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ABSTRACT

Written in Spanish and English, the proceedings include 6 papers and the recommendations presented at the conference on alcoholism and alcohol-related problems among Hispanics attended by approximately 400 participants, representing 29 states, Puerto Rico, and Mexico. "The Challenge of the 1980's: Action Through Unity" discusses the need for unity among service delivery agencies. "Alcoholism Among Hispanics" briefly reviews the prevalence of alcohol use and abuse among Hispanics. "Inpatient Aftercare Service Systems: The Essentiality of Continued Treatment for the Chicano Community" discusses the importance of continued treatment so the Chicano substance abuser can remain sober. "Issues in the Delivery of Services for Alcoholics" discusses such issues as the social and political context of alcoholism programs, incorporation of management instruments, manpower needs, and the use of "ethnic" professionals. "Achievement of the Hispanic Dream" discusses the commitment to improve the life style and the problem of alcoholism among Hispanics. The final paper discusses a national strategy for unified action. Recommendations in the areas of treatment (special and general populations), prevention, training, research, and state and national public policy are provided. A listing of committee members, San Antonio host committee, and conference participants is appended. (NQA)

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Proceedings of the  
NATIONAL HISPANIC CONFERENCE ON ALCOHOLISM

Sponsored by the  
National Institute on Alcohol Abuse and Alcoholism

September 7-10, 1980  
San Antonio, Texas

Department of Health and Human Services  
Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration

This publication is the product of a conference on alcohol abuse and alcoholism among Hispanics held in San Antonio, Texas, September 7-10, 1980. The conference was conducted by AVANTE International Systems Corporation under contract No. ADM 261-80-0014. With the exception of the remarks by John R. DeLuca, NIAAA Director, the presentations herein are those of the listed authors and conference participants and may not necessarily reflect the opinions, official policy, or position of the National Institute on Alcohol Abuse and Alcoholism, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, or the U.S. Department of Health and Human Services.

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## FOREWORD

The National Institute on Alcohol Abuse and Alcoholism is pleased to publish the Proceedings of the National Hispanic Conference on Alcoholism sponsored by NIAAA September 7-10, 1980, in San Antonio.

The Proceedings cover Conference discussions and deliberations on key alcoholism and other alcohol-related problems and issues of concern to the Hispanic people of the Nation. They convey the spirit of cooperation and sharing of ideas that contributed to a strategy for Hispanic participation in the national effort to alleviate the disease alcoholism. The Proceedings also serve as a guide for State and community alcoholism programs engaged in developing, enhancing, or expanding the delivery of alcoholism services to the Hispanic population.

Special thanks are extended to the planning and host committees, to the Conference presenters and participants and NIAAA staff, and to the many others whose cooperation, support, and determination contributed to the success of this important meeting.

Johr. R. DeLuca  
Director  
National Institute on Alcohol  
Abuse and Alcoholism

Excerpts From the  
NATIONAL HISPANIC CONFERENCE ON ALCOHOLISM

John DeLuca, Director of the National Institute on Alcohol Abuse and Alcoholism:

"We will work step-by-step, day-by-day, hand-in-hand, and I think we will create and maintain this partnership, not for me, not for you, but for the alcoholics, for their families, for their communities, and, most important, for their children."

Esteban Torres, Special Assistant to the President for Hispanic Affairs:

"I believe that when historians chronicle the 20th century we will look back and say that the Hispanic community laid the groundwork for the future; that our people built the systems and networks--the networks, which are so important."

James Hernandez, President of The National Hispanic Congress on Alcoholism:

"Let me express myself very clearly and very sincerely that the Congress will work for inclusion of all groups and individuals who want to work in harmony toward our common goals. It is the only way we can realize our dreams. It is the only way we can help the staff of NIAAA to realize their dreams, so long as they continue to extend their hand in working with us to achieve our goals."

Mario Obledo, California Secretary of Health and Welfare:

"We must be ready to claim this destiny that is almost upon us. You and I have a great responsibility to tell the people from our community, and other people as well, that we don't need alcohol or drugs, that we don't need any artificial stimulants. The only stimulants we need are ourselves and our people."

