation."

Behavioral health is a quality of life issue; without coping mechanisms individuals are forced to have a very difficult life.

Opioid Use Among U.S. Latinos

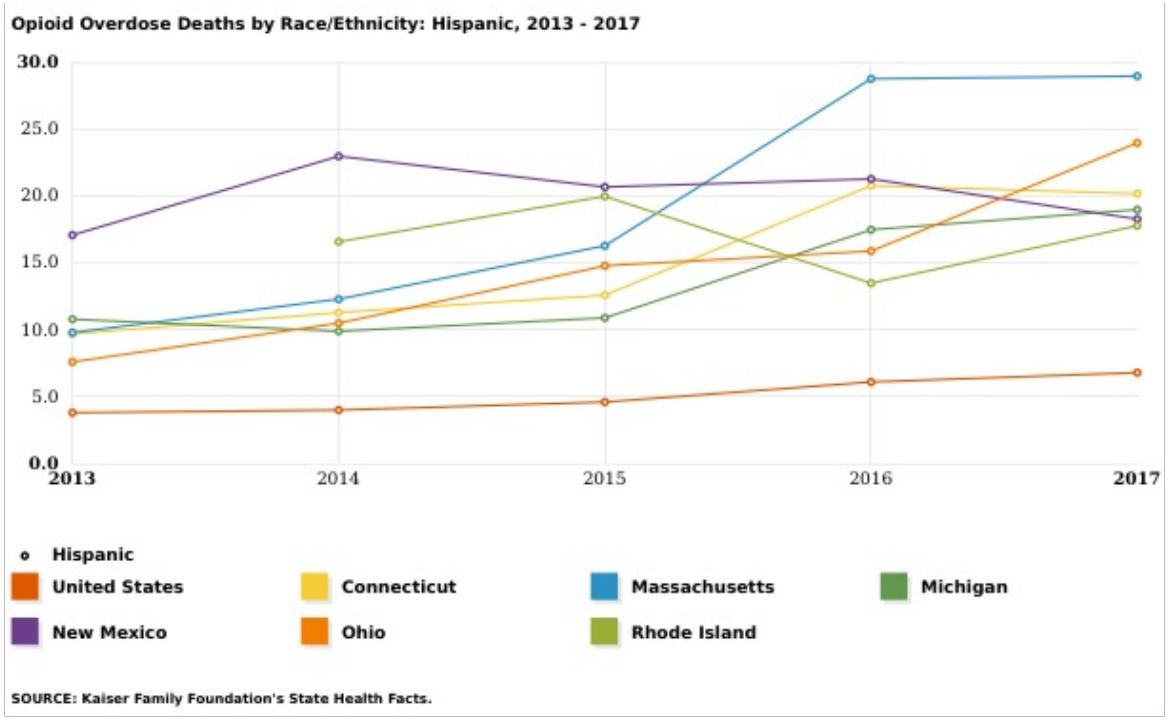
- Generally, opioid use rates in Latinos have been on par with rates of use in Whites and Blacks (CDC, 2017; SAMHSA 2017)
- Between 2005 and 2011, Latinos accounted for about 11% of ER visits initiated due to drug use (SAMHSA 2013)
  - Heroin was identified as major substance of misuse in 27% of these visits
- Increased reporting of prescription opioids as main drug precipitating ER visits increased in 2009.
- Decreased reporting of heroin in this regard, beginning in 2010.

Differences in Opioids Used by Latinos

- Substance use treatment admissions data in 2015 show:
  - Heroin most often identified as primary substance of use by Puerto Rican descent males (45%) and females (34%) at admission.
    - Identified prescription opioids as the primary substance used at much lower rates (3% for males and 4% for females).
  - Heroin was identified as the primary substance of use by 18% of Mexican descent males and 15% of Mexican descent females.
  - Neither identified prescription opioids as a primary substance of use in 2015.

  (SAMHSA, 2017)

Opioid Overdose Mortality



Social and Cultural Factors Associated with Substance Misuse in Latinos

- **Latinos may experience disparities in access to opioid medications for severe pain.**
  - **Residents of low-income neighborhoods are significantly less likely to receive an opioid prescriptions, despite reporting similar levels of pain severity to doctors.**
  - **When Latinos *do* receive opioid prescriptions, pharmacies in neighborhoods where they reside *may not carry them*.**

Social and Cultural Factors Associated with Substance Misuse in Latinos

- **Opioid use among Latinos is more likely to be criminalized, resulting in higher rates of incarceration as compared to Whites.**
- **Latinos are less likely to be offered substance use treatment or enrolled in programs designed to reduce the likelihood of overdose or infectious diseases.**

Barriers to Access and Use of Needed Services and Treatments

- **Latinos are less likely to seek and complete substance use treatment, remain in treatment for shorter periods, generally receive fewer services, and are less likely to report satisfaction with treatment.**
- **Increased unemployment and housing instability decrease rates of treatment completion.**
- **Barriers often exacerbated by a shortage of behavioral health practitioners, who are culturally responsive to the cultural and linguistic needs of the population.**

Strategies for Increasing Engagement In and Use of Services

- Services should:
  - be made available in the primary language spoken by opioid users,
  - take cultural beliefs and practices into account, and whenever possible, should be deployed by bicultural and bilingual professionals.
- Some states and Medicaid managed care plans have increased coverage to include traditional healing practices, such as *curanderismo* to support engagement in treatment.

Strategies for Increasing Engagement In and Use of Services

- *Familismo* can be supported through use of interventions in substance use treatment that engage important family members, and involve them throughout the treatment continuum.
- Additional strategies:
  - Home visits
  - Mobile treatment options
  - Promotores de salud or peer specialists

Additional Recommendations

- All health care professionals should have up-to-date knowledge regarding federal prescribing guidelines, best practices for safely addressing pain management, screening for opioid misuse and co-occurring disorders, and MAT waiver requirements.
- Systems and providers must work to reduce barriers to access and increase use of quality services and evidence-based treatments to effectively respond to growing opioid use and mortality in the Latino population.

Additional Recommendations

- Trusted primary care providers play an important role in prevention of opioid dependence.
  - As an important first step, they should screen for opioid misuse and identify substance use disorders during regular visits.
  - They should also discuss the importance of behavioral health services, including substance use treatment, with their Latino patients who may be unwilling to seek out such services due to stigma.

Additional Recommendations

- Treatment providers should remain mindful of barriers to engagement in and adherence to MATs and address these by:
  - Thoroughly explaining medication and program benefits, using available evidence about safety and effectiveness.
  - Engaging family members, including multiple generations and extended family members, in prevention and treatment efforts whenever possible and appropriate.
  - Adapting interventions and treatment modalities to ensure they are responsive to the cultural and linguistic needs of Latino individuals.

Ethnicity and Substance Use Disorders: African American Populations

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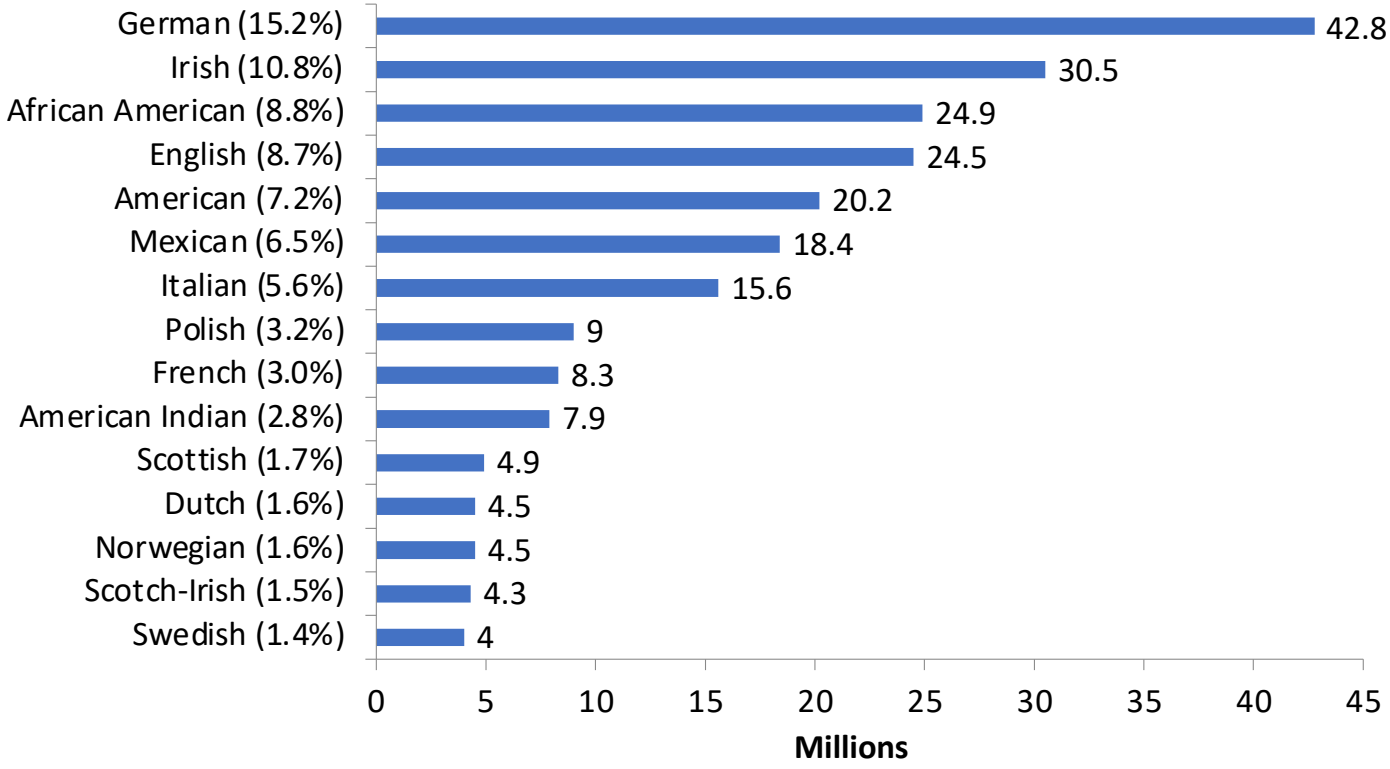
Diversity of the Black Population in the United States

- Blacks in the United States are a diverse population and in 2013 included:
  - Total population (39.9 million)
  - Percent of the total population (12.6%)
  - U.S.-born Blacks (36.2 million)
  - Foreign-born Blacks (3.8 million)
    - Jamaican (682,000)
    - Haitian (586,000)
    - Nigerian (226,000)
    - Dominican (166,000)
  - Hispanic Blacks (3.2 million)

15 Largest Ancestries, United States, 2000



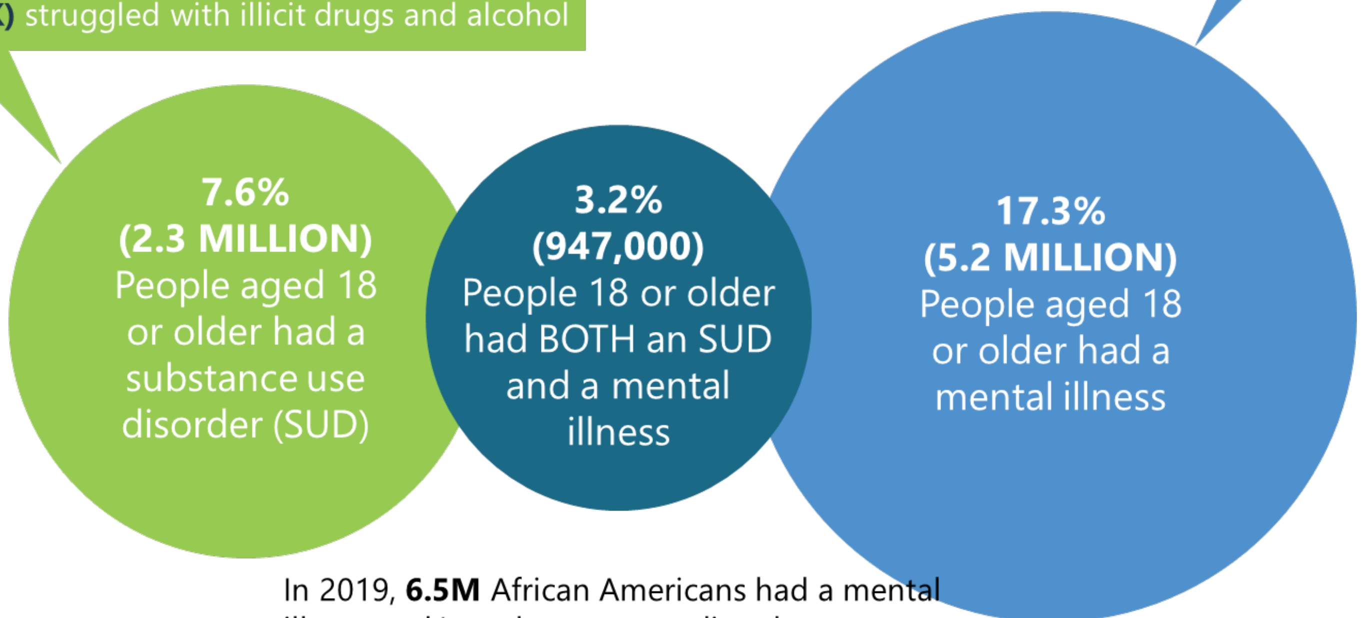
Note: Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf3.pdf.

Mental Illness and Substance Use Disorders in America among African American Adults (≥18 y.o.)

PAST YEAR, 2019 NSDUH, African American 18+

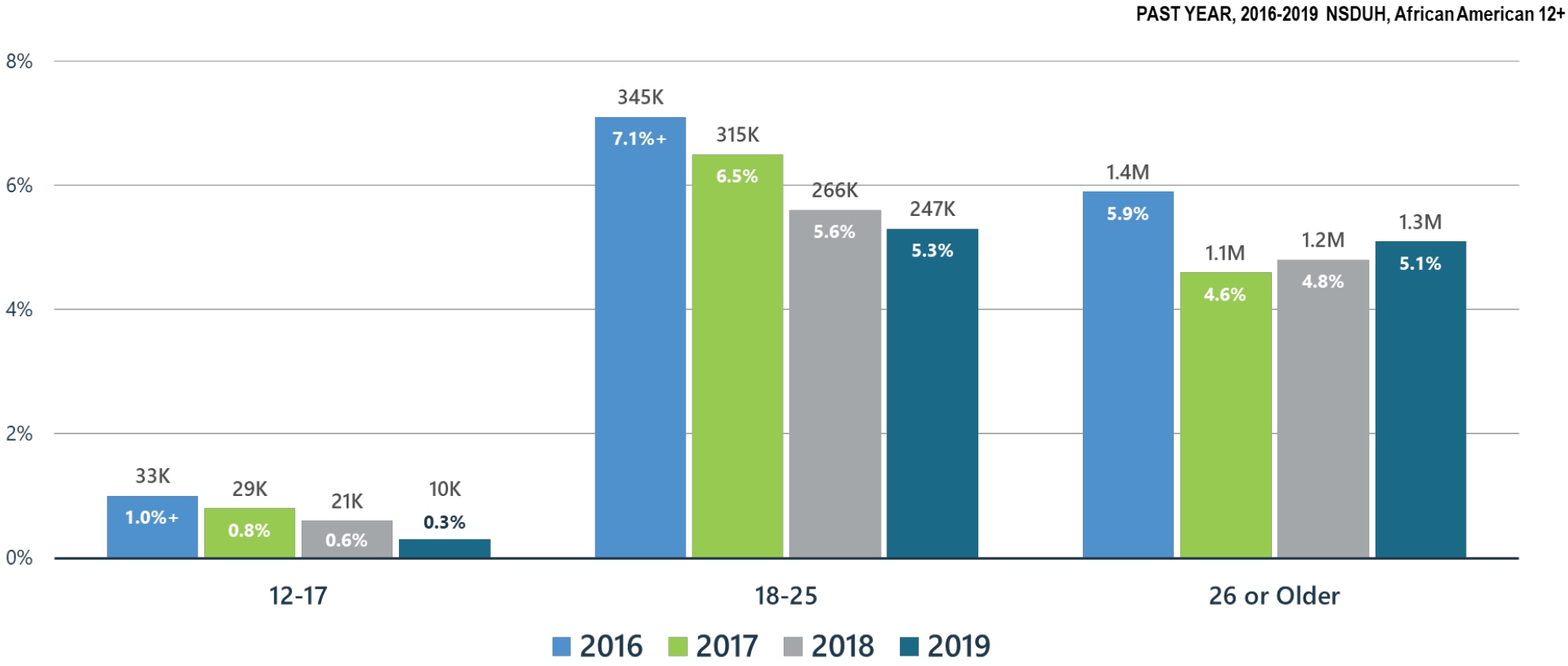
Among African Americans with a substance use disorder:
- **4 IN 9 (43.8% or 993K)** struggled with illicit drugs
- **2 IN 3 (67.4% or 1.5M)** struggled with alcohol use
- **1 IN 9 (11.1% or 252K)** struggled with illicit drugs and alcohol

Among African Americans with a mental illness:
2 IN 9 (23.0% or 1.2M) had a serious mental illness



In 2019, **6.5M** African Americans had a mental illness and/or substance use disorder-an increase of 10.1% over 2018 composed of increases in both SUD and mental illness.

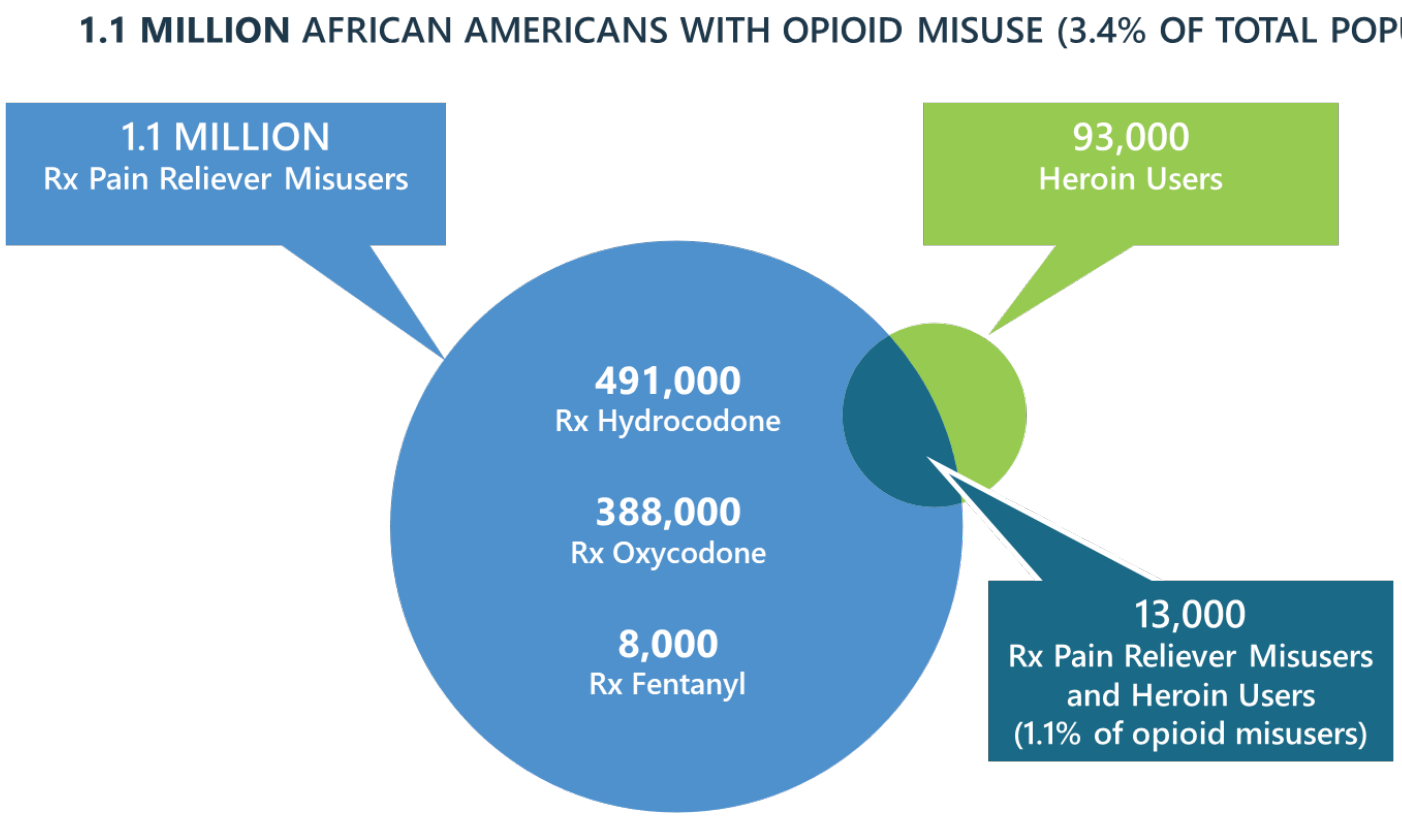
Alcohol Use Disorder among African Americans



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Progress on the Opioid Epidemic: Prescription Pain Reliever Misuse among African Americans

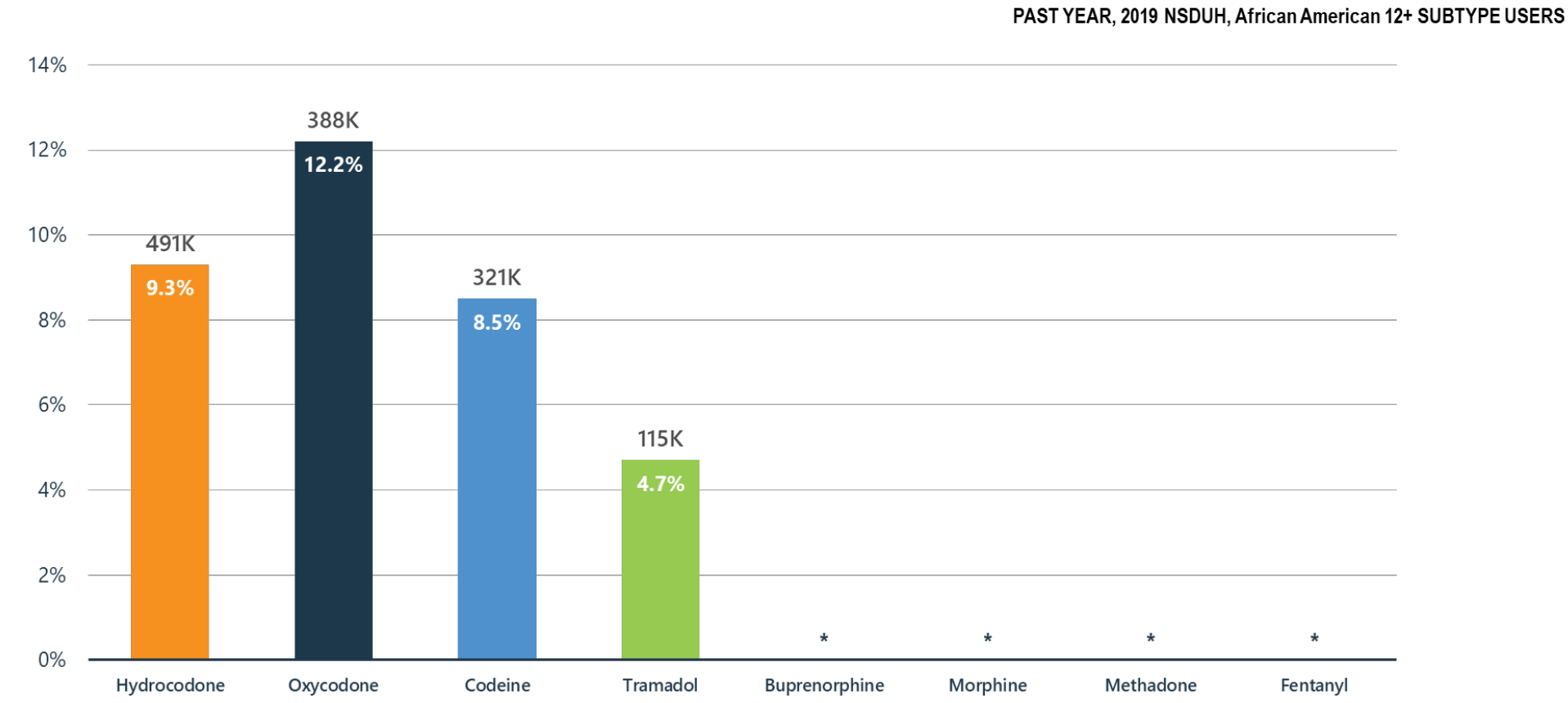
PAST YEAR, 2019 NSDUH, African American 12+



Rx = prescription.

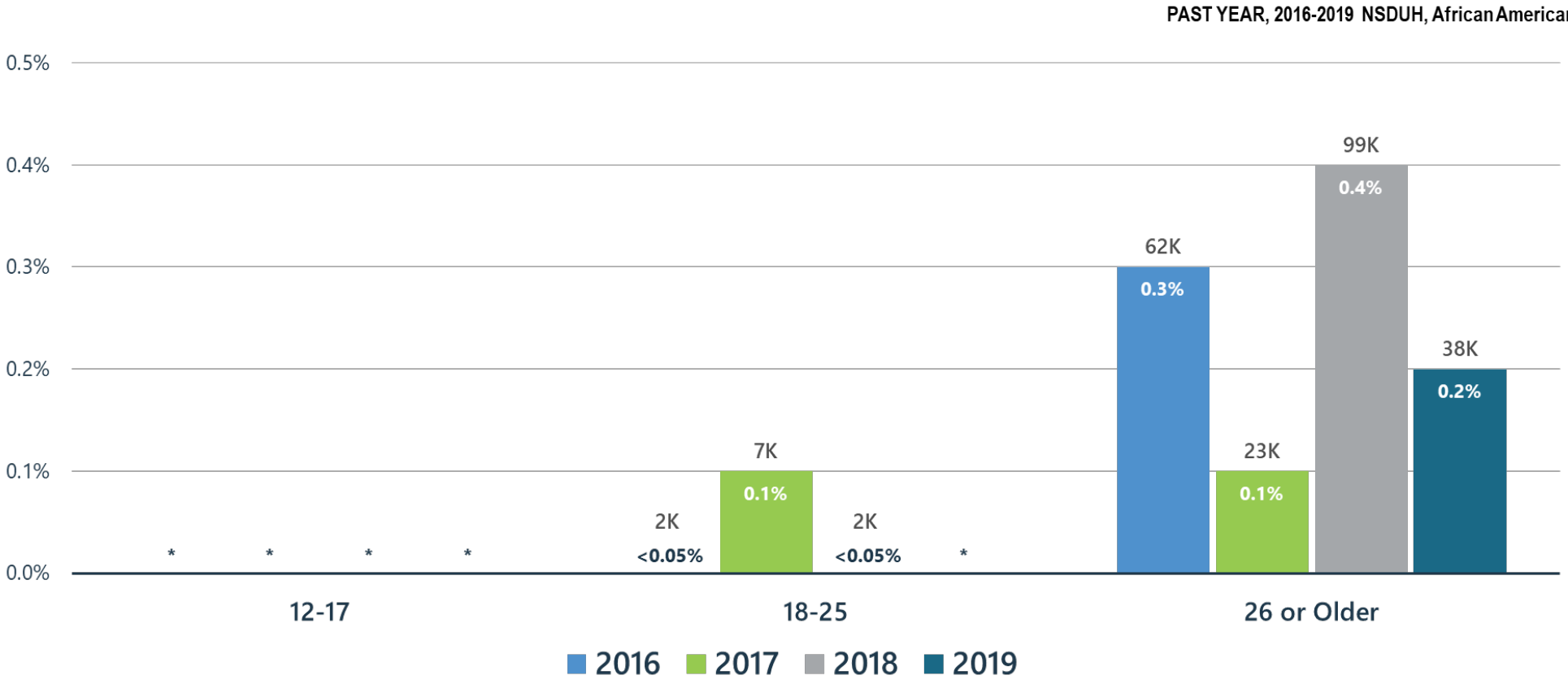
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Misuse of Prescription Opioid Subtypes among African Americans



* Estimate not shown due to low precision.

Heroin-Related Opioid Use Disorder among African Americans

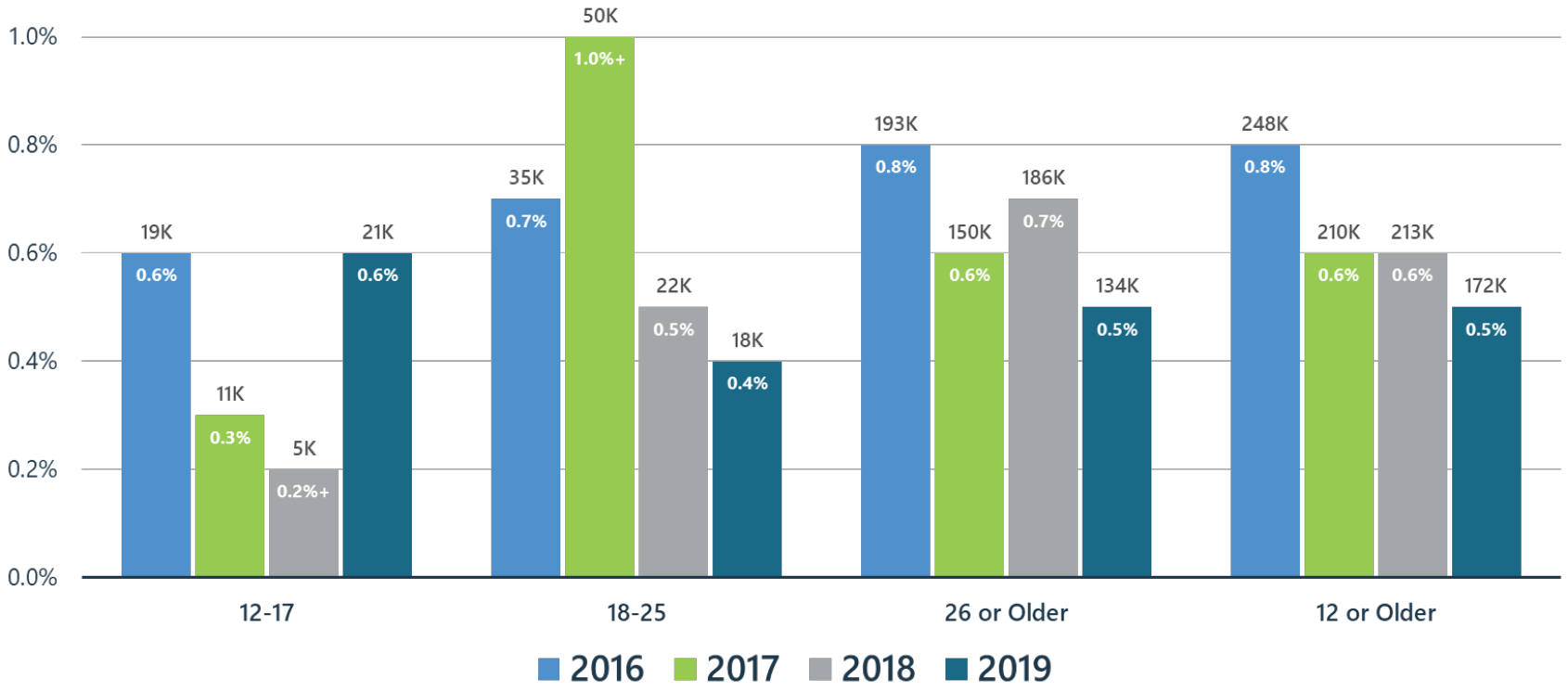


* Estimate not shown due to low precision.

