

A multisite randomized effectiveness trial of motivational enhancement therapy for Spanish-speaking substance users.

Carroll KM; Martino S; Ball SA; Nich C; Frankforter T; Anez LM et al. *Journal of Consulting and Clinical Psychology* 77(5): 993-999, 2009. (17 refs.)

Hispanic individuals are underrepresented in clinical and research populations and are often excluded from clinical trials in the United States. Hence, there are few data on the effectiveness of most empirically validated therapies for Hispanic substance users. The authors conducted a multisite randomized trial comparing the effectiveness of 3 individual sessions of motivational enhancement therapy with that of 3 individual sessions of counseling as usual on treatment retention and frequency of substance use; all assessment and treatment sessions were conducted in Spanish among 405 individuals seeking treatment for any type of current substance use. Treatment exposure was good, with 66% of participants completing all 3 protocol sessions. Although both interventions resulted in reductions in substance use during the 4-week therapy phase, there were no significant Treatment Condition X Time interactions nor Site X Treatment Condition interactions. Results suggest that the individual treatments delivered in Spanish were both attractive to and effective with this heterogeneous group of Hispanic adults, but the differential effectiveness of motivational enhancement therapy may be limited to those whose primary substance use problem is alcohol and may be fairly modest in magnitude. Copyright 2009, American Psychological Association.

Association of substance use disorders with childhood trauma but not African genetic heritage in an African American cohort.

Ducci F; Roy A; Shen PH; Yuan QP; Yuan NP; Hodgkinson CA et al. *American Journal of Psychiatry* 166(9): 1031-1040, 2009. (42 refs.)

Objective: Genetic variation influences differential vulnerability to addiction within populations. However, it remains unclear whether differences in frequencies of vulnerability alleles contribute to disparities between populations and to what extent ancestry correlates with differential exposure to environmental risk factors, including poverty and trauma. Method: The authors used 186 ancestry-

informative markers to measure African ancestry in 407 addicts and 457 comparison subjects self-identified as African Americans. The reference group was 1,051 individuals from the Human Genome Diversity Cell Line Panel, which includes 51 diverse populations representing most worldwide genetic diversity. Results: African Americans varied in degrees of African, European, Middle Eastern, and Central Asian genetic heritage. The overall level of African ancestry was actually smaller among cocaine, opiate, and alcohol addicts (proportion=0.76-0.78) than nonaddicted African American comparison subjects (proportion=0.81). African ancestry was associated with living in impoverished neighborhoods, a factor previously associated with risk. There was no association between African ancestry and exposure to childhood abuse or neglect, a factor that strongly predicted all types of addictions. Conclusions: These results suggest that African genetic heritage does not increase the likelihood of genetic risk for addictions. They highlight the complex interrelation between genetic ancestry and social, economic, and environmental conditions and the strong relation of those factors to addiction. Studies of epidemiological samples characterized for genetic ancestry and social, psychological, demographic, economic, cultural, and historical factors are needed to better disentangle the effects of genetic and environmental factors underlying interpopulation differences in vulnerability to addiction and other health disparities. Copyright 2009, American Psychiatric Association.

Superior self-regulatory skills in African-American college students: Evidence from alcohol and tobacco use.

Ernst FA; Hogan B; Vallas MA; Cook M; Fuller D. *Journal of Black Studies* 40(2): 337-346, 2009. (36 refs.)

Excessive drinking is more common among Whites (W) than African Americans (AA) on college campuses, but the reasons for this are not clear. The authors investigated demographic and personality factors in a group of 369 W and 202 AA college students, finding that alcohol consumption was significantly less prevalent among AA students (69%) than W students (78%) ($p = .02$) and that binge drinking was significantly less frequent in AA drinkers (42% past

month, 60% past year) than W drinkers (56%, 79%) ($p < .00001$). Cigarette smoking was also dramatically less frequent in AA students (5%) than W students (28%) ($p < .00001$). AA students also scored significantly higher on Overcontrolled Hostility ($M = 18.2$, $SEM = 0.40$) than did W students ($M = 15.7$, $SEM = 0.19$) ($p < .00001$). The authors conclude that AA college students are a more self-selected group of high achievers who reveal evidence of superior self-regulatory skills. Copyright 2009, Sage Publications.