# A G E N D A

## National Hispanic Conference on Alcoholism

### I. Opening Day: Sunday Evening - September 7

- 12:00 - 10:00 p.m. Registration
- 7:00 - 10:00 p.m. Pre-Conference Social

### II. First Day: Monday - September 8

- 9:00 - 3:00 p.m. Registration

THEME: Alcoholism in the Hispanic Community:  
A National Concern

*Moderator:* Charlene Ortiz

9:00 a.m. - Invocation Father David Garcia

9:05 a.m. - Welcome Remarks John DeLuca

9:10 a.m. - Introductions Ivonne Cordero Muratti

Planning Committee  
Host Committee

9:20 a.m. - Introduction of John DeLuca

Mayor of City of San Antonio Lila Cockrell

Texas Commission on Alcoholism Director Ross Newby

Regional Health Administrator, Region VI, DHHS, Dallas, TX Sam Bell

10:20 a.m. - Keynote Speaker  
Special Assistant to the President on Hispanic Affairs Amb. Esteban Torres

12:00 - 1:15 LUNCH (open)

1:30 - 4:00 TREATMENT

#### Special Populations

*Moderator:* Ivonne Cordero Muratti

*Presenters:* Ida L. Seneriz

Lidia Romero

Nanette de Fuentes

Abel Garza

Eugenio Sanchez T., Ph.D.

#### General Populations

*Moderator:* Pedro Ruiz, M.D.

*Presenters:* Rebecca Sanchez

Luis Rodriguez

Humberco Martinez, M.D.

Frank Banaies



PREVENTION

*Moderator:* Charlene Ortiz  
*Presenters:* Bernell N. Boswell  
Antonio Garcia  
Juan Solis  
Carlos Salazar  
Acenete Flores

TRAINING

*Moderator:* Luis J. Rodriguez  
*Presenters:* John Moore, MSW  
Ernesto Martinez  
Ursula Garcia

RESEARCH

*Moderator:* Carlos Caste, Ph.D.  
*Presenters:* Sally Andrade, Ph.D.  
Rumaldo Z. Juarez, Ph.D.  
Roberto Mejia, Ph.D.

PUBLIC POLICY

State Public Policy

*Moderator:* Elvira Diaz  
*Presenters:* Isaac J. Perez  
Fermin Rios-Soto  
Jose Trejo  
Jesse Guzman  
Pedro Villanueva  
Luis Polanco  
Daniel Esparza

National Public Policy

*Moderator:* Reymundo Rodriguez  
*Presenters:* Raul Yzaguirre  
Rolando Garza  
Eduardo Castello, Ph.D.  
Armando Cherdic  
Cruz Archibeque

4:00 - 5:00 DINNER (open)

5:30 - 7:00 GRANTS REVIEW PROCESS

*Moderator:* Ana Graham, Ph.D.  
IRG Process Jeanne Trumble  
Resource Loran Archer  
Grants TA Donald Godwin

### GRANTS REVIEW PROCESS

Moderator: Florentino Elcarte, Ph.D.  
IRG Process James Vaughan  
Resource Patricia O'Gorman, Ph.D.  
Grant TA Michael Bond

### CONTRACTS REVIEW PROCESS

Moderator: Elva Ruiz Lytle  
Contracts Process Martin Trusty  
DHHS Socio-Economic  
Policy Mike Mendiville, Ph.D.  
Resource Lois Chatham, Ph.D.

### III. Second Day Tuesday - September 9

THEME: The State of the Art of Alcoholism in  
the Hispanic Community

Moderator: Hector Gonzales, R.N., Ph.D.

- 9:10 a.m. Carlos Caste, Ph.D.  
"Epidemiology"
- 9:40 a.m. Antonio Navarro, MSW  
"The Essentiality of Continued  
Treatment After Cure Service  
System"
- 10:10 a.m. Alfonso Paredes, Ph.D.  
"Services Utilization/Treatment  
Effectiveness"
- 10:40 a.m. Panel/Open Forum
- 12:00 - 1:15 LUNCH (open)
- 1.30 - 4:00 Workshops (simultaneously conducted)

### TREATMENT

#### Special Populations

Moderator: Ivonne Cordero Muratti  
Resource Gema Hernandez  
Recorder Nanette de Fuentes  
NIAAA Rep. Lois Chatham, Ph.D.

#### General Populations

Moderator: Pedro Ruiz, M.D.  
Resource Luis Rodriguez  
Recorder Jim Abeyta  
NIAAA Rep. Florentino Elcarte, Ph.D.