No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

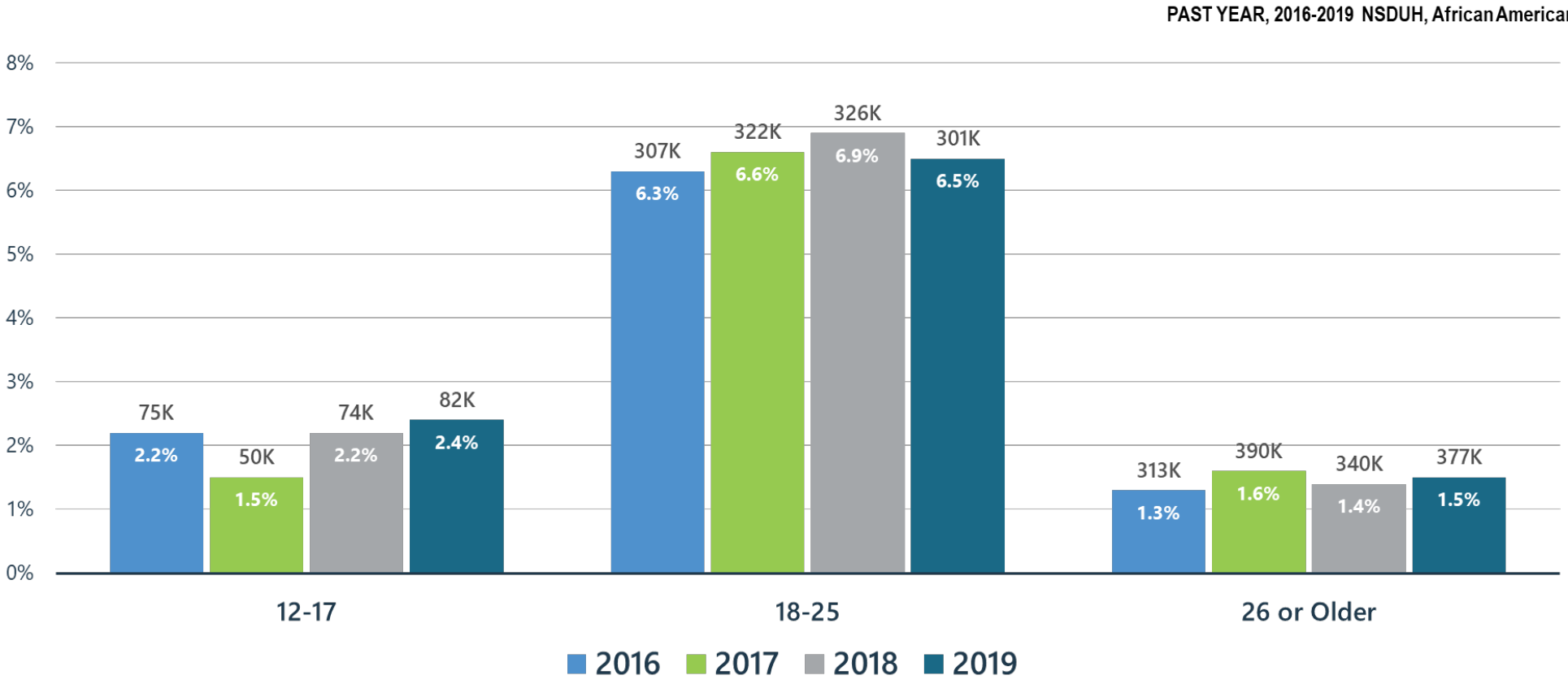
Opioid Use Disorder among African Americans

PAST YEAR, 2016-2019, African American 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Marijuana Use Disorder among African Americans

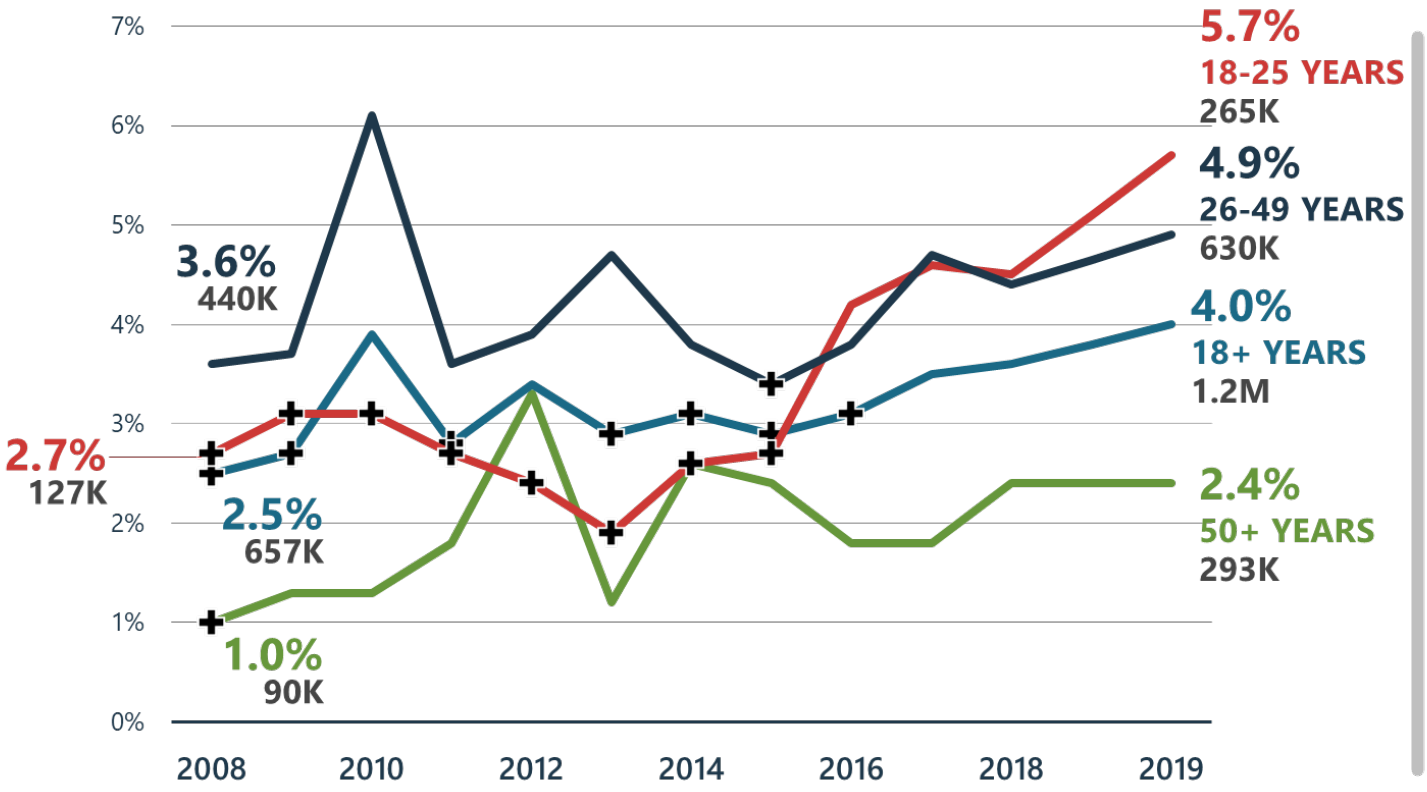


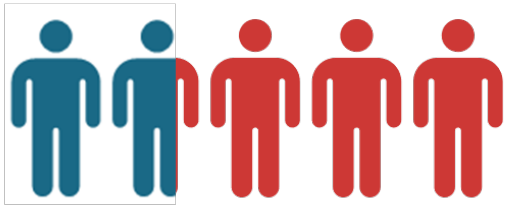
No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

Mental Health

Serious Mental Illness (SMI) among African Americans

PAST YEAR, 2008-2019 NSDUH, African American 18+



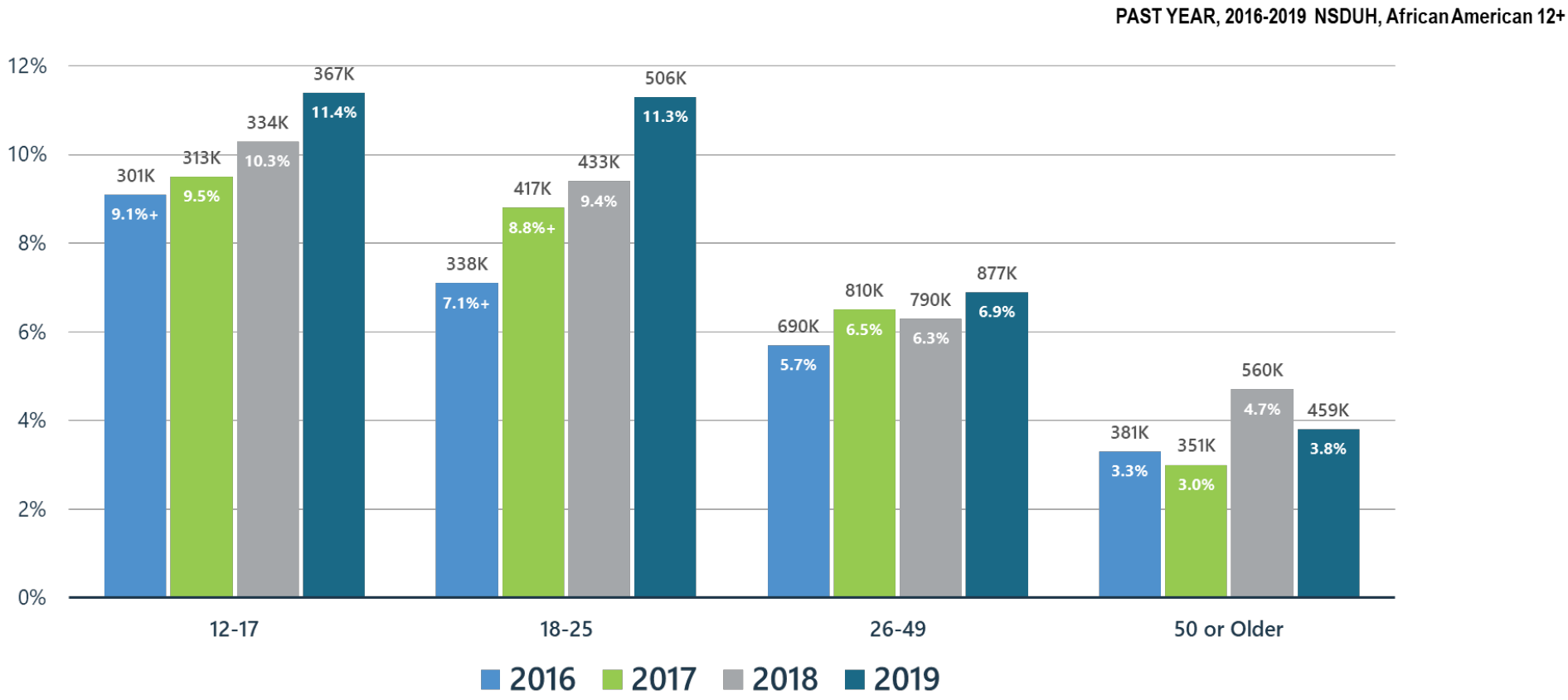


34.6%
91,000 AFRICAN AMERICAN YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2019
65.4% got NO treatment

58.1%
366,000 AFRICAN AMERICAN ADULTS AGED 26-49 WITH SMI RECEIVED TREATMENT IN 2019
41.9% got NO treatment

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

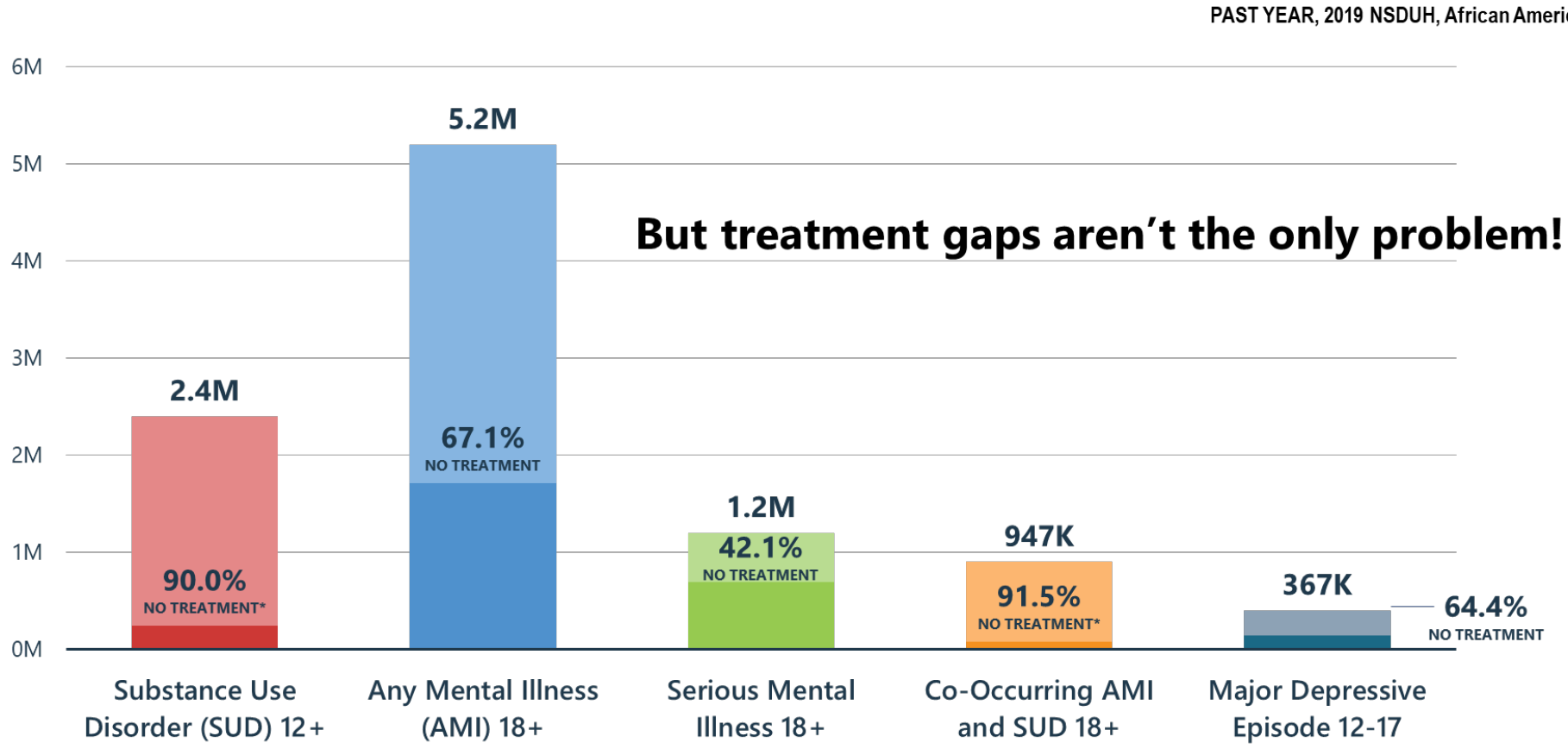
Major Depressive Episodes among African Americans



Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

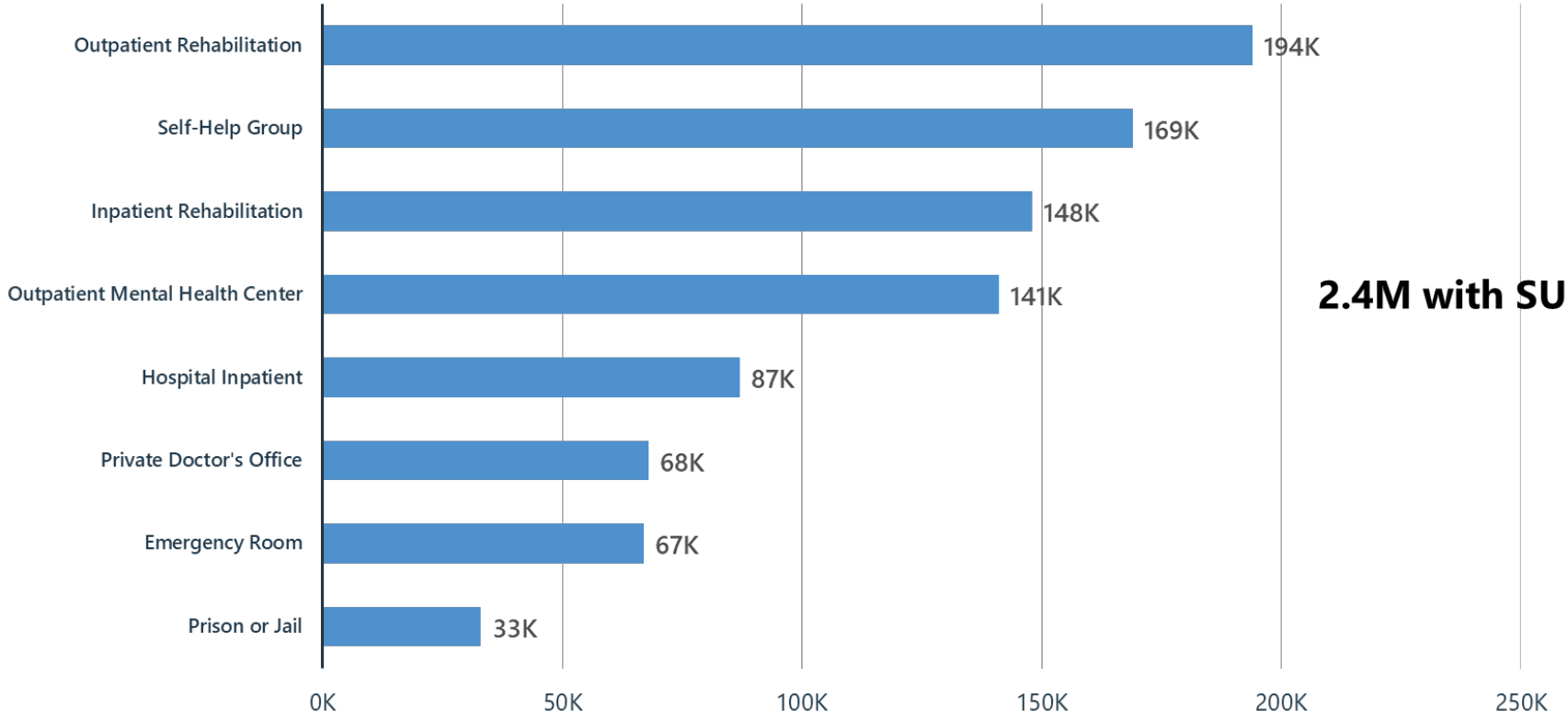
Mental and Substance Use Disorders among African Americans: High Prevalence/Huge Treatment Gaps



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

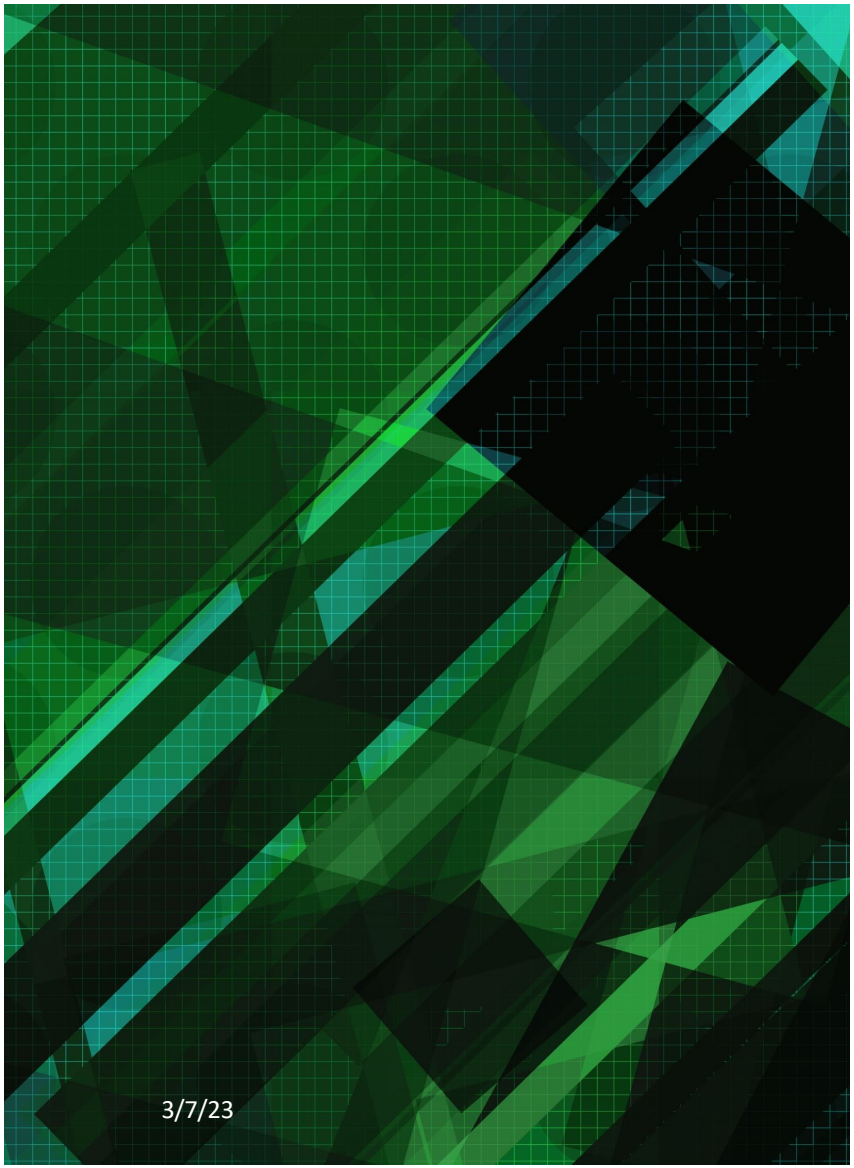
Locations Where Substance Use Treatment was Received among African Americans

PAST YEAR, 2019 NSDUH, African American 12+



2.4M with SUD

Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.



Treatment Aspects of the African Americans

Effective Treatment of Substance Use Disorders among African Americans

Dr. Merrill Norton Pharm.D.,D.Ph.,ICCDP-D

- **African American communities are disproportionally affected by the opioid epidemic. The CDC estimates that from 2014 to 2016 opioid overdose deaths increased by 45.8% for whites but 83.9% for African Americans.**
- **Although SUDs appear to be equally prevalent among Whites, Latinos, and Blacks (prevalence rates of roughly 8%), this disorder exerts a disproportionate impact on the health of certain minority groups, including more severe alcohol problems among Latinos than among Whites, higher rates of injuries attributable to alcohol among American Indians, and disproportionately high rates of alcohol-attributable injury and mortality for Blacks and Latinos.**
- **The criminal justice consequences are also disproportionate. Blacks are more likely to be arrested for drug possession than are Whites although the rates of past month illicit drug use is similar.**
- **American Indians have the highest rates of SUDs (15%), and have among the highest rates of drug-induced mortality. Given the disproportionate negative impact of SUDs on racial/ethnic minority populations, it is critical that SUD treatment be equitable.**

Effective Treatment Models:

Culturally competent treatments for racial/ethnic minority youth

- **Functional Family Therapy (FFT)**
- **Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT)**
- **Multidimensional Family Therapy (MDFT)**
- **Multisystemic Therapy (MST)**
- **Teen Marijuana Check-Up (TMCU)**
- Stoner SA. Effective Treatments for Racial, Ethnic, and Sexual Minorities: A Brief Review of the Literature. Seattle: Alcohol & Drug Abuse Institute, University of Washington, December 2018.
  URL:
  http://adai.uw.edu/pubs/pdf/2018effectivetreatmentsforminorities.pdf

Effective Treatments:

Culturally competent treatments for racial/ethnic minority adults

Brief Cognitive Behavioral Intervention, Cognitive- Behavioral Coping Skills Therapy, Community Reinforcement and Family Training, Community Reinforcement Approach, Dialectical Behavior Therapy, Family Behavior Therapy, Holistic Harm Reduction Program, Individual Drug Counseling Approach, the Matrix Model Intensive Outpatient Treatment, Motivational Interviewing, Peer Support, Relapse Prevention Therapy, Seeking Safety, and Twelve-Step Facilitation .

In addition, a recent review noted that research studies have demonstrated empirical support for mindfulness-based relapse prevention among women of color, and drink refusal skills-training among African American clients.

Stoner SA. Effective Treatments for Racial, Ethnic, and Sexual Minorities: A Brief Review of the Literature. Seattle: Alcohol & Drug Abuse Institute, University of Washington, December 2018. URL: http://adai.uw.edu/pubs/pdf/2018effectivetreatmentsforminorities.pdf

My Highly Recommended Resources

- Engaging African Americans in Substance Use Disorder Treatment Recorded Webinar Series, **Mark Sanders, LCSW, CADC**,
- View the recorded webinar: Integrating Culturally-Competent Practice with Evidence-Based Practices in Treating African Americans with Substance Use Disorders
- Learn strategies that will help you work more effectively with African Americans with substance use disorders in the cross-cultural counseling relationship. Topics covered include:
- Characteristics of culturally competent counselors
- Dealing with micro-aggressions,micro-insults, and micro-invalidations
- Building rapport through discussions of intersectionality
- Overcoming barriers to mistrust
- View the recorded webinar: Effective Cross-Cultural Counseling with African Americans with Substance Use Disorders

Ethnicity and Substance Use Disorders: Asian American and Pacific Islander Populations

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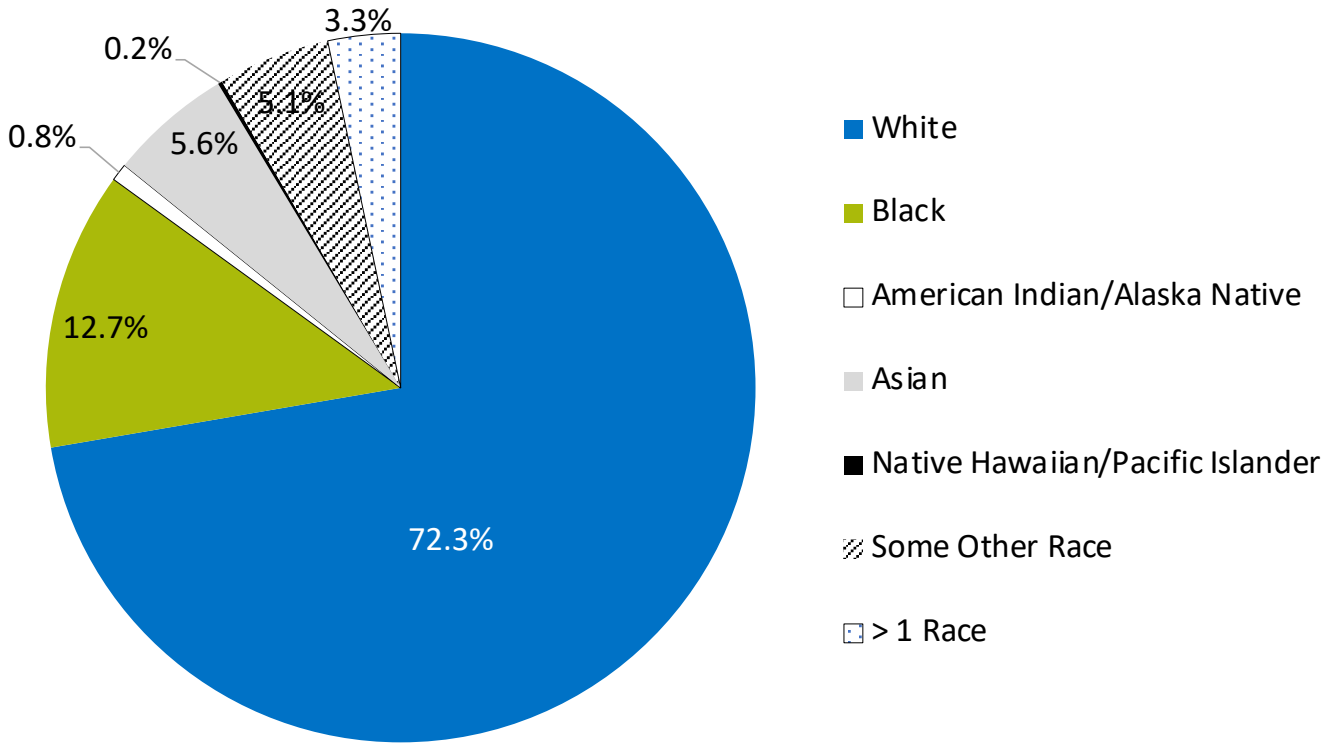
Racial Makeup of the U.S. Population, 2017



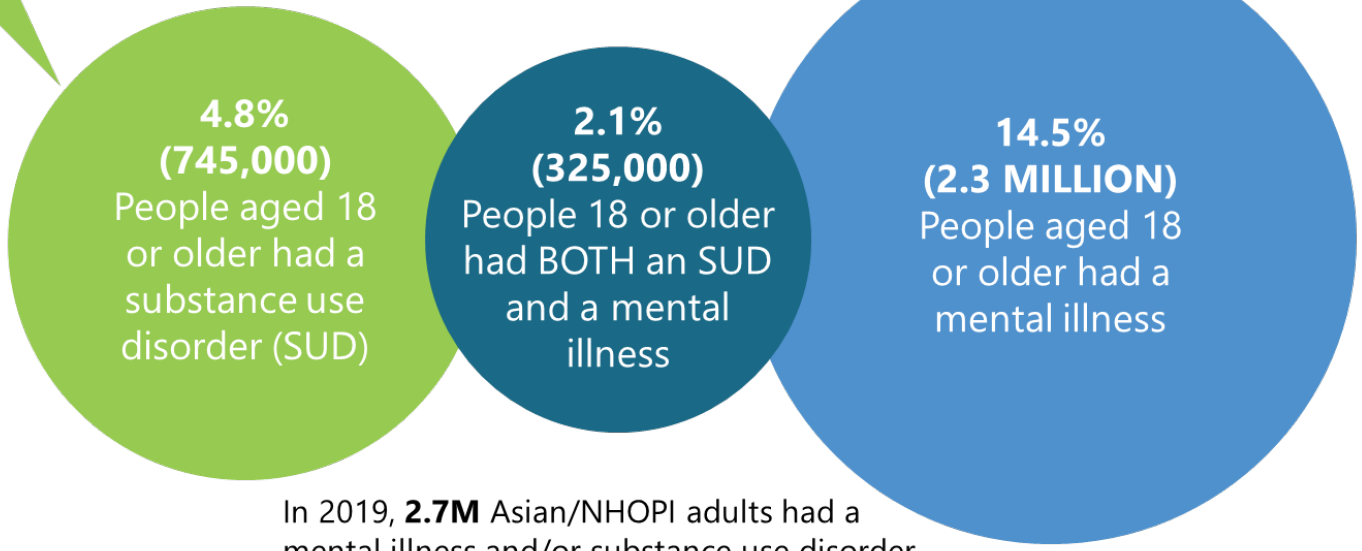
Source: 2017 American Community Survey 1 Year Estimates – U.S. Census Bureau (https://data.census.gov/cedsci/table?q=United States), Table DP05.
Note: All race categories exclude people reporting two or more races except the ">1 Race" category.