Neighborhood risk, parental supervision and the onset of substance use among African American adolescents.

Burlew AK; Johnson CS; Flowers AM; Peteet BJ; Griffith-Henry KD; Buchanan ND. *Journal of Child and Family Studies* 18(6): 680-689, 2009. (70 refs.)

The consequences of the early onset of substance use on later outcomes are a public health concern. In the present study, we examined neighborhood risk factors as a possible predictor of the onset of substance use in adolescents. In addition, we assessed the potential buffering effects of parental supervision on the relationship between neighborhood risk and the onset of substance use. The participants included 95, abstinent, African American 6th graders (mean age = 11.5 years) who enrolled in one site of a national, multi-site study of high-risk youth participating in a federally sponsored program. In the 6th and 8th grades, the participants completed self-report measures regarding substance use, perceived negative neighborhood activities and parental supervision. Logistic regression analyses demonstrated that both exposure to negative neighborhood activities and low parental supervision increase the onset of substance use by the 8th grade among African American adolescents. However, the results suggested that parents can protect their adolescents from the impact of exposure to adverse neighborhood factors by providing appropriate supervision. Copyright 2009, Springer.

Race differences in factors relating to smoking initiation.

Finkenauer R; Pomerleau CS; Snedecor SM; Pomerleau OF. *Addictive Behaviors* 34(12): 1056-1059, 2009. (30 refs.)

To investigate race differences in retrospectively-reported early smoking experiences, we studied African-American ($n = 48$) and Caucasian ($n = 155$) current smokers who participated in a study designed to identify phenotypic and genotypic factors associated with smoking. Compared with Caucasian smokers, African-American smokers were less educated (mean

+/- s.e.m.: 13.3 +/- 0.25 vs. 14.3 +/- 0.16; $p < .01$), had higher BMI (28.9 +/- 1.06 vs. 26.7 +/- 0.52; $p < .05$), and smoked significantly fewer cigarettes/day (14.1 +/- 1.00 vs. 18.4 +/- 0.74; $p < .01$). Ninety percent of African-American smokers consumed menthol cigarettes, as opposed to 25% of Caucasian smokers. African-American smokers were significantly older than Caucasian smokers upon initial smoking experimentation (17.4 +/- 1.1 vs. 14.7 +/- 0.3; $p < .05$) and onset of regular smoking (19.7 +/- 0.9 vs. 17.4 +/- 0.4; $p < .05$). African-American smokers were significantly more likely than Caucasian smokers to endorse global pleasurable sensations (48% vs. 30%; $p < .05$), "pleasurable rush or buzz" (62% vs. 43%; $p < .05$), and "relaxing" (45% vs. 27%; $p < .05$) as early experiences with smoking, whereas Caucasian smokers were marginally more likely to report dizziness and difficulty inhaling (61% vs. 45%; $p < .10$ and 48% vs. 31%; $p < .10$, respectively). Caucasian smokers were significantly more likely to endorse friends (6.9 +/- 0.2 vs. 4.8 +/- 0.4; $p < .0001$) and "perk me up" (4.2 +/- 0.3 vs. 3.1 +/- 0.4; $p < .05$) and marginally more likely to endorse buzz (4.2 +/- 0.2 vs. 3.4 +/- 0.5; $p < .10$) as reasons for starting to smoke. Further research is needed to determine the relative contributions of genetic, developmental, and socio-cultural factors to these findings. Copyright 2009, Elsevier Science.

Racial/ethnic differences in correlates of prescription drug misuse among young adults.

Harrell ZAT; Broman CL. *Drug and Alcohol Dependence* 104(3): 268-271, 2009. (37 refs.)

