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Conceptualizing Ethnicity in Alcohol and Drug Research:

Epidemiology meets Social Theory.

Introduction

Although researchers in sociology, cultural studies, and anthropology have attempted, for the last

20 years, to re-conceptualize ethnicity within post-modernist thought and debated the usefulness

of such concepts as "new ethnicities," researchers within the field of alcohol and drug use

continue to collect data on ethnic groups on an annual basis using previously determined census

formulated categories. Researchers use this data to track the extent to which ethnic groups

consume drugs and alcohol, exhibit specific alcohol and drug using practices and develop

substance use related problems. In so doing, particular ethnic minority or immigrant groups are

identified as high risk for developing drug and alcohol problems. In order to monitor the extent

to which such risk factors contribute to substance use problems, the continuing collection of data

is seen as essential.

However, the collection of this epidemiological data, at least within drug and alcohol

research, seems to take place with little regard for either contemporary social science debates on

ethnicity, or the contemporary on-going debates within social epidemiology on the usefulness of

classifying people by race and ethnicity (Kaplan & Bennett, 2003; Bhopal 2004; Krieger 2000;

Krieger et al., 1999). While the conceptualization of ethnicity and race has evolved over time

within the social sciences, "most scholars continue to depend on empirical results produced by

scholars who have not seriously questioned racial statistics" (Zuberi, 2001:xx). Consequently,

much of the existing research in drug and alcohol research remains stuck in discussions about

concepts long discarded in mainstream sociology or anthropology, yielding robust empirical data that is arguably based on questionable constructs (; Kulis et al., 2003; Fosados, 2007).

Given this background, the aim of this paper is to outline briefly how ethnicity has been operationalized historically and continues to be conceptualized in mainstream epidemiological research on ethnicity and substance use. We will then critically assess this current state of affairs, using recent theorizing within sociology, anthropology, and health studies. In the final section of the paper, we hope to build upon our "cultural critique" of the field by suggesting a more critical approach to examining ethnicity in relation to drug and alcohol consumption.

Tracing the History of Racial and Ethnic Classifications

According to Kertzer & Arel (2002), the development of the nation states in the 19th century went hand in hand with the development of national statistics gathering which was used as a way of categorizing populations and setting boundaries across pre-existing shifting identities. Nation states became more and more interested in representing their population along identity criteria, and the census then arose as the most visible means by which states could depict and even invent collective identities (see also: Hacking 1990, Anderson 1991). In this way, previous ambiguous and context-dependent identities were, by the use of the census technology, 'frozen' and given political significance. "The use of identity categories in censuses was to create a particular vision of social reality. All people were assigned to a single category and hence conceptualized as sharing a common collective identity" (Kertzer & Arel, 2002: 5), yet certain groups were assigned a subordinate position.

In France, for example, the primary distinction was between those who were part of the nation and those who were foreigners, whereas British, American, and Australian census designers have long been interested in the country of origin of their residents. In the US, the refusal to enfranchise Blacks or Native Americans led to the development of racial categories, and these categories were in the US census from the beginning. In some of the 50 federated states of the US, there were laws, including the "one drop of blood" rule that determined that to have *any* Black (then called "Negro") ancestors meant that one was de jure Black (Kertzer & Arel, 2002). Soon a growing number of categories supplemented the original distinction between white and black. Native Americans (Indians) appeared in 1820, Chinese in 1870, Japanese in 1890, Filipino, Hindu and Korean in 1920, Mexican in 1930, Hawaiian and Eskimo in 1960. In 1977, the Office of Management and Budget (OMB), which sets the standards for racial/ethnic classification in federal data collections including the US Census data, established a minimum set of categories for race/ethnicity data that included 4 race categories (American India, Asian or Pacific Islander, Black or White) and two ethnicity categories (Hispanic origin and not of Hispanic origin). In 1997, OMB announced revisions allowing individuals to select one or more races, but not allowing a multiracial category. Since October 1997, the OMB has recognized 5 categories of race (Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Black or African American, and White) and 2 categories of ethnicity (Hispanic or Latino vs. neither) (Hollinger, 1995).

In considering these classifications, the extent to which dominant race/ethnic characterizations are influenced both by bureaucratic procedures as well as by political decisions is striking. For example, the adoption of the term Asian-American grew out of attempts to replace the

exoticizing and marginalizing connotations of the externally imposed pan-ethnic label it replaced, i.e. "Oriental". Asian American pan-ethnic mobilization developed in part as a response to common discrimination faced by people of many different Asian ethnic groups and to externally imposed racialization of these groups. This pan-ethnic identity has its roots in many ways in a racist homogenizing that constructs Asians as a unitary group (Lowe, 1996), and which delimits the parameters of "Asian American" cultural identity as an imposed racialized ethnic category (Tuan, 1998). Today, the racial formation of Asian American is the result of a complex interplay between the federal state, diverse social movements, and lived experience. Such developments and characterizations then determine how statistical data is collected. In fact, the OMB itself admits to the arbitrary nature of the census classifications and concedes that its own race and ethnic categories are neither anthropologically nor scientifically based (Kertzer & Arel, 2002).

