

Sociological Influences on Addiction: Culture and Ethnicity

Aysun Dogutas

Educational Sciences Department, Pamukkale University, Denizli, Türkiye

Email: adogutas@pau.edu.tr

How to cite this paper: Dogutas, A. (2023). Sociological Influences on Addiction: Culture and Ethnicity. *Open Journal of Social Sciences*, 11, 617-629. <https://doi.org/10.4236/jss.2023.119038>

Received: July 5, 2023

Accepted: September 25, 2023

Published: September 28, 2023

Abstract

There is a worldwide consensus that all kinds of addiction are on rise around the world. There are many types of addiction such as drug, alcohol, gambling, exercise, intimate, and etc. As well as types of addiction there are different factors affecting addiction. According to the literature addiction and recovery is influenced by many different factors. Many studies have focused on psychological and biological factors on addiction. In addition to psychological and biological factors sociological influences are also effective on addiction. Due to sociological factors, individuals and the whole society become vulnerable. Thus, it is important to discuss sociological influences on addiction. In this study, sociological influences such as culture and ethnicity will be reviewed and discussed.

Keywords

Addiction, Culture, Ethnicity, Society

1. Introduction

Sociology sees addiction as a multifaced issue; thus, it approached addiction from many different perspectives. Many in servient factors make addiction as a complex and compelling issue. Shaffer (1997) describes addiction as “giving over” or being “highly devoted” to a person or activity whereas Levine (1978) identifies it as “engaging in a behavior habitually”. Four hundred years ago, addiction was considered as involving strong and overpowering urges, besides over two hundred years addiction has seen more disease-like in implication (Oxford, 2001). Starting from 1700s, addiction was considered as an imbalance of the central nervous system anyway (Meyer, 1996). Nowadays, addiction is used as “having neurobiological underpinnings” (Bechara, 2003; Heather, 1998).

The complex, associated and addictive-related behaviors may cause many

negative side effects. While the “addict” is trying to avoid negative results, s/he may try to find out good behaviors. However, negative results can get the upper hand than the positive results while dealing with addictive behaviors. Meanwhile the contributor may continue his/her addictive behaviors due to many different reasons. These reasons can be contributor’s accomplishment and uncontrol on daily life experiences and manipulation of contributors on experiences. These reasons can cause contributor’s behaviors’ being a “short cut” and cause not to obtain affective goals. The behavior means the lifestyle and existence of a person. Thus, if a contributor engages in addictive behaviors than other competing behaviors may not be of interest if those behaviors interbedded with those addictive behaviors (Glasner, 2004).

2. Society and Addiction

The society we live in always influence and we cannot escape from this. In our daily lives, we watch television commercials and in these commercials alcohol use and drinking among young people are normalized (Snyder et al., 2006). Additionally, drug culture is materialized and illegal drug use is encouraged by some kind of popular music. Advertisements promoting pharmaceutical solutions to almost all health problems bombarded every day to people living in the United States. It is normal that people are looking for a quick solution to their health problems. Most of the physicians respond these needs by writing prescription tablets which can be addictive.

Absolutely, addiction is a social and cultural issue. At the bottom level, if we want to treat addiction we should understand not only how addicted people affect society but also how society affects the people. Addiction’s social cost is very huge that all people in the society pay for it. Crimes, destructions of property, high healthcare costs, loss of productivity, and many other losses are some of the results of addiction.

The cultural codes of a society and the negative effects of society and culture on individual behavior can cause addiction according to the socio-cultural model. Even though many cultural codes are inward; their effects are more powerful. Along with advertisements mentioned above, some television programs also normalize alcoholic people. For instance, people watching these programs not only tolerate drunkenness, but also think it unkennels characters in a funny way, audiences find it entertaining. On the other hand, in many countries the police arrest the drunk drivers or take the driver’s license of funny. When television movies, comedians and sit-coms delineate drunk people.

Addiction can be considered as an effect of culture. There are many communities living in poverty within some parts of the world. These poor communities mostly experience higher crime rates and are unaffluent lives. Thus, distress and frustration level are high since there is lack of basic safety and opportunities for a good life standard. Herewith, since day-to-day survival gets more challenging, people become more stressful which causes an environment where addiction is

seen as a way out.

The social interactions with people, who are matter to us and we grew up, have the maximum influence on us. These people are mostly our parents, other close family members, neighbors, friends, and teachers. During our childhood we might see or observe our parents playing cards with their friends for fun, cope with stress by smoking pot, socialize after drinking. After seeing or observing these kinds of behaviors, children or adolescents will be more likely to try out or normalize these behaviors. Since by observing these we learn that gambling drinking, and smoking don't have negative results. This is because during the absence of other healthier sample cases, it seems these activities are good to reduce stress, relax and have fun. We call this as a social learning.

