Native Americans and Alcoholism

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Facts and General Information

According to the US Census Bureau’s report for the year 2000, 4.3 million people, or 1.5 percent of the US population reported that they were American Indian and Native Alaskan (U.S. Census Bureau, 2000). It is important to note that this number includes respondents who reported that Native American was their only race, as well as those who reported being part Native American. Thus, the number of Native Americans who reported being of only one race was much smaller; 2.4 million or .87 percent of the total US population. Typically, the ladder number is used when describing the Native American population.

Across the United States, there are more than 558 federally recognized and several hundred state recognized American Indiana nations, which comprise of 252 different languages (Garrett, M.W. 1995). Currently, nearly half of all American Indians live west of the Mississippi River and more than half of the population live in only six states: California, Oklahoma, Arizona, New Mexico, Washington, and Alaska.

Native Americans are a young and growing population, with a median age being considerably younger than the general U.S. population. Overall, educational attainments among Native Americans are dismal, with only 29.2% of those 25 or older completing high school and only 7% holding a bachelor’s degree. Significant numbers of Native Americans live below the poverty line (about 608,000), which is much higher than the national average. Finally, 54% of Native Americans live on reservations and trust lands, while the rest of the population mostly resides in urban areas (U.S. Census Bureau, 2004-2005).

In regard to health, a number of disparities exist among Native Americans when compared to the general population. In 2006, Indian Health Service (IHS), an agency of the Department of Health and Human Services (DHHS), released a report which highlighting these
numbers. According to the report, when compared to the general population, Native Americans die at higher rates than other Americans from tuberculosis (600% higher), alcoholism (510% higher), motor vehicle crashes (229% higher), diabetes (189% higher), unintentional injuries (152% higher), homicide (61% higher) and suicide (62% higher). It is likely that the higher number of motor vehicle crashes, unintentional injuries, homicide, and suicide are directly linked to the higher rates of alcoholism.

Problems related to alcohol are particularly elevated in Native American populations. A study of Mission Indians found that 70% of men and 50% of women met lifetime diagnostic criteria for alcohol dependence (Ehlers et al., 2004). When compared to dependent individuals in the Collaborative Study on the Genetics of Alcoholism Study (COGA), Mission Indian alcoholics were significantly more likely to experience binge drinking, fights, and driving while intoxicated. The incidence of fetal alcohol syndrome (FAS) in Native American populations is also of great concern, which has led to the development of FAS diagnostic tools that are applicable specifically to Native American groups.

**Risk Factors/Health Risks**

Although studies show that there are more abstinent Native Americans than in the general population, those Native Americans who do drink are more likely to experience more adverse consequences (Nofz, 1988). Alcohol-related deaths for Native Americans are 4.8 times greater than for the general U.S. population, with a mortality rate for chronic liver disease and cirrhosis 4.5 times greater than for other racial or ethnic groups (Herring, 1994).

Due to a number of traumatic historical incidences they have inflicted, Native Americans face a number of risk factors in regard to alcohol. Bell (1988) pointed out that cultural dislocation (the feeling of not fitting into either traditional Native American culture or the
general U.S. culture), the lack of clear sanctions or punishments for alcohol abuse, and strong peer pressure and support for alcohol abuse are all risk factors for Native Americans. Baruth and Manning (2007) also provide the following list of risk factors that Native Americans face in relation to alcohol abuse:

- Failure to develop a strong cultural identity and a positive self-concept;
- Adverse effects of discrimination;
- Poor English proficiency and confusion in communication;
- Inability to reconcile American Indian cultural values with other cultural values;
- Lower academic achievement after fourth grade;
- Adverse effects of a “culture of poverty,” such as high unemployment and low socioeconomic status;

**Considerations for referrals, assessment and treatment**

When it comes to treating Native Americans for alcohol dependence or abuse, it is important to consider a number of factors. First of all, despite having similar worldviews and beliefs, not all Native Americans are the same. There are over 500 different tribes in the US and Canada, each with their own unique language and way of living. Therefore, when working with a Native American client, it is important to know which tribe they specifically identity with and to educate yourself on the customs of that tribe. Along with this, it is also critical that you assess the level to which your client is acculturated to mainstream society. Williams and Ellison (1996) identified four styles of living among Native Americans, which each fall on a continuum of acculturation. They are: traditional, marginal, middle-class, and pan-Indian. Each of these different styles represents a different level of acculturation. For example, the middle-class Native American is more likely to be highly acculturated, or even fully assimilated, and thus
more receptive to standard Western forms of therapy. On the other hand, traditional and pan-Indians are less acculturated, and in some instances resistant to Western medicine and culture, and therefore may benefit more from interventions that are more in line with their native beliefs. Thus, it is important to determine the level of acculturation a Native American client is before providing treatment recommendations.

Before getting into a discussion about different forms a treatment for Native Americans, it is important to be aware of some general differences between Native Americans and the dominant culture, and understand how to act sensitively to these differences. Keep in mind that these are merely generalizations and that Native Americans comes from many different cultures and possess varying levels of acculturation to mainstream America; so you need to use your best judgment. Baruth and Manning (2007) provide the following recommendations for working with Native Americans, which may be useful when conducting as assessment:

- **Greeting.** Offer a gentle handshake if any handshake at all. A firm handshake is considered an aggressive show of power and can be construed as an insult.
- **Hospitality.** Offer a beverage or snack because American Indians have a traditional emphasis on generosity and kindness.
- **Silence.** Maintain a time of quietness at the beginning of the session to give both the counselor and the client a chance to orient themselves to the situation, get in touch with themselves, and the spirit.
- **Acculturation.** Get a sense of the client’s acculturation by formally assessing his or her values, geographic origin/residence, and tribal affiliation.
- **Eye Contact.** Respect American Indian’s practice of avoiding eye contact – the eyes are considered a pathway to the spirit.
• **Direction.** Offer suggestions rather than directions due to clients’ respect for personal choice.

