

Alcohol Use, Abuse, and Treatment in People of African Descent

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The use and abuse of alcohol is prevalent in many nations across the globe, but few studies have examined within-group differences found in people of African descent in the United States, in Africa, and in the Caribbean. A review of current research about alcohol use, abuse, and treatment in people of African descent is presented, including information about risk factors and contributors to alcohol use. Examples of education and prevention interventions are also described. Finally, conclusions based on the review of the research literature as well as recommendations for future research are explained.

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Although the prevalence of alcohol use varies across the globe, its use and abuse is deemed problematic by nearly every nation. Many studies examine alcohol use in people of African descent, but the majority of research studies perform racial comparisons rather than conducting within-group analyses. For example, annual surveys conducted by the U.S. Department of Health and Human Services consistently find that African Americans report lower rates of alcohol consumption than Whites in every age group (Substance Abuse and Mental Health Services Administration, 2007). Results of the latest survey in 2006 revealed that only 40.0% of African Americans aged 12 years and older reported current alcohol use while 55.8% of Whites did. When compared to other ethnic groups, African Americans typically fall in the middle of the range. Hispanics and mixed races report more current alcohol use (41.8% and 47.1%, respectively), while less current alcohol use has been reported by American Indians or Alaska Natives (37.2%), Native Hawaiians or Other Pacific Islanders (36.7%), or Asians (35.4%). Furthermore, just 19.1% of African Americans aged 12 years and older reported binge drinking behavior compared to 24.1% of

Whites. Only Asians reported less binge drinking behavior at 11.8%. However, some research studies suggest that African Americans experience more negative consequences as a result of alcohol use, such as social and occupational problems, than Whites do (Welte & Barnes, 1987).

A thorough examination of alcohol use in the Black population cannot be limited to the United States. Alcohol use is problematic in Africa as well, although studies focusing on racial differences persistently report that prevalence in people of African descent is not as high as in the White population. For example, a study of high school students in South Africa revealed that just 22.8% of Black students reported past-month heavy alcohol use compared to 41.9% of White students. For adults seeking substance abuse treatment, alcohol is the most frequently reported primary substance of abuse both current and over the lifetime in most of Africa. In fact, as much as 82% of patients seeking substance abuse treatment in South African facilities were seeking treatment for alcohol abuse (Parry et al., 2002). Unfortunately, while awareness of alcohol abuse problems in South Africa has increased in the past decade, the levels of alcohol use and abuse have not decreased. In fact, the rate of lifetime drinking particularly among young Black males in Africa has increased over the past decade or so (Parry, 2005).

An additional concern in examining alcohol consumption in Africa is the tradition of many people in rural areas who consume home-brewed alcoholic beverages. Rijken, Velema, and Dijkstra (1998) indicated that in Tanzania, 90% of the produced alcohol is home-brewed with fairly low alcohol contents. On the other hand, the alcohol contents are higher in illegally distilled alcoholic beverages. Another study found that 22.2% of South African high school students had used home-brewed alcohol in the past year (Onya & Flisher, 2006).

The prevalence of alcohol use in the Black population has also been examined in the Caribbean. In this population, alcohol use appears to be especially problematic in adolescents. For example, in one recent report, 45.5% of a sample of youth across the Caribbean (aged 10-18 years) reported alcohol use within the past month, although other drug use was more moderate (Halcon, Beuhring, Blum, & The WHO Collaborating Centre on Adolescent Health, 2000). Another study conducted in Anguilla revealed that 43.3% of youth reported alcohol use within the past month (Kurtz, Douglas, & Lugo, 2005). What is most alarming about this statistic is that the average age of the sample was just 12 years. Although these results were not analyzed by race, people of African descent represented over 70% of the sample.

As on other continents, the prevalence of alcohol use in the Black community in Europe is typically lower than that found in Whites. For

example, one report revealed that 13% of African Caribbean men and 18% of African Caribbean women living in England were nondrinkers, compared to 7% of men and 12% of women in the general population (National Centre for Social Research, 2001). Despite these statistics, there is evidence that alcohol use in the Black population of Europe has been rising in recent years (Rassool, 2006).