Issues of ethnic classification continue to play an important role in health research. However, some researchers working in public health have become increasingly concerned about the usefulness or applicability of racial and ethnic classifications. For example, as early as 1992, a commentary piece in the Journal of the American Medical Association, challenged the journal editors to "do no harm" in publishing studies of racial differences (). Quoting the Hippocratic Oath, they urged authors to write about race in a way that did not perpetuate racism. However, while some researchers have argued against classifying people by race and ethnicity on the grounds that it reinforces racial and ethnic divisions; Kaplan & Bennett 2003; Fullilove, 1998; Bhopal, 2004), others have strongly argued for the importance of using these classifications for documenting health disparities (Krieger, 2000; Krieger et al., 1999). Because we know that

substantial differences in physiological and health status between racial and ethnic groups do exist, relying on racial and ethnic classifications allows us to identify, monitor, and target health disparities (Krieger, 2000). On the other hand, estimated disparities in health are entirely dependent upon who ends up in each racial/ethnic category, a process with arguably little objective basis beyond the slippery rule of social convention (Kaplan & Bennett 2003;).

If the categorization into racial groups is to be defended, we, as researchers, are obligated to employ a classification scheme that is practical, unambiguous, consistent, and reliable but also responds flexibly to evolving social conceptions (Kaplan & Bennett 2003; Chapman & Berggren 2005). Hence, the dilemma at the core of this debate is that while researchers need to monitor the health of ethnic minority populations in order to eliminate racial/ethnic health disparities, they must also "avoid the reification of underlying racist assumptions that accompanies the use of 'race', ethnicity and/or culture as a descriptor of these groups. We cannot live with 'race', but we have not yet discovered how to live without it" (Chapman & Berggren 2005: 147).

Research on Ethnicity in Alcohol and Drugs Research

Reinarman and Levine (1997) have argued that investigations of ethnicity in alcohol and drugs research have typically taken the form, whether intentionally or not, of linking "a scapegoated substance to a troubling subordinate group - working-class immigrants, racial or ethnic minorities, or rebellious youth" (1997: 1). Different minority ethnic groups have often been framed at one time or another by their perceived use of alcohol and illicit drugs, regardless of their actual substance using behaviors and regardless of their relative use in comparison with drug and alcohol use among whites (Terry-McElrath et al 2009; Caetano and Clarke 2003). Such

framing arguably has led to extensive stereotyping of minority cultures, their characters, and

their behaviors. For example, in the 18th century, white settlers in the US used stereotypical

portrayals of Native drinking to justify the confiscation and exploitation of Native lands

(Hailwood, 2016; Mancall, 1995). In the early part of the 19th century, Chinese immigrants

were victimized and controlled for their supposed opium use, despite the fact that only 6% at the

time used opium (Hardaway, 2003). In the early 1900s, cannabis was relatively plentiful along

the Texas border brought to the US by Mexican migrants, and its popularity among ethnic

minorities practically ensured that it would be classified as a narcotic and attributed with

addictive qualities (Bonnie & Whitebread 1970; Davenport-Hines, 2001). By the early 1930s,

cannabis (or as sometimes referred to as Mexican herb, 'Mexican opium' or 'killer weed'

(Hardaway, 2003; Bonnie & Whitebread 1970)) had been prohibited in 30 states. In 1937 the

Marijuana Tax Act was passed by Congress which banned cannabis at the Federal level (Bonnie

and Whitebread, 1970; Musto, 1999). And, the most recent drug scare, which fueled the

development of the War on Drugs, linked crack cocaine to impoverished African Americans and

Latinos in inner city neighborhoods (Lusane, 1991; Alexander, 2012). This deliberate framing of

ethnic minority communities was even admitted to by Nixon's chief domestic adviser, John

Ehrlichman, who was quoted in an interview as saying:

> "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the
>
> antiwar left and black people. ......We knew we couldn't make it illegal to be either against
>
> the war or blacks, but by getting the public to associate the hippies with marijuana and
>
> blacks with heroin, and then criminalizing both heavily, we could disrupt those
>
> communities. We could arrest their leaders, raid their homes, break up their meetings, and

vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did." (Harper's 2016).