This study examined psychosocial correlates of prescription drug misuse over time among young adults. Data from a nationally representative U.S. sample consisting of 4882 cases were analyzed. Multivariate logistic regression analyses revealed that being younger, having less education, as well as alcohol use; marijuana use, inhalant use, and delinquent behavior during adolescence were associated with prescription drug misuse. In Whites, prescription drug misuse was related to age, alcohol use, marijuana use and delinquent behavior. Among Hispanic young adults inhalant use, delinquent behavior and maternal warmth were associated with greater prescription drug use, while marijuana use was predictive of lower prescription drug misuse. Religious attendance was associated with lower prescription drug misuse among Black young adults. These findings suggest that there are unique racial/ethnic profiles for substance use risk behaviors in adolescence. Further investigations should examine culturally specific dimensions culturally specific

dimensions that may account for racial/ethnic differences in prescription drug misuse. Copyright 2009, Elsevier Science.

Methamphetamine and cocaine use among Mexican migrants in California: the California-Mexico Epidemiological Surveillance Pilot.

Hernandez MT; Sanchez MA; Ayala L; Magis-Rodriguez C; Ruiz JD; Samuel MC et al. *AIDS Education and Prevention* 21(5, Supplement B): 34-44, 2009. (35 refs.)

Methamphetamine and cocaine use have been associated with a vulnerability to HIV infection among men who have sex with men and among men who have sex with women but not specifically among Mexican migrants in the United States. The California-Mexico Epidemiological Surveillance Pilot was a venue-based targeted survey of male and female Mexican migrants living in rural and urban areas in California. Among men (n = 985), the percentage of methamphetamine/cocaine use in the past year was 21% overall, 20% in male work venues, 19% in community venues, and 25% in high-risk behavior venues. Among women, 17% reported methamphetamine/cocaine use in high-risk behavior venues. Among men, methamphetamine/cocaine use was significantly associated with age less than 35 years, having multiple sex partners, depressive symptoms, alcohol use, sexually transmitted infections (including HIV), and higher acculturation. Prevention interventions in this population should be targeted to specific migrant sites and should address alcohol, methamphetamine, and cocaine use in the context of underlying psychosocial and environmental factors. Copyright 2009, Guilford Publications.

Acculturation in context: Gender, age at migration, neighborhood ethnicity, and health behaviors.

Kimbrow RT. *Social Science Quarterly* 90(5, Special Issue): 1145-1166, 2009. (67 refs.)

Objectives: This article investigates differences in smoking and binge-drinking for Latinos by nativity, stratified by their age at immigration, and tests individual- and neighborhood-level acculturation measures as determinants of those differences.

Methods: Data are from the Los Angeles Families and Neighborhoods Study (N=2,023) and analyses use multilevel logistic regression. Results: The article finds that Latino immigrants are less likely to smoke or binge drink, compared to their U.S.-born peers, and that acculturation measures account for some of the immigrant gaps in health behaviors, although results differ by gender and age at migration. Additionally, living in a neighborhood with a high foreign-born

concentration is associated with lower odds of binge-drinking. Conclusions: Findings suggest that both individual- and neighborhood-level measures of acculturation may contribute to immigrant health behavior advantages, and that it is important to consider these relationships within the context of gender and age at migration. Copyright 2009, Wiley-Blackwell.

Perceptions of sexual risks and injection for HIV among African American women who use crack cocaine in Nashville, Tennessee.

MacMaster SA; Rasch RFR; Kinzly ML; Cooper RL; Adams SM. *Health & Social Work* 34(4, Special Issue): 283-291, 2009. (22 refs.)

Significant health disparities in the rates of HIV infection primarily affect African American women. Although research has demonstrated that for some individuals HIV is connected to preventable high-risk behaviors related to substance use, a further examination of how these risks are perceived by the individuals involved in these activities is warranted. This study presents the results of 11 focus groups with 89 African American women who use crack cocaine in which respondents shared their perceptions of HIV risk behaviors. The results of this study suggest that women crack cocaine users in Nashville, Tennessee, are not injecting the drug. There appeared to be high levels of perceived sexual risks associated with the use of crack cocaine by some users; however, this was not universal, as many active users have internalized HIV prevention messages. The results of this study are significant in that further understanding of the means by which individuals experience their risk behaviors will enable more effective targeting of potential interventions to reduce the spread of HIV. Copyright 2009, National Association of Social Workers.