PREVENTION

Moderator: Charlene Ortiz  
Resource Cruz Archibeque  
Recorder Enrique Santiago  
NIAAA Rep. Patricia O'Gorman, Ph.D.

TRAINING

Moderator: Luis J. Rodriguez  
Resource Ernesto Martinez  
Recorder Ursula Garcia, R.N.  
NIAAA Rep. Jeanne Trumble

RESEARCH

Moderator: Carlos Caste, Ph.D.  
Resource Rinaldo Juarez, Ph.D.  
Recorder Sally Andrade, Ph.D.  
NIAAA Rep. G. Salmoiraghi, Ph.D.

PUBLIC POLICY

State Policy

Moderator: Elvira Diaz  
Resource Jesse Guzman  
Recorder Isaac J. Perez  
NIAAA Rep. Ana Graham, Ph.D.

National Policy

Moderator: Reymundo Rodriguez  
Resource Raul Yzaguirre  
Recorder Rolando Garza  
NIAAA Rep. Loran Archer

4:00 - 5:00 General Assembly

Moderator: Carlos Caste, Ph.D.

TREATMENT

Special Populations

Presenter: Ivonne Cordero Muratti  
NIAAA Rep. Lois Chatham, Ph.D.

General Populations

Presenter: Pedro Ruiz, M.D.  
NIAAA Rep. Florentino Elcarte, Ph.D.

PREVENTION

Presenter: Charlene Ortiz  
NIAAA Rep. Patricia O'Gorman, Ph.D.

TRAINING

Presenter: Luis J. Rodriguez

NIAAA Rep. Jeanne Trumble

RESEARCH

Presenter: Carlos Caste, Ph.D.

NIAAA Rep. G. Salmonraghi, Ph.D.

PUBLIC POLICY

State Public Policy

Presenter: Elvira Diaz

NIAAA Rep. Ana Graham, Ph.D.

National Public Policy

Presenter: Reymundo Rodriguez

NIAAA Rep. Lorán Archer

7:30 p.m. - BANQUET

Guest of Honor & Speaker Mario Obledo

IV. Third Day Wednesday, September 10

THEME National Strategy for Unified  
Action

Moderator: Pedro Ruiz, M.D.

9:30 a.m. - Conference  
Synthesis

Carmen Carrillo, Ph.D.

10:15 a.m. - Remarks by NIAAA  
Director

John R. DeLuca

10:30 a.m. - National Hispanic Congress  
on Alcoholism

Jim Hernandez

10:45 a.m. - Audience Reaction to  
Conference

12:00 noon - Conference Closure

John Moore

1:30 - 5:00 Optional Local Hispanic  
Program - Site Visits

Host Committee

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## INTRODUCTION

Alcoholism is a major health problem in the United States. The National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Federal agency concerned with this problem, supports a variety of programs and services to alleviate the disease among all sectors of society. The Institute supports community-based treatment programs and, through its Alcoholism Services Development Program, seeks to improve the alcoholism treatment programs and extend the availability of services to all who need them.

In pursuit of that aim, the Institute sponsored the first National Hispanic Conference on Alcoholism to focus on the special needs of Hispanics. The Texas Commission on Alcoholism provided travel funds for conferees, and approximately 400 participants came to the Conference in San Antonio to discuss the special needs of Hispanics who suffer from alcoholism and alcohol-related problems.

Conference delegates, representing 29 States, Puerto Rico, and Mexico, listened to presentations on Hispanic alcoholism and participated in workshops on treatment, prevention, training, research, and policy. The first part of the conference was devoted to an examination of alcoholism programs and services targeted for Hispanics. These work sessions were followed by discussions at which the delegates recommended specific plans of action to meet the special needs of the Hispanic community. A good exchange of ideas and information and network building took place during the 2½ days. On the last morning of the Conference, John R. DeLuca, Director of NIAAA, noted that the needs of Hispanics would be further addressed by the Institute. He also made commitments to appoint an NIAAA Hispanic task force, to include Hispanics on all review and advisory committees, and to appoint a Hispanic to a senior staff position at NIAAA.

The Proceedings incorporate the papers presented at the meeting, the observations shared by the participants, and recommendations developed during work sessions.