Since the War on Drugs, an exceptionally high rate of imprisonment of mainly poor ethnic minority people has occurred primarily for non-violent crimes and relatively minor drug offences (Alexander 2012).. For example, in 2012, although African-Americans accounted for only 13% of the national population (Census 2014), nearly 40% of those incarcerated for drug offences in State or Federal prisons were African-Americans (Drug Policy.org, 2016; Taxy, 2015). Hispanic/Latinos, while accounting for 17% of the national population in 2013, represented 37% of all those in prison for drug offenses (Drug Policy 2016; Bureau of Justice Statistics 2013).

These statistics lie in sharp contrast to the available empirical data on differential rates of alcohol and substance use between whites and non-whites (Sanders, 2016). The evidence from *Monitoring the Future* (MTF) – a longstanding and reliable source of data on drug use among youth in the US – suggests that crack cocaine cannot be considered a drug consumed primarily by Blacks in American nor can marijuana be considered a drug used primarily by Latino/as. Rather, white youth have higher rates of use for most drugs of abuse. For example, Terry-McElrath and colleagues (2009) reviewing 30 years' worth of data from MTF, found that for all drugs except heroin, past year prevalence rates were significantly higher among whites compared to blacks and Latinos (Sanders, 2016).

In spite of the backdrop, the vast majority of alcohol and drug research has failed to mention the injustices of drug laws and high rates of imprisonment of ethnic minority youth. Instead of situating research within a context of oppression and inequality, researchers have tended to

ignore this situation (Alexander, 2012; Zuberi, 2001) and instead focus on risk factors associated

with drug use among racial/ethnic groups, an approach that dominates alcohol and drugs research

today. (See for example Terry-McElrath, 2009;; Beauvais & Oetting 2002)

This trajectory in alcohol and drug research is unfortunate in light of recent debates in social

epidemiology about the importance of examining health disparities within a framework that

considers "social structures and social dynamics that encompass individuals" (Wemrell et al.,

2016:155; see also Krieger, 2000; Ng & Muntaner, 2014). Social epidemiologists have argued

that mainstream research tends "to focus on the body, lifestyle, behaviour, sex/gender,

race/ethnicity and perhaps the personality, emotional state or socioeconomic status of the single

person" (Wemrell et al., 2016:154). Just as mainstream epidemiology has been criticized for

having little regard for social structures, social dynamics, and social theory (De Kock et al.,

2017), most existing studies of ethnicity within drug and alcohol research can similarly be

critiqued for failing to adopt a structural approach as well as neglecting contemporary social

science theories of and debates about ethnicity.

Critical approaches to the use of ethnicity in drug and alcohol research

 In mainstream drug and alcohol research, traditional ethnic group categories continue to be

assessed in ways which suggest little critical reflection in terms of the validity of the

measurement itself. This is surprising given that social scientists since the early 1990s have

critiqued the propensity of researchers to essentialize identity as something 'fixed' or 'discrete'

(Easthope, 2009:68) and to neglect to consider how social structure shapes identity formation.

Recent social science literature on identity suggests that people are moving away from rooted

identities based on place and towards a more fluid, strategic, positional, and context-reliant

nature of identity (Jenkins, 1996; Easthope, 2009; Hall, 1990). This does not mean, however, that

there is an unfettered ability to freely choose labels or identities, as if off of a menu (Cruz, 1996).

An individual's ability to choose an identity is constrained by social structure, context, and

power relations. Structural constraints on identity formation cannot be ignored, as people do not

exist as free floating entities but instead are influenced and constrained in various ways by their

socioeconomic and geographical environment (Moloney, 2012). As such, an identity is not just

claimed by an individual but is also recognized and validated by an audience, resulting in a

dialectical relationship between an individual and the surrounding social structures (Jenkins,

2008).

Similarly, a 'new' perspective on ethnic identity specifically (Hall, 1990, Alexander, 2000) has

emphasized the fluidity and contextually-dependent nature of ethnicity, minimizing notions

about ethnicity as a cultural possession or birthright and instead emphasizing ethnicity as a

socially, historically, and politically located struggle over meaning and identity (Brubaker,

2002). Ethnicity or ethnic identity is not some immutable sense of one's identity but rather

something produced through the performance of socially and culturally determined boundaries

(Alexander, 2000; Barth, 1969; Anthias & Yuval-Davis, 1993). Hence, individuals are not

passive recipients of acquired cultures but instead active agents who constantly construct and

negotiate their ethnic identities within given social structural conditions (Brown, 1999; Herzfeld,

2001; Kibria, 2002;).

In spite of these sociological contributions, which have enriched our understanding of identity generally and ethnicity specifically, the alcohol and drugs fields have not adequately integrated these perspectives, thwarting our ability to understand the relationships between ethnicity and substance use. As such, the field is ripe with correlations between ethnic group categories and substance use problems, resulting in solutions to problems that focus on reifying questionable social group categorizations and revealing little about how drugs are connected to identities (in this case ethnic identities) and shaped by broader social and cultural structures.