With the high rates of alcohol use in many nations and across various continents, it is critical to understand how alcohol use and abuse impact people of African descent across the world in order to determine best treatment modalities. The focus of this review is to examine alcohol use and abuse among people of African descent. It is important to examine alcohol use within racial groups in order to more fully understand contributing factors as well as effective treatment and intervention within each racial group. Unfortunately, many studies (particularly those performed on the African continent) either do not report racial distribution within the sample or do not analyze variables within racial groups. Therefore, there are some research findings presented for relevant geographic areas (e.g., South Africa) with the understanding that a limitation of the present state of research is that future within-group analyses need to be conducted in order to fully understand the role of alcohol in people of African descent.

An examination of the risks associated with alcohol use as well as the diverse factors contributing to problematic alcohol use will help to emphasize the importance of treating alcohol dependence in Black populations. Information will also be provided about several types of interventions that have been suggested for the treatment of alcohol use and abuse within this population, including education, prevention, as well as treatment. Finally, conclusions about the current state of this research as well as directions for future research will be discussed.

Associated Risks of Alcohol Use

Alcohol is highly correlated with many types of secondary risks such as mental and physical illness in the general population. However, some risks appear to be more problematic within the Black population such as injury, premature non-natural deaths, fetal alcohol syndrome (FAS), and sexually risky behavior (Jones, 2006; South African Community Epidemiology Network on Drug Use, 2006). For example, Fisher and colleagues performed a meta-analysis of studies done in Africa which examined alcohol use and its relationship with HIV infection (Fisher, Bang, & Kapiga, 2007). These results

showed that problem drinkers had significantly greater risk for contracting HIV infection compared to non-problem drinkers. Furthermore, studies of South Africans have revealed many risky behaviors associated with alcohol use including HIV transmission and transmission of other sexually transmitted infections (Simbayi et al., 2006; Simbayi et al., 2004). Similar results have been found across the African continent including Zimbabwe, Tanzania, and Kenya (Fritz et al., 2002; Mnyika, Klepp, Kvale, & Ole-King'ori, 1997; Ndinya-Achola et al., 1997). These findings are, however, not limited to Africans. A review of relevant studies revealed similar evidence in the United States and Europe (Weinhardt & Carey, 2000). The relationship between alcohol use and sexually transmitted infections appears to function through sexual behavior that occurs during alcohol use. For example, Simbayi et al. (2004) found that alcohol use in sexual contexts was associated with having a greater number of sexual partners, higher rates of unprotected intercourse, and a greater number of condom failures. It is clear that the use of alcohol in situations that may already be risky only increases the risk to the user.

The risks resulting from alcohol use are not isolated to the users themselves. FAS is a condition affecting children whose mothers used alcohol during their pregnancy. This is an especially dangerous issue in Africa where many African women purposely use alcohol during pregnancy because they believe that it will result in a lighter-skinned baby, among other reasons for the skin-lightening tendency in some Africans (Sawyer, Wechsberg, & Myers, 2006). Perhaps as a result of the widespread belief in this myth, the rates of FAS found in South African communities are among the highest in the world. One recent study found a prevalence rate of 65.2 to 74.2 per 1,000 South African first-grade children (Viljoen et al., 2005). All but one of the children assessed in this study were Black or Colored (mixed race), thus making this rate valid within the Black population. As a comparison, prevalence rates in the United States are about .5 to 2 per 1,000 births (May & Gossage, 2001). Children with FAS experience many deficits including physical, physiological, and cognitive difficulties. Some physical characteristics found in South African children with FAS include poor growth and development, facial and limb dysmorphism, and lower intellectual functioning (Viljoen et al., 2005). These results are similar to those found in Western children with FAS. FAS has also been associated with iron-deficiency anemia in South African Colored infants, thus contributing to their low birth weight as well as their reduced head circumference and overall growth (Carter, Jacobson, Molteno, & Jacobson, 2007). Across the globe, it is evident that the consequences of mothers using alcohol during pregnancy are extremely dangerous.