We hope the Proceedings will facilitate new initiatives by increasing the awareness of, and interest in, problems of alcohol abuse and alcoholism among Hispanics.

Keynote Speaker: Ambassador Esteban Torres,  
Special Assistant to the  
President for Hispanic  
Affairs

THE CHALLENGE OF THE 1980s:  
ACTION THROUGH UNITY

Members of the dais, members of the National Hispanic Conference on Alcoholism, ladies and gentlemen. It is a pleasure and an honor to address this conference because your efforts and contributions perform an invaluable service to our Hispanic community, which looks to you for leadership and guidance. In the gathering this morning and in the days that follow there will be opportunities to exchange ideas and experiences and to strategize and plan for the future. Above all, there will be opportunities to renew our commitments to address the very serious problem of alcoholism and how it affects a large part of the population, of which the Hispanic community is an important segment. I understand that to date there are few programs designed to address the needs of the Hispanic alcoholic. I am optimistic that in the very near future this situation will be remedied. In your various areas of work in the field of alcoholism you have influenced the experts and they have come to an understanding of your Hispanic programs. They realize that to work effectively and efficiently programs must be directed toward the Hispanic community. Whenever possible those agencies must be staffed with bicultural and bilingual personnel in order to carry out their objectives. I perceive Mr. DeLuca's presence today as a manifestation and evidence of a commitment from NIAAA. He has said, "In order to move ahead, there is much work to be done," and I am pleased to see him here to advance the work in this area.

As Hispanics we are faced with an awesome task. The media, the public, and even our own people declare the 1980s to be the decade of the Hispanics. Perhaps we should explore for a few minutes what that means. If this is the decade of the Hispanics, does that mean that we can expect our fair share of the American dream? If this is our decade, may we presume that our children are going to be educated adequately and that the access for them to the fruits of higher education will be fulfilled? If the next 10 years are really ours, will our unemployment rates drop? Will we participate in the labor market and not be confined to unskilled and lower paying jobs? If this is our decade, can we look forward to adequate health care for our young and for our elderly? Adequate housing for our people? Will this decade resolve all our problems? Will we reach our goals and our objectives?

You know the answer. It is "no." We will not reach those lofty goals, but we cannot be deterred from attempting to do so. We must not be discouraged or distracted from our commitments. We must not be pessimistic in the attempt to reach those goals. The 1980s can indeed be our decade. I believe that when historians chronicle the 20th century we will look back and say that the Hispanic community laid the groundwork for the future-- that our people built the systems and the networks, especially the networks, which are so important.

I looked across the room this morning and saw hands raised signifying your different areas of endeavor. The ability to work together and join those different hands at work in partnership with the Federal Government, local officials, and with our community is the kind of ability that is going to bring us the kinds of successes we want. Clearly assessing our situation in the cold light of day and plotting our course, the course for the future, will bring success. We realize that there are complex problems that cannot be solved by simplistic answers, and that no one can solve these problems for us with simplistic solutions. So as we enter the last quarter of 1980 I look, as you should look, with pride and satisfaction at the past. We should look to the future with renewed vigor and enthusiasm. We have come a long way, believe me. I want you to be confident that we will not be lulled by self-complacency or deterred by any obstacle. We have to move ahead. Since 1976 we have made tangible progress in our efforts to increase Hispanic participation in the American society.

We often feel we are way behind. To be sure, there is much more to be done and gained. But, I remember 35 years ago when sailors were beating our Mexican brothers in the barrios of Southern California. Do you remember the zoot suit wars? Can you believe that now, 35 years later, a Mexican-American, Secretary Eduardo Hidalgo, is running the U.S. Navy? Thirty-five years seems like a long time, but I think it is important to recognize how far we have come. Today, and I say this with pride, there are over 200 Hispanics in top policymaking, management, senior management, subcabinet, White House, and advisory committees. Today, there are 13 Hispanic Federal judges that sit on Federal courts. That was unknown in the past. Can you imagine the impact that 13 Federal judges can have on alleviating the injustices administered to our people?

Increased representation renders increased access. We must take advantage of the situation and call upon our representatives in Government. We should call on those people I have mentioned to voice our concern and to work for even greater participation.

The push to expand bilingual education is important. The publication of the Lau guidelines in the Federal Register is a tremendous movement forward. The Lau remedies propose