In daily lives of people, they need strong social interactions. Thus, it is important to deal with the though social side of different kinds of addictions. Many types of these addictions necessitate the cooperation of people. In fact, some specific addictions, such as drug addiction, provide opportunities for social interaction. For instance, heroin addicts help each other to supply and use of the drug. Especially alcohol is the most common feature of social agora. Lastly, casinos where gambling is played mostly provide an exciting social venue for gambling addicted people.

3. Addiction and Sociological Influences

According to the literature, addiction and recovery is influenced by many different factors. Many studies have focused on psychological and biological factors on addiction. In addition to psychological and biological factors sociological influences are also effective on addiction. These influences cause most of the people's being vulnerable to addiction. If you are in a group of people who are vulnerable, then it is normal that you are also vulnerable. For instance, marginalized social status of people mostly leads a high rate of alcoholism. Higher rates of addiction problems are mostly seen within the people who are under invasion and war. These destructive experiences alter the community's and family's stabilization.

The definition of culture is learned and shared values, beliefs and all components shaped by a group. These values and beliefs direct community's behavior and their social interactions. It is a fact that destructive historical events affect people today. Sometimes people cannot accept or understand this fact. This can be answered with the transmission of culture form one generation to the next generation. For example, families. Think about a family history. It includes continuing oppression that the family within the society they live in. This oppression can cause fear, loss, hopelessness and anger. By having this experience parents mostly convey the feelings of hopelessness and loss to their kids. In the following years, these kids will be parents and they will also transfer these feelings to their children. This will proceed like this. Children of new generations will see the world as an unsafe place to live. These children will grow up believing these

as real since they learned as it is. Even though many generations pass, we will be able to see the transmission of loss and hopelessness. Even if we come to a better lives and today, it will continue to affect all the members of family.

How do people get addicted's answer can be given by social and cultural forces. Of course, not only cultural and social influences affect the individual's behaviors immediately. However, these cultural forces mostly directly or indirectly help individual's change in behaviors and being addicted. We can only re-interpretate it. As Shakespeare's Hamlet notes, "There is nothing either good or bad, but thinking makes it so." Or as Marcus Aurelius, the 2nd century CE Roman emperor stated, "The universe is change, life is what our thoughts make it." In short, we can say that there are three primary socio-cultural influences on "How do people get addicted?" These are families, culture, and social support. Individuals cannot directly change these influences.

When we look at from a sociological perspective, it can be said that addiction is a harmful behavior not only affects individuals but also groups and society. Actually, addiction can only be understood and corrected if only we consider it within the context of the society in which it occurs. "Both interpersonal and community influences affect adolescent behavioral choices and health outcomes" (McLeroy et al., 1988; Stokols, 1992). Focusing on the importance of influences, "researchers have identified unique risk and protective factors during young adulthood that predict the likelihood of problem substance use" (Stone et al., 2012; Hawkins et al., 1992). "Individual risk factors that promote problem substance use include having a favorable opinion of substance use, early initiation of substance use, peer substance use, parental substance dependence, lack of dedication to school, poor scholastic achievement, rebelliousness, rejecting conformity, and male gender" (Stone et al., 2012; Hawkins et al., 1992).

According to some researchers, substance cost, legality and availability; cultural values, norms and expectations; laws regarding how and to whom substances are sold; and the degree of neighborhood disorganization, deterioration, and instability are some community factors of addiction (Stone et al., 2012; Hawkins et al., 1992). According to Kendler et al. (2008), "familial and social environmental factors are critical in influencing psychoactive substance use in early adolescence". For example, neighborhoods with high rates of assault, poverty, or public assistance can be thought of as high-risk environments (Mason et al., 2016). In determining the reason of an adolescent will turn to substance use or abuse, the most important factor can be unhealthy, high-risk peer influences, parental influence with the combination of high-risk environments (Mason et al., 2016).

"Thus, it is important to consider a child's socioeconomic and built environment, social influences from peer networks, influences of the parent-child relationship, and interactions between all of these as mitigating or exacerbating factors affecting health behaviors" (Mason et al., 2016). Dropping out school and being unemployed in young adulthood are risk factors for both substance use and abuse. On the other hand, to reduce substance use employers, parents, and

community organizations can support employment and schooling of these young adults (Stone et al., 2012).