Mental Illness and Substance Use Disorders in America among Asian/NHOPI Adults (≥18 y.o.)

PAST YEAR, 2019 NSDUH, Asian/NHOPI 18+

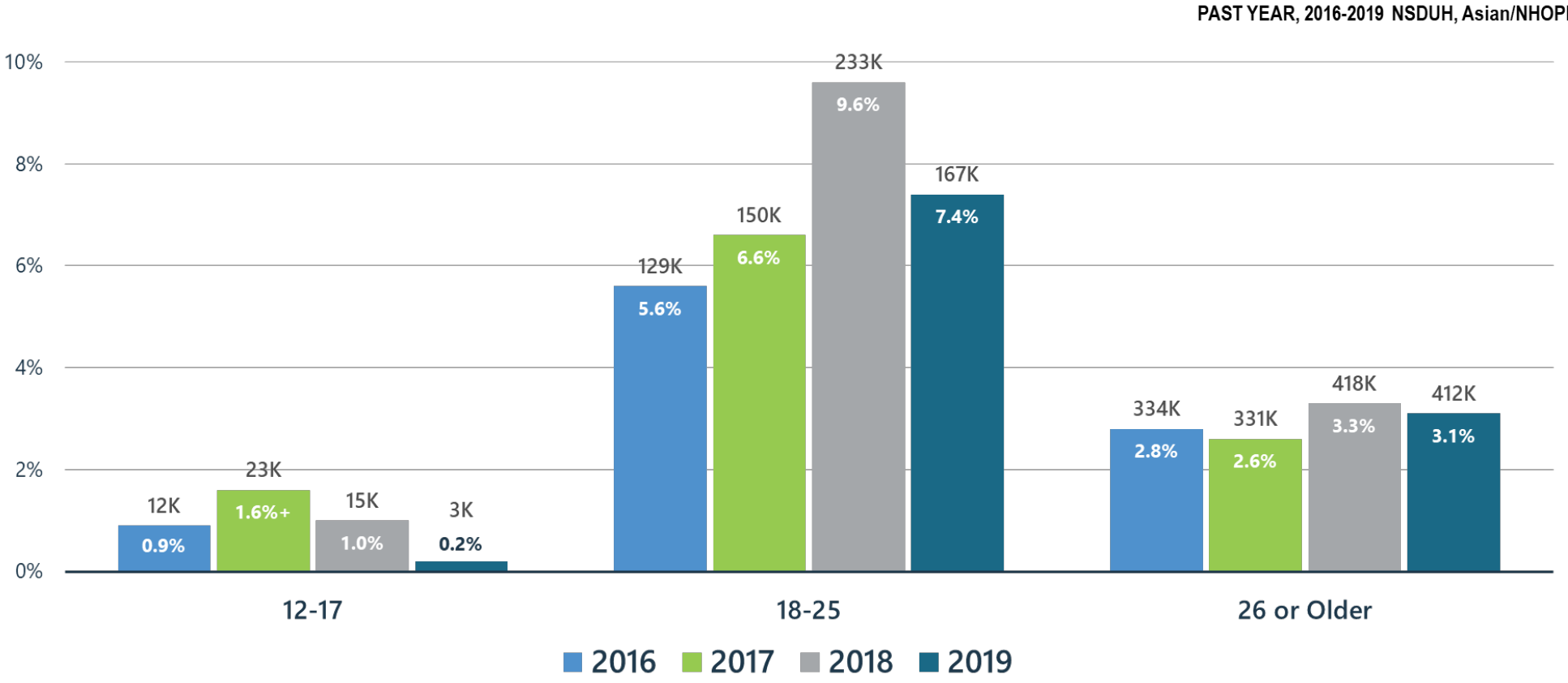
Among Asian/NHOPIs with a substance use disorder:
1 IN 7 (14.2% or 106K) struggled with illicit drugs and alcohol

Among Asian/NHOPIs with a mental illness:
1 IN 5 (21.3% or 482K) had a serious mental illness



In 2019, **2.7M** Asian/NHOPI adults had a mental illness and/or substance use disorder.

Alcohol Use Disorder among Asian/NHOPIs

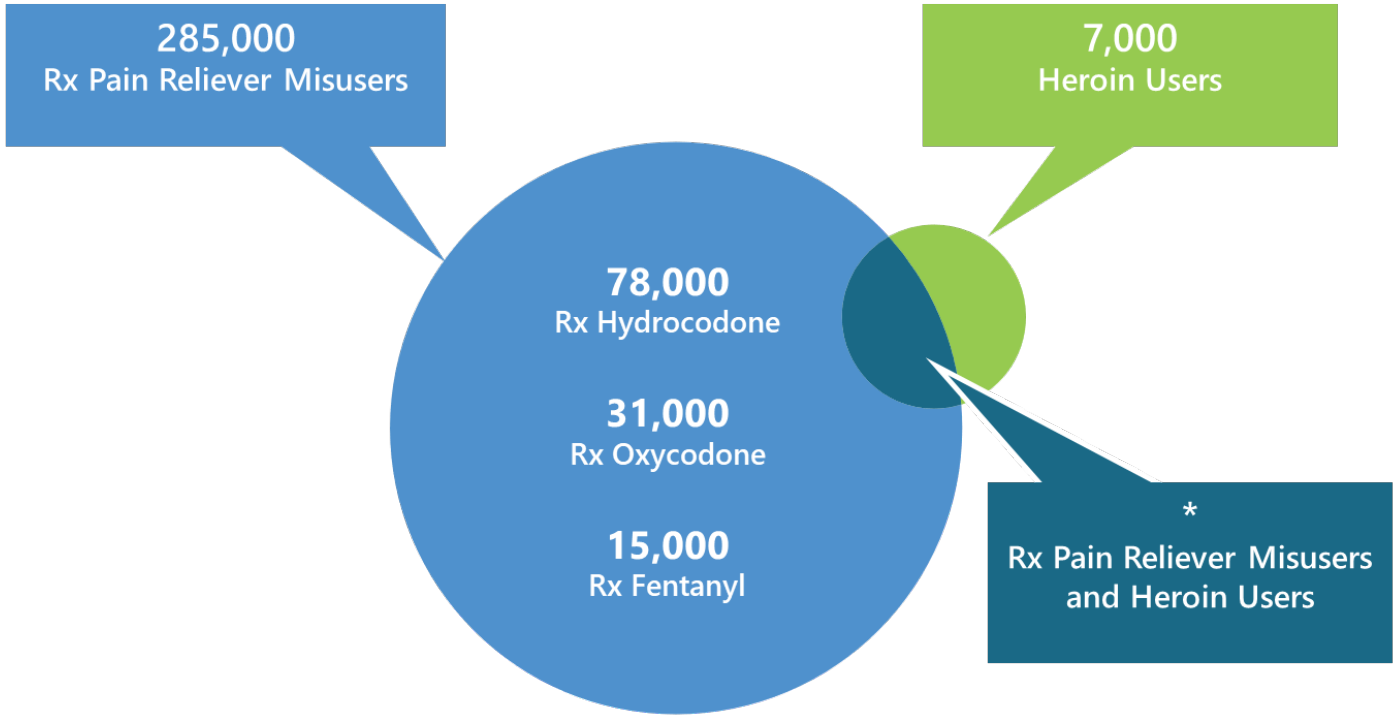


+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Progress on the Opioid Epidemic: Prescription Pain Reliever Misuse among Asian/NHOPIs

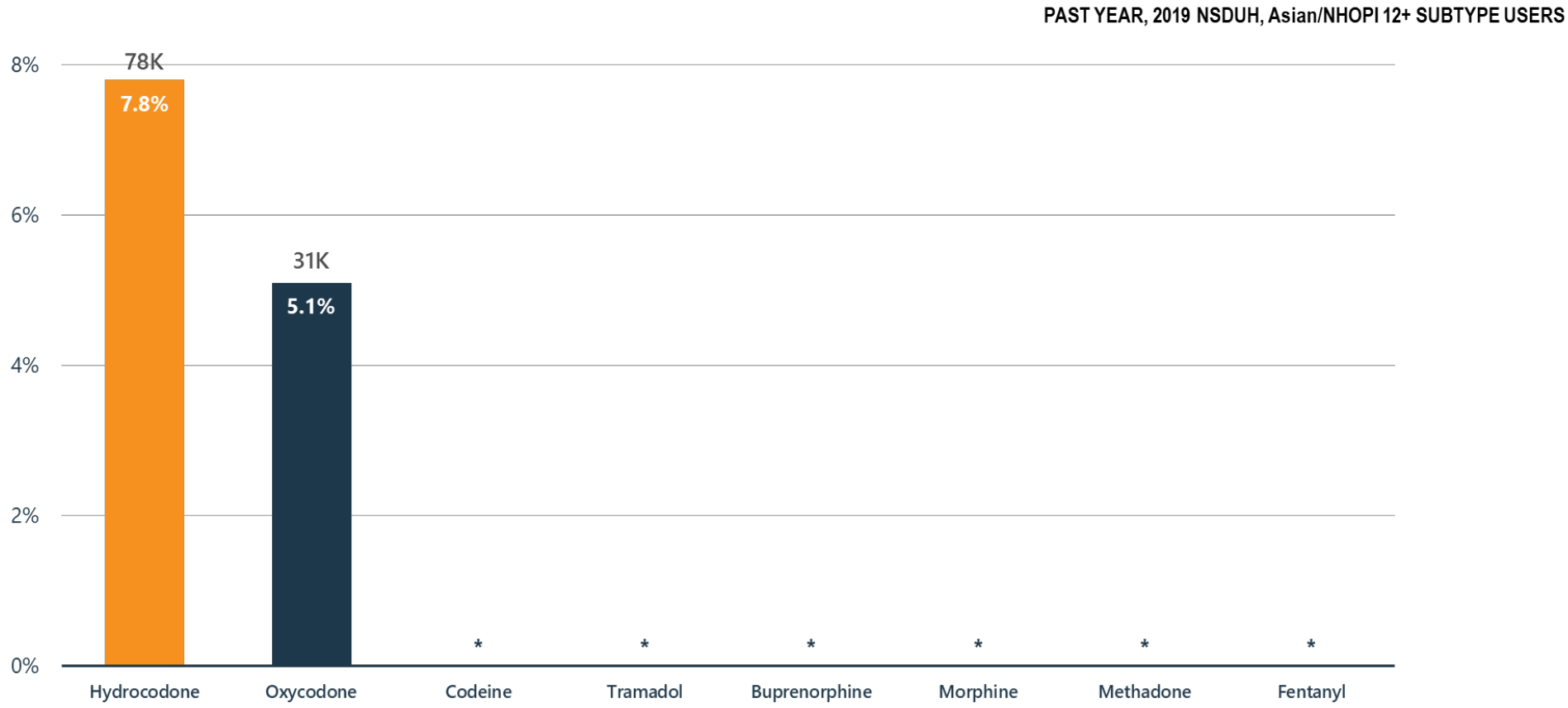
PAST YEAR, 2019 NSDUH, Asian/NHOPI 12+

292,000 ASIAN/NHOPI WITH OPIOID MISUSE (1.7% OF TOTAL POPULATION)



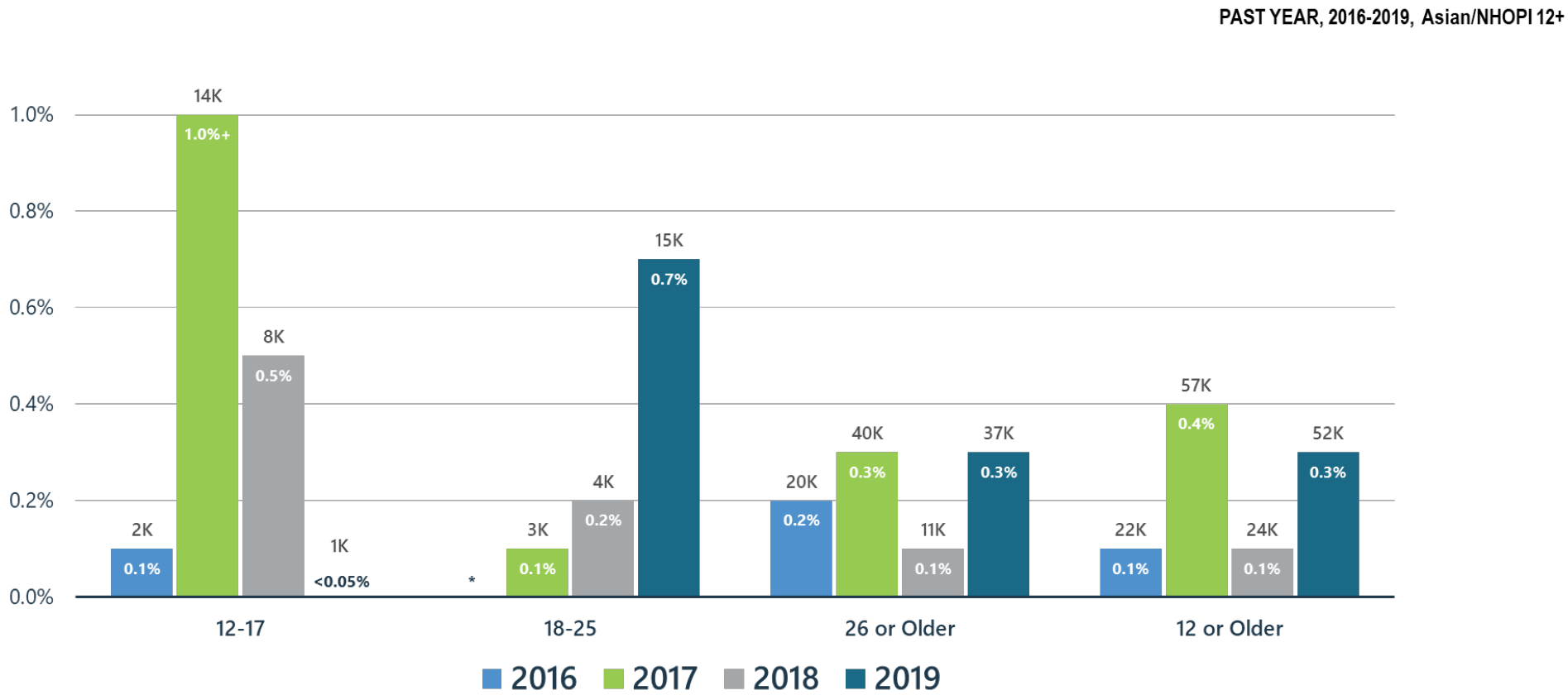
* Estimate not shown due to low precision.
Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Misuse of Prescription Opioid Subtypes among Asian/NHOPIs



* Estimate not shown due to low precision.

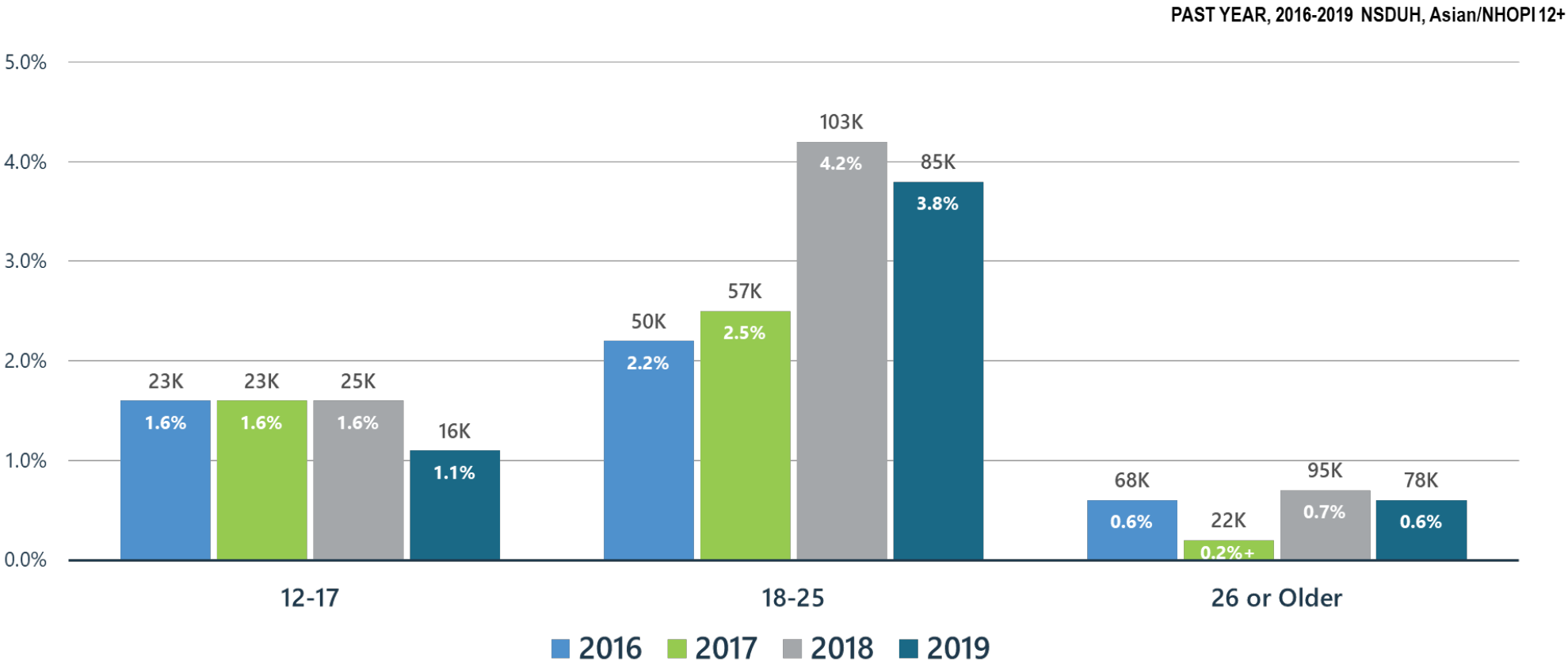
Opioid Use Disorder among Asian/NHOPIs



* Estimate not shown due to low precision.

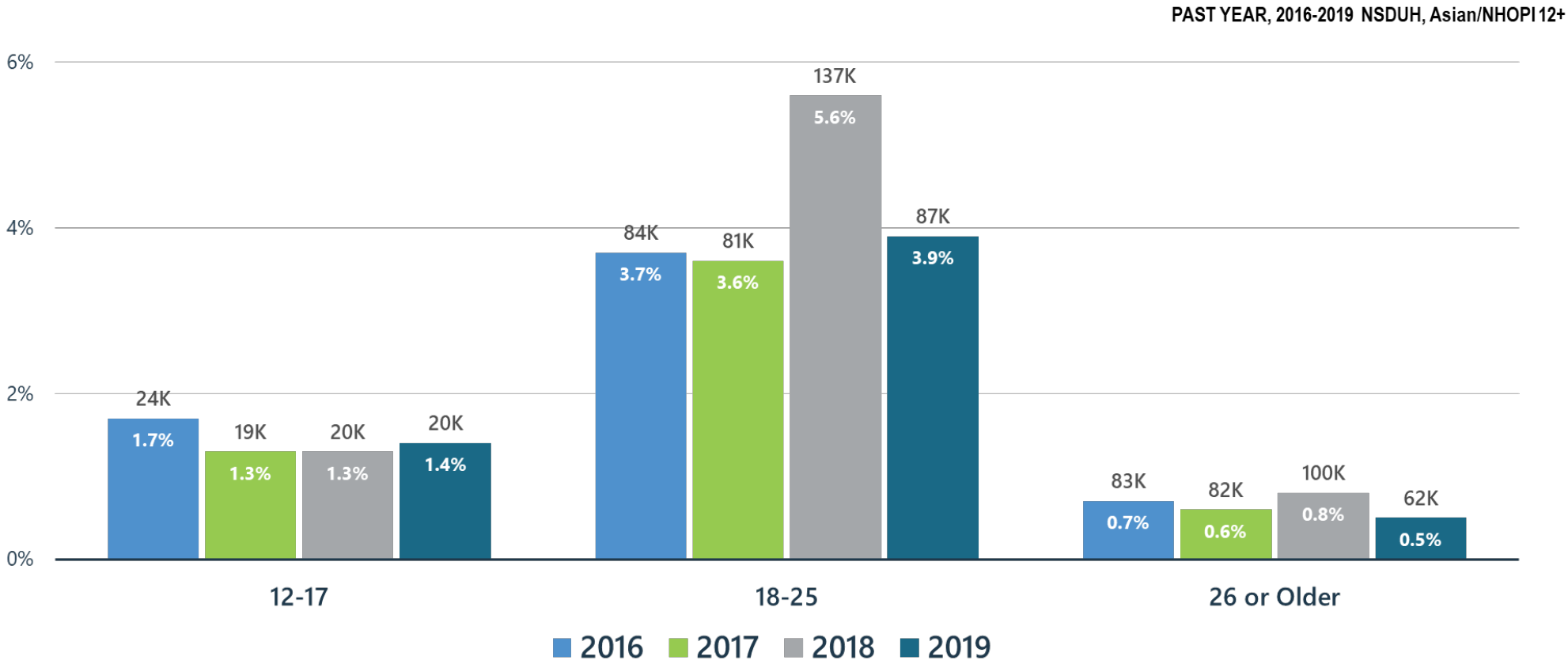
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Marijuana Use Disorder among Asian/NHOPIs



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

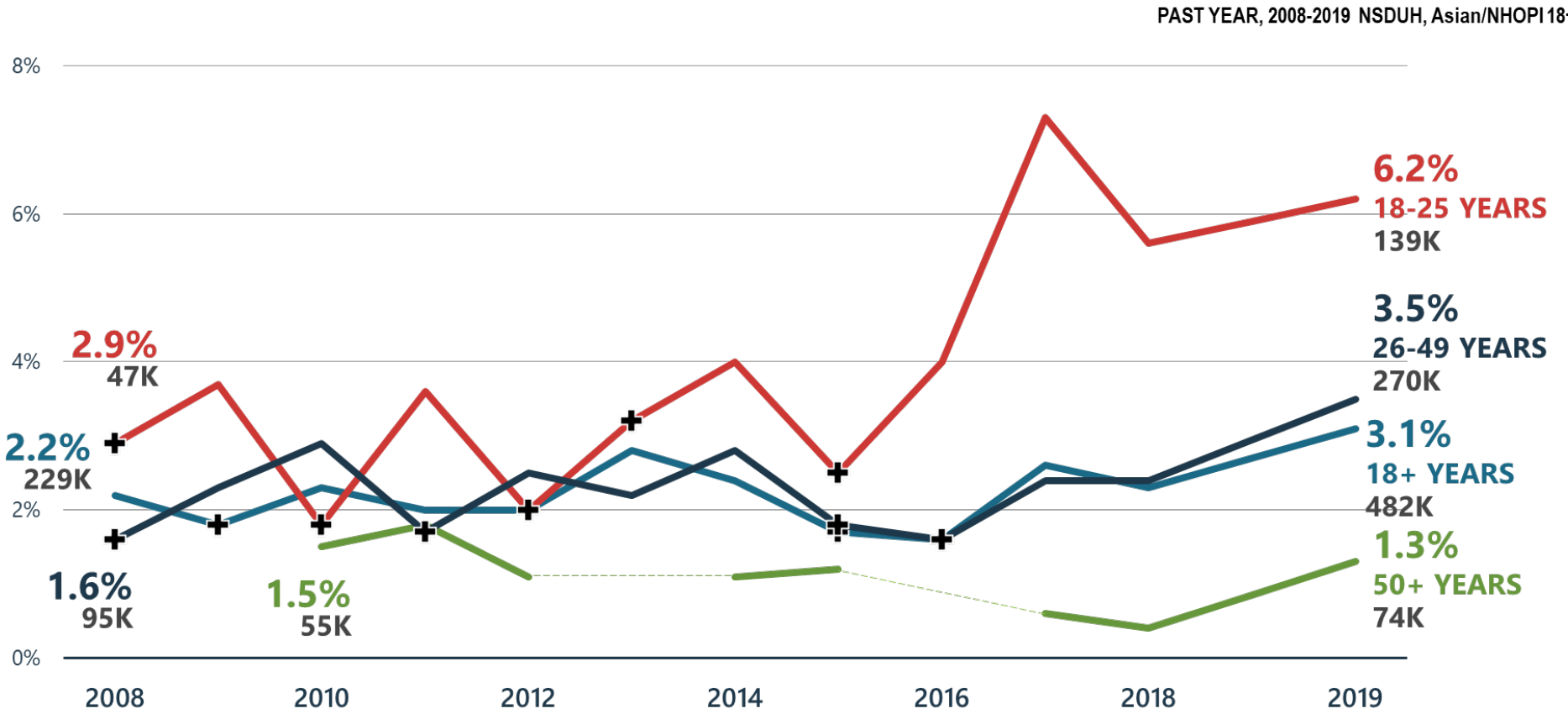
Misuse of Prescription Stimulants among Asian/NHOPIs



No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

Mental Health

Serious Mental Illness (SMI) among Asian/NHOPI



Estimates are not shown for certain years due to suppression.

