

Opinion

Copyright © All rights are reserved by Michael K Reed

Continued Need Exist for Culturally Sensitive Treatment for African Americans

Michael K Reed*

Department of Psychology, Hampton University, USA

*Corresponding author: Michael K Reed, Department of Psychology, Hampton University, USA.

Received Date: September 15, 2021

Published Date: November 01, 2021

Opinion

The history of studying the impact of alcoholism (and poly substance abuse) and treatment for the condition have varied over the years. These treatments have had varied success based on the time, population, treatment approach and treatment modality. Treatments have moved from those focused on improving the moral strength and spirituality of the individual to those that address the physical and health needs. Alcoholism has been viewed as a curse, moral failure, social phenomena and learned behavior. However, the condition is viewed it is clear to see that in the US there continues to be a disparity between the percentage of people involved in treatment and the relative positive effects of treatment based on racial and cultural variables.

African American men and women continue to be negatively impacted at a higher rate from Alcoholism and substance use and abuse than those from the majority culture. SAMHSA reports that more than 1.5 million African Americans struggle with alcohol use problem and another 250,000 having both drug and alcohol problems. Although some of these numbers have stabilized there is no significant decrease in the rates of these problems as compared to their non-African American peers [1].

Interventions for the African American population reveals similar problems as obtaining services from other health care providers. These challenges have become magnified by the strains of the overall health care system by the COVID pandemic. Individuals who need inpatient treatments and/or who need to depend on public service providers have experienced greater challenges to receiving support and treatment for alcohol and substance abuse [2].

Research suggests that it is very difficult for many African Americans to interface with the treatment community whether from AA groups or treatment centers. In general many of these institutions have been developed to work with middle and upper class men. They often depend on forms of talk therapy and reveal a lack of sensitivity for individuals from the African American community. African American men have been found to use alcohol and substance abuse as a way of coping with the stressors of urban environments. In one urban area the young adults who had higher rates of alcohol use also report higher exposure to drugs, gun activity, public disputes and poor social support. However, these same individuals suggested that someone had told them that their alcohol use was becoming a problem in their home and work environment [3].

African American females reported that their use and difficulty coping with life stressors often were associated with their connectedness to familial support, active coping strategies, and spirituality. Non abusing women appeared to have higher community connections with family and "play family" than those turning to Alcohol to cope. All of the individuals were exposed to high levels of stressors based on race, gender, and economics. However, those who were thriving reported greater spirituality and active assertive coping style as a response to racism and micro aggressions.

Unfortunately, many individuals in the health and social support communities lack the sensitivity to provide culturally competent service when interacting with the community. The needed cultural competency can be bolstered by multicultural staffs who treat

individuals but are more related to the experience and success of the staff in working with the challenges of alcohol and substance abusing individuals. The presence of a “helper” who is of color is not enough to provide the appropriate service and long term support and even community needed to address the multifaceted issues associated with alcoholism [4].

Treatment should seek to work within the communities where people live and should engage both professionals and community workers who are familiar with the problems and the stressors. Service should also work with African American institutions that may not have the same resonance in the majority community. These include Historically Black Colleges and Universities who have been serving and educating youth for more than three generations. They should work with churches and civic organizations that target and work in the community including fraternal organizations like Eastern Star or the Zeta Phi Beta Sorority or the Nation of Islam. These organizations although foreign and even antagonistic from the views of the majority culture have provide health and support to African Americans for generations.

In addition, to the biological and social basis of alcohol and substance abuse in African Americans the condition also relates to frustration and stress associated with economic and social issues in American. Yet African Americans are able to share a joy and

resilience that can be found in the culture and community. This overall faith and pride in work, achievement and family can be key to the treatment of individuals. Finding out how and why people are separated from community and support may often be a key to providing service that will last and will assist individuals to reach a level of sobriety and recovery that is optimal in a Western society.

Acknowledgement

None.

Conflict of Interest

Author declare no conflict of interest.

References

1. SAMHSA-US Dept of Health and Human Services (2020) African American slides for the 2019 National Survey on Drug Use and Health African Americans. SAMHSA.
2. Howard DL (2003) Culturally competent treatment of African American clients among a national sample of outpatient substance abuse treatment units. *J Subst Abuse Treat* 24(2): 89-102.
3. Seth P, Murray CC, Braxton ND, DiClemente RJ (2012) The concrete Jungle: City stress and substance abuse among young Adult African American men. *J Urban Health* 90(2): 307-313.
4. Curtis-Boles, harriet, Jenkins-Monroe V (2000) Substance abuse in African American women. *Journal of Black Psychology* 26(4): 450-469.