Including substance use and addiction some behavioral and psychiatric outcomes during adolescence can be cause of childhood traumatic events (Carliner et al., 2016). A nationally representative study of Carliner et al. (2016) found that “traumatic events occurred in early age of 11 of traumatic events were associated with alcohol and drug use beginning at a younger age, drinking as a way of coping, with heavier alcohol use by boys who survived sexual assault, and specific types of drug use during adolescence”. The risk for use of drugs such as marijuana and cocaine, nonmedical prescription drugs, and other illegal drugs can be increased for lifetime due to exposure to any traumatic event during childhood (Carliner et al., 2016). Carliner et al. (2016) stated that “although there were different relative risks for each type of trauma, there was a dose-response relationship with adolescent drug use as the number of exposures to childhood traumatic events increased: compared with children who were not exposed to traumatic events, the relative risk of lifetime illicit drug use increased as the number of exposures increased, with the greatest effect seen for cocaine use”.

Another determinant of drug use is close social networks due to drug usage’s being a social activity and includes social networks (Galea et al., 2005). Some mediating and moderating factors of drug usage are neighborhood characteristics, income inequality, peer influence, cultural norms, sales of illicit drugs in neighborhoods with high population density and ethnicity or race (Galea et al., 2005; Keyes et al., 2014; Brooks et al., 2017). Even if population density is not high in some neighborhoods, additional risks such as greater risk for tobacco and alcohol use among youth in addition to cultural and social features of rural living, including usage and acceptance by adults, limited recreational opportunities, isolation, and loneliness (Galea et al., 2005). In rural areas, some parents or adults are permissive and more relaxed about tobacco and alcohol use of their children especially when their kids use these substances at home or in social settings where they are existing (Warren et al., 2015).

Additional to population density affecting behaviors related to health group practices and social norms are influential in social learning (Galea et al., 2005). In highly populated communities, people usually share resources and live close to each other; thus, group’s behaviors and sharings can influence each other’s behaviors which means one person can affect the whole group (Galea et al., 2005). For example, researches showed that students can perform violent behaviors, poor relations and having behavioral problems are mostly affected by the other students at schools in which there is more violence, fewer health resources, and a stressful school climate (Powell-Wiley et al., 2013).

People who use drugs or alcohol mostly learn them from their friends, parents or social contacts especially when they first begin using (Warren et al., 2015; West et al., 2010). Risk factors for high school students can be listed as perceived availability of alcohol and drugs, increased age, peer use, acceptance of use, and

physical availability of drugs or alcohol (Warren et al., 2015; Milam et al., 2016). When parents use harsh and inconsistent discipline, or when friends, friends, or role models use drugs or alcohol and when they are supportive of substance use, or when spent time with peers without supervision of parents can increase the risk of adolescent substance abuse (Warner, 2016). There is a close relation between the degree of neighborhood disorganization, indicated by residential instability, drug selling activity, and crime and drug and alcohol use. Of course, these are other than the individual and family characteristics (Warner, 2016).

Social Constructionist Theory

Fundamentally, in addition to the social factors culture-bound phenomenon, cultural practices and beliefs within which it is found, is also affect the addiction (Keane, 2002; Rudy, 1986; Schneider, 1978; Wiener, 1981). For example, Levine (1978) stated that “the rise of the temperance movement reflected a larger cultural revolution that demanded heightened levels of self-control, individualism, and accountability to the demands of a capitalist economy all of which were found incompatible with certain patterns of heavy alcohol use”. Thus, with the economic, cultural, and political changes which caused the transition to modernity changed the ideology of people, in particular the notion of “addiction”. Addiction had been rooted and it has been accepted as reasonable to large numbers of people.

While many valuable social constructionist studies mostly focused on the activities and influence of science in the modern history of addiction (Acker, 2002; Campbell, 2007; Gomart, 2002), others mostly looked at the role of it not only the contemporary meaning of addiction as a concept but also the lives of those identified as addicts (Duster, 1970; Lindesmith, 1965; Reinerman & Levine, 1997). It is obvious that the concept of addiction has mostly been used to legalize the stigmatization, marginalization, and persecution of drug users. However, these studies rarely question why some drug users sometimes do in fact lose control of their drug use, thus it should be best understood sociologically.

Some of the social constructionists of addiction focus on less historically and more ethnographically and biographically. Waldorf et al. (1991)’s study on cocaine users and quitters showed that drug use patterns and quitting difficulties are highly associated with those who are called as a “stake in conventional life”. People who don’t have anything to lose tend to ignore the damage that drug use willbring to their lives while people who have something to lose care about it. In this circumstance, a question emerges whether addiction is a kind of syndrome or just a result of a bad judgment rising in difficult circumstances. Even though both situations can be true, it cannot be said that the second situation cannot be labeled as “loss of self-control”. Therefore, while we try to merge a learned pattern of behavior into syndrome, we also have to have a theoretical framework which will not decrease all learned behaviors into a simple judgment or subjectivity.