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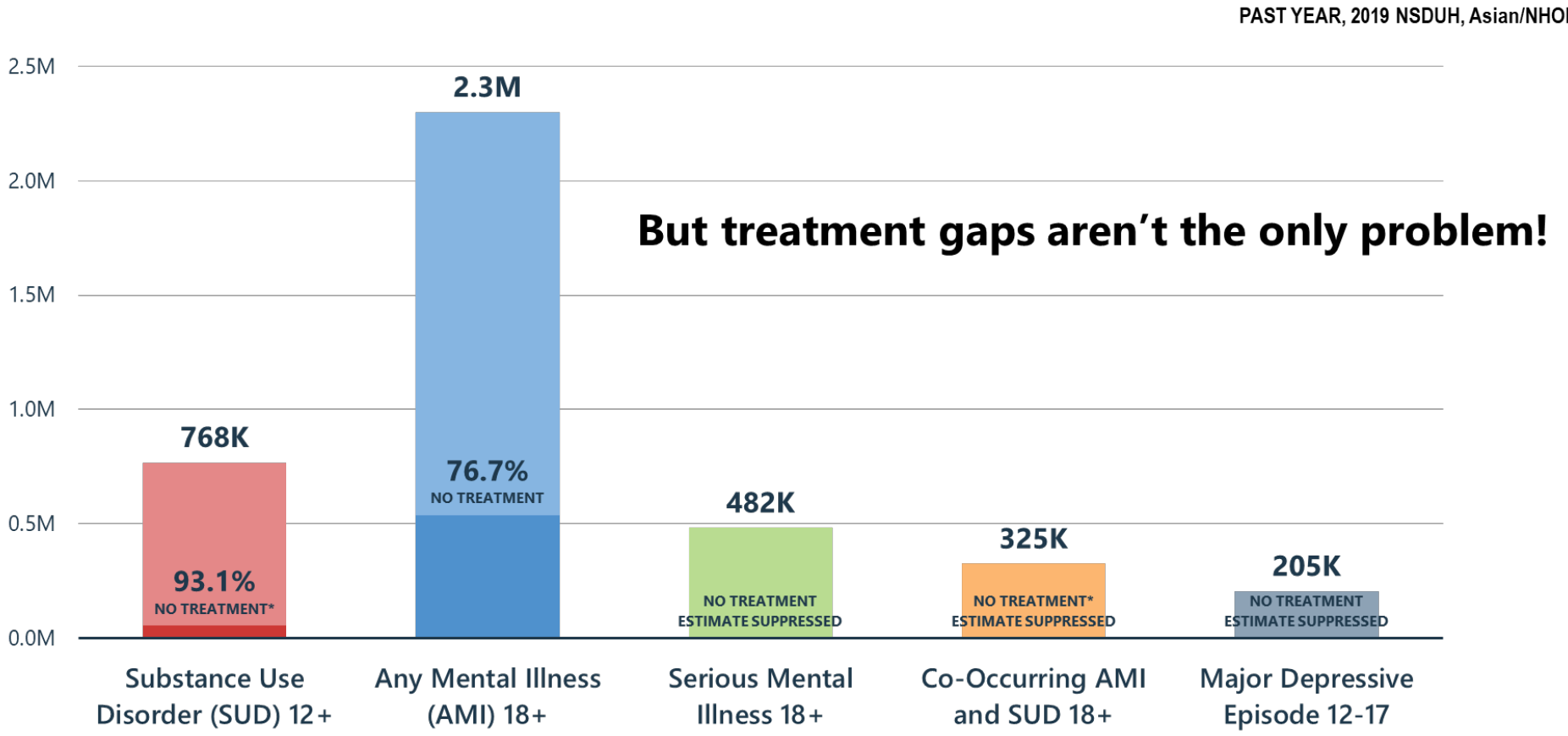
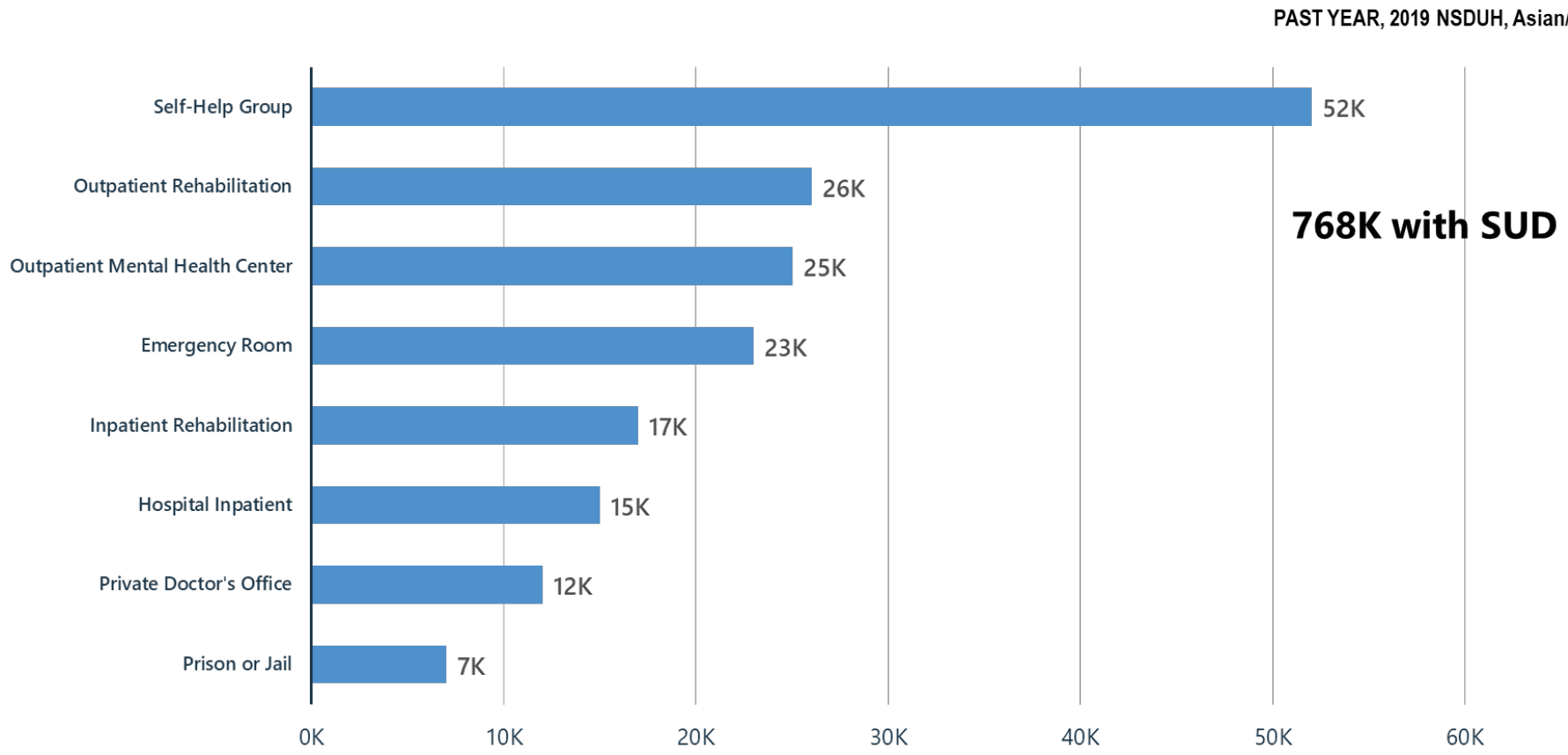
Mental and Substance Use Disorders among Asian/NHOPIs: High Prevalence/Huge Treatment Gaps



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Locations Where Substance Use Treatment was Received among Asian/NHOPIs



Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

Treatment Aspects of Asians and Native Hawaiians/Pacific Islanders

- **Implications for Culturally Competent Care**
- **There is an increased need for culturally competent mental health services and providers with expertise in working with this population.**
- **Mental health providers must be aware of the great interethnic variations among Asian-Americans/Pacific Islanders.**
- **Because the manifestation of mental disorders is affected by cultural, generational and acculturation levels, treatment providers must assess these specific cultural factors when working with Asian-American/Pacific Islander clients.**
- **Treatment providers need to understand the role of cultural values such as interpersonal harmony, loss of face, and filial piety on their Asian-American/Pacific Islander client's beliefs about psychological distress and the implications for mental health services.**
- *Iwamasa,GY, Chapter 2: Recommendations for the Treatment of Asians American/Pacificer Islander, APA 2012*

Myths and Misinformation

- The promulgation of the "model minority" myth, that Asian-Americans and Pacific Islanders are the most similar to European Americans, and, thus, are viewed as "models" for and/or "better than" other ethnic minority groups, has created many problems for Asian-Americans/Pacific Islanders.
- The result has been (a) a lack of attention to Asian-American/Pacific Islander issues in mental health research and clinical practice, (b) the creation of antagonisms with other minority groups who may view Asian Americans/Pacific Islanders as co-conspirators with European Americans, and (c) interference with the development of collaborative efforts and coalition building among racial/ethnic minority groups.

Myths and Misinformation

- Another erroneous belief about Asian-Americans/Pacific Islanders is that they all achieve academic success.
- Although it is true that education is highly valued in many traditional Asian cultures, the within-group differences in academic achievement among various Asian-Americans/Pacific Islanders are large.
- Academic achievement among Asian-Americans/Pacific Islanders has been found to vary by ethnicity, generational status, gender and socioeconomic status.

Myths and Misinformation

- Finally, the stereotype of Asian-American/Pacific Islander individuals all looking the same is grossly inaccurate if one simply examines the range of phenotype between various Asian-American/Pacific Islander groups.
- For example, Filipinos, Korean Americans, Native Hawaiians and Cambodian immigrants are quite different phenotypically. Skin color, hair color and texture, facial features, height, weight, etc., vary dramatically among many of the Asian-American/Pacific Islander ethnic groups, and biracial and multiracial Asian Americans and Pacific Islanders have even more phenotypic differences.

Implications for Culturally Competent Care

- **Treatment providers should be aware of inaccurate historical stereotypes and myths about Asian Americans/Pacific Islanders and how they have affected the mental health of Asian Americans/Pacific Islanders.**
- **Treatment providers should assess their own stereotypes and myths about Asian Americans/Pacific Islanders and work to abolish them.**
- **Treatment providers should be knowledgeable of the diversity in educational and occupational achievement among Asian Americans/Pacific Islanders.**
- **Treatment providers should be knowledgeable about the socioeconomic status of Asian Americans/Pacific Islanders and the frequent need for family members to have multiple employment in order to make ends meet.**
- **Treatment providers should understand that Asian Americans and Pacific Islanders are immensely diverse in many ways and not make assumptions about a client's experiences and adherence to traditional cultural values and practices.**

Implications for Culturally Competent Care

- **More Asian American/Pacific Islander and bilingual treatment providers are needed.**
- **Mental health treatment providers should be trained and educated in culturally competent treatment models.**
- **Culturally appropriate mental health treatment for Asian**
- **Americans/Pacific Islanders should be cost-effective, accessible (located within Asian American/Pacific Islander communities), and provided at convenient times (e.g., after work and weekends).**
- **Current mainstream diagnostic systems should include specific considerations for the experience and expression of various symptoms and disorders among Asian Americans and Pacific Islanders.**
- **Mental health treatment providers should be knowledgeable about the prevalence, manifestation, and treatment of Asian culture-bound syndromes.**

Culture-Specific Views of Mental Health and Healing

- **For many Asian Americans and Pacific Islanders, mental health is strongly related to physical health.**
- **In many Asian American/Pacific Islander ethnic groups, the belief is that if one is physically healthy, then one is more likely to be emotionally healthy.**
- **Emotional or psychological health is also believed to be strongly influenced by willpower or cognitive control.**
- **For example, when one is feeling sad, not dwelling on negative thoughts or avoiding negative thoughts is viewed as an appropriate coping method. In addition, focusing on one's family or community and behaving in a way that maintains interpersonal harmony in the face of psychological distress is demonstrative of strong will and emotional health.**

Culture-Specific Views of Mental Health and Healing

- **As such, many Asian Americans and Pacific Islanders associate stigma and loss of face with admitting to psychological problems. As a result, in many Asian American/Pacific Islander cultures, individuals may often report somatic or physical manifestations of stress, as they are viewed as more acceptable than psychological symptoms.**
- **Whether these Asian Americans and Pacific Islanders experience the distress as somatic and/or psychological when having problems remains to be examined.**

Culture-Specific Views of Mental Health and Healing

- **Indigenous healing has long been a practice of many Asian Americans and Pacific Islanders.**
- **Traditional healers are often religious leaders, community leaders, or older family members.**
- **Religion/spirituality, community, and family may also be seen as protective factors for the development of psychological distress among Asian Americans and Pacific Islanders.**
- **For example, low divorce rates and extended family households demonstrate the emphasis on family and unity.**
- **They also indicate strengths in interpersonal relationships and loyalty.**

Ethnicity and Substance Use Disorders: American Indian and Alaska Natives

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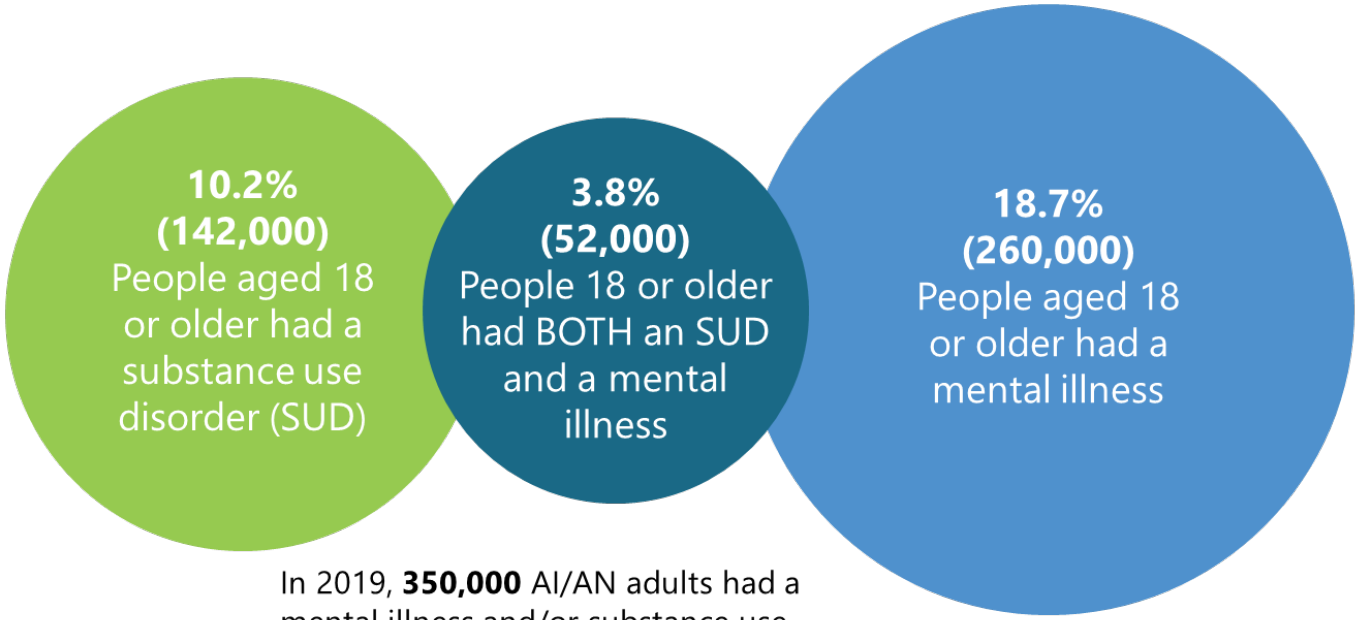
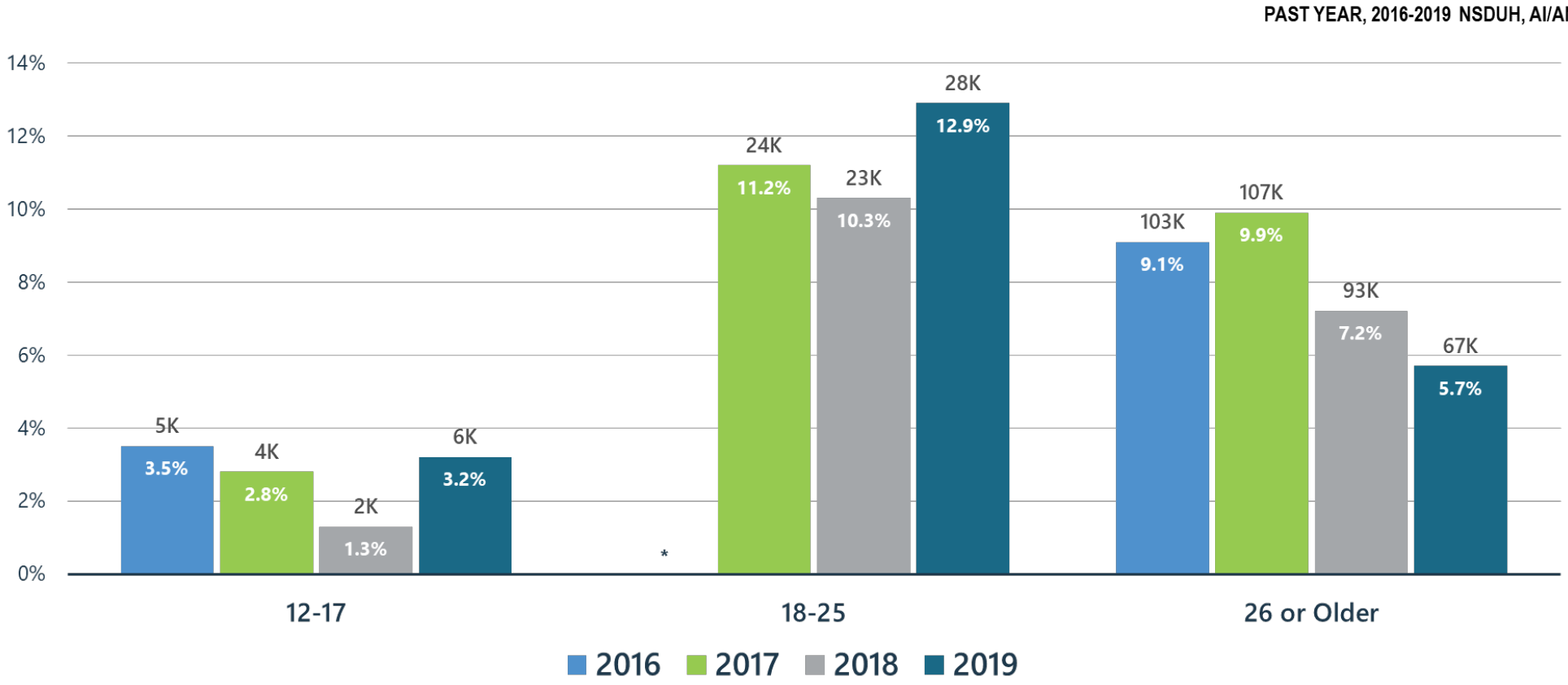
Mental Illness and Substance Use Disorders in America among AI/AN Adults (≥18 y.o.)

PAST YEAR, 2019 NSDUH, AI/AN 18+



In 2019, **350,000** AI/AN adults had a mental illness and/or substance use disorder.

Alcohol Use Disorder among AI/ANs

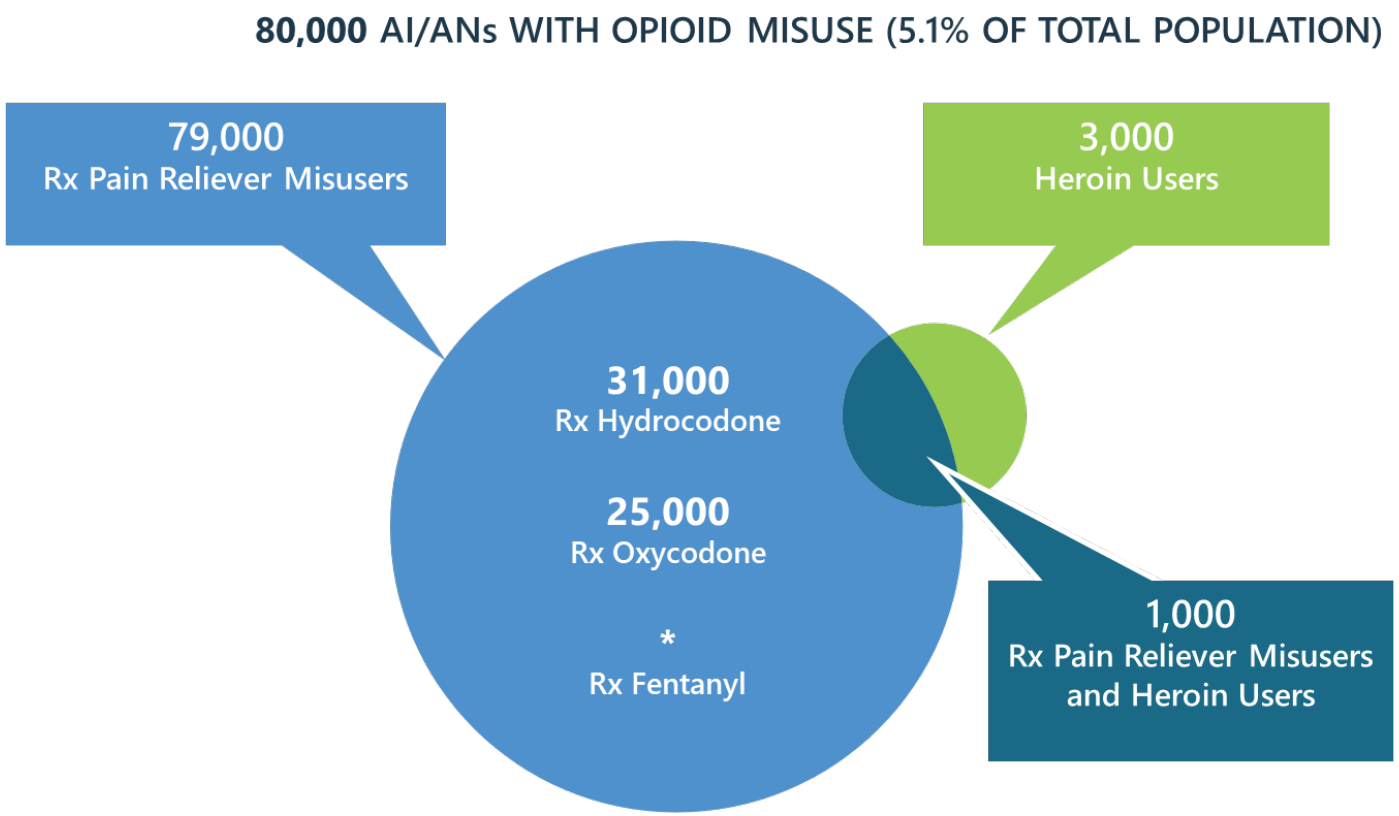


* Estimate not shown due to low precision.

No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

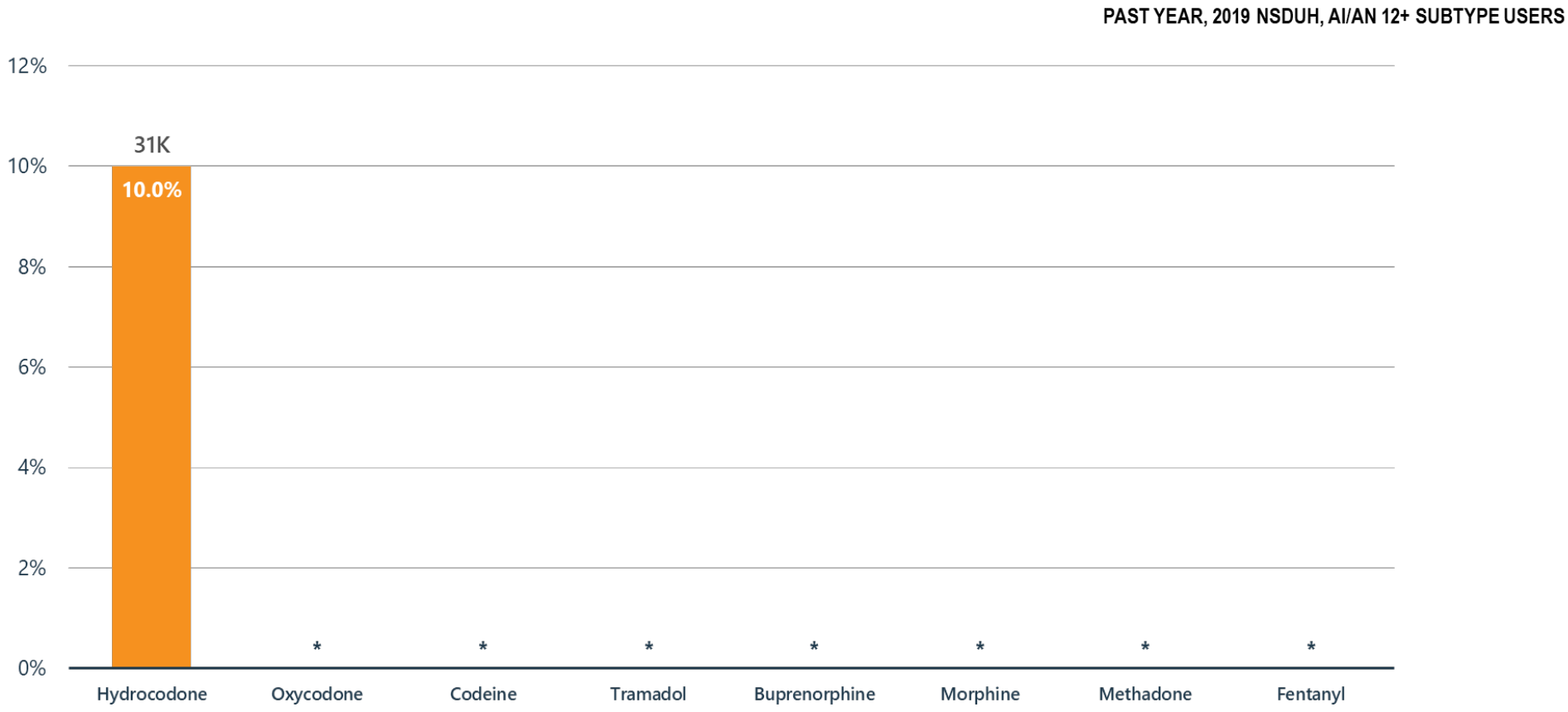
Progress on the Opioid Epidemic: Prescription Pain Reliever Misuse among AI/AN

PAST YEAR, 2019 NSDUH, AI/AN 12+



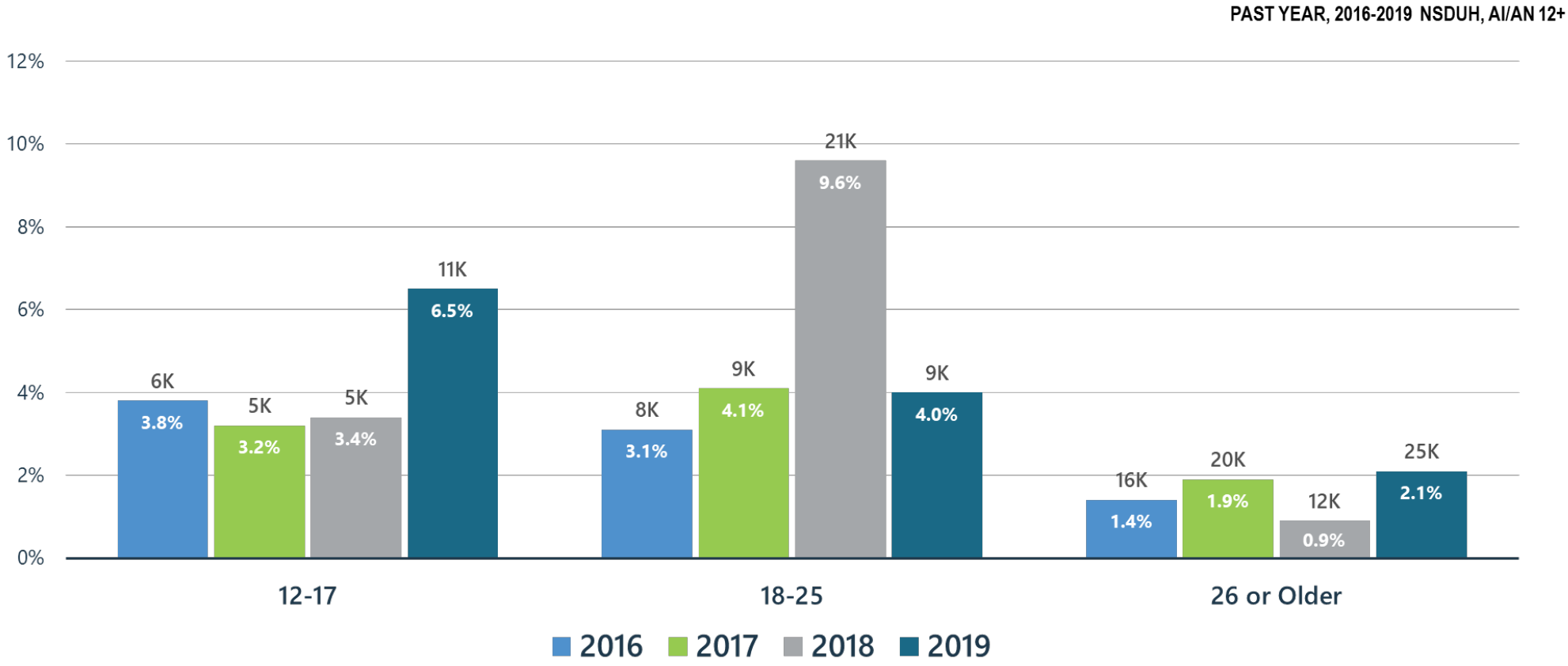
* Estimate not shown due to low precision.
Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Misuse of Prescription Opioid Subtypes among AI/ANs



* Estimate not shown due to low precision.