Another study of associated risks of alcohol use revealed a correlation between alcohol use and psychiatric illness. An extremely high proportion (55-74%) of trauma and psychiatric patients in South Africa report alcohol abuse as identified by admission and discharge diagnoses reported by acute psychiatric facilities (Parry et al., 2002). Another study showed that alcohol was associated with minor psychiatric comorbidity including depression, anxiety, and somatic complaints in South Africans (Peltzer, Malaka, & Phaswana, 2001). In North America, similar results support a relationship between psychiatric illness and alcohol abuse in both Canadian and American college students (Clifford et al., 1991). These studies revealed that the occurrence of stressful life events is significantly associated with increased alcohol use as well as with a number of alcohol-related problems. The evidence suggests that alcohol use is correlated with both minor and major mental illness. However, self-reported life satisfaction was associated with decreased alcohol use.

Although some of the studies reviewed did not report findings within racial groups, leading to inconclusive evidence related to risk factors within the Black population, these risk factors in particular are of special importance due to the high rates of sexually transmitted disease, FAS, and psychiatric illness among people of African descent. More research needs to be done in order to better determine the strength of these relationships within the Black population in Africa, in the United States, and across the globe. As there are many variations in relationships as complex as these, it is only in analyzing within-group differences that we will be able to determine how these risk factors uniquely impact people of African descent.

Alcohol Dependence

As mentioned earlier, much research has shown that across many nations the prevalence of alcohol use within the Black population is not as high as that of Whites and Hispanics, though it is higher than that of Asians. This discrepancy is not only found in rates of alcohol use but also in rates of alcohol abuse. Studies have shown that people of African descent do not suffer from alcohol dependence as much as some other ethnicities. Nationwide surveys have consistently revealed that African Americans are diagnosed with alcohol abuse or dependence less often than Whites, Hispanics, and Native Americans (Grant et al., 2006). One study found that among a U.S. sample of state prison inmates, African American inmates were significantly less likely to be diagnosed as alcohol dependent than Whites or Hispanics

(Peters, Greenbaum, Edens, Carter, & Ortiz, 1998). Jung (2001) cautioned, however, that these generalizations are typically based on a limited sample of unemployed and low income males.

Research studies also indicate that African Americans have lower completion rates of alcohol abuse treatment than Whites do. For example, in the Project MATCH clinical trial which compared different types of alcohol abuse treatment, lower completion rates were discovered in both African Americans and Hispanics compared to White participants (Tonigan, 2003). After controlling for occupation, these differences no longer reached statistical significance. However, other studies have yielded the same discrepancies in treatment completion rates. Jacobson and colleagues have found racial differences in both retention and completion of alcohol abuse treatment programs in California. Many possible contributors were examined in order to understand these findings, and it was discovered that a significant proportion of the disparities (32%) was explained by racial differences in treatment neighborhood disadvantage (Jacobson, Robinson, & Bluthenthal, 2007).

In studies examining alcohol treatment completion rates, again it was found that little research has examined the role of treatment completion within the Black population. Although racial comparisons are useful in determining where future research can focus, the present literature still leaves many unanswered questions. Studying the trends and correlates within the Black population may help us to better understand how these risk factors interact with and contribute to alcohol dependence and treatment.

Demographic Factors—Gender Differences

Research has consistently shown that Black males report higher rates of alcohol use than females. Low income Black males have higher rates of drinking and alcohol-related consequences such as homicides and liver cirrhosis. In contrast, Black males with higher incomes appear to drink less heavily than other groups (Herd, 1994). Among younger Black males, a study conducted by the University of Michigan surveyed adolescents in eighth, tenth, and twelfth grade (Wallace et al., 1999). The results showed that at all grade levels, African American males reported more alcohol use within the past 30 days than females. A similar study on adolescents in South Africa revealed comparable results. Within-group analyses of Black students in eighth and eleventh grade demonstrated that males reported higher rates of lifetime, past year, and past month alcohol use (Flisher, Parry, Evans, Muller, & Lombard, 2003).