Among all the sociological research on addiction, the humanist tradition covers western thought which is related to art, law, politics, and morality. Supporters of humanist tradition accept a principle as unreducible parts of social life consist of human subjects. These human subjects are intentional, integrated, and deliberative agents who have interests and investments in cultural settings with the endowment of their worlds with meaning, value, and distinctive rationalities. On the other hand, post-humanists care about the imagery which encarnalize human nature. Additionally, post-humanists worry about the neglects the scientific studies of primates, artificial intelligence, and cyborg technologies which deal with what it means to be a human and hearten the breakdown of stable conceptual limits between the human and the non-human (Haraway, 1991; Hayles, 1999).

Others argue that conceptual and practical regard for humans whether human and non-human cannot be fixed but should be tied to the specific networks of interacting entities which provide for human's important stabilities and accountabilities (Callon, 1986; Knorr-Cetina, 1997; Latour, 1996; Pickering, 1995). In conclusion, post humanists focus on practical action for clues of situating identities of things

Weinberg (2000, 2005)'s research on addiction is quite unlike the largely rationalized descriptions of addicted behavior. In one of his field notes from his research with homeless people who are addicted and suffered from it, he stated that, "*I've promised myself I wouldn't use a thousand times and really meant it. And then I use. I mean it's like there are two sides of me*". The rational reasonable person who knows he's gonna die if he keeps on living the way he is and the insane one who just doesn't care. "*My reasonable side of me can be as sure as it wants to be but when those drugs appear in front of me the insane one takes over and all those reasons I had not to use are just gone. They just disappear. And I use. It's like my mind just goes dead and my addiction takes over. I hate myself right afterwards and I'm completely confused by the fact that I just used. I didn't want to but I did*".

4. Influence of Ethnicity

Ethnicity, which seems as a complex concept, consists of hereditary features such as race, religion, language, customs, history and so on (Westermeyer, 1984). By defining the intersections of different social identities such as racial/ethnic minority, women and the structural inequalities related to these identities which are racism or sexism that may impact one's life experience and eventually put these people into marginalized groups can explain the causes of disparities (Cole, 2009; Crenshaw, 1995). For example, due to racial bias among healthcare providers, some racial minority populations may get poorer quality of care and face with health disparities (Dovidio and Fiske, 2012; Dovidio et al., 2008; Hall et al., 2015). Additionally, gender inequalities within the life experiences; such as, family life and work choices, may contribute to differential

health care. For example, it can cause higher mortality among men but higher morbidity among women (Bird and Rieker, 2008).

When addiction is concerned, it can be said that addiction reproach may also overlap with other forms of bias (racism and sexism). For example, compared to Whites minorities are more likely to receive harsher sentences or arrested for drug-related crimes even though the rates of drug use and selling are comparable among ethnic and racial groups (Curry and Corral-Camacho, 2008; Fielding-Miller et al., 2016; Mitchell and Caudy, 2001). Additionally, men are more likely to be sentenced and receive harsher sentences for drug-related offenses compared to women (Cano and Spohn, 2012; Davidson and Rosky, 2015). However, “criminal justice-involved women, as compared to men, are more likely to have mental health problems” (Kim et al., 2015).

The relationship between addiction stigma and ethnicity/race bias had contradictory consequences (Garland and Bumphus, 2012; Lee and Rasinski, 2006). In both Garland and Bumphus (2012) and Lee and Rasinski (2006) studies, participants’ opinions about the involvement of ethnic and racial minorities in drug use and sales were used as a trigger for racial bias. In Garland and Bumphus (2012)’s study, positive relationship between addiction stigma and indorsements of minority involvement were found. However, data from the Lee and Rasinski (2006)’s study did not show a direct relationship between these two structures.

On the other hand, a previous study’s participants reported more interest, concern, and sympathy towards women rather than men (Wirth and Bodenhausen, 2009). However, other studies presented that “women mostly felt that they would be looked down by others, more than their male counterparts if they are known as a “drug user” by others (Copeland, 1997; Schober and Annis, 1996; Spooner et al., 2015). These are consistent with reports of gender-based, denigrating attitudes towards women as promiscuous and unfit mothers (Schroedel and Fiber, 2001; Terplan et al., 2015). It will be good to assess how gender influences both implicit and explicit addiction stigma.