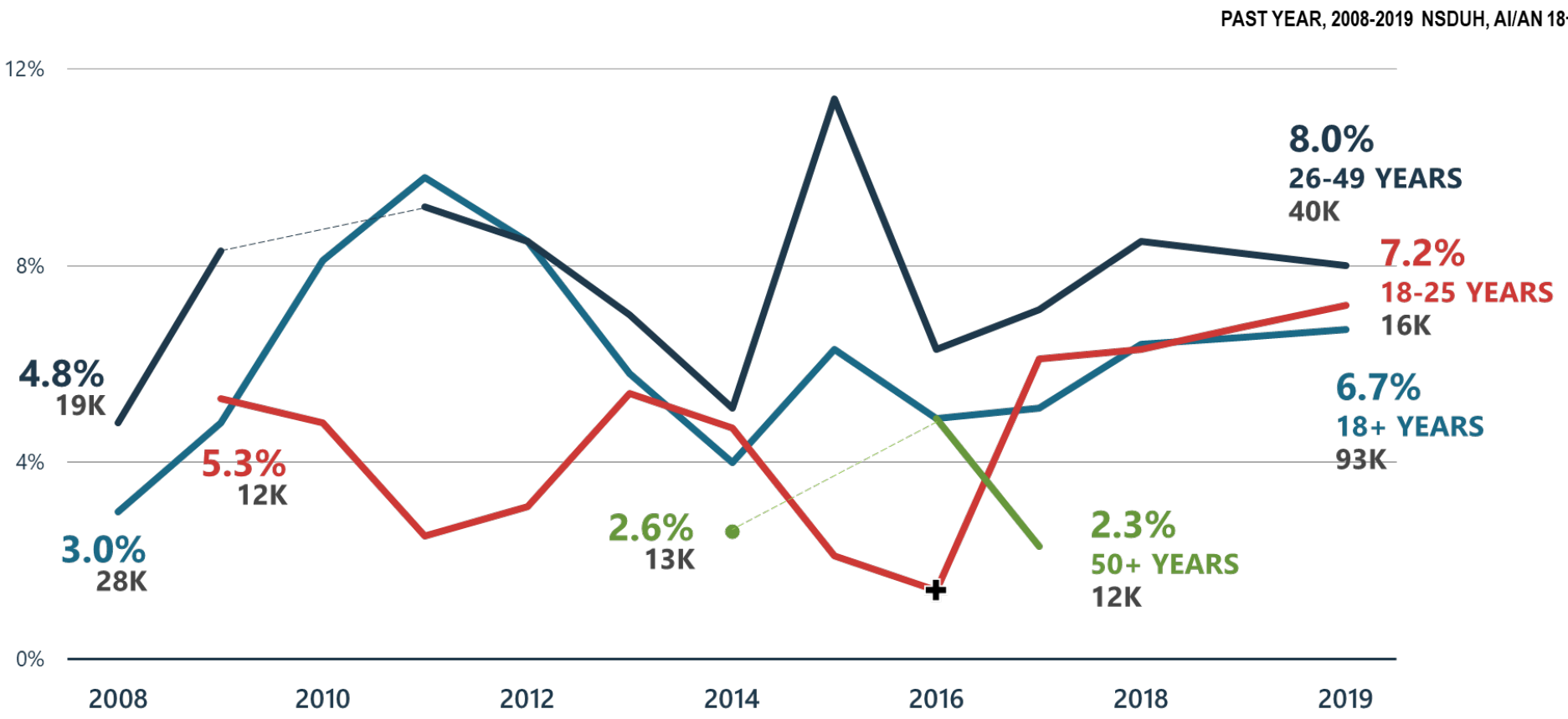
Marijuana Use Disorder among AI/AN



No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

Mental Health

Serious Mental Illness (SMI) among AI/AN

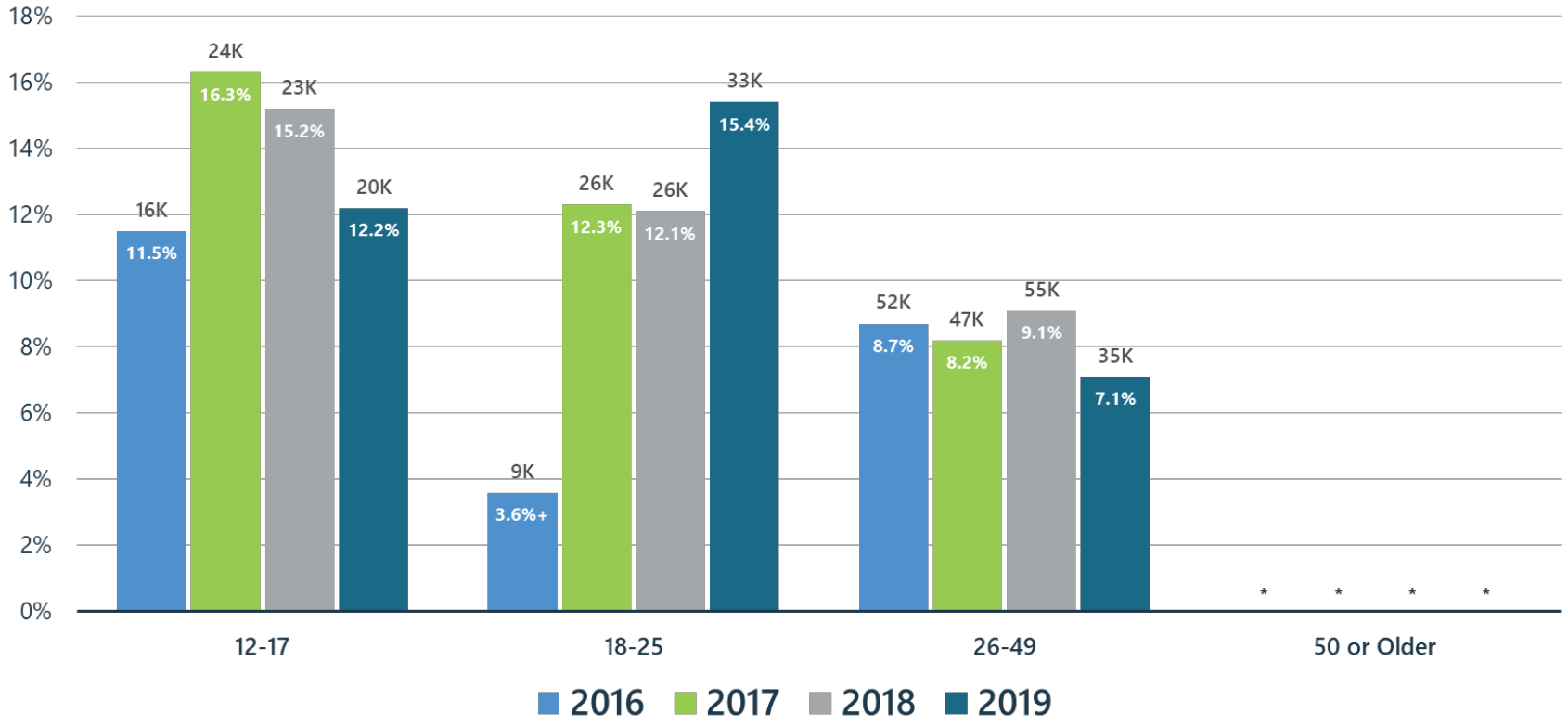


Estimates are not shown for certain years due to suppression.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Major Depressive Episodes among AI/ANs

PAST YEAR, 2016-2019 NSDUH, AI/AN 12+



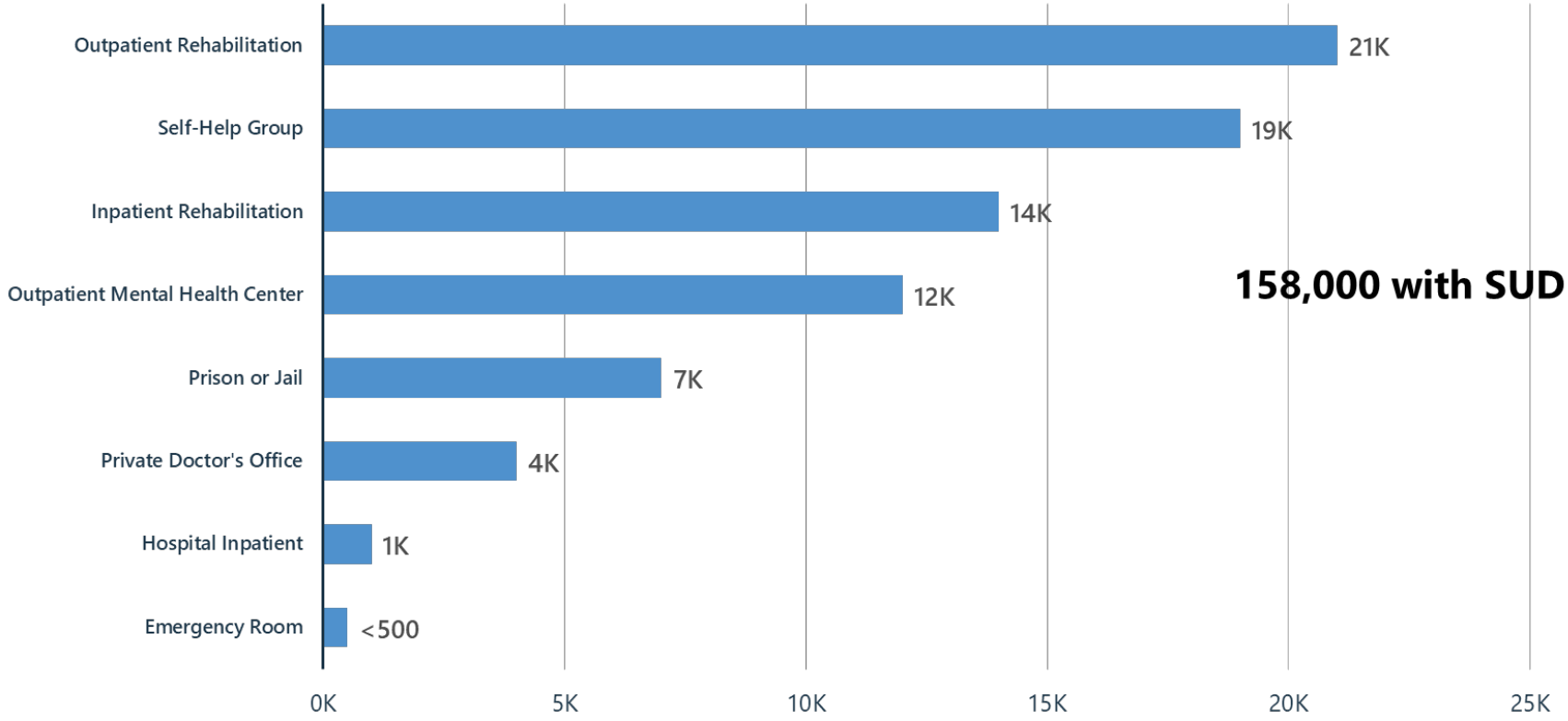
* Estimate not shown due to low precision.

Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Locations Where Substance Use Treatment was Received among AI/ANs

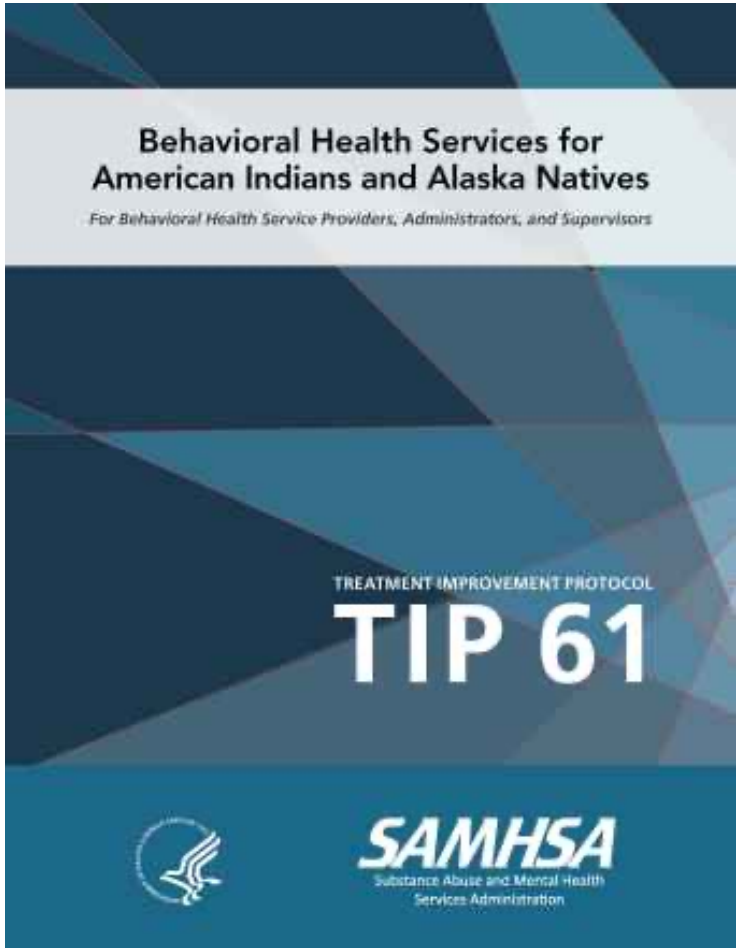
PAST YEAR, 2019 NSDUH, AI/AN 12+



Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

Treatment Aspects of American Indian and Alaska Natives

TIP 61: Behavioral Health Services for American Indians and Alaska Natives



Dr. Merrill Norton Pharm.D.,D.Ph.ICCDP-D

American Indians and Alaska Natives.

- The term “American Indians and Alaska Natives” to refer to the indigenous peoples from the regions of North America now encompassed by the continental United States and Alaska.
- The term includes a large number of distinct tribes, pueblos, villages, and communities, as well as a number of diverse ethnic groups.
- On occasion, “native” or “Native American” is used for the sake of brevity, and this usage is not meant to demean the distinct heterogeneity of American Indian and Alaska Native people.
- The Native American peoples of the continental United States are known as American Indians, and those from Alaska are known as Alaska Natives.
- American Indians and Alaska Natives are considered distinct racial groups.
- In the U.S. Census, for example, the federal government considers American Indian and Alaska Native to be racial categories.

Cultural Overview

- **Health is viewed holistically. American Indian and Alaska Native cultures rarely make a distinction among physical, mental, emotional, and spiritual health. One aspect of health is believed to affect the others.**
- **Illness affects an American Indian or Alaska Native individual's community as well as the individual. A health problem that affects one person will have effects on a family, community, tribe, and other individuals as well. This also means that healing the community can positively affect individual health.**
- **American Indian and Alaska Native clients' ideas about behavioral health interventions will likely reflect traditional healing, mainstream treatment services, and mutual-help groups.**
- **American Indians and Alaska Natives use behavioral health services at a rate second only to White Americans; they may be even more likely to use addiction treatment services**

USE OF DIAGNOSES WITH AMERICAN INDIAN AND ALASKA NATIVE CLIENTS

- Some providers working with American Indian and Alaska Native clients fnd diagnostic terminology in clinical work to be problematic because the process of “naming” can have spiritual signifcance and may have negative consequences for the individual, family, and community.
- For those reasons, providers should be careful when using such terminology with clients, although the use of such terminology may be essential in other clinical contexts

USE OF DIAGNOSES WITH AMERICAN INDIAN AND ALASKA NATIVE CLIENTS

- It is worth noting that there is no single Native American culture, but rather many hundreds of diverse cultures with their own languages, traditions, beliefs, and practices, and providers must try to understand the cultures of all the clients they serve.
- **Culture.** The term "culture" is defined in this TIP as the product of a shared history and includes shared values, beliefs, customs, traditions, institutions, patterns of relationships, styles of communication, and similar factors (Castro, 1998). An individual may belong to more than one culture or cultural subgroup and may not accept all the values and beliefs of his or her primary culture, but culture will play a role in defining the individual's basic values and beliefs.

USE OF DIAGNOSES WITH AMERICAN INDIAN AND ALASKA NATIVE CLIENTS

- **Indian Country.** The term “Indian Country” is often narrowly defned in legal terms. In this context, the term includes reservations, native communities, Indian allotments located inside or outside reservations, towns incorporated by non-native people if they fall within the boundaries of an Indian reservation, and trust lands.
- This includes lands held by federal, state, or local (nontribal) governments, such as wildlife refuges, as well as sacred sites that are not on tribal lands.
- Many American Indians and Alaska Natives use the term more broadly to include any native community, independent of land designation,

USE OF DIAGNOSES WITH AMERICAN INDIAN AND ALASKA NATIVE CLIENTS

- **Medicine versus healing practices.** Traditional healers may be referred to as “medicine men” and “medicine women,” but to avoid confusion among different meanings of “medicine,” refer to American Indian and Alaska Native healing practices rather than to medicine.

Ethnicity and Substance Use Disorders: LGBTQ Populations

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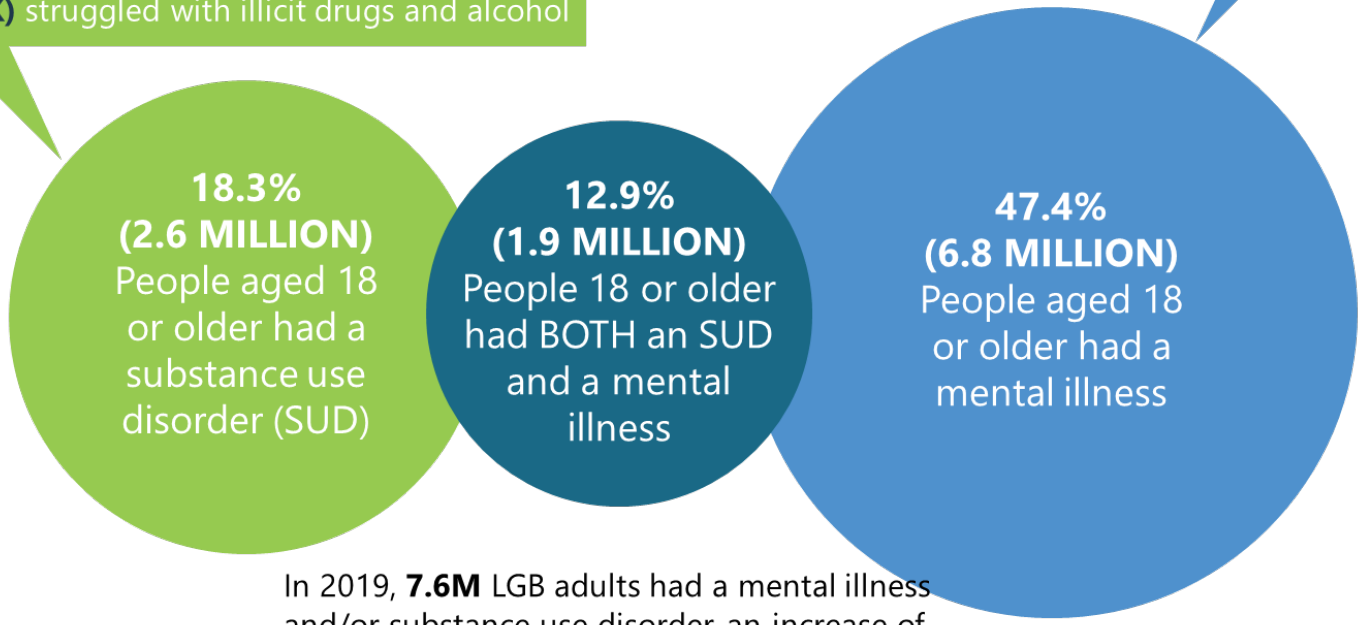
Mental Illness and Substance Use Disorders in America among LGB Adults (≥18 y.o.)

PAST YEAR, 2019 NSDUH, LGB 18+

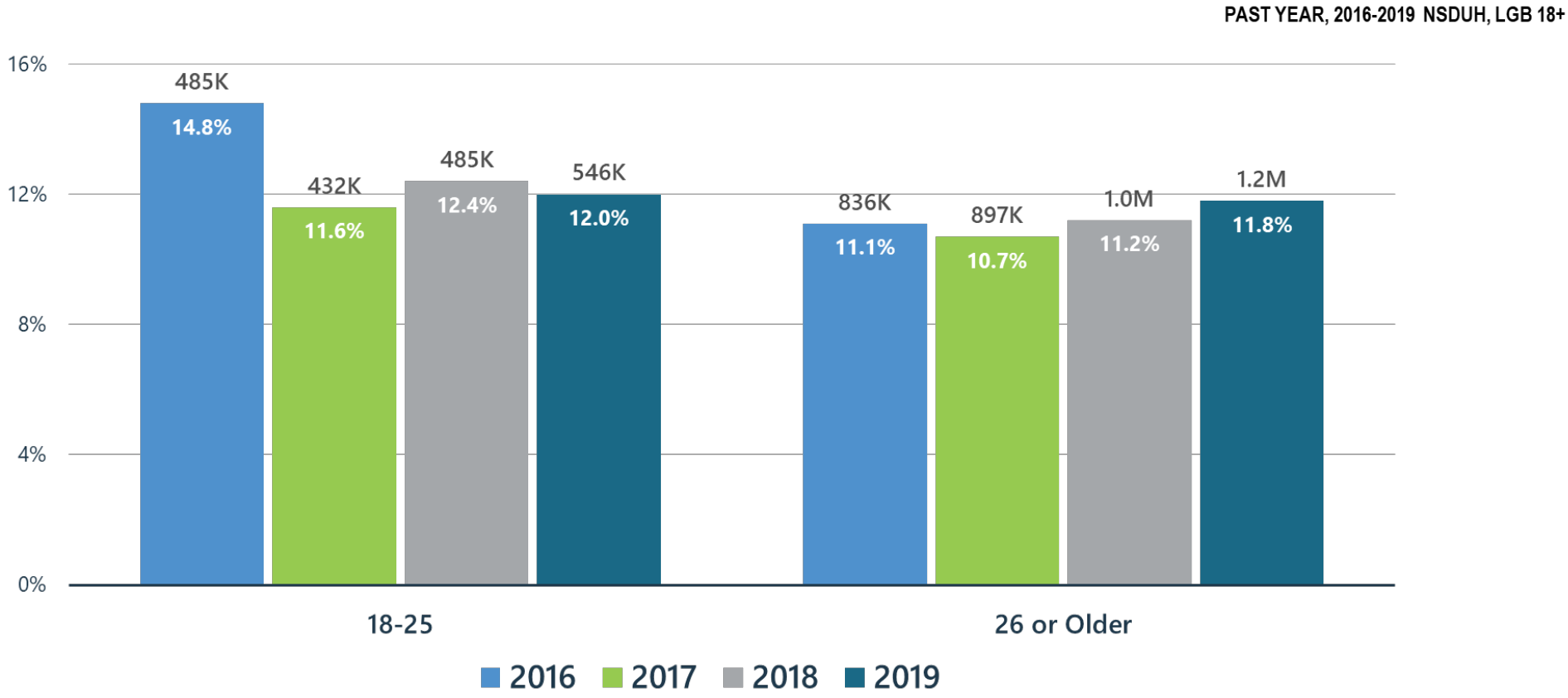
Among LGB adults with a substance use disorder:
1 IN 2 (51.6% or 1.4M) struggled with illicit drugs
3 IN 5 (64.6% or 1.7M) struggled with alcohol use
1 IN 6 (16.2% or 426K) struggled with illicit drugs and alcohol

Among LGB adults with a mental illness:
2 IN 5 (38.2% or 2.6M) had a serious mental illness



In 2019, **7.6M** LGB adults had a mental illness and/or substance use disorder-an increase of 20.5% over 2018 composed of increases in both SUD and mental illness.

Alcohol Use Disorder among LGB Adults

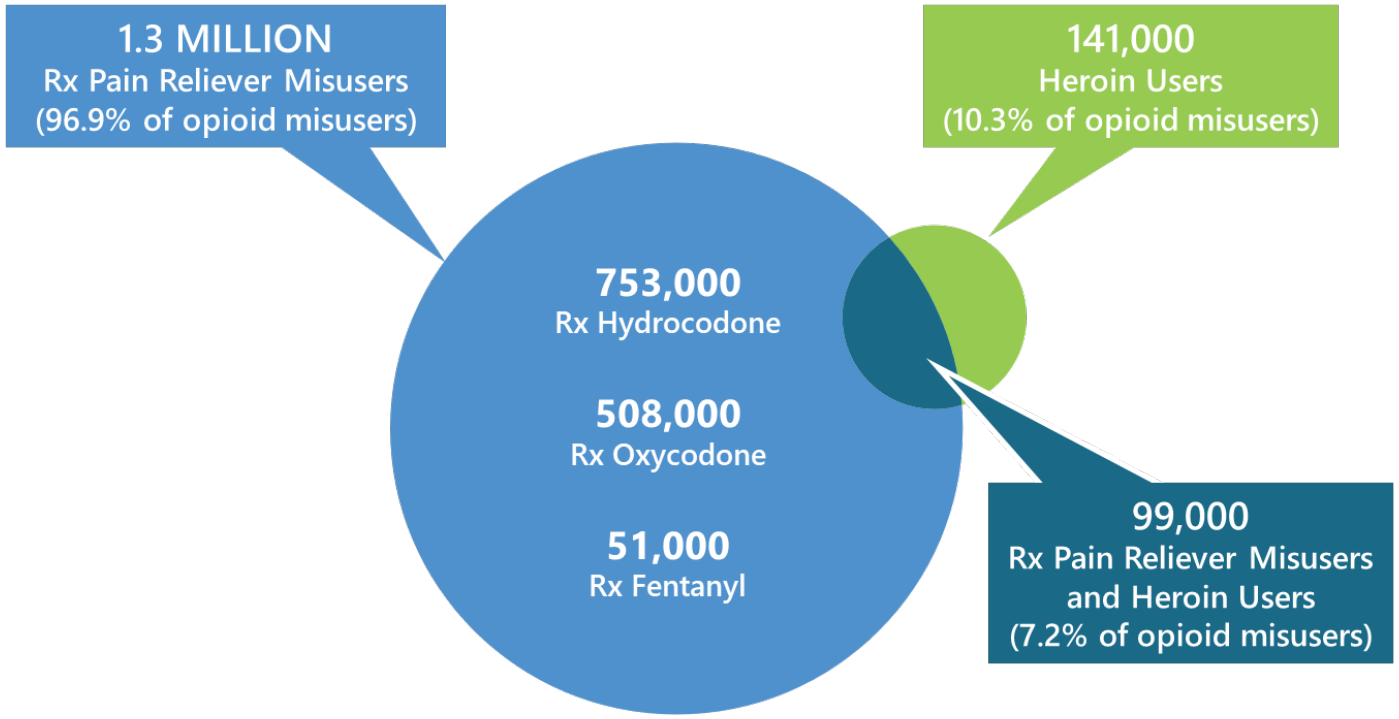


No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

Progress on the Opioid Epidemic: Prescription Pain Reliever Misuse among LGB Adults

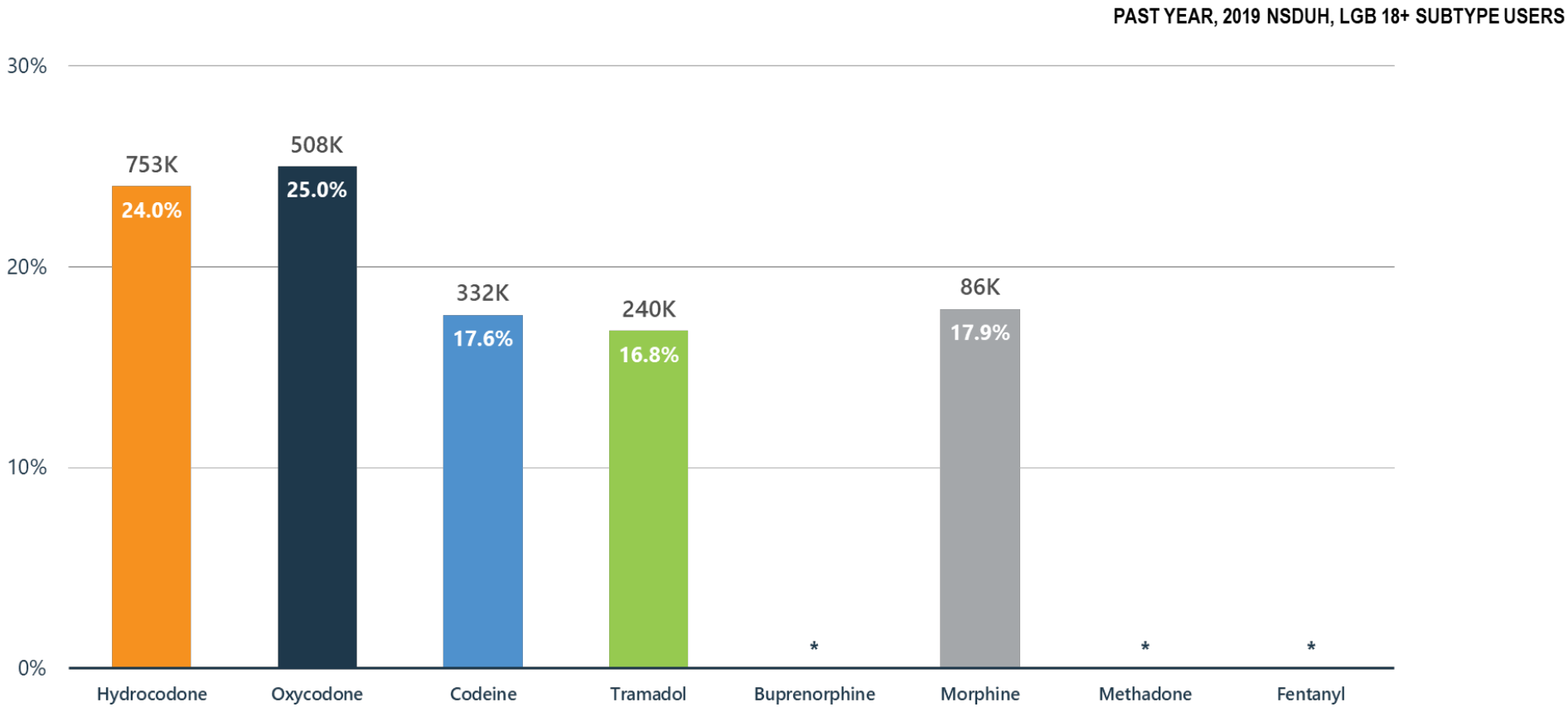
PAST YEAR, 2019 NSDUH, LGB 18+

1.4 MILLION LGB ADULTS WITH OPIOID MISUSE (9.6% OF TOTAL POPULATION)



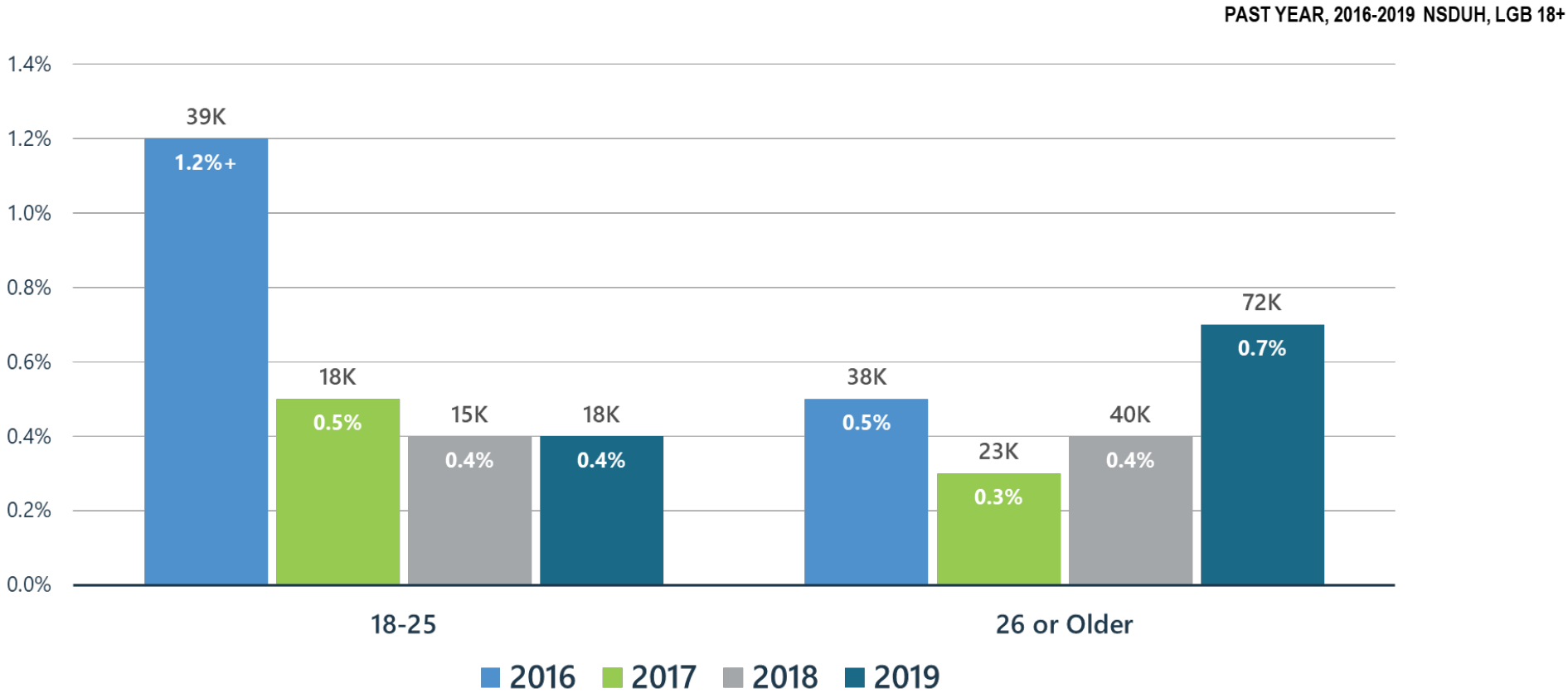
Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Misuse of Prescription Opioid Subtypes among LGB Adults



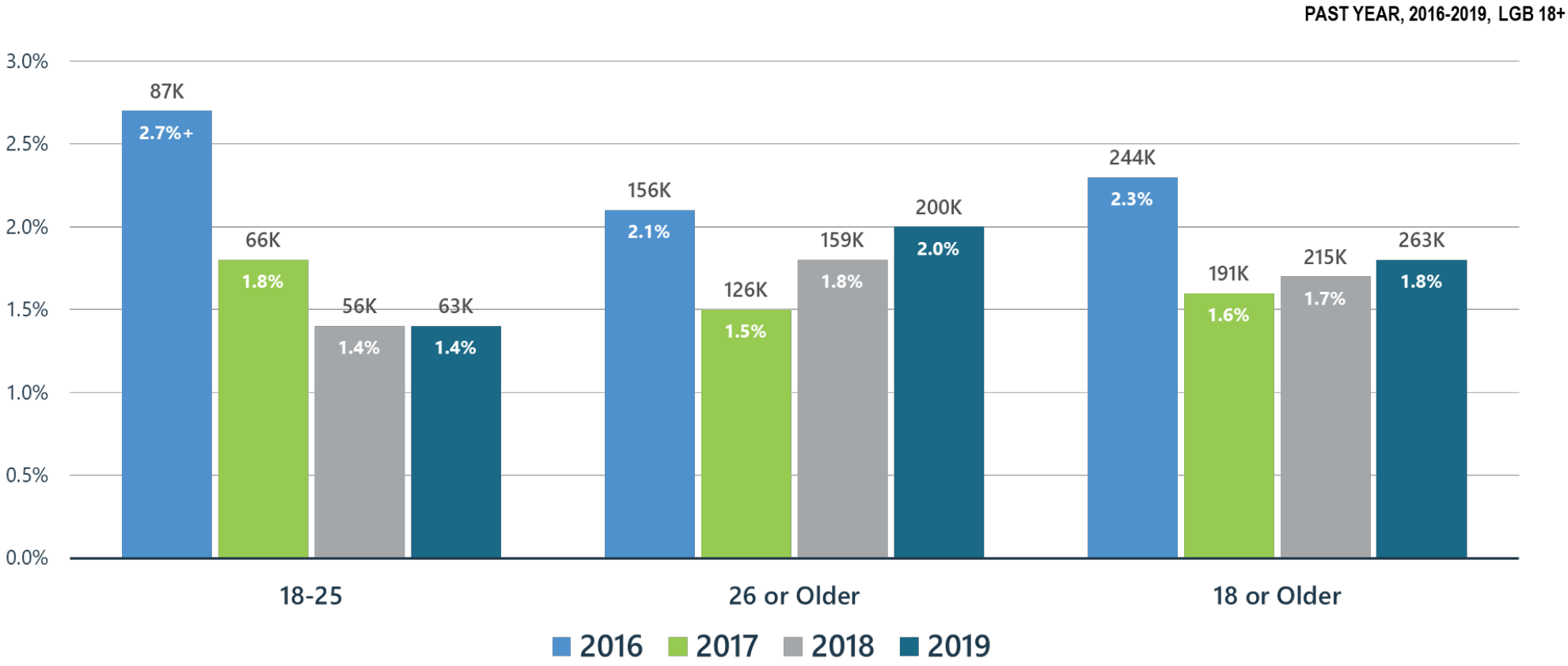
* Estimate not shown due to low precision.