There are a few studies on gender differences within each racial group. Kline (1990) reported that Black alcoholic women were less likely to drink alone and that they had the tendency to deny their drinking problems and to report experiencing marital problems. Herd and Grube (1993) found in their study that White women were heavier drinkers and tended to drink in bars, cocktail lounges, and at lunch or dinner. On the other hand, Black women preferred drinking in public places such as parks or privately at home where they consumed higher total amounts of alcohol. Johnson, Gruenewald, Treno, and Armstrong Taff (1998) found that total alcohol consumption of White men and women exceeded that of Black men and women over the entire life course. The research that does exist in this domain often examines adolescents or adults who have high risk for substance use. Therefore, it is difficult to draw accurate conclusions about gender differences in alcohol use within the Black population.

Social Factors—Risky Behavior

As mentioned previously, research has uncovered a link between alcohol abuse and risky sexual behavior. This link may contribute to the relationship between alcohol abuse and HIV transmission in South African adults (Simbayi et al., 2006). The function of this relationship may primarily be due to risky behavior during alcohol use rather than the prevalence of alcohol abuse in itself. For example, Black women in the Western Cape, South Africa, with a history of sexual assault were more likely to have used alcohol (Kalichman & Simbayi, 2004). Furthermore, alcohol use immediately before sex was found to be the primary driver of having unprotected sex in a sample of Black and Colored South Africans (Wong et al., 2007). The researchers also found that problem drinking increased the likelihood of having unprotected sex, but only through alcohol use immediately before sex. This suggests that it is the context of alcohol use and not frequency or quantity which is most closely related with sexually risky behavior.

Other risky behaviors associated with alcohol use within the Black population include the commission of crimes. One study found that up to 23% of Black or Colored South African arrestees were under the influence of alcohol at the time of the alleged offense (Parry, Pluddemann, Louw, & Leggett, 2004). Moreover, nearly half of the arrestees charged with family violence were under the influence of alcohol at the time of the alleged offense. Unfortunately, there are more serious behaviors than risky sexual encounters that are associated with alcohol use. Half of the people whose

unnatural deaths were recorded in Cape Town, South Africa, in 2003 had blood alcohol levels over the legal limit (Parry et al., 2004).

The association between alcohol use and risky behavior has also been found in adolescents in the South African Black population. This is especially troubling when considering the fact that in adolescents, alcohol is the most widely used drug at hazardous levels in South Africa other than tobacco (Ward et al., 2005). Some research findings report a correlation between alcohol use and risky behavior in school. For example, in Cape Town, South Africa, the study of a sample of eighth and eleventh graders revealed that frequency of alcohol use was associated with the number of days absent from school as well as repeating a grade in Black and Colored adolescents (Flisher et al., 2003).

Much evidence also suggests that there is a strong relationship between alcohol use and violence in South African Black adolescents. There was also a significant association between frequency of alcohol use and multiple victimization in a sample of South African schoolchildren with a mean age of 14.7 years (Morojele & Brook, 2006). Alcohol use is also associated with bullying and weapon carrying in South African adolescents (Taiwo & Goldstein, 2006). In African American and Caribbean children examined in the United States, exposure to violence in childhood was linked with their own or their friends' use of alcohol (Joseph, Augustyn, Cabral, & Frank, 2006). It is clear that across several countries, the link between alcohol use and violence is strong.