5. Influence of Culture

Regarding substance use and abuse, socio-cultural beliefs can affect and shape the perception and behavior. In determining the expectations of people about potential obstacles they may face when they use or sell drugs, culture plays a crucial role (Heath, 2001). This may provide a protective factor for many social communities. For example, the use of alcohol by the ancient Aztecs was forbidden only with one exception. Their use of alcohol was heavily regulated and was only for ceremonial purposes. Non-ceremonial use of alcohol was strictly forbidden under penalty of death (Abbott, 1996; Paredes, 1975). Another example is the development of the peyote cult in northern Mexico. “Peyote was used in a ceremonial setting to treat chronic alcohol addiction. This use later became a central part of the Native American church, which provided important spiritual treatment for chronic alcoholism” (Abbott, 1996).

Due to rapid social change, we can see the initiation into excessive substance. This can be among cultural groups who have not developed protective normative behavior and have had little access to drugs. Desperation or losing a salutary cultural or ethnic identity may cause excessive substance among native populations whose cultures have been devastated by the intense and sudden invasion of outsiders (Westermeyer, 2004).

Acculturation can be related to substance abuse and use. Acculturation can be defined as “the degree to which an individual identifies with his or her native culture”. Many people believe that the loss of traditional culture and cultural identity may cause many substance abuse problems. With people having others’ cultural values has higher rates of substance use while bicultural people have the lowest rates since they have both sets of cultural values (May, 1982; Szelemko et al., 2006). A similar situation can be encountered with the immigrant people who had to move from their home country and live in a new country and culture. Immigrant people mostly had to leave their protective environments and their own families behind them and are faced with a new set of cultural values and norms. This can also be seen in Hispanics who have moved to the United States. “Sensitivity to changes in the degree of acculturation has been described in Cuban American, Puerto Rican, and Mexican American women. These women may often assume the drinking behavior of the dominant society and, as a result, they increase their use of alcohol” (Abbott and Trujillo, 1996; Caetano, 1987).

In conclusion, acculturated people are more inclined to substance use while nonacculturated people are less. A recent study from Washington State showed that there is an accelerated abuse of alcohol and use of illegal drugs in acculturated Hispanics. According to the study “15 Illegal drug use in the previous month and increased alcohol use were reported by 7.2% compared with less than 1% of nonacculturated Hispanics and 6.4% of whites”. Study also showed that recent immigrants; thus, nonacculturated Hispanics had lower rates of drug and alcohol use and were more family oriented. It is obvious that indigenous cultural values have a protective effect while acculturation has a negative effect on addiction.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- Abbott, P. J. (1996). American Indians and Alaska Native Aboriginal Use of Alcohol in the United States. *Am Indian Alsk Native Ment Health Res.*, 7, 1-13.
<https://doi.org/10.5820/aian.0702.1996.1>
- Abbott, P. J., & Trujillo, M. (1996). Alcohol and Drug Abuse among Hispanics. In J. Kinney (Ed.), *Clinical Manual of Substance Abuse* (pp. 197-207, 2nd ed.). Mosby.
- Acker, C. J. (2002). *Creating the American Junkie*. Johns Hopkins University Press.
<https://doi.org/10.1353/book.3209>