Racial and ethnic differences in substance abuse service needs, utilization, and outcomes in California.

Niv N; Pham R; Hser YI. *Psychiatric Services* 60(10): 1350-1356, 2009. (33 refs.)

Objective: This study examined differences in service needs and treatment utilization, retention, and outcomes between African-American, Hispanic, and white substance abusers in community-based treatment programs. Methods: Data were collected from 2,401 African Americans, 3,222 Hispanics, and 7,980 whites who were admitted to 43 drug treatment programs across California from 2000 to 2001. The Addiction Severity Index (ASI) was administered at intake to assess clients' problem severity in a number of domains (alcohol use, drug use, employment, family

and social relationships, legal, medical, and psychological), and treatment retention and arrest data were obtained from administrative records. A subsample was followed up at three months to assess service utilization (N=2,145) and again at nine months to readminister the ASI (N=2,566). Results: All three groups had similar severity levels of drug and legal problems upon treatment entry. Upon entry to treatment, white clients had the highest severity levels of alcohol, family, and psychiatric problems and African Americans had the highest severity levels of employment problems compared with the other two groups. Treatment retention did not differ between the three groups, but whites received a greater number of alcohol treatment services than did African Americans or Hispanics, and African Americans received a greater number of employment services than did Hispanic and white clients. All three groups showed significant improvement in all outcome domains except for medical outcomes. At the nine-month follow-up, whites had worse outcomes in the alcohol domain compared with the other two groups, and whites had worse outcomes in the legal domain compared with Hispanics. Compared with whites, African Americans were significantly less likely to be charged with driving under the influence in the year after treatment admission. Conclusions: All three groups improved after treatment, although benefits from treatment can be further enhanced if services underscore different facets of the psychosocial problems of each racial and ethnic group. Copyright 2009, American Psychiatric Association.

The NSDUH Report: Substance Use Treatment Need and Receipt among Hispanics. (July 16, 2009).

Office of Applied Studies, Substance Abuse and Mental Health Administration. Rockville MD: Substance Abuse and Mental Health Administration, 2009. (4 refs.)

Hispanics comprise the largest minority group in the United States. They represent an estimated 13% of the U.S. population. Combining data from 2002 to 2007 indicates that on average 8.3% (2.6 million) of Hispanics aged 12 or older were in need of alcohol use treatment in the past year, and 3.4 percent (1.1 million) were in need of illicit drug use treatment. Among Hispanics, the prevalence of need for alcohol use treatment was highest among Mexicans (9.2%), and the prevalence of need for illicit drug use treatment was highest among Puerto Ricans (6.1%). Among Hispanics in need of alcohol use treatment in the past year, 7.7% received alcohol treatment in a specialty facility, and 15.1% of those in need of illicit drug use treatment received illicit drug treatment in a specialty

facility. The need for alcohol use treatment and illicit drug use treatment, as well as the receipt of illicit drug use treatment among those needing it, were more likely among Hispanics born in the United States than among those not born in the United States. Public Domain.

Perceived discrimination and substance use among Latino adolescents.

Okamoto J; Ritt-Olson A; Soto D; Baezconde-Garbanati L; Unger JB. *American Journal of Health Behavior* 33(6): 718-727, 2009. (39 refs.)

Objective: To examine perceived discrimination and substance use among Latino high school students. Methods: Latino 9(th) graders (N=1332) completed self-report measures of perceived discrimination and substance use behavior. Results: Perceived discrimination was associated with lifetime use measures of smoking (OR=1.73, P < 0.01), alcohol (OR=1.53, P < 0.01), marijuana (OR=1.70, P < 0.01), and inhalants (OR=1.50, P < 0.05); and past 30 day measures of smoking (OR=2.54, P < 0.01), alcohol (OR=1.63, P < 0.01), marijuana (OR=1.95, P < 0.01), and inhalants (OR=1.64, P < 0.01), and binge drinking (OR=1.84, P < 0.01). Conclusions: Latino adolescents who have higher perceptions of discrimination are at risk for substance use. Interventions to help Latino adolescents cope with feelings of discrimination may be a useful addition to substance use prevention programs. Copyright 2009, PNG Publications.