*Treatment Recommendations*

Although much research and effort has gone into looking at different ways and approaches to treating Native Americans for alcohol dependence and abuse, there has been little research to date that shows any particular form of treatment to have strong efficacy. According to Kinney and Copans (1989), “studies of Native American alcohol treatment program results have described the outcomes as ranging form mixed to disappointing” (p. 12). However, findings have shown that depending on the background of the client, some forms of treatment may be more effective than others (Thomason, 2000).

In regards to treatment modalities for Native Americans, there are many varying approaches and opinions about which approaches are most effective. After conducting a thorough review of existing research on treatment modalities for Native Americans, Thomason (2000) concluded that just as done with any clientele, Native Americans should be offered a variety of treatment modalities, and treatments should be specifically tailored for each client whenever possible. Additionally, Native American clients who do not respond to one treatment approach within a few weeks should be offered a different treatment approach. The author suggests that among the first treatments to be offered should be brief interventions, social skills training, motivational enhancements, and community reinforcement. In addition, counselors should consider behavioral, marital, or family therapy, and cognitive-behavioral approaches. Finally, the author strongly advises that treatment programs for Native Americans focus on teaching clients the skills needed to stop drinking and resist the recurring urge to drink.
Culturally Sensitive Approaches

There is extensive literature on the use of culturally sensitive and applicable approaches for treating Native Americans. Williams and Ellison (1996) discussed the differences in how Native Americans view disease as compared to Western medicine. Rather than disease being something mechanistic and physiological in nature, Native Americans generally view disease as a disruption of the harmony that exists between mind, body, and spirit. Thus, Williams and Ellison argue that it is more efficacious to treat Native Americans in a manner that respects this understanding of disease. Examples of such treatment modalities include: tribal ceremony and ritual, sweat lodges, talking circles, and medicine wheels.

Individual, Group, and Family Therapy

When counseling Native Americans, it is again important to consider their identity and level of acculturation. As mentioned above, counselors working with Native Americans should be culturally sensitive throughout counseling sessions. In addition, they should educate themselves about historical traditions, beliefs, and behavioral norms of the community being served. Individual, group, and family therapy are all recommended modes of treatment for working with Native Americans. However, the manner in which these modes are typically perceived or carried out may need to be altered to more appropriately meet the client’s cultural positioning. For example, Kinney and Copans (1989) emphasize the importance of including the Native American’s extended family in the treatment, instead of just the nuclear family.

Follow-up to treatment

In the U.S., it is common practice to refer clients to Alcoholics Anonymous (AA) upon completing some form of treatment for alcohol dependence or abuse. In regard to the use of AA among Native Americans, there are mixed opinions. Proponents of AA for Native Americans
believe that many of the 12 steps can be easily adapted to Native American beliefs, and thus useful for them (Garrett and Carroll, 2000). Others view AA as being incongruent with Native Americans’ cultural orientations, specifically the confessional public style of AA that is counter to the private family-centered setting traditionally viewed as the site of handling problems (Kinney and Copans, 1989).

**Historical Perspective**

Since the arrival of the Europeans, Native Americans have faced numerous hardships that have significantly impacted their way of life. Early American colonists treated American Indians with contempt and hostility and engaged in wars against them that bordered on genocide (Baruth and Manning, 2007). Following many wars, Native Americans were driven from the coastal plains to make way for a massive movement by White settlers pushing West (Henderson, 2000). In addition, federal government policies, such as the removal policy of 1835 and the Dawes Act in 1837 separated Indians from their traditional lands and roles. In addition, starting in the 1870s, and continuing for around 100 years, Native American children were removed from their homes in an attempt to eliminate their “native ways”. Garrett and Carroll (2000) note that drinking patterns among Native Americans developed during the 1800s with the introduction of alcohol into the Native American tribes through boarding schools and relocation programs. These historical factors have played a major role in the present day isolation and generational splits that Native Americans face.

**Myths and Misconceptions**

A common misconception of Native Americans is that they belong to one homogenous group or tribe. As already iterated in the paper, Native Americans are a culture of many peoples, with diverse educational attainments, economic levels, and tribal differences. Also, common myth about Native Americans is that they are all alcoholics. Also mentioned above, there is a
greater percentage of abstinent Native Americans than there is in the general population. The problem lies more in how alcohol affects Native Americans.

**Conclusion**

Native Americans have faced a number of traumatic events in the past that have fragmented their cultures and their families. As a result, they presently face greater degree of risk factors than the general population. Even though there is a higher percentage of abstinent Native Americans than in the general population, those that do use alcohol tend to have greater consequences from doing so. Alcohol is a serious problem for Native Americans and results in a mortality rate that is over four times that of the general population. When assessing, treating, and referring Native American clients with alcohol problems, the most important first step is to determine the client’s level of acculturation. When treating Native Americans who struggle with identity or identify more with their Native tribal culture, it is important that we are sensitive to these issues when formulating and conducting treatment. In such cases, incorporating concepts of disease and healing that are congruent with Native American culture may be more useful than using standard Western forms of treatment.
References