- Bechara, A. (2003). Risky Business: Emotion, Decision Making, and Addiction. *J. Gamb. Stud.*, 19, 23-51. <https://doi.org/10.1023/A:1021223113233>
- Bird, C. E., & Rieker, P. P. (2008). *Gender and Health: The Effect of Constrained Choices and Social Policies*. Cambridge University Press.
<https://doi.org/10.1017/CBO9780511807305>
- Brooks, B., McBee, M., Pack, R., & Alamian, A. (2017). The Effects of Rurality on Substance Use Disorder Diagnosis: A Multiple-Groups Latent Class Analysis. *Addict Behav.*, 17, 24-29. <https://doi.org/10.1016/j.addbeh.2017.01.019>
- Caetano, R. (1987). Acculturation and Drinking Patterns among US Hispanics. *Br J Addict.*, 82, 789-799. <https://doi.org/10.1111/j.1360-0443.1987.tb01546.x>
- Callon, M. (1986). Some Elements of a Sociology of Translation. In J. Law (Ed.), *Power, Action and Belief* (pp. 196-233). Routledge.
- Campbell, N. D. (2007). *Discovering Addiction*. University of Michigan Press.
- Cano, M. V., & Spohn, C. (2012). Circumventing the Penalty for Offenders Facing Mandatory Minimums: Revisiting the Dynamics of “Sympathetic” and “Salvageable” Offenders. *Crime Justice Behav.*, 39, 308-332.
<https://doi.org/10.1177/0093854811431419>
- Carliner, H., Keyes, K. M., McLaughlin, K. A., Meyers, J. L., Dunn, E. C., & Martins, S. S. (2016). Childhood Trauma and Illicit Drug Use in Adolescence: A Population-Based National Comorbidity Survey Replication-Adolescent Supplement Study. *J Am Acad Child Adolesc Psychiatry*, 55, 701-708. <https://doi.org/10.1016/j.jaac.2016.05.010>
- Cole, E. R. (2009). Intersectionality and Research in Psychology. *Am Psychol*, 64, 170-180. <https://doi.org/10.1037/a0014564>
- Copeland, J. (1997). A Qualitative Study of Barriers to Formal Treatment among Women Who Self-Managed Change in Addictive Behaviors. *J Subst Abuse Treat.*, 14, 183-190.
[https://doi.org/10.1016/S0740-5472\(96\)00108-0](https://doi.org/10.1016/S0740-5472(96)00108-0)
- Crenshaw, K. W. (1995). The Intersection of Race and Gender. In K. W. Crenshaw, N. Gotanda, G. Peller, & K. Thomas (Eds.), *Critical Race Theory: The Key Writings That Formed the Movement*. The New York Press.
- Curry, T. R., & Corral-Camacho, G. (2008). Sentencing Young Minority Males for Drug Offenses; Testing for Conditional Effects between Race/Ethnicity, Gender and Age during the US War on Drugs. *Punishment and Society*, 10, 253-276.
<https://doi.org/10.1177/1462474508090231>
- Davidson, M. K., & Rosky, J. W. (2015). Dangerousness or Diminished Capacity? Exploring the Association of Gender and Mental Illness with Violent Offense Sentence Length. *Am J Crim Justice*, 40, 353-376. <https://doi.org/10.1007/s12103-014-9267-1>
- Dovidio, J. F., & Fiske, S. T. (2012). Under the Radar: How Unexamined Biases in Decision-Making Processes in Clinical Interactions Can Contribute to Health Care Disparities. *Am J Public Health*, 102, 945-952.
<https://doi.org/10.2105/AJPH.2011.300601>
- Dovidio, J. F., Penner, L. A., Albrecht, T. L., Norton, W. E., Gaertner, S. L., & Shelton, J. N. (2008). Disparities and Distrust: The Implications of Psychological Processes for Understanding Racial Disparities in Health and Healthcare. *Soc Sci Med.*, 67, 478-486.
<https://doi.org/10.1016/j.socscimed.2008.03.019>
- Duster, T. (1970). *The Legislation of Morality: Law, Drugs and Moral Judgment*. The Free Press.
- Fielding-Miller, R., Davidson, P., & Raj, A. (2016). Blacks Face Higher Risk of Drug Arrests in White Neighborhoods. *Int J Drug Policy*, 32, 100-103.

- <https://doi.org/10.1016/j.drugpo.2016.03.008>
- Galea, S., Rudenstine, S., & Vlahov, D. (2005). Drug Use, Misuse, and the Urban Environment. *Drug Alcohol Rev*, 24, 127-136.
<https://doi.org/10.1080/09595230500102509>
- Garland, T. S., & Bumphus, V. W. (2012). Race, Bias, and Attitudes Towards Drug Control Policy. *J Ethn Crim Justice*, 10, 148-161.
<https://doi.org/10.1080/15377938.2012.669654>
- Glasner, S. V. (2004). Motivation and Addiction: The Role of Incentive Processes in Understanding and Treating Addictive Disorders. In W. M. Cox, & E. Klinger (Eds.), *Handbook of Motivational Counseling* (pp. 29-47). John Wiley & Sons.
<https://doi.org/10.1002/9780470713129.ch2>
- Gomart, E. (2002). Towards a Generous Constraint: Freedom and Coercion in French Addiction Treatment. *Sociology of Health & Illness*, 24, 517-549.
<https://doi.org/10.1111/1467-9566.00307>
- Hall, W. J., Chapman, M. V., Lee, K. M., Merino, M. Y., Thomas, T. W., Payne, K. B., Eng, E., Day, S. H., & CoyneBeasley, T. (2015). Implicit Racial/Ethnic Bias among Healthcare Professionals and Its Influence on Healthcare Outcomes: A Systematic Review. *Am J Public Health*, 105, 60-76. <https://doi.org/10.2105/AJPH.2015.302903>
- Haraway, D. J. (1991). *Symians, Cyborgs and Women*. Routledge.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. *Psychol Bull*, 112, 64-105.
<https://doi.org/10.1037/0033-2909.112.1.64>
- Hayles, N. K. (1999). *How We Became Posthuman*. University of Chicago Press.
<https://doi.org/10.7208/chicago/9780226321394.001.0001>
- Heath, D. W. (2001). Cultures and Substance Abuse. *Psychiatr Clin North Am*, 24, 479-496.
[https://doi.org/10.1016/S0193-953X\(05\)70242-2](https://doi.org/10.1016/S0193-953X(05)70242-2)
- Heather, N. (1998). A Conceptual Framework for Explaining Drug Addiction. *J Psychopharmacol*, 12, 3-7. <https://doi.org/10.1177/026988119801200101>
- Keane, H. (2002). *What's Wrong with Addiction?* New York University Press.
- Kendler, K. S., Schmitt, E., Aggen, S. H., & Prescott, C. A. (2008). Genetic and Environmental Influences on Alcohol, Caffeine, Cannabis, and Nicotine Use from Early Adolescence to Middle Adulthood. *Arch Gen Psychiatry*, 65, 674-682.
<https://doi.org/10.1001/archpsyc.65.6.674>
- Keyes, K. M., Cerdá, M., Brady, J. E., Havens, J. R., & Galea, S. (2014). Understanding the Rural-Urban Differences in Nonmedical Prescription Opioid Use and Abuse in the United States. *Am J Public Health*, 104, e52-e59.
<https://doi.org/10.2105/AJPH.2013.301709>
- Kim, K., Becker-Cohen, M., & Serakos, M. (2015). Urban Institute Justice Policy Center: Washington, D. C. *The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System: A Scan of Practice and Background Analysis*.
<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Personsin-the-Criminal-Justice-System.pdf>
- Knorr-Cetina, K. (1997). Sociality with Objects: Social Relations in Postsocial Knowledge. *Theory, Culture & Society*, 14, 1-30. <https://doi.org/10.1177/026327697014004001>
- Latour, B. (1996). On Interobjectivity. *Mind, Culture and Activity*, 3, 228-245.
https://doi.org/10.1207/s15327884mca0304_2