Finally, the relationship between alcohol use and risky sexual behavior is not limited to adults in the South African Black population. For example, one study surveyed African American adolescents in the United States to examine the relationship between alcohol use and risky behaviors within this population. For both males and females, alcohol use was a strong predictor of an increased number of sexual partners (Valois, Oeltmann, Waller, & Hussey, 1999). In females, alcohol use was also associated with being a date violence victim, while in males it was associated with being a date rape perpetrator. The potential consequences of sexual behavior as well as sexual violence in adolescents make this an issue in which greater understanding must be sought.

The evidence provided by this research supports the relationship between alcohol use and risky behavior in both adults and adolescents within the Black population across the globe. From risky sexual behavior, to irresponsible school behavior, to violent behavior, the relationships with alcohol use and abuse are consistently strong. Some studies in this area have begun to examine within-group variation of the Black population, though

many focus on groups of adults or adolescents who are already at risk for these types of behaviors. Unfortunately, this could produce a skewed interpretation of the associations between alcohol use and risky behaviors within the Black population.

Social Factors—Environmental Differences

Urban and rural differences have been found in alcohol consumption in both South Africa and the United States, though the direction of the relationship differs. In Cape Town, frequency of alcohol use was associated with the number of years lived in a city in a sample of Black and Colored adolescents (Flisher et al., 2003). However, this relationship is not limited to the Black population on the African continent. Statistical results of a study examining California neighborhoods show that a significant amount of substance use can be attributed to neighborhood heterogeneity rather than personality factors (Finch, Vega, & Kolody, 2001). Another study found the opposite relationship in that African American adolescents living in non-metropolitan areas were more strongly associated with using alcohol within the past 30 days compared to those individuals living in metropolitan areas (Wallace et al., 1999). Therefore, it appears that in some samples, the urban environment acts as a protective factor, while in others it acts as a risk factor. Nevertheless, there is convincing evidence that African American men who live in economically impoverished communities have higher rates of alcohol consumption and alcohol-related problems (Jones-Webb, Snowden, Herd, Short, & Hannan, 1997). More research needs to be done in order to determine the role that environmental factors play in alcohol use in the Black population across the globe. Furthermore, the reasons for the discrepancies between different studies need to be examined as well as the direction of the relationship between environment and alcohol use in the Black population understood.

Cultural Factors

Few studies directly compare African Americans with Continental Africans or with African Caribbeans. However, one cross-cultural study compared rates of substance use in South African students and African American students (Reddy, Resnicow, Omandien, & Kambaran, 2007). Alcohol and marijuana use was lower in South African students, but illicit hard substance use was higher. The researchers also found that Black ethnicity was a protective factor against alcohol use in both cultures, but the effect was stronger against alcohol use in South African students.

Eide and Acuda (1996) found that Zimbabwean youths who embraced their Zimbabwean traditional cultural orientation rather than the Western orientation were less likely to consume alcohol. This is also evident in other studies performed in the United States which have found that African Americans who were more involved with Black social networks and had greater awareness of Black social and political issues tended to consume less alcohol (Herd & Grube, 1996). There is, however, conflicting evidence about whether ethnic identification acts as a protective factor against alcohol use (Pugh & Bry, 2007; Strunin & Demissie, 2001). More cross-cultural studies need to be done to better determine how alcohol use in various cultures can differentially impact the Black population.

Cultural factors are also important in considering the views of the Black population on alcohol use. Historically, indigenous Africans used fermented maize or corn in social interactions as a trade product and as a sacred drink (James & Johnson, 1996). Alcohol was drunk at sacred events. Traditionally, Africans drank in groups rather than alone (Belgrave & Allison, 2006). There was moderate drinking which was subject to rules and regulations. According to Eide and Acuda (1996), "Traditional alcohol consumption, i.e., pattern, time, type, setting, production, etc., is very often described as being culturally integrated and strictly regulated by norms vital for sustaining the society and culture in question" (p. 808). In traditional African drinking culture, it was accepted that older men could appropriately handle heavier drinking. Although alcohol use was associated with religion historically, the roles have reversed in the present day. In South Africa, low scores on religiosity were associated with past-month alcohol use, binge drinking, and having a drinking or drug problem currently (Peltzer, Malaka, & Phaswana, 2002). Therefore, religion now appears to serve as a protective factor against alcohol use and abuse.