Heroin-Related Opioid Use Disorder among LGB Adults



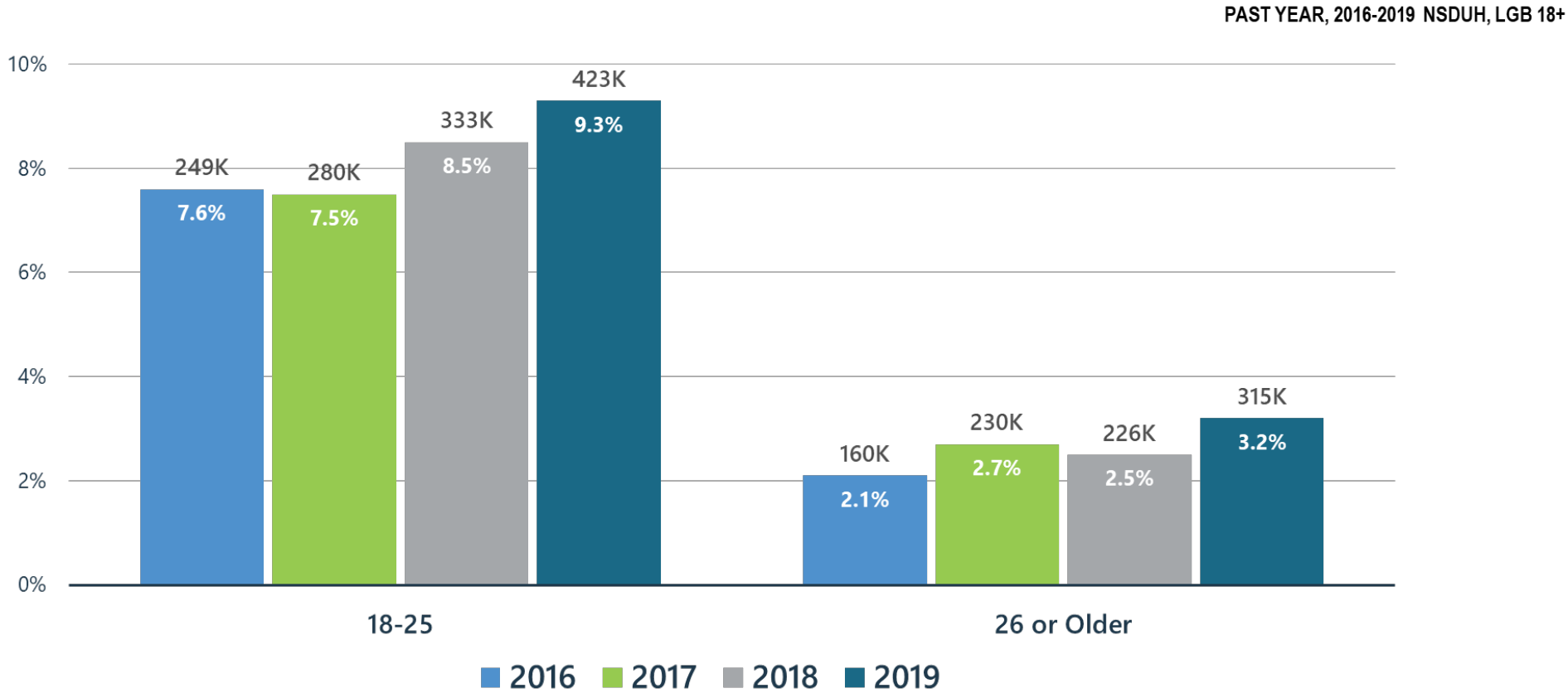
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Opioid Use Disorder among LGB Adults



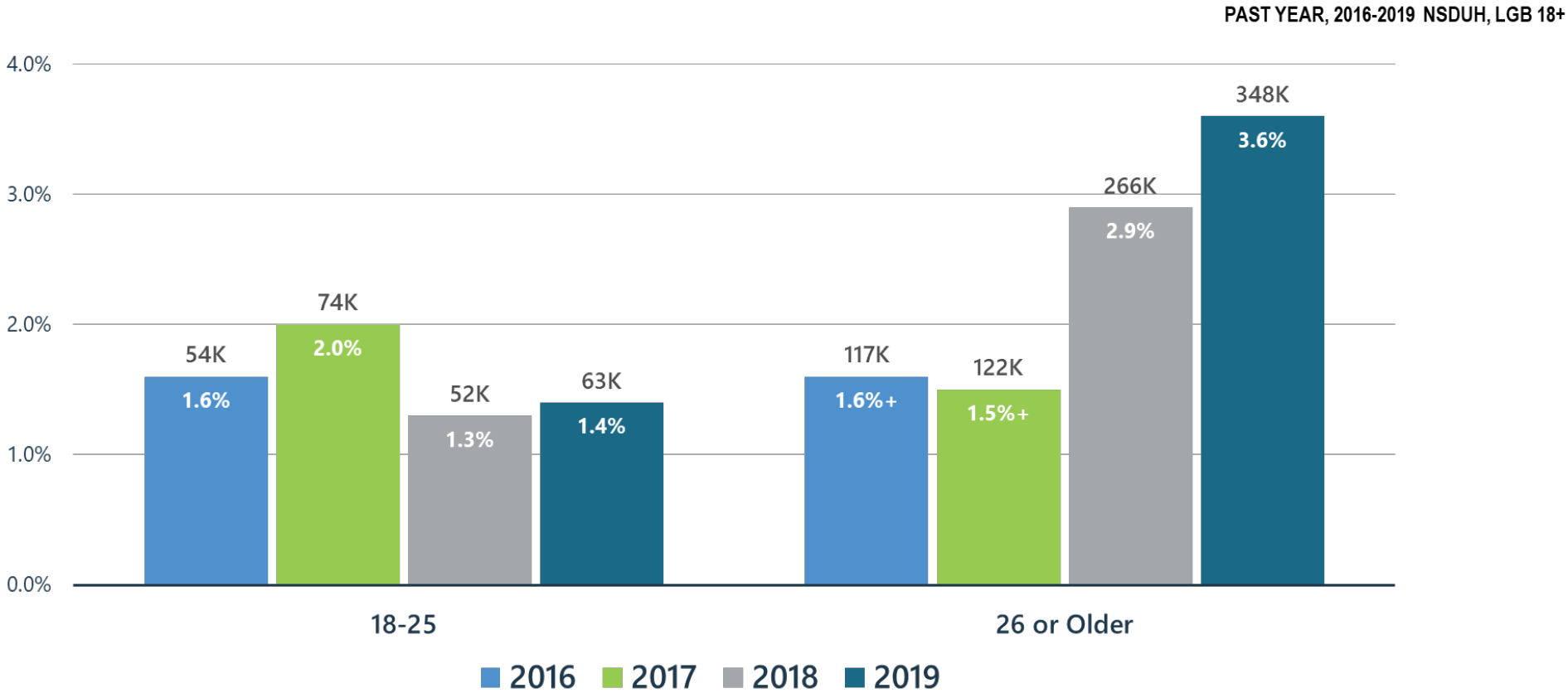
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Marijuana Use Disorder among LGB Adults



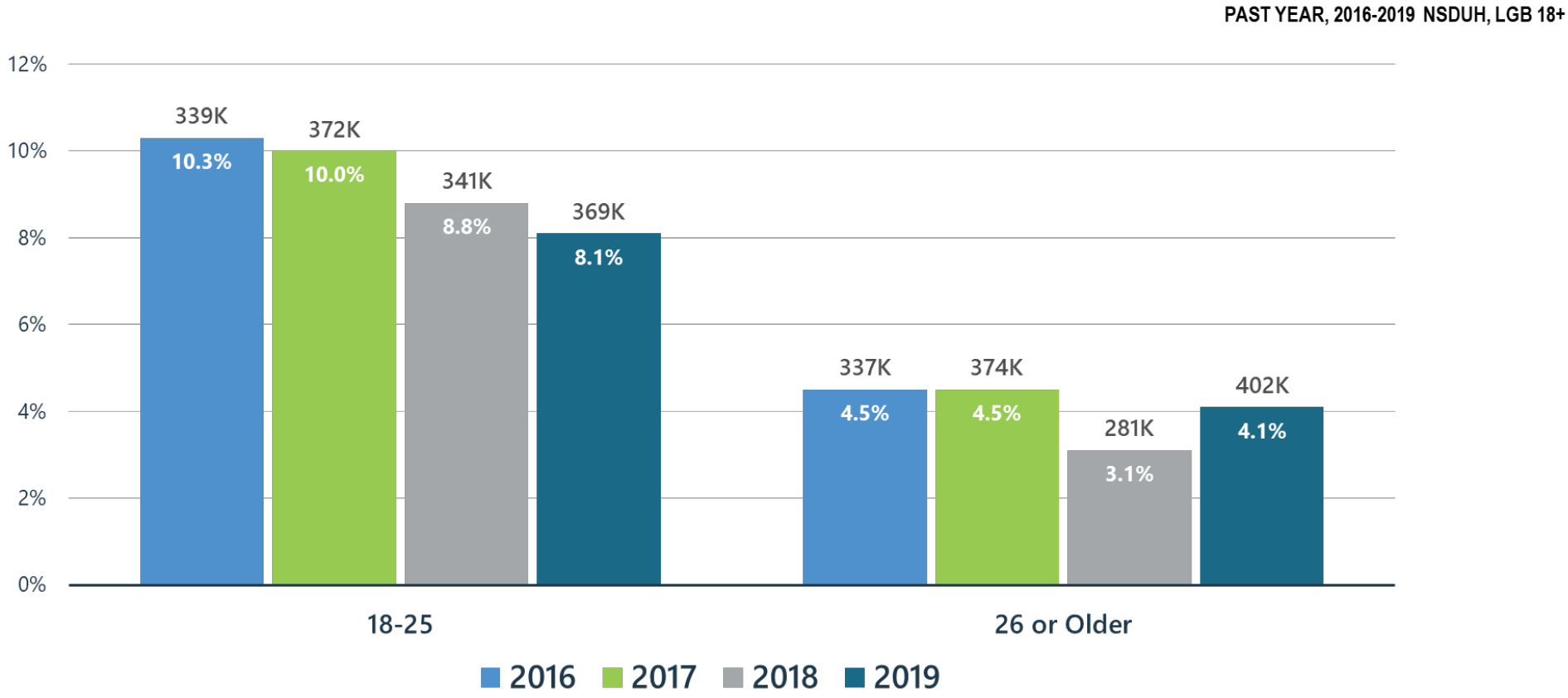
No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

Methamphetamine Use among LGB Adults



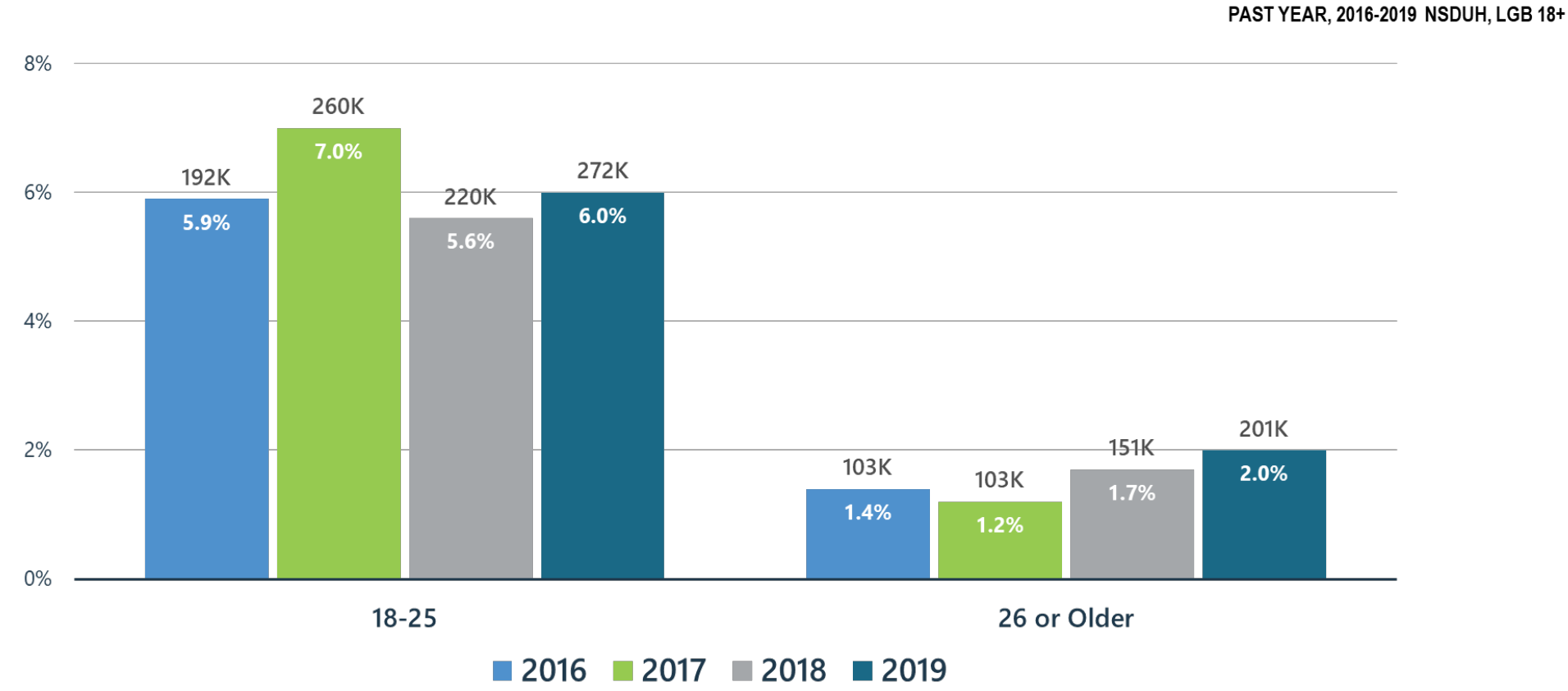
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Misuse of Prescription Stimulants among LGB Adults



No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

LSD Use among LGB Adults for All Age Groups

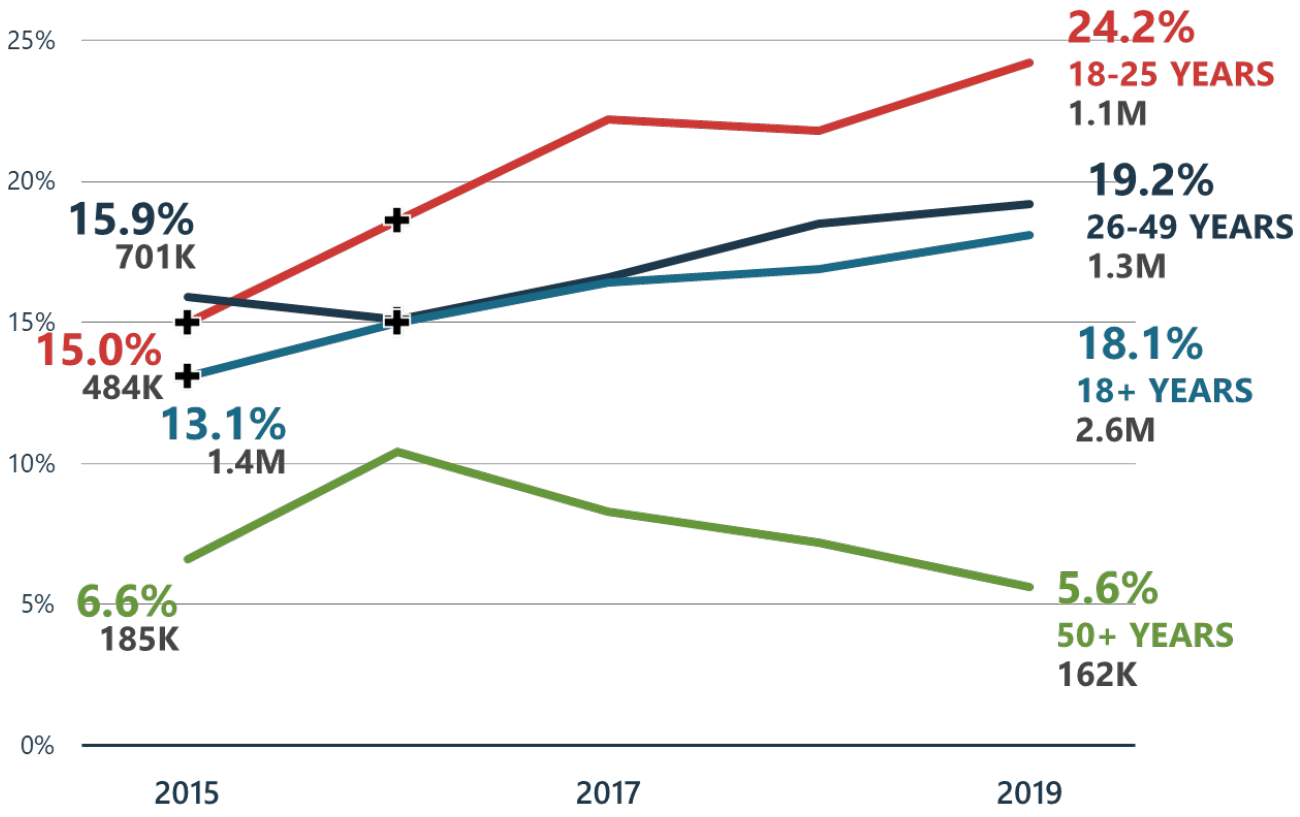


Estimates represent past year use of LSD (lysergic acid diethylamide), a type of hallucinogen.

No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

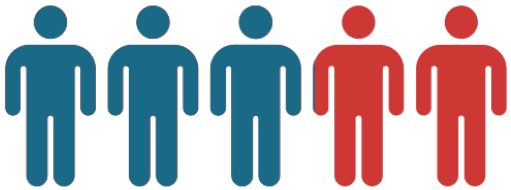
Mental Health

Serious Mental Illness (SMI) among LGB Adults



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

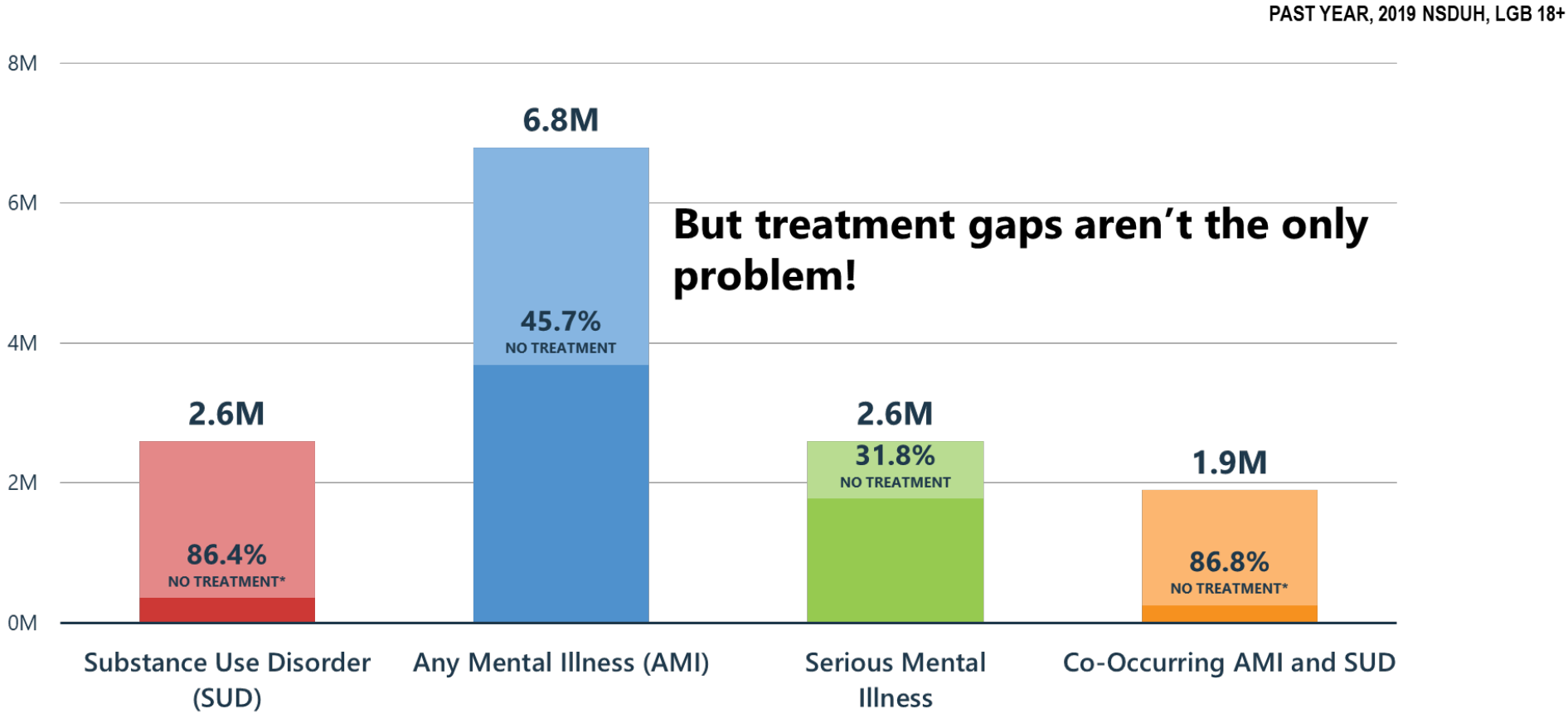
PAST YEAR, 2015-2019 NSDUH, LGB 18+



61.8%
677,000 LGB YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2019
38.2% got NO treatment

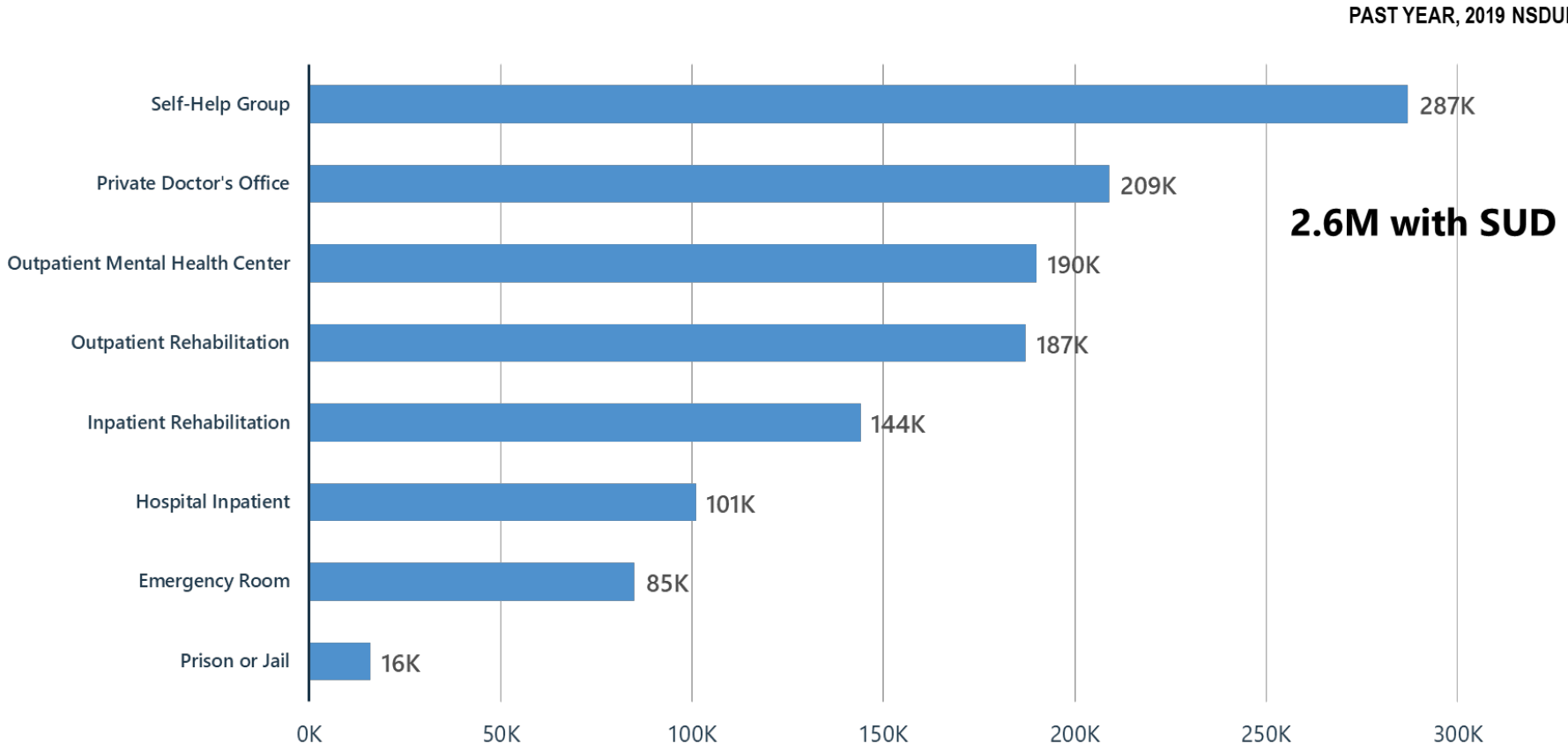
72.1%
961,000 LGB ADULTS AGED 26-49 WITH SMI RECEIVED TREATMENT IN 2019
27.9% got NO treatment

Mental and Substance Use Disorders among LGB Adults: High Prevalence/Huge Treatment Gaps



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Locations Where Substance Use Treatment was Received among LGB Adults



Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.


Treatment Aspects

LGBT Treatment Aspects

Addiction treatment programs offering specialized groups for gay and bisexual men showed better outcomes for those clients compared to gay and bisexual men in non-specialized programs; but in one study, **only 7.4 percent of programs offered specialized services for LGBT patients.**

Research is currently limited on rates of SUD among transgender populations, although research shows that transgender individuals are more likely to seek SUD treatment than the non-transgender population.

Current research suggests that treatment should address unique factors in these patients' lives that may include homophobia/transphobia, family problems, violence, and social isolation.

Senreich E. Are specialized LGBT program components helpful for gay and bisexual men in substance abuse treatment? *Subst Use Misuse*. 2010;45(7-8):1077-1096. doi:10.3109/10826080903483855.

LGBT Treatment Aspects

Sexual minorities with SUDs are more likely to have additional (comorbid or co-occurring) psychiatric disorders.

For example, gay and bisexual men and lesbian and bisexual women report greater odds of frequent mental distress and depression than their heterosexual counterparts.

Transgender children and adolescents have higher levels of depression, suicidality, self-harm, and eating disorders than their non-transgender counterparts.

Thus, it is particularly important that LGBT people in SUD treatment be screened for other psychiatric problems (as well as vice versa), and all identifiable conditions should be treated concurrently.

Gonzales G, Henning-Smith C. Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. *J Community Health*. May 2017. doi:10.1007/s10900-017-0366-z.

LGBT Treatment Aspects

- LGBTQ people are also at increased risks for human immunodeficiency virus (HIV) due to both intravenous drug use and risky sexual behaviors.
- HIV infection is particularly prevalent among gay and bisexual men (men who have sex with men, or MSM) and transgender women who have sex with men.
- SUD treatment can also help prevent HIV transmission among those at high risk.
- For example, addiction treatment is associated not only with reduced drug use but also with less risky sexual behavior among MSM, and those with HIV report improvements in viral load.
- Who Is at Risk for HIV? HIV.gov. https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv. Published May 15, 2017.