- Lee, R. D., & Rasinski, K. A. (2006). Five Grams of Coke: Racism, Moralism and White Public Opinion on Sanctions for First Time Possession. *Int J Drug Policy, 17*, 183-191. <https://doi.org/10.1016/j.drugpo.2006.02.001>
- Levine, H. G. (1978). The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America. *J. Stud. Alcohol, 39*, 143-174. <https://doi.org/10.15288/jsa.1978.39.143>
- Lindesmith, A. R. (1965). *The Addict and the Law*. Indiana University Press.
- Mason, M., Mennis, J., Light, J. et al. (2016). Parents, Peers, and Places: Young Urban Adolescents' Microsystems and Substance Use Involvement. *J Child Fam Stud, 25*, 1441-1450. <https://doi.org/10.1007/s10826-015-0344-y>
- May, P. A. (1982). Substance Abuse and American Indians: Prevalence and Susceptibility. *Int J Addict., 17*, 1185-1209. <https://doi.org/10.3109/10826088209056349>
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An Ecological Perspective on Health Promotion Programs. *Health Educ Behav, 15*, 351-377. <https://doi.org/10.1177/109019818801500401>
- Meyer, R. E. (1996). The Disease Called Addiction: Emerging Evidence in a 200-Year Debate. *Lancet, 347*, 162-166. [https://doi.org/10.1016/S0140-6736\(96\)90345-1](https://doi.org/10.1016/S0140-6736(96)90345-1)
- Milam, A. J., Johnson, S. L., Furr-Holden, C. D., & Bradshaw, C. P. (2016). Alcohol Outlets and Substance Use among High Schoolers. *J Community Psychol, 44*, 819-832. <https://doi.org/10.1002/jcop.21802>
- Mitchell, O. C., & Caudy, M. S. (2001). Examining Racial Differences in Drug Arrests. *Justice Q., 32*, 288-313. <https://doi.org/10.1080/07418825.2012.761721>
- Oxford, J. (2001). Addiction as Excessive Appetite. *Addiction, 96*, 15-31. <https://doi.org/10.1046/j.1360-0443.2001.961152.x>
- Paredes, A. (1975). Social Control of Drinking among the Aztec Indians of Mesoamerica. *J Stud Alcohol, 36*, 1139-1153. <https://doi.org/10.15288/jsa.1975.36.1139>
- Pickering, A. (1995). *The Mangle of Practice*. University of Chicago Press. <https://doi.org/10.7208/chicago/9780226668253.001.0001>
- Powell-Wiley, T. M., Ayers, C. R., de Lemos J. A. et al. (2013). Relationship between Perceptions about Neighborhood Environment and Prevalent Obesity: Data from the Dallas Heart Study. *Obesity (Silver Spring), 21*, E14-E21. <https://doi.org/10.1002/oby.20012>
- Reinarman, C., & Levine, H. G. (Eds) (1997). *Crack in America*. University of California Press.
- Rudy, D. R. (1986). *Becoming Alcoholic*. Southern Illinois University Press.
- Schneider, J. W. (1978). Deviant Drinking as Disease: Alcoholism as Social Accomplishment. *Social Problems, 25*, 361-372. <https://doi.org/10.2307/800489>
- Schober, R., & Annis, H. M. (1996). Barriers to Help-Seeking for Change in Drinking: A Gender-Focused Review of the Literature. *Addict Behav., 21*, 81-92. [https://doi.org/10.1016/0306-4603\(95\)00041-0](https://doi.org/10.1016/0306-4603(95)00041-0)
- Schroedel, J. R., & Fiber, P. (2001). Punitive versus Public Health Oriented Responses to Drug Use by Pregnant Women. *Yale J Health Pol Law Ethics, 1*, 217-235.
- Shaffer, H. J. (1997). The Most Important Unresolved Issue in the Addictions: Conceptual Chaos. *Subst. Use Misuse, 32*, 1573-1580. <https://doi.org/10.3109/10826089709055879>
- Snyder, L., Milici, F. F., Slater, M., Sun, H., & Strizhakova, Y. (2006). Effects of Alcohol Advertising Exposure on Drinking among Youth. *Arch Pediatr Adolesc Med, 160*, 18-21. <https://doi.org/10.1001/archpedi.160.1.18>