Prevention of Alcohol Use and Abuse

Interventions

Many programs have been developed to prevent and reduce substance abuse in African American adolescents (Center for Substance Abuse Prevention, 1996). Some programs focus on providing more information about drugs to adolescents, while others focus on the environments in which adolescents live. A focus on family-based programs and community-based programs attempts to change the environment in which adolescents are living

rather than changing the adolescents' views of themselves. However, training adolescents with important life skills such as resistance to peer pressure has been shown to reduce alcohol use in youth (Botvin & Kantor, 2000). Also, Catalano et al. (1992) found that African American parents' influence on their children's choice of friends, instead of parents' drinking behavior, serves as a protective factor against their children becoming drug abusers. Some culturally focused interventions have been successful as well. For example, a combination of life skills training with culturally relevant principles was effective in reducing substance use in African American girls (Belgrave, Reed, Pylon, & Corneille, 2004).

Other interventions focus on the role of religion in the Black population to support drug use prevention programs. One faith-based intervention, the Bridges intervention in the United States, utilizes various Black church communities to provide culturally relevant group activities as well as volunteers who mentor participants in the program (Stahler, Kirby, & Kerwin, 2007).

Different approaches have been used in treating alcohol abuse in South Africans. Some suggest that targeting changes in personal attributes may be more effective than targeting environmental stressors in South African adolescents (Brook, Morojele, Pahl, & Brook, 2006). For example, integrated interventions targeting both alcohol use and HIV risk reduction have been shown to be effective among South Africans (Parry, Blank, & Pithey, 2007; Simbayi et al., 2004). Research also supports targeted interventions for women in South Africa. For example, a woman-focused HIV prevention intervention helped reduce alcohol abuse when compared to a standard HIV prevention intervention in South Africa (Wechsberg, Luseno, Lam, Parry, & Morojele, 2006). Other approaches focus on changing environmental factors contributing to substance use. For example, one program utilizes mental health policies in four African countries in order to break the cycle of poverty, mental ill-health, and substance use (Flisher et al., 2007). The authors suggest that changing attitudes about outcome expectancies could break this cycle. It is still unclear whether interventions focusing on environmental stressors will be more effective than those focusing on personal factors, but further research should be done to explore the efficacy of both types of interventions.

Education

Various school programs attempt to decrease substance use and abuse in adolescents. For example, the Center for Substance Abuse Prevention utilized Africentric programs for African American youth by integrating them

with other prevention strategies (Chipungu et al., 2000). This programming contributed to higher rates of satisfaction and perceived program importance to youth participating in the African American programs compared to African American youths in other programs. One implication is that utilizing cultural factors in substance use prevention programs may be more effective than simply focusing on the substance use itself. African American sociocultural influences can act as protective factors against substance use and abuse including historical relations to the African nations, the role of church and religion, kinship relationships, and the talents for art, dance, music, and athletics (Butler, 1992). It is possible that integrating these cultural contributions with substance use prevention programs would be the most successful method for encouraging adolescents of African descent to abstain from substance use.

Conclusions

The research reviewed in this article clearly shows that rates of alcohol use and abuse are of problematic proportions among people of African descent living in the United States, Africa, and the Caribbean. The concerns about these high rates stem from the relationship of alcohol use with many negative factors. For instance, there is a high correlation between alcohol use and HIV infections as well as other sexually transmitted diseases. The use of alcohol in pregnant mothers may lead to FAS, an especially debilitating illness leading to both physical and cognitive deficits. Alcohol use has also been associated with high rates of psychiatric illness, thereby compounding the difficulties in dealing with poor mental health.