Meeting The Treatment Needs of LGBT

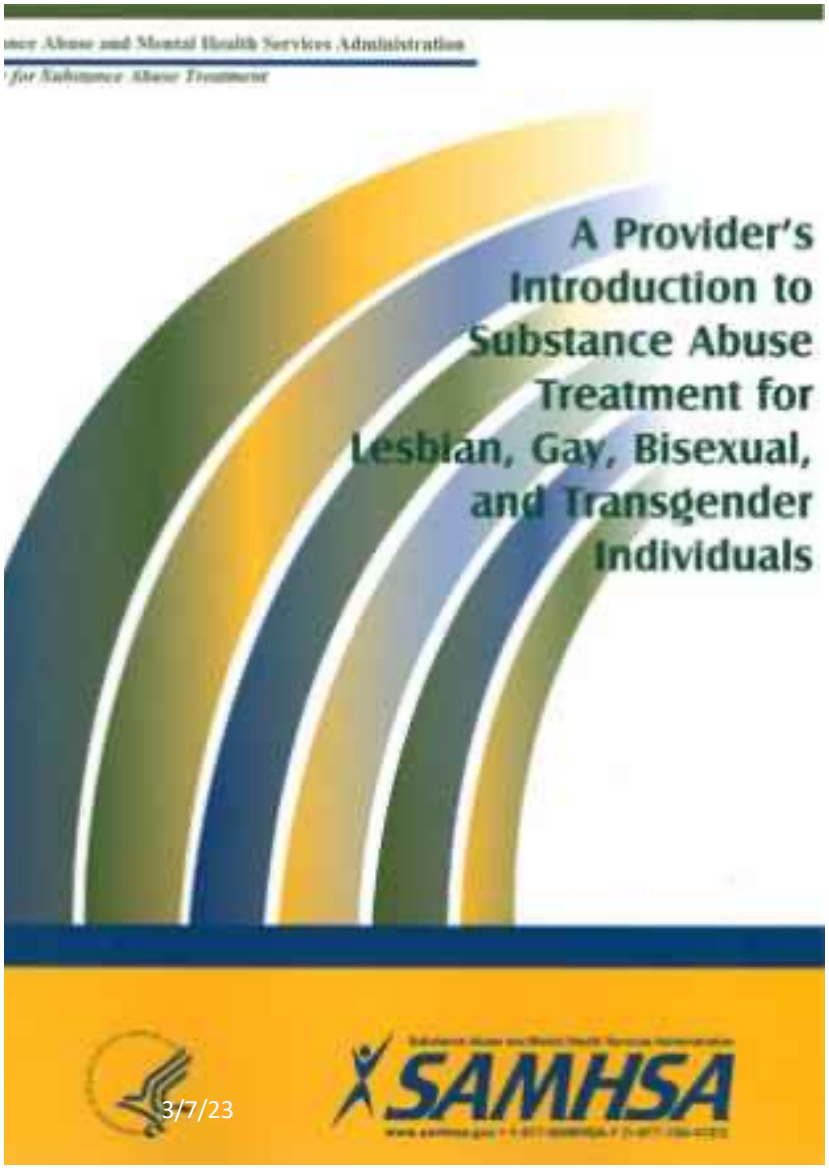
- LGB men and women reported higher rates of mental health diagnoses and current mental health prescription medications compared to heterosexual clients.
- Specifically, 65 percent of gay men and 61 percent of bisexual men reported mental health diagnoses, while only 27 percent of heterosexual men had a prior mental health diagnosis.
- Among women, 51 percent of lesbian women and 56 percent of bisexual women had prior mental health diagnoses, while only 38 percent of heterosexual women reported having a mental health diagnosis.
- For men, 49 percent of gay men and 36 percent of bisexual men were taking prescribed medications for mental health, while only 14 percent of heterosexual men were taking these medications.
- Among women, 33 percent of lesbian women and 32 percent of bisexual women were taking mental health medications, while only 22 percent of heterosexual women were taking these medications.
- Flentje, F Livingston,NA,Sorenson JL Meeting the needs of Lesbian,Gay,and Bisexual Clients in Substance Abuse Treatment Counselor (Deerfield Beach). Author manuscript; available in PMC 2017 May 01.

LGBT Resources

- Hetrick-Martin Institute: https://events.adelphi.edu/files/2014/10/Working-with-Transgender-Youth.pdf
- The Fenway Institute: The Fenway Institute's National LGBT Health Education Center: Learning modules
- TransPrimaryCare (Ontario, Canada): https://www.rainbowhealthontario.ca/TransHealthGuide/gp-initialassess.html

LGBT Resources

- World Professional Association for Transgender Health: https://www.wpath.org/
- UCSF Center of Excellence for Transgender Health: http://transhealth.ucsf.edu/
- Schools In Transition A Guide for Supporting Transgender Students in K-12 Schools https://www.genderspectrum.org/staging/wp-content/uploads/2015/08/Schools-in-Transition-2015.pdf



- **SUDS Treatment Guidelines for LGBT**

LGBT Resources For Clinicians

- **Engaging and Retaining Racial and Ethnic Minority Young Men Who Have Sex with Men in Care Pacific Southwest ATTC www.attcnetwork.org**
- **Culture, Language, and Health Literacy Health Resources and Services Administration www.hrsa.gov**
- **National LGBT Health Education Center Continuing Education www.lgbtqiahealtheducation.org**
- **Mautner Project's RTB www.Whitman-walker.thankyou4caring.org (You will need to set up account)**

Ethnicity and Substance Use Disorders: Mens Issues

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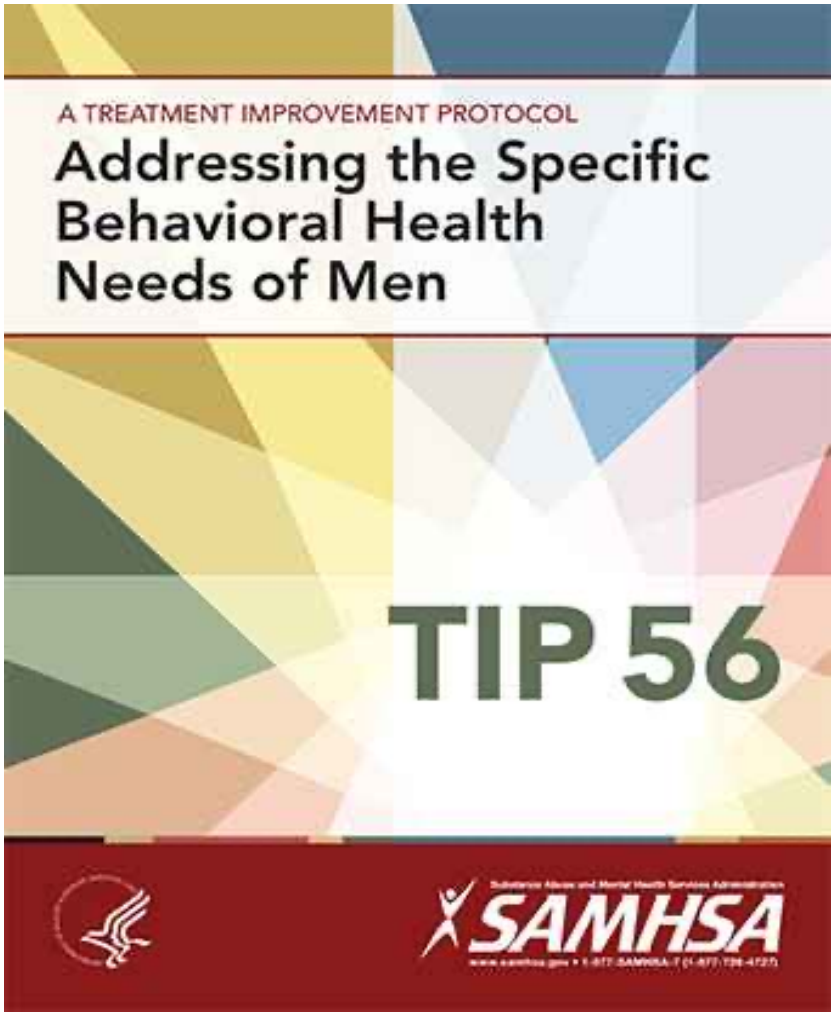

A TREATMENT IMPROVEMENT PROTOCOL
Addressing the Specific Behavioral Health Needs of Men
TIP 56
SAMHSA

TIP 56 Addressing Specific Behavioral Needs of Men

- This guide addresses specific treatment needs of adult men living with substance use disorders.
- It reviews gender-specific research and best practices, such as common patterns of substance use among men and specific treatment issues and strategies.

Are Men Greater Risk for SUDS?

- **Men in America today may have advantages that women lack. However, in spite of these advantages, men die at a younger age on average than women; men are also more likely than women to have a substance use disorder,to be incarcerated, to be homeless as adults, todie of suicide, and to be victims of violent crime.**
- **Conversely, men are *less* likely than women to seek medical help or behavioral health counseling for any of the problems they face. These significant problems, combined with men's tendency to avoid addressing them,call for a response from behavioral health treatment providers.**
- Substance Abuse and Mental Health Services Administration. *Addressing the Specific Behavioral Health Needs of Men.* Treatment Improvement Protocol (TIP) Series 56. HHS Publication No.(SMA) 13-4736. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013

SUDS Treatment Issues

- **A variety of social and behavioral issues can affect men's patterns of substance use/abuse as well as their success in treatment. These issues include counseling men who have difficulties expressing emotion and men who feel excessive shame, both common problems for men in substance abuse treatment.**
- **Male roles and training may result in difficulties accessing some or all emotions, or in problems reacting appropriately to some emotions, such as anger.**
- **Men are affected by different kinds of shame and social stigma than women, and men are expected to engage in different rituals or rites of passage, many of which involve alcohol.**

Substance Abuse and Mental Health Services Administration. *Addressing the Specific Behavioral Health Needs of Men.* Treatment Improvement Protocol (TIP) Series 56. HHS Publication No.(SMA) 13-4736. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

SUDS Treatment Issues

- **Men's behaviors relating to sexuality and violence are often important issues in treatment. Men are much more likely to commit violent acts than women, and those acts of violence are often associated with substance use/abuse.**
- **Violence, criminal behavior, and anger are factors that often need to be addressed if a man is to remain substance free. Although providers may be aware of the possibility that men may commit violent acts, they are less likely to consider that men are often victims of violence as well.**

- **Men are rarely forthcoming about—histories of childhood physical or sexual abuse or current victimization by domestic partners, and yet these are factors that can have a strong negative effect on treatment.**
- **Men's sexual behavior is also often affected by their substance use/abuse. An understanding the relationship between sexuality and substance use is an important issue;**
- **A discussion of sexual dysfunction, the effects of substance abuse on the male reproductive system, sexual identity, compulsive sexual behaviors, and other issues are to be examined in treatment.**

Conceptual Frameworks of Masculinity and Male Roles

- Rituals, Rites of Passage, and Alcohol Abuse
- Emotional Restraint
- Competition and Success
- Aggressiveness, Fearlessness, and Invulnerability
- Sexual Accomplishment
- Independence and Self-Sufficiency
- The Value of Gender Roles

Physical Responses To Drug Use

- **Men also respond differently than women to certain substances, and some substances have effects in men that they do not have in women;**
- **Men show greater loss of mental faculties relating to executive function and memory than women, and these effects persist even after abstinence;**
- **Men may use or start to abuse substances for different reasons than women, and male institutions (e.g., fraternities, amateur sports teams) often encourage alcohol use;**
- **Men who cannot talk about their feelings or manage them constructively sometimes use substances to deal with difficult emotions. Shame, especially, can limit help-seeking behaviors for substance use and mental disorders.**

Lifetime Substance Use in General Population

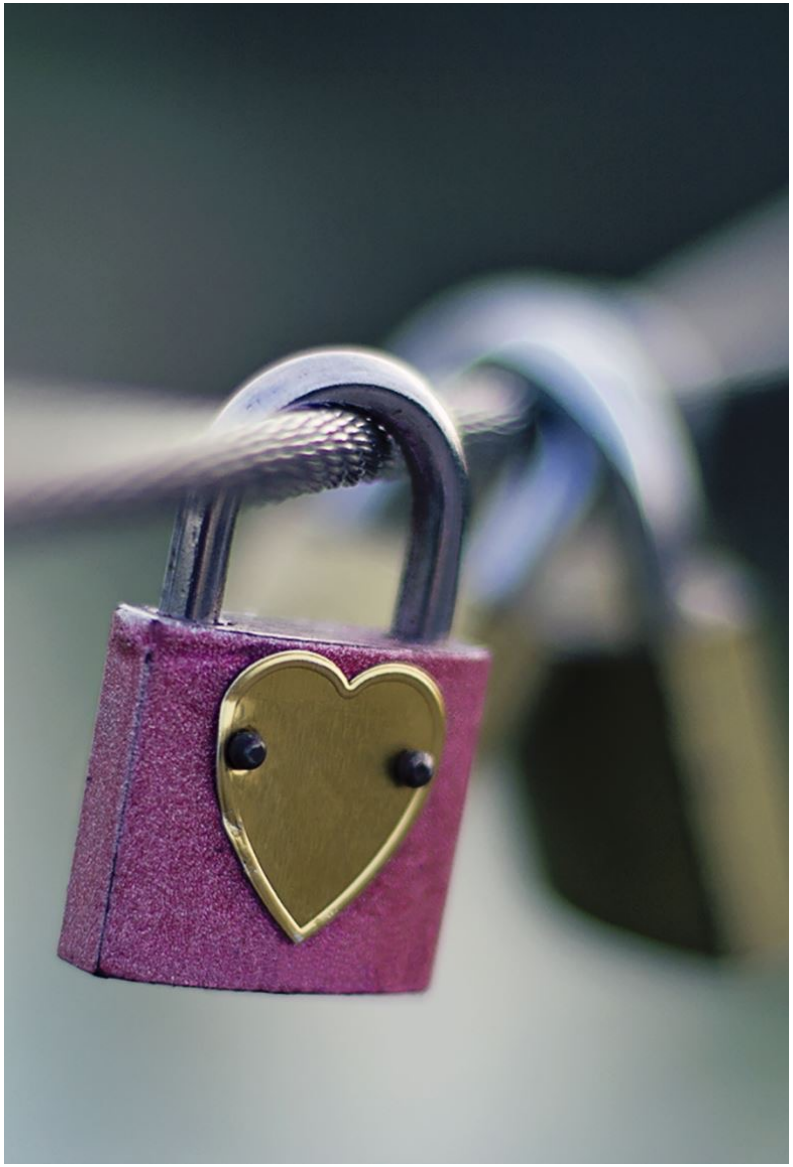
Substance	% Men	% Women
Alcohol	85.5	79.3
Cocaine (any form)	18.0	11.8
Smoked cocaine (i.e., crack)	4.4	2.3
Heroin	2.1	1.0
Inhalants	11.6	6.4
Hallucinogens	17.8	11.6
Marijuana	45.6	36.9
Methamphetamine	5.2	3.1
Pain relievers (non medical use)	16	12.3
Sedatives	4.2	3.1
Tranquilizers	9.3	8.2

Treatment Admissions by Drug of Choice

Substance	% Men	% Women
Alcohol	74.6	25.4
Alcohol with another substance	73.7	26.3
Smoked cocaine (i.e., crack)	58.4	41.6
Other cocaine	65.0	35.0
Heroin	68.3	31.7
Other opioids	53.8	46.2
Methamphetamine	54.2	45.8
Inhalants	67.0	33.0
Hallucinogens	72.7	27.3
Marijuana	73.8	26.2
Sedatives	42.7	57.3
Tranquilizers	46.4	53.6

Gender-Aware Personal Assessment

- **A comprehensive personal assessment routinely includes a complete physical examination, an exploration of significant events in the client's life that could affect treatment and recovery, the client's history of mental health or developmental problems, and an evaluation of his close relationships.**
- **Client strengths should also be assessed.**
- **Personal assessment aims to distinguish values, attitudes, and behavioral dispositions that the individual may share with other men or that make him different from other men.**
- **The first step should be a broad-based, gender-aware screening to identify substantive areas in need of more detailed assessment.**



Assessing for Shame In Men

- **Men tend to be sensitive to experiences that provoke feelings of shame, clinicians need to be aware of how this sensitivity can affect treatment beginning in the screening phase.**
- **Although shame is not a male-only problem, the specific reasons men feel shame may be different from the reasons women do—and men may manifest their shame differently than women.**
- **Shame associated with a socially stigmatized behavioral health problem can cause some men to avoid screening and comprehensive assessment or to resist, in a hostile manner, screening and assessment**

Assessing for Shame In Men

- **Once the screening and assessment process begins, sensitivity to shame may cause men to withhold information about specific thoughts, feelings, and behaviors.**
- **Because shame involves an interpersonal dimension, fear of shame will frequently be of concern to men as they begin to develop a helping relationship with a clinician.**
- **Moreover, shame can influence compliance with specific aspects of a comprehensive assessment, particularly medical assessment and screening for sexually transmitted diseases.**

Jack

- **Jack is a 51-year old electrical engineer and computer software designer who recently completed the intensive phase of outpatient substance abuse treatment and has been referred to an ongoing therapy group for clients in recovery.**
- **His primary therapist in the intensive intensive outpatient program felt the group would help Jack get in touch with his feelings. Jack readily acknowledges that he is a logical guy who sees emotions as having little utility, is uncomfortable around others who easily express emotions, and recognizes that his lack of emotionality has been a barrier in relationships.**

Jack

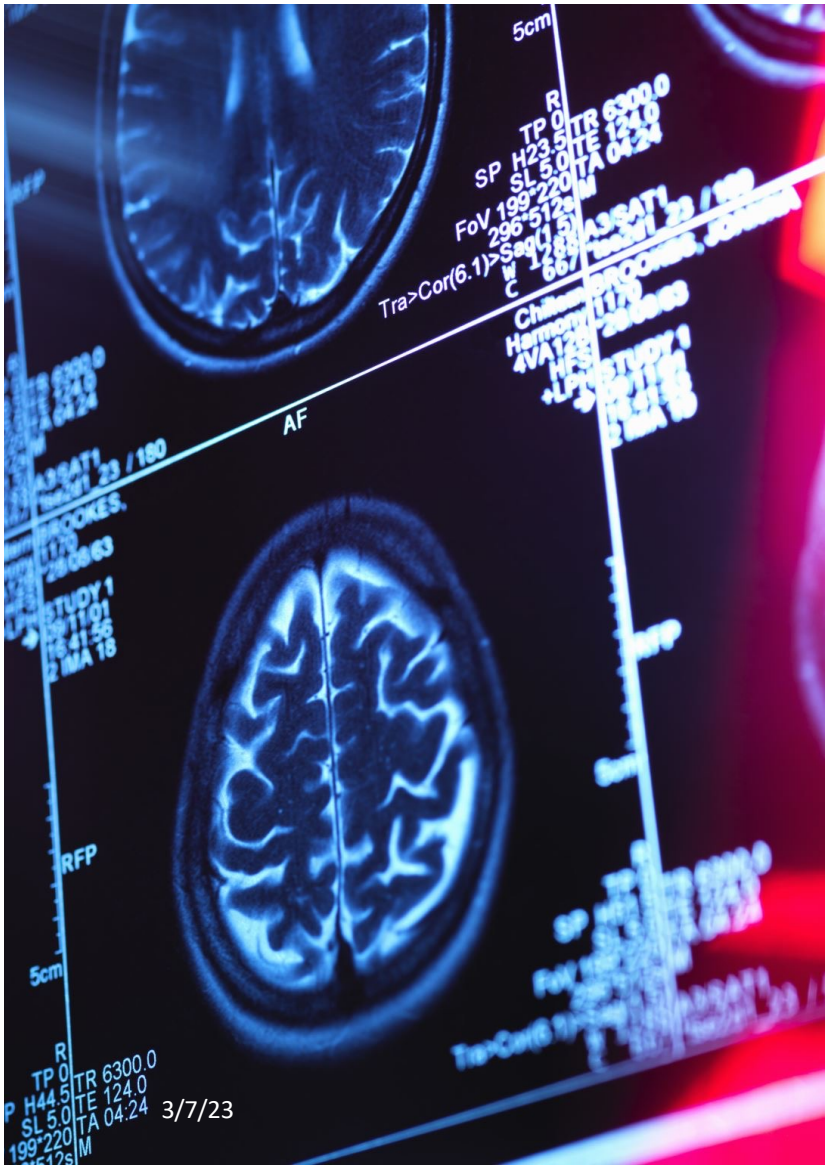
- **In his initial interview with the group leader, Jack comments that a primary reason for his heavy alcohol consumption (which began in high school) was that he felt more comfortable relating to others after drinking. He also recognizes that he was drawn to his occupation because it allows him to spend large amounts of time working alone and that he becomes uncomfortable in social and work situations when he cannot drink.**
- **In treatment, he found emotional expression in an all-male group difficult, and he is very apprehensive about being in a mixed-gender group now. He offered his primary counselor numerous reasons for not attending the outpatient group, but the counselor insisted that the experience would be good for him.**
- **He finally agreed to come for 12 visits (3 months).**
- **Recommendations for helping Jack???**

Counseling Men Who Feel Excessive Shame

- **Stigma and shame are strong obstacles to men's seeking help, and research shows that men in substance abuse treatment often rate their level of shame as high;**
- **Many men with substance use disorders and their families "ignore prevention messages, avoid treatment, [and] endure suffering and risk death daily for the simplest of reasons: They're ashamed"**
- **Social stigma tied to substance abuse, co-occurring disorders, other behavioral health problems, failure to meet society's expectations, and other problems can cause intense feelings of shame among men;**
- **Shame can also be a major impediment to growth in recovery. It can inhibit a man from looking inward, self-assessing, or experiencing personal deficits, resulting in white-knuckle abstinence and high risk of relapse.**

Counseling Men Who Feel Excessive Shame

- **A client's cultural orientation may also affect how he responds to shame;**
- **Men from many Asian cultures, shame may be an even more significant feeling than for men from European cultures. There are also cultural differences in how individuals are expected to respond to shame.**
- **In some cultures, a man may be expected to publicly demonstrate his shame; in other cultures, a man may be expected to strike out in revenge at whomever caused him to feel shame.**



Anger Management

- **Anger is a common problem for men with substance use disorders and can be exacerbated by the stress of early recovery. Because of men's socialization, anger is one of the only emotions that many men feel comfortable expressing—thus, they often use it to cover up emotions (e.g., fear, grief, sadness) that they feel inhibited about expressing;**
- **A high level of anger, particularly trait anger, in men has been associated with substance use disorders and physical aggression;**
- **Trait anger refers to an individual's disposition to experience anger in different situations, whereas state anger is the magnitude of the anger felt at a given time.**
- **According to a review of the literature, high trait anger is associated with a tendency to experience anger more frequently, more intensely, and for a longer period of time**

Anger Management

- **Men with anger problems are more prone to relapse to substance use.**
- **A few cognitive–behavioral interventions have been shown to be effective in reducing anger in men who abuse substances;**
- **Strategies used in one study to help subjects control their anger included the use of timeout, cognitive restructuring, conflict resolution, and relaxation training;**
- **Motivational enhancement therapy or motivational interviewing may be even more effective than cognitive–behavioral approaches in reducing substance use for men with a high level of anger.**
- **Clients who had high levels of anger did significantly better (in terms of days sober and drinks per drinking day) if they received motivational enhancement therapy rather than 12-Step facilitation or cognitive–behavioral therapy, but that the opposite held true for clients with low levels of anger.**
- **What was more important than the type of treatment received was the level of counselor directiveness; they determined that clients who had high levels of anger did significantly better with counselors who were less directive (as the motivational enhancement counselors were**).

Other Issues of Men in SUDS Treatment

- **Learning To Nurture and To Avoid Violence**
- **Learning To Cope With Rejection and Loss**
- **Overwhelming Shame**

Then Add Stigma……..

- **Stigma is different from shame; it results from social attitudes that label certain people, behaviors, or attitudes as disgraceful or socially unacceptable.**
- **People experiencing stigma:**
- **Frequently experience prejudice and discrimination.**
- **Feel that their social identity is devalued.**
- **Are aware that they are being stereotyped or worry that their behavior may be seen as stereotypical.**
- **Feel unjustly criticized or feel uncertain about the fairness of others' criticism.**

Results of Shame and Stigma of SUDS in Men

- **Substance use can lead to behaviors or situations that a man might find shameful or stigmatizing, and many of these relate to a failure to meet prescribed gender roles.**
- **Because of substance use, a client may have failed to support his family, lost an important job, or experienced detriments to his sexual performance or alterations in his pattern of sexual behavior.**
- **Medical conditions, such as HIV/AIDS and certain disabilities (especially physical), are also often stigmatized, as are lack of employment and homelessness; men who are homeless or have low socioeconomic status have been "stripped of everything that qualifies a man for full participation in society" and thus belongto a shamed group**

Cultural Stigma

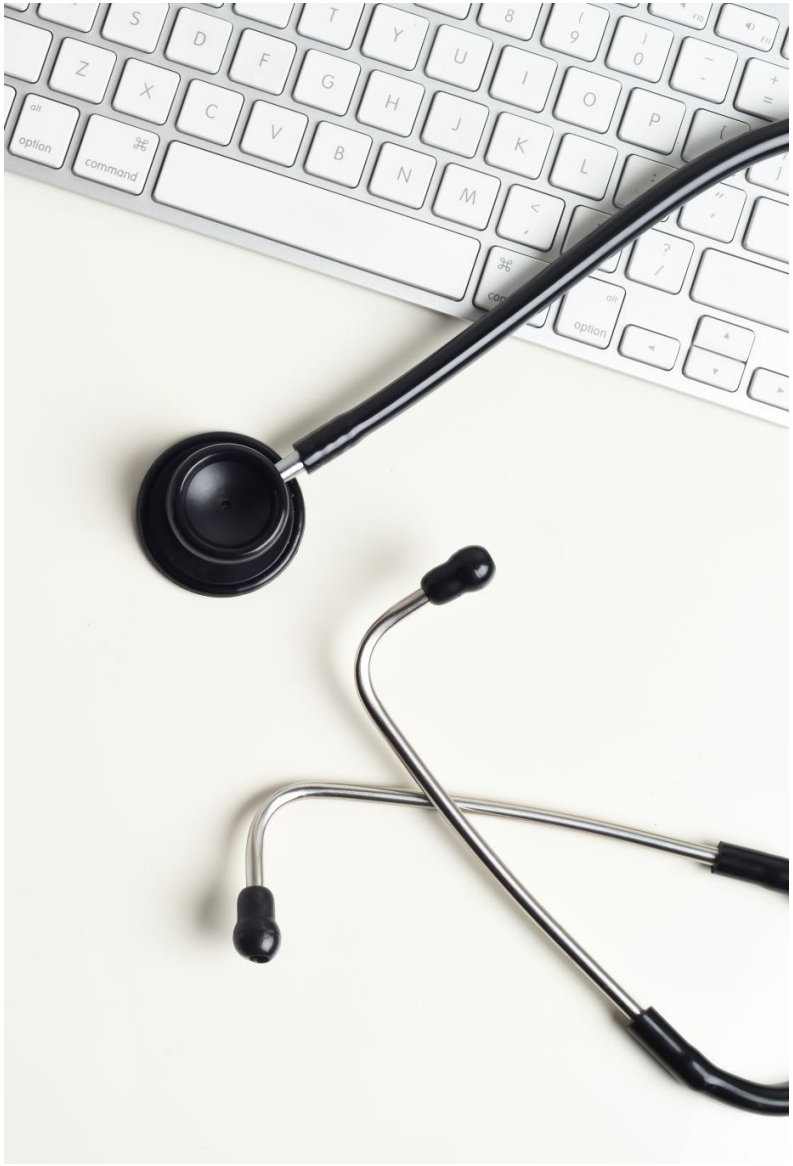
- **Cultural stigma can produce shame in many men with substance use disorders.**
- **Men who break gender norms, for example, can be subjected to stigma and experience shame as a result.**
- **Gender role stress for men, which can result when a man feels that he has transgressed traditional gender norms.**
- **This stress can lead to shame if he perceives that he has violated the norms of a social group or failed to live up to the group's expectations for appropriately masculine behavior.**

Harry

- **Harry is a 46-year-old Asian American man in an intensive outpatient substance abuse treatment program who has had numerous struggles in group and is seen by some counselors as uncooperative.**
- **He has resisted attending AA, tends to monopolize the group with long-winded stories of his successes, is defensive when confronted in group, and has not bonded well with other clients.**
- **He is also often sarcastic to other clients, but when they return the sarcasm, he either gets angry or withdraws and won't participate in the group process.**

Harry

- **His behavior tends to alienate him from others, which increases his isolation in the program.**
- **In a recent group clinical supervision session, staff members discussed his case and concluded that shame motivates much of Harry's disruptive behavior in group settings and that directly confronting his behavior makes him more defensive;**
- **How would you do to intervene on Harry's Behaviors?**



Advice to Behavioral Health Clinicians: Addressing Male Clients Who Are Disruptive in Group Settings Due to Excessive Shame

- **Help the client positively bond with other group members and aid him in finding commonalities with them rather than seeing himself as different.**
- **Additional individual counseling is less likely to provoke shame and may be efficacious.**
- **In individual sessions, psychoeducation about shame and its effects can be helpful.**
- **Involve the client in a 12-Step program where he'll feel safer identifying with others.**
- **Gently intervene when the client becomes sarcastic with other group members, taking care to confront him in a non shaming way.**

Ethnicity of Men in SUDS Treatment

- Rates and patterns of substance use/abuse vary among men according to cultural group.
- Researchers generally investigate cultural differences using broad racial/ethnic categories; those categories are thus used here.
- However, each broad category encapsulates a diverse set of cultures, and intragroup differences may be greater than intergroup differences in many cases.
- Behavioral health service providers are encouraged to investigate the specific cultures of their clients and discuss those cultures with their clients.