Reasons for drug use among American youth by consumption level, gender, and race/ethnicity: 1976-2005.

Terry-McElrath YM; O'Malley PM; Johnston LD. *Journal of Drug Issues* 39(3): 677-713, 2009. (45 refs.)

This study examined self-reported reasons for the use of nine substances among nationally representative samples of U.S. high school seniors participating in the Monitoring the Future study from 1976 through 2005. In general, social/recreational reasons were the most commonly reported reasons for the use of most drugs. However, for psychotherapeutic drugs, coping with negative affect and physical needs were reasons most commonly mentioned. Results indicated that the proportion of students reporting various reasons has shifted significantly over time. Further, we found significant differences by gender and race/ethnicity in reported reasons for use. Prevention and intervention efforts must address the facts that (1) while social usage reasons do predominate, it is essential to consider coping and drug-effect reasons for use as well; and (2) there are appreciable differences by

gender and race/ethnicity in reasons for drug use. Copyright 2009, Journal of Drug Issues, Inc.

Racial/ethnic differences in parental concern about their child's drug use in a nationally representative sample in the United States

Zhu SJ; Wang Y; Browne DC; Wagner FA.

Journal of The National Medical Association 101(9): 915-919, 2009. (26 refs.)

Introduction: Parental concern and negative attitudes toward drug use may prevent youth from being involved in drug use. However, few studies have addressed parental concern about children's drug use and its possible variation by race/ethnicity. In this study, we explored the potential racial/ethnic differences in parental concern about their children's drug use with a nationally representative sample. Methods: The data were from the 2003 National Survey of Children's Health, a random household telephone survey of parents of children up to age 17 (n = 102353). The analytic sample was restricted to parents of children aged 6 to 17 years (n = 61046). Multivariate logistic regression models, controlling for children's age, gender, family structure, and family poverty level, were fitted, simultaneously accommodating the complex survey design. Results: Parents of African American and Hispanic children expressed more concern than parents of white children, even after controlling for potential confounders (adjusted odds ratio (AOR), 1.9; 95% CI, 1.8-2.1 and AOR, 1.9; 95% CI, 1.7-2.1, respectively). Conclusions: The level of parental concern about adolescent drug use was different across race/ethnicity groups. The results may have implications for parental participation in school-based adolescent prevention programs. Copyright 2009, National Medical Association.

Ethnicity, age, and trends in alcohol-related driver fatalities in the United States.

Roudsari B; Ramisetty-Mikler S; Rodriguez LA.

Traffic Injury Prevention 10(5): 410-414, 2009. (38 refs.)

Objective: To evaluate the 8-year ethnic-specific declining trend in the proportion of alcohol-impaired driver deaths in the United States. Methods: We used the Fatality Analysis Reporting System (FARS), which is a census of all fatal motor vehicle collisions occurring in public properties in all 50 states, the District of Columbia, and Puerto Rico since 1975. For this study we only focused on driver fatalities. Data on ethnicity were not included in the FARS database until 1999, limiting the analysis to the years 1999-2006. Results: The proportion of alcohol-impaired driver deaths was higher among males compared to females,

with Hispanics constituting the highest proportion in all age groups. During the past 8 years, only the decline in the proportion of alcohol-impaired driver deaths among male Hispanics 16-20 years old and male Whites 21-64 years old were significant. We were not able to identify any significant declining trend in the corresponding proportions among other age groups, or among female drivers, regardless of their age category. Conclusion: Though existing strategies have seemed to be successful in preventing an uptrend in alcohol-related fatal collisions in the country, their effectiveness in decreasing such incidents has been limited. Future studies should identify the factors that might influence the effectiveness of current anti-drunk driver policies. Copyright 2009, Taylor and Francis.