The examination of alcohol use and abuse in people of African descent contributes to research comparing racial differences in both prevalence of alcohol dependence as well as rates of treatment completion. Although it appears that people of African descent typically exhibit lower rates of alcohol dependence, it also seems that they complete treatment by differentially showing higher dropout rates than Whites. This suggests that for those Blacks who do suffer from alcohol dependence, the probability of successful treatment is lower than for other races.

Future Directions

Surprisingly, few studies have examined the roles of racism and discrimination in their contribution to substance use and abuse in people of African

descent. This is especially important in evaluating and treating Blacks who are living in the United States because of the role that slavery has played in their cultural history. Some researchers may think that it is not important to consider this aspect of Black history because of the length of time that has passed from the time that slavery was enforced in the United States. Unfortunately, these researchers do not consider the family values and beliefs that continue to be passed on from generation to generation which may leave slavery fresh in the minds of African Americans, while European Americans may choose not to discuss it. Furthermore, it is important for researchers to remember that segregation and White racism continue to impact African Americans. For instance, it has been argued that the drinking behavior of people of African descent might be a reaction to stress or reflects their attempts to escape so as not to deal with poverty and racism (Jung, 2001). It would be crucial for future research to examine how perceptions of discrimination may contribute to the incidence and prevalence of substance use and abuse in order to best develop treatments addressing all relevant issues for people of African descent. Indeed, it is common knowledge that excessive drinking is detrimental to the attainment of educational and career objectives.

One way to study the impact of racism and discrimination on African Americans would be to measure the level of interaction with people of different cultures (such as European Americans or Latin Americans). It would be interesting to determine whether the level of interaction with those of different races correlates with frequency or quantity of alcohol use. Furthermore, self-report measures of perceived racism or discrimination could be used to determine the relationship with alcohol use in order to determine whether it is the perception of discrimination (rather than the frequency of interaction with people of different races) that correlates with alcohol use.

It would also be useful to examine substance use as it relates to the conceptualization of Black identity proposed by Cross, Smith, and Payne (2002). For example, perhaps there are certain contexts in which Blacks feel a stronger urge to use alcohol or in which some Blacks find it more difficult to moderate their drinking. It is possible that there are situations such as bridging in which some Blacks are able to engage in relationships with Whites but feel more anxiety than usual. Perhaps, it is this anxiety that occurs in cross-racial relationships that leads to substance use by some people of African descent.

It is also important to consider that other mental health needs are likely to occur in the Black population in conjunction with substance use or abuse. This is especially true of the African population in which alcohol use or

abuse often co-occurs both with mental health needs and with diagnosis of HIV infection or AIDS (Lewin & Altman, 2000). Within the Black population, it is rare that alcohol abuse occurs alone with no other disorder or disease present. Future research should continue to explore the co-occurrence of alcohol abuse with these other diagnoses as well as to explore the most effective treatment options for Blacks with co-occurring disorders.

Finally, it is crucial for clinicians as well as researchers to bear in mind that people of African descent often live in economically underprivileged areas that do not necessarily have mental health care or alcohol abuse treatment that is affordable or easily accessible. It would be helpful for future research to examine the efficacy of interventions provided in areas of lower socioeconomic status in order to determine whether they are as effective as the same interventions offered in areas of higher socioeconomic status. Low income problem drinkers oftentimes use hospital emergency departments where they do not necessarily receive alcohol prevention information and programs (Bernstein, Bernstein, & Williams, 1996). Kunz, French, and Bazargan-Hejazi (2004) conducted a pilot study at a large urban hospital emergency department through which a brief alcohol prevention program was delivered to African American and Hispanic problem drinkers. The authors reported that this intervention was positively related to a decrease in these participants' drinking consumption. The authors concluded that "this approach has the potential to be both clinically effective and cost effective" (p. 369). More affordable alcohol prevention options such as group meetings for 12-step programs as well as culturally based programs should be available to people of African descent who misuse alcohol. It is imperative that these factors be taken into account when considering the efficacy of alcohol abuse prevention or treatment interventions among people of African descent.

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