- Spooner, C., Saktiawati, M. A., Lazuardi, E., Worth, H., Subronto, W., & Padmawati, R. S. (2015). Impacts of Stigma on HIV Risk for Women Who Inject Drugs in Java: A Qualitative Study. *Int J Drug Pol.*, *26*, 1244-1250. <https://doi.org/10.1016/j.drugpo.2015.07.011>
- Stokols, D. (1992). Establishing and Maintaining Healthy Environments: Toward a Social Ecology of Health Promotion. *Am Psychol.*, *47*, 6-22. <https://doi.org/10.1037/0003-066X.47.1.6>
- Stone, A. L., Becker, L. G., Huber, A. M., & Catalano, R. F. (2012). Review of Risk and Protective Factors of Substance Use and Problem Use in Emerging Adulthood. *Addict Behav.*, *37*, 747-775. <https://doi.org/10.1016/j.addbeh.2012.02.014>
- Szelemko, W. J., Wood, J. W., & Thurman, P. J. (2006). Native Americans and Alcohol: Past, Present, and Future. *J Gen Psychol.*, *133*, 435-451. <https://doi.org/10.3200/GENP.133.4.435-451>
- Terplan, M., Kennedy-Hendricks, A., & Chislom, M. S. (2015). Prenatal Substance Use: Exploring Assumptions of Maternal Unfitness. *Subst Abuse Res Treat.*, *9*, 1-4. <https://doi.org/10.4137/SART.S23328>
- Waldorf, D., Craig, R., & Sheigla, M. (1991). *Cocaine Changes*. Temple University Press.
- Warner, T. D. (2016). Up in Smoke: Neighborhood Contexts of Marijuana Use from Adolescence through Young Adulthood. *J Youth Adolesc.*, *45*, 35-53. <https://doi.org/10.1007/s10964-015-0370-5>
- Warren, J. C., Smalley, K. B., & Barefoot, K. N. (2015). Perceived Ease of Access to Alcohol, Tobacco and Other Substances in Rural and Urban US Students. *Rural Remote Health*, *15*, 3397. <https://doi.org/10.22605/RRH3397>
- Weinberg, D. (2000). Out There: The Ecology of Addiction in Drug Abuse Treatment Discourse. *Social Problems*, *47*, 606-621. <https://doi.org/10.2307/3097137>
- Weinberg, D. (2005). *Of Others Inside: Insanity, Addiction and Belonging in America*. Temple University Press.
- West, J. H., Blumberg, E. J., Kelley, N. J. et al. (2010). Does Proximity to Retailers Influence Alcohol and Tobacco Use among Latino Adolescents? *J Immigr Minor Health*, *12*, 626-633. <https://doi.org/10.1007/s10903-009-9303-2>
- Westermeyer, J. (1984). The Role of Ethnicity in Substance Abuse. *Adv Alcohol Subst Abuse*, *4*, 9-18. https://doi.org/10.1300/J251v04n01_02
- Westermeyer, J. (2004). Cross-Cultural Aspects of Substance Abuse. In M. Galanter, H. D. Kleber (Eds.), *Textbook of Substance Abuse Treatment* (pp. 89-98). American Psychiatric Publishing.
- Wiener, C. (1981). *The Politics of Alcoholism*. Transaction Books.
- Wirth, J., & Bodenhausen, G. V. (2009). The Role of Gender in Mental Illness Stigma. *Psychol Sci.*, *20*, 169-173. <https://doi.org/10.1111/j.1467-9280.2009.02282.x>