Reducing health disparities through a culturally centered mentorship program for minority faculty: The Southwest Addictions Research Group (SARG) experience.

Viets VL; Baca C; Verney SP; Venner K; Parker T; Wallerstein N. *Academic Medicine* 84(8): 1118-1126, 2009. (38 refs.)

Purpose: Ethnic minority faculty members are vastly underrepresented in academia. Yet, the presence of these individuals in academic institutions is crucial, particularly because their professional endeavors often target issues of health disparities. One promising way to attract and retain ethnic minority faculty is to provide them with formal mentorship. This report describes a culturally centered mentorship program, the Southwest Addictions Research Group (SARG, 2003-2007), at the University of New Mexico (UNM) that trained a cadre of minority researchers dedicated to reducing health disparities associated with substance abuse. Method: The SARG was based at UNM's School of Medicine's Institute for Public Health, in partnership with the UNM's Center on Alcoholism, Substance Abuse, and Addictions. The program consisted of regular research meetings, collaboration with the Community Advisory Board, monthly symposia with renowned professionals, pilot projects, and conference support. The authors collected data on mentee research productivity as outcomes and conducted separate mentee and mentor focus-group interviews to assess the strengths and weaknesses of the SARG program. Results: The SARG yielded positive outcomes as evidenced by mentee increase in grant submissions, publications, and professional presentations. Focus-group qualitative data highlighted program and institutional barriers as well as successes that surfaced during the program. Based on this evaluation, a Culturally

Centered Mentorship Model (CCMM) emerged. Conclusions: The CCMM can help counter institutional challenges by valuing culture, community service, and community-based participatory research to support the recruitment and advancement of ethnic minority faculty members in academia. Copyright 2009, Lippincott, Williams and Wilkins.

Trends in Alcohol-Related Morbidity among Short-Stay Community Hospital Discharges, United States, 1979-2006. Surveillance Report No. 83.

Yoon Y-H; Yi H-Y. Bethesda MD: National Institute on Alcohol Abuse and Alcoholism, 2008. (24 refs.)

This surveillance report, published by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), presents trends in liver cirrhosis mortality in the United States. Data on the underlying cause of death were compiled from public use data tapes published annually by the National Center for Health Statistics (NCHS). Population data provided by the U.S. Census Bureau are used as denominators to calculate mortality rates. Beginning in 2007, this report presents data for Hispanic subgroups. Overall cirrhosis deaths in the United States increased steadily following the end of Prohibition in 1933 through 1973, when the death rate peaked at 18.1 deaths per 100,000 population. Cirrhosis mortality then began an almost steady decline that has continued through 2005. The following are highlights of liver cirrhosis mortality

trends from the early 1970s through 2005. Cirrhosis Mortality in 2005: In 2005 liver cirrhosis was the 12th leading cause of death in the United States, with a total of 28,175 deaths, 621 more than in 2004. The crude death rate from all cirrhosis increased by 1.1 percent from 2004 to 2005, whereas the rate from alcohol-related cirrhosis increased by 2.3 percent. For 2005, 45.9% of all cirrhosis deaths were alcohol-related. The proportion of alcohol-related cirrhosis was highest (65.0 %) among those aged 35 to 44 years old. The rate from all cirrhosis for White Hispanic males was 1.8 times the rate for White non-Hispanic and Black non-Hispanic males. The rate for White Hispanic females was 1.4 times the rate for White non-Hispanic females and 1.7 times the rate for Black non-Hispanic females. There were wide variations across Hispanic subgroups; with the highest rates found among Puerto Ricans and Mexicans and lowest for Cubans, for both genders. Cirrhosis Mortality Trends: While the all-cause mortality rate declined by 34.7% from 1970 to 2005, the death rate from all liver cirrhosis declined for the same period by 48.3% . The death rate from all liver cirrhosis for males was consistently more than twice the rate for females, regardless of race. Data is presented in 11 figures and 6 tables. Public Domain. Racial/ethnic differences in parental concern about their child's drug use in a nationally representative sample in the United States.