Substance	White	African American	Latino (Mexican origin)	Latino (Puerto Rican origin)	American Indian or Alaska Native	Asian or Pacific Islander
Alcohol only	27.7	13.1	31.3	10.5	39.8	22.1
Alcohol plus other substance	19.5	21.2	11.9	16.5	23.9	13.3
Heroin	11.5	13.5	12.6	47.7	3.6	7.1
Other opioids	4.5	0.5	0.5	0.8	1.8	2.3
Smoked cocaine	5.4	20.4	3.4	5.3	2.3	5
Other cocaine	3.2	4.7	4.0	4.7	1.6	1.9
Marijuana or hashish	15.1	22.8	18	12	12.9	20.2
Methamphetamines	8.9	0.9	17.1	0.6	7.2	25.5
Tranquilizers	0.4	0.1	0.1	0.3	0.2	0.2
Sedatives	0.2	0.1	0.1	0.1	0.1	0.1
Hallucinogens	0.3	0.1	*	*	0.1	0.2
Phencyclidine	0.1	0.4	0.2	0.2	0.1	0.2
Inhalants	0.2	*	0.1	*	0.2	0.1
Other/none specified	5.2	2.1	0.5	1.4	6.3	1.9

Hispanic/Latino Americans

- **Hispanic and Latino are terms used to refer tocultures that originated, at least in part, in Spain or Portugal, and most often indicate people from Western Hemisphere cultures that have been influenced by Spanish or Portuguese colonization.**
- **The term Hispanic technically refers to people from the Spanish-speaking countries of North, Central, and South America and the Caribbean. However, the term Latino refers to people from Latin America, whether they are from a Spanish or Portuguese-speaking country.**
- **Unlike other groups described here, Hispanic/Latino is an ethnic, not a racial, category. Latinos may belong to any race and may include more than30 national and cultural subgroups. Latino Americans are currently the fastest-growing ethnic group in the United States**

Hispanic/Latino Americans

- **Mexican American men made up 4.1 percent of treatment admissions; Puerto Rican men made up 3.2 percent of treatment admissions;**
- **Data about drinking and drug use behaviors among various Hispanic/Latino groups, outside of those that enter treatment, do not always present a clear picture.**
- **However, there seem to be significant variations in substance use patterns and disorders among diverse groups of Latinos.**

Hispanic/Latino Americans

- **Studies have consistently found that more acculturated Hispanics/Latinos drink more frequently and in larger quantities than less acculturated individuals;**
- **Hispanic/Latino men are considered to be at high risk for alcohol abuse and dependence and substance abuse**
- **Among individuals entering substance abuse treatment, rates of heroin use are high for Puerto Rican men, as are rates of methamphetamine use for Mexican American men**

Asians, Hawaiian Natives, and Other Pacific Islanders

- **Asian Americans comprise over 30 diverse ethnic groups (e.g., Chinese, Filipino, Asian Indian) who speak different languages, have different levels of acculturation, and may have different immigration statuses and levels ofincome.**
- **This complexity is increased by key variables, such as reasons for migration, degree of acculturation, English proficiency, family composition and intactness, education, and adherence to traditions or religious beliefs.**

Asians, Hawaiian Natives, and Other Pacific Islanders

- **Asian Americans generally use alcohol and illicit substances less frequently than other Americans, although there are variations among subgroups. Asian Americans rank lowest of all racial or ethnic groups in terms of past-year illicit drug use.**
- **Research suggests considerable variations in substance use/abuse patterns among men from diverse Asian American populations.**
- **For example, the National Latino and Asian American Study, the largest national study to assess substance use disorders among Asian Americans from diverse cultural backgrounds, found that Filipino American men were 2.38 times as likely to have a lifetime substance use disorder as Chinese American men.**
- **Other research indicates significant differences in substance use and abuse patterns according to specific Asian cultural group, as well as differences related to such factors as geographic location and acculturation.**

African Americans

- **The term African American is a broad denotation for an ethnocultural group of considerable diversity. The history and experience ofAfrican Americans has varied in different parts of the United States, and the experience of African American people in this country varies even more when considering the culture and history of more recent immigrants. Today,**
- **African American culture embodies elements of Caribbean, Canadian, Latin American, European, and African cultures.**
- **Intragroup diversity among people of African descent is further influenced by numerous factors, including their country or region of origin; their upbringing; the extent to which their families conserve and perpetuate Afrocentric values ,rituals, and beliefs; regional mores and customs; gender socialization; and age.**

African Americans

- **The terms African American and Black are used synonymously at times, but some recent Black immigrants may not consider themselves AfricanAmericans, assuming that the term applies only to people of African descent born in the United States.**
- **African American men's concept of masculinity may differ depending on their specific cultural background as well as their geographiclocation and SES, among other factors.**
- **For example, a study by Levant and colleagues (1998) found that African American men in the South endorsed significantly more traditional masculine roles than did African Americans from Northeast/Mid-Atlantic regions (the latter groups' concept of masculinity more closely resembled that of White Americans).**

African Americans

- **African American men made up 15.5 percent of all substance abuse treatment admissions to programs receiving funds through States in 2005;**
- **Although young African American men are less likely to use drugs than young White American men, older African American men are more likely to do so—this is sometimes referred to as the crossover effect;**
- **A particularly powerful influence on increased drug use in this population population is that African American men ages 35 and older are more likely to be offered drugs than are men in that age range from other racial/ethnic groups.**

American Indian and Alaska Native

- **The terms American Indian and Alaska Native refer to the indigenous peoples of North America, who collectively are often called Native Americans.**
- **There are 562 federally recognized American Indian and Alaska Native Tribes (SAMHSA, planned *a*), but there are also numerous Tribes recognized only by States and still others unrecognized by any government entity.**
- **Each represents a distinct culture; although similarities exist among certain Tribes, there are also significant differences.**

American Indian and Alaska Native

- **NSDUH data from 2007 show that American Indians/Alaska Natives report the heaviest use of alcohol, tobacco, and many illicit drugs of any racial group;**
- **American Indian men as a grouphave higher rates of binge drinking than thegeneral population, but they also have higherrates of abstaining completely from alcohol than the general population.**
- **Drinking starts at an earlier age among American Indian men than their female counterparts (17 years versus 18.1 years, respectively), and American Indian men as a group have a tendency to drink more frequently and in larger quantities than American Indian women.**

American Indian and Alaska Native

- **American Indians and Alaska Natives comprise about 1 percent of the population of the United States.**
- **However, in 2000, they constituted approximately 1.4 percent of individuals in substance abuse treatment programs receiving funds through the States;**
- **Substance use patterns vary significantly among Native American Tribes, but within specific Tribes, American Indian and Alaska Native men usually have significantly higher rates of substance use disorders than women from the same Tribe.**
- **Rates of injuries, suicide, and homicide are disproportionately high among American Indian men, who are significantly less likely than American Indian women to receive medical services.**

Ethnicity and Substance Use Disorders: Women's Issues

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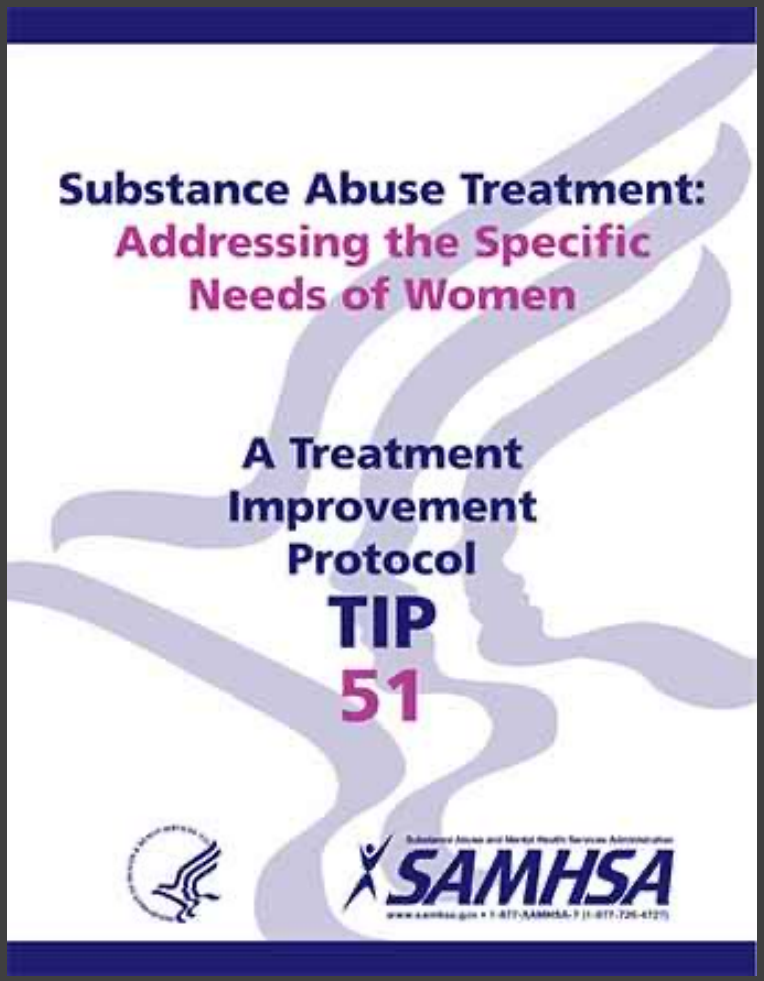
TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women



Substance Use in Women DrugFacts

- Women face unique issues when it comes to substance use, in part influenced by:
- sex—differences based on biology
- gender—differences based on culturally defined roles for men and women
- Scientists who study substance use have discovered that women who use drugs can have issues related to hormones, menstrual cycle, fertility, pregnancy, breastfeeding, and menopause. In addition, women themselves describe unique reasons for using drugs, including controlling weight, fighting exhaustion, coping with pain, and attempts to self-treat mental health problems.

Substance Use in Women DrugFacts

- Science has also found that:
- Women often use substances differently than men, such as using smaller amounts of certain drugs for less time before they become addicted.
- Women can respond to substances differently. For example, they may have more drug cravings and may be more likely to relapse after treatment.
- Sex hormones can make women more sensitive than men to the effects of some drugs.
- Women who use drugs may also experience more physical effects on their heart and blood vessels.

Substance Use in Women DrugFacts

- Science has also found that:
- Brain changes in women who use drugs can be different from those in men.
- Women may be more likely to go to the emergency room or die from overdose or other effects of certain substances.
- Women who are victims of domestic violence are at increased risk of substance use.
- Divorce, loss of child custody, or the death of a partner or child can trigger women's substance use or other mental health disorders.
- Women who use certain substances may be more likely to have panic attacks, anxiety, or depression.

Substance Use in Women DrugFacts

- Surveys suggest that more women are using marijuana during pregnancy, which has health professionals concerned.
- The American College of Obstetrics and Gynecology (ACOG) suggests that marijuana can result in smaller babies, especially in women who use marijuana frequently in the first and second trimesters.
- ACOG recommends that pregnant women or women wanting to get pregnant should stop using marijuana, even if it is for medical purposes, and discuss options with their doctors that will be healthier for their babies.
- Pregnant women should check with their health care provider before using any medicines or substances.

Substance Use in Women DrugFacts

- Symptoms of NAS in a newborn can develop immediately or up to 14 days after birth. Some of these symptoms include:
- blotchy skin coloring
- diarrhea
- excessive or high-pitched crying
- fever
- increased heart rate
- irritability
- poor feeding
- rapid breathing
- seizures
- sleep problems
- slow weight gain
- trembling
- vomiting

Substance Use in Women DrugFacts

- Also, substance use by the pregnant mother can lead to long-term and even fatal effects, including:
- birth defects
- low birth weight
- premature birth
- small head size
- sudden infant death syndrome

Substance Use in Women DrugFacts

- Some substances, such as marijuana, alcohol, nicotine, and certain medicines, can be found in breast milk.
- However, little is known about the long-term effects on a child who is exposed to these substances through the mother's milk.
- Scientists do know that teens who use drugs while their brains are still developing could be damaging their brain's learning abilities.
- Therefore, similar risks for brain problems could exist for drug-exposed babies.
- Given the potential of all drugs to affect a baby's developing brain, women who are breastfeeding should talk with a health care provider about all of their substance use.

Substance Use in Women DrugFacts

- It is important to note that treatment for substance use disorders in women may progress differently than for men.
- Women report using some substances for a shorter period of time when they enter treatment.
- However, women's substance use tends to progress more quickly from first use to addiction.
- Withdrawal may also be more intense for women. In some cases, women respond differently than men to certain treatments. For instance, nicotine replacement (patch or gum) does not work as well for women as for men.

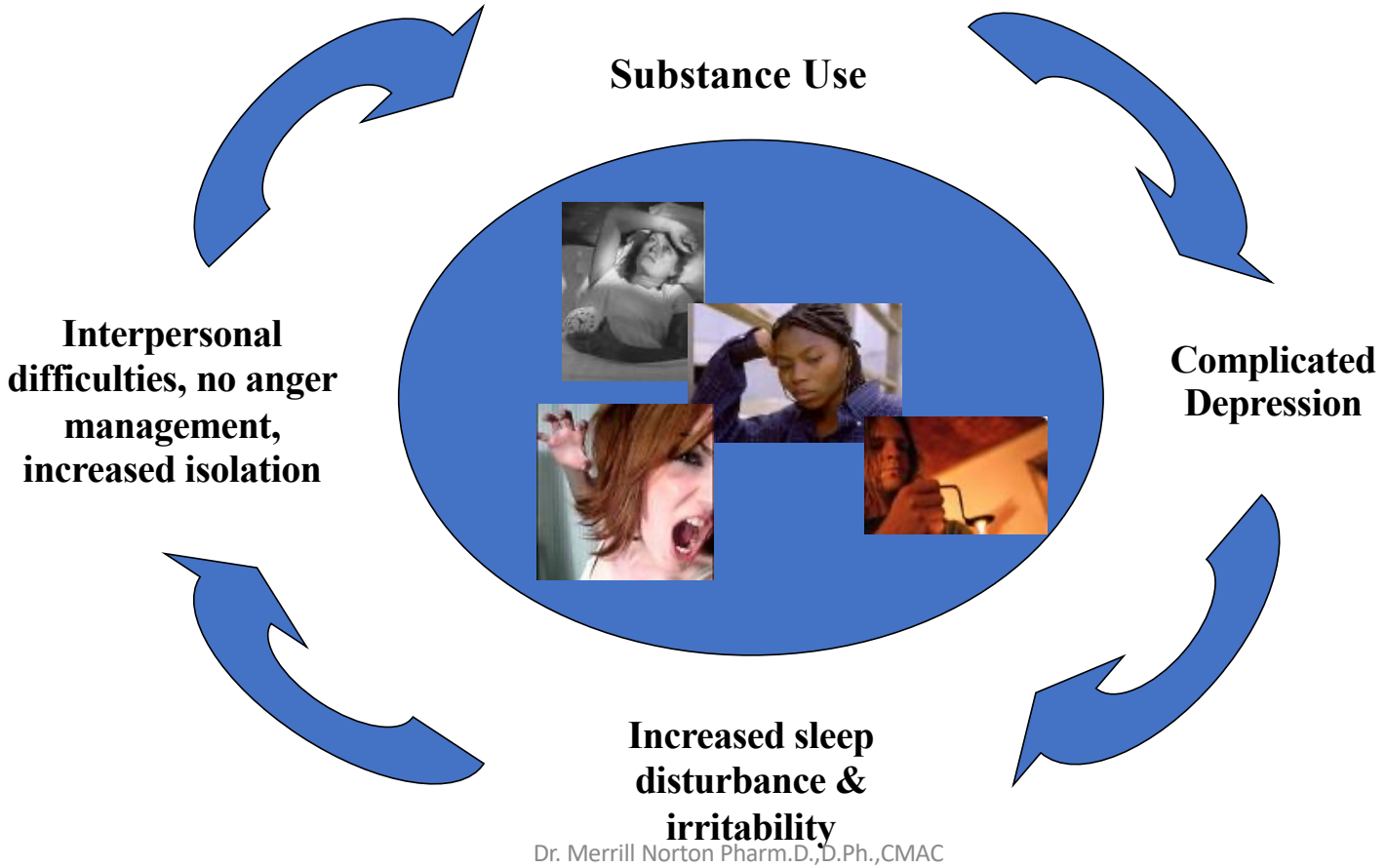
Trauma in Women

- As many as 80% of women seeking SUD treatment report histories of sexual and physical assault (Brady et al., 1994; Dansky et al., 1995; Fullilove et al., 1993; Hien & Scheier, 1996; Miller et al. 1993)
- Among substance abusers, lifetime rates of PTSD range from 14-60% (Triffleman, 2003; Donovan et al., 2001; Najavits et al., 1997; Brady et al., 2001)
- Among PTSD populations, co-occurring substance use disorders may occur in 60-80% of individuals (Donovan et al., 2001)

Clinical Profile: Women with PTSD/SUD

- Majority are victims of childhood abuse and repeated trauma
- Present to treatment with high rates of other co-morbid disorders
- Have interpersonal, behavioral and emotion regulation deficits
- Abuse the most severe substances

Self-Perpetuating Cycle



Treatment Aspects of Women

- CBT, including exposure therapy, shows promise in treating PTSD/SUD
- PTSD treatments did not make patients worse, improved PTSD, substance use and general psychiatric symptoms
- Integrated counseling may be one of the key program features that impacts outcomes.
- More research needed to examine the duration, scope, timing and combination of components to identify optimal model of PTSD/SUD treatment integration

A TREATMENT IMPROVEMENT PROTOCOL Trauma-Informed Care in Behavioral Health Services TIP 57

Substance Abuse and Mental Health Services Administration

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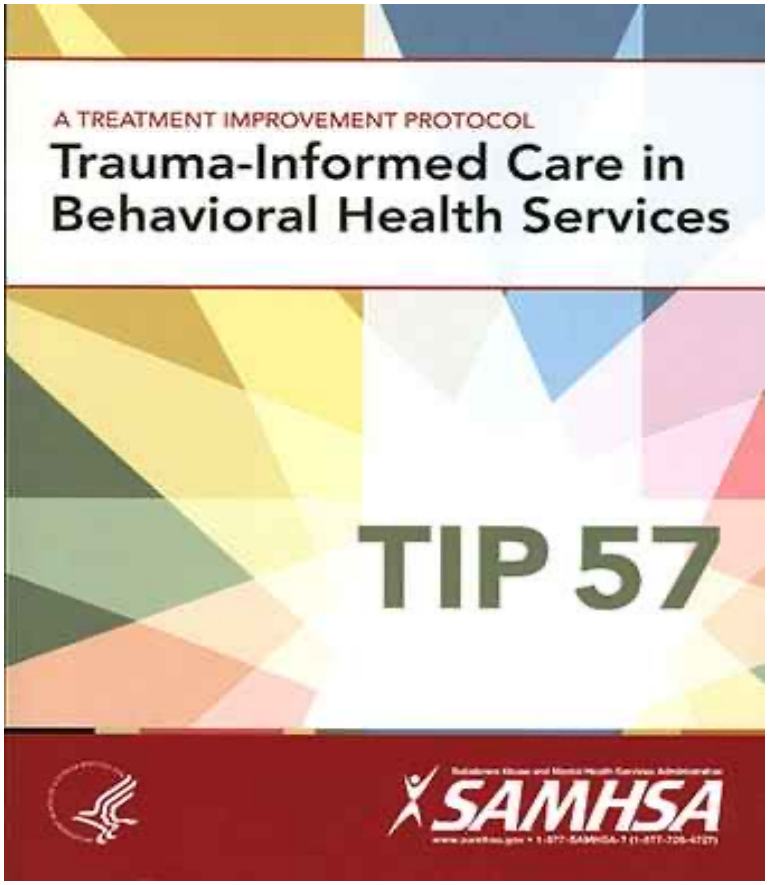
A TREATMENT IMPROVEMENT PROTOCOL
Trauma-Informed Care in Behavioral Health Services
TIP 57
SAMHSA

Training Topics

- **Chapter 1--- What Is Trauma?**
- **Chapter 2—Trauma Awareness**
- **Chapter 3—Understanding the Impact of Trauma**
- **Chapter 4—Screening and Assessment**
- **Chapter 5—Clinical Issues Across Services**
- **Chapter 6—Trauma-Specific Services**

(For Specifically Trained Practitioners- Day 2 of Training)

Chapter 3 Understanding the Impact of Trauma

- P.62-63 Immediate and Delayed reactions
- P.64 Case Study Exercise I
- P.65 Case Study Exercise II
- P.65 Using Information of Biology and Trauma
- P.66-67 Cognitions and Traumas
- P.68 Managing Flashbacks and Triggers
- P.69-78 The Three D's of Trauma
- P.71 Case Study Exercise III
- P.72 Self- Injurious Clients
- P.76 Case Study Exercise IV
- P.77 Combat Stress
- P.78-85 DSM 5 and ICD-10 Diagnostic Criteria
- P.86 Universal Screening
- P.88 Case Study Exercise V
- P.89 Important Treatment Facts

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Women who abuse substances are more likely than other women to have co-occurring disorders.***
- Women with substance use disorders are more likely to meet diagnostic criteria for mood disorders specific to depressive symptoms, agoraphobia with or without panic attacks, posttraumatic stress, and eating disorders.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Women who have substance use disorders are more likely to have been physically or sexually traumatized and subjected to interpersonal violence.***
- A high proportion of women with substance use disorders have histories of trauma, often perpetrated by persons they both knew and trusted. These women may have experienced sexual or physical abuse or domestic violence, or they may have witnessed violence as children.
- Women who have been abused as children are more likely to report substance use disorders as adults.
- Physical and sexual dating violence are significant predictors of substance use.
- A reciprocal relationship exists between substance abuse and domestic violence; rates for one are higher in the presence of the other.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Significant relationships and family history play integral roles in the initiation, pattern of use, and continuation of substance abuse for women.***
- Women with alcohol use disorders are more like-ly than men to report having had alcohol-dependent parents, other alcohol-dependent relatives, and dysfunctional family patterns.
- Women are more likely to be introduced to and initiate alcohol and drug use through significant relationships, including boyfriends, spouses, partners, and family members.
- Women whose partners abuse substances exhibit greater substance use themselves, and they also have a higher incidence of substance use disorders.
- Women with substance use disorders are more likely to have intimate partners who also have substance use disorders.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Significant relationships and adult family members may substantially influence women's behavior associated with treatment seeking, support for recovery, and relapse***.
- Women may have less support from family/partners than do men for seeking treatment.
- Women with alcohol problems are more likely to be left by their partners at the time of entry into treatment.
- Women's partners are less likely to stay with them after completion of treatment.
- Women are more likely to relapse due to interpersonal problems and conflicts, and relapse is more likely to occur in the presence of an unsupportive significant other.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***For women, pregnancy, parenting, and child care influence alcohol and drug consumption and increase the likelihood of entering and completing substance abuse treatment.***
- For many women, including those with substance use disorders, use of alcohol, tobacco, and/or illicit drugs significantly decreases after becoming aware of their pregnancy.
- It is common for women who abstained from alcohol, drugs, and tobacco during pregnancy to return to use after childbirth.
- If they are able to have their children in treatment, women are more likely to enter treatment, participate and stay in the program, and maintain abstinence.
- Women who are with their children in treatment have better treatment outcomes in major life areas than women who are without their children in treatment.
- Women in recovery see the support of their children as an essential ingredient for their recovery.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Women are more likely to encounter obstacles across the continuum of care as a result of caregiver roles, gender expectations, and socioeconomic hardships.***

• Beyond pregnancy, women often assume many other caregiver roles that can significantly interfere with treatment engagement and regular attendance at treatment services.

• Of women who receive substance use treatment, about one third cannot cover treatment costs due to inadequate or nonexistent health insurance.

• Many female clients need transportation assistance; affordable, safe housing; and onsite child care and other services for their children.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Women often take different paths in accessing treatment for substance use disorders.***
- Women are more likely than men to seek out physical and mental health treatment, including substance abuse treatment.
- Among women with substance use disorders, the most frequent source of referral to treatment is through self-referral; the next most frequent source is referral via the criminal justice system and other community referrals, including child protective services.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Women have unique client–counselor expectations and relational needs in treatment.***
- Women are more likely to view relationship building as an essential treatment ingredient.
- Women are more likely to stay in treatment longer if they receive more intensive and individual care, can maintain their parenting role while in treatment, and stay within the same treatment services or maintain a connection with treatment providers throughout the continuum of services, including continuing care.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

- ***Women face unique types of discrimination related to substance abuse.***
- Women who report not receiving or not perceiving a need for treatment attribute social prejudice as the primary reason.
- Some women fear negative consequences, including mandatory involvement with child protective services, loss of child custody, or other legal consequences if their substance abuse becomes known.

Ethnicity Considerations

- **Hispanic/Latina Women**
- ***Program development***
- **Generate a program philosophy that supports personal growth and empowerment within a cultural and family context.**
- **Develop linkages with other community resources and case management to help with legal issues, education, job training, domestic violence, medical care, housing, and other support systems.**
- **Plan for interpreter services and develop access to bilingual providers.**
- **Adopt acculturation assessment tools that include information on migration patterns, acculturation level, experiences, stress, country of origin, and specific endorsement of Hispanic/ Latina values.**
- **Develop and provide psychoeducational family programs.**
- ***Staff training***
- **Provide culturally responsive staff training that promotes an understanding of: Common Hispanic/Latina cultural beliefs, worldview, customs, spirituality, and religion.**
- **The possible relational needs of many Hispanics/Latinas.**
- **The centrality of family and knowledge of approaches for incorporating family in treatment.**
- **The immigration experience and effects of acculturative stress on many Hispanics/ Latinas' roles, responsibilities, family life, sub-stance abuse, and recovery .**

Ethnicity Considerations

- **African American Women**
- ***Program development***
- **Use elements of African American heritage or adopt an Afrocentric perspective to provide a more culturally responsive treatment program.**
- **Create program policies and procedures that support rather than limit family and community involvement.**
- **Develop treatment strategies that strengthen a sense of community within the treatment pro-gram and create avenues to broaden this sense of community beyond the program (e.g., provide outreach activities, invite community members to treatment graduation exercises).**
- **Invest in workforce development for African American staff.**

Ethnicity Considerations

- **African American Women**
- ***Staff training***
- **Provide culturally responsive staff training that promotes an understanding of:**
- **African American history and heritage.**
- **– The role of racism and discrimination in stress-related health issues and substance abuse.**
- **– The potential role and importance of spirituality in recovery.**
- **– resources to support an Afrocentric perspective with the client. Various African traditions and beliefs and**
- **– The value and necessity of outreach services to the African American community.**

Ethnicity Considerations

- Asian American and Pacific American Women
- *Program development*
- Use a psychoeducational model as an integral ingredient in treatment.
- Consider the appropriateness of home visits to engage families from the outset prior to individual treatment services.
- Incorporate native language services or community resources (e.g., interpreter services).
- Provide separate treatment groups for women to reduce restrictions imposed by gender role expectations.
- Develop a psychoeducational family treatment program to support the individual in relation to her family and to provide education regarding addiction.

Ethnicity Considerations

- Asian American and Pacific American Women
- Implement a lecture series that addresses both Western and traditional concepts of disease and treatment.
- Consider the adaptation of a peer-to-peer sup-port group to establish or support culturally appropriate individual and community supports for recovery.
- *Staff training*
- Provide culturally responsive staff training that promotes an understanding: Of the diversity of Asian and Pacific American women and of the relevance of cultural, language, and socioeconomic barriers.
- Of the role of acculturation in alcohol and drug use practices.
- That reporting substance abuse problems can be a significant source of shame for a woman and her family and can be perceived as hurtful toward family.
- Of the importance of “otherness” and the relevance of community and family in the perception of self-identity as a woman.
- That family is central, along with the maintenance of family obligations.
- That individuals who engage in socially frowned-upon behaviors, such as drug abuse, may experience significant consequences from their families and communities.

Ethnicity Considerations

- **Native American Women**
- ***Program development***
- **Take time to invest in the individual female client's Native community and learn its perceptions toward non-Native counselors.**
- **Use treatment as a prevention opportunity for FASDs. Provide an interactive program that not only educates women on the cause and prevalence of FASDs, but also provides an understanding of the behavioral effects that are often associated with these disorders.**
- **Incorporate comprehensive HIV/AIDS prevention and intervention services into treatment.**
- **Adopt trauma-informed services and consider an integrated model of specific services for substance use disorders and trauma.**
- **Combine contemporary approaches with traditional/spiritual practices (e.g., medicine wheel, smudging, sweat lodge ceremony, talking circle).**
- **Implement a skills training program to help Native American clients learn how to successfully navigate both traditional and majority cultures after treatment.**

Ethnicity Considerations

- Lesbian and Bisexual Women
- *Program development*
- Consider a specialized group that addresses issues unique to women who are lesbian, bisexual, or transgender and in recovery.
- Implement policies that address the potential woman-to-woman sexual relationships that can develop in residential treatment (similar to man-to-woman relationship policies in treatment).
- Incorporate educational components in treatment that address relevant legal issues and the inherent issues that may arise in addressing medical, child custody, and financial needs.

Dr. Merrill Norton Pharm.D.,D.Ph.,CMAC

Ethnicity Considerations

- **Older Women**
- ***Program development***
- **Create access to treatment through nontraditional delivery (e.g., home-based or mobile com-munity services).**
- **Provide educational programs on metabolism and interaction of alcohol and drugs, particularly prescription medications, at senior citizen centers.**
- **Create addiction treatment services or programs designed for older adults only.**
- **Provide home services or develop a one-stop multidisciplinary program that provides needed healthcare and nutritional services, psychoeducational groups, financial services, transportation, counseling, and so forth.**
- ***Staff training***
- **Review the more common signs of drug misuse among older women, including mental and physical symptoms as well as suspicious requests for refills.**
- **Provide an introduction to prescription drugs with emphasis on the physiological effects of anxiolytics and sedative hypnotics.**
- **Provide education on the physiological impact of alcohol and drug intake among older women.**
- **Emphasize the heightened alcohol sensitivity among women and the increased vulnerability among older women.**

Ethnicity Considerations

- **Women in Rural Areas**
- ***Program development***
- **Develop partnerships among other local agencies and neighboring communities to share resources to aid in the delivery of services in remote areas.**
- **Develop a center that houses a network of services, including health, mental health, substance abuse, and other social services.**
- **Develop a screening, assessment, and referral service for substance use disorders within the TANF program.**
- **Provide services that support substance abuse treatment attendance, including child care, transportation, and mobile treatment.**
- **House support groups in the treatment facility, and consider providing or subsidizing transportation as a means of continuing care support.**
- **Create professional training, network activities, and opportunities for staff members to decrease feelings of isolation and staff turnover and to invest in workforce development.**

Ethnicity Considerations

- **Women in Rural Areas**
- **Develop psychoeducational community programs to help reduce alcohol and nicotine use during pregnancy.**
- **Consider the use of telecounseling services in rural areas for assessment, pretreatment, counseling, and/or follow-up services.**
- **Develop outreach services to address substance use and abuse issues among the aging population of rural women.**
- ***Staff training***
- **Emphasize the prevalence of social shame among rural women who have substance use disorders.**
- **Discuss the cultural issues that may support a reluctance to seeking treatment outside of the immediate community.**
- **Review the challenges of anonymity in small communities, the strategies that can enhance privacy, and the need to address and ensure confidentiality in treatment.**
- **Examine the potential hidden attitudinal barriers among women seeking substance abuse treatment, including distrust of the "system," expectation of failure, and positive beliefs regarding the benefits of alcohol and/or drug use.**