It is important to note that we do not intend to argue that existing categories of ethnicity be disregarded in the alcohol and drugs fields. As Krieger and colleagues have noted in another context (Krieger et al., 1999), surveillance data documenting health disparities, in our case in substance use, are exceedingly important in terms of identifying potential inequities in health. However, without understanding the complexity of ethnic identity and its relationship to substance use, these surveillance data may perpetuate stereotypes and the victimization of specific socially-delineated ethnic groupings, obfuscate the root causes of substance use and elated problems, and reify politicized categories of ethnicity which may have little meaning for the people populating those categories.

While acknowledging that socially-deliented ethnic categories are important for documenting social injustices, we must also be vigilant about questioning the appropriateness of those categories (). Conceptually this type of critical approach is important for considering how substance use is related to negotiations of ethnicity over time and place (Parks, 1999) and bounded by structure. Maintaining a static and homogenous approach towards ethnic categorizations in the alcohol and drugs fields presents at least two problems.

First, it risks overlooking how drugs and alcohol play into a person's negotiation of identity, particularly ethnic identity, thus revealing little about the pathways that lead to substance use. Cultural researchers have long emphasized the importance of commodity consumption (e.g. clothes, music) in the construction of identities and lifestyles (Douglas & Isherwood, 1996; McKay, 1997), particularly within youth cultures (Deutsch & Theodorou, 2010), and how it can be an important factor in demarcating and constituting social group boundaries (Frost, 2003; Miles, 2002). A limited body of research in the alcohol and drugs field has emphasized the role of substance use in constructing and performing identities (Hunt et al., 2009; Riley et al 2010; Reith 2004), particularly ethnic identities (Hunt et al., 2014; Moloney et al., 2008), uncovering how subgroups within traditionally-defined ethnic minority categories use drugs and alcohol to distinguish themselves from ethnically similar others. For example, in a qualitative study of Asian American youth in the San Francisco Bay area in the US, narratives illustrated how youths' drug use and drug using practices were a way of constructing an identity which differentiated them from "other Asian" youth groups, specifically allowing them to construct an alternative ethnic identity that set them apart from the "model minority" stereotype (Moloney & Hunt 2012). Thus taste cultures and consumption-oriented distinctions highlight the continuing salience of and interconnections not just between substance use and changing notions of ethnicity but also between substance use, class and ethnicity. Ethnic identity gets translated into social captial which in turn has ramifications for one's economic and social standing (Lalander, 2017).

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Second, failing to critically appraise our use of fixed and homogenous ethnicity categories in the alcohol and drugs fields jeopardizes our ability to identify the broader social and structural determinants of alcohol and drug use and related problems—like poverty, social exclusion, and discrimination—which are crucial issues for addressing social injustices. So often studies revealing correlations between ethnic categories and substance use related problems result in discussions about the importance of developing culturally-appropriate prevention and treatment interventions, overlooking the structural conditions that adversely affect socially-defined ethnic groupings and may result in some form of engagement with alcohol and/or drugs. For example, research on street cultures, where ethnic identifications and drugs play a central part, illustrates how some ethnic minority youth use and/or sell drugs to actively construct counter-images or ethnically-infused street cultures of resistance within their neighborhoods, which some researchers have called "neighborhood nationalism" (Back, 1996), as a way of resisting or transcending "inferior images" ascribed to them by the wider society (Lalander, 2017; Jensen, 2011). These street cultures provide alternative definitions of self-identity, especially for young men, who live in communities marked by poverty and marginalization and who have little access to masculine status in the formal economy (Bourgois, 1995). Such cases clearly show how drug use and sales is not the fault of the individual or a deficiency resulting from one's ethnicity, but instead from a deficiency in society.

Conclusion

Critical studies of ethnicity and substance use illustrate the relevance of socially-ascribed identity categories. Ethnic categorizations saturate our society, are imbued with a shared meaning, and in many cases, influence those assigned to specific categories regardless of whether or not they

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identify with the categorization. But these studies also emphasize how ethnicity is fluid and in constant negotiation, depending upon context and bounded by powerful structures. It is this element of ethnicity that is currently neglected in the alcohol and drugs fields yet also has important implications for understanding patterns of alcohol and drugs use and identifying the roots causes of inequities among those most oppressed. We call on researchers in the alcohol and drugs research fields to critically appraise their use of ethnic categorizations, querying how to best measure ethnicity within their own studies in ways that are justified beyond simplified of explanations of social convention and that "do no harm" in terms of perpetuating racism as well as obscuring the root causes of social and health problems related to alcohol and drugs.

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