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Jeff Rubin

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Deafness and Chemical Dependency

Contributed by Jeff Rubin

Chemical dependency is a very complicated illness for which prevention and treatment are difficult. This is especially true for minority populations in today's society. Each culture has its own unique needs. One such population is the deaf and hard of hearing. There are three factors that could contribute to a deaf or hard of hearing person abusing or becoming dependent on alcohol or drugs. Three of these factors are: isolation from the mainstream population, cultural issues, and communication barriers.

People who are deaf or hard of hearing feel "different" from the mainstream population. They also feel a lack of social acceptance and isolation from the mainstream population. The deaf and hard of hearing population has to cope with more frustration and isolation in their daily lives than mainstream society. Sometimes, people turn to alcohol and drugs if they do not have the coping mechanisms to deal with all these feelings.

There are many financial burdens for those who are deaf and hard of hearing. They require expensive adaptive equipment to function independently. Some of the equipment and service are: TTYs, flashers, hearing aids, and American Sign Language interpreters. The need for this equipment and service adds to the feeling of isolation and difference.

The lack of equal access to services in the community could also create isolation. There are limited services for alcohol and drug treatment for the deaf and hard of hearing. Many treatment agencies are unprepared to serve the deaf and hard of hearing. More treatment agencies need to have staff who are knowledgeable about deaf culture, American Sign Language and addiction. Limited services may be considered by the deaf and hard of hearing to mean their struggle with addiction is not as important as the mainstream population, and that could perpetuate low self-esteem.

Isolation may also be felt within the family unit. If there is only one deaf or hard of hearing person in the family, that person will feel isolated due to the language difference and the environmental difference due to being deaf in a hearing world. Research shows that a person who suffers from isolation by virtue of limited communication with family and friends will be at a greater risk for addiction.

Culture is another factor that must be considered and understood in order to best serve a population. Culture provides people with a context for living, because there are shared values, traditions, norms, customs and history for that group of people. A person's cultural affiliation determines the person's values and attitudes about the use of alcohol, tobacco, and other drugs.

The deaf community perceives alcoholism and drug addiction as a personal weakness of a moral sin. This feeling of shame is felt by many deaf and hard of hearing individuals. Education to the deaf community would increase awareness that addiction is an illness

and treatment is available. It is unfortunate that there are few recovering deaf and hard of hearing alcoholics available to serve as role models. Many deaf and hard of hearing individuals are held back from getting treatment because of what their community believes. The communication barrier is the most important factor to understand about deafness and chemical dependency. Due to the lack of accessibility of appropriate communication modes in prevention, education, detoxification, rehabilitation and recovery, the deaf community still has a limited availability for recovery and prevention of chemical dependency.

The deaf and hard of hearing individuals who make it into treatment too often find that the standard treatment program is not helpful because of the language difference. Most service providers do not know how to provide intensive treatment, which is culturally sensitive and linguistically accessible. Many words and concepts used in prevention or treatment such as “alcoholism” or “addiction” are abstract and difficult to explain in American Sign Language (ASL) or through lip reading. Some English words do not have comparable signs. A presenter/counselor may need to give an in-depth explanation of the vocabulary to ensure a genuine understanding of the word or concept. This prolonged explanation of vocabulary may require a longer presentation or stay in treatment.

Some deaf and hard of hearing people who feel there is a stigma attached to being deaf do not want to admit they have a chemical dependency problem too. If the person was to admit he/she was an addict or alcoholic and deaf, then he/she would have a double stigma. The deaf community itself stigmatizes anyone with a chemical dependency problem. This perspective of the deaf community discourages the deaf alcoholics from admitting their problem with drinking or drug use and getting treatment. The deaf community has an extensive “grapevine” that shares information, which is not always supportive of a person’s privacy. If a person admitted he/she was an addict or alcoholic, the entire community would find out at some point. This lack of confidentiality could prevent a person from reaching out for help and treatment.

SAISD’s role is to support the deaf or hard-of-hearing individual to overcome these barriers and receive the culturally sensitive services they deserve.

Please contact:

Rochester Institute of Technology

Substance and Alcohol Intervention Services for the Deaf (SAISD)

Attn.: Staff Specialist

Rochester, New York 14623-5608

585-475-4978 Voice/TTY

FAX 585-475-7375

Website: www.rit.edu/sa/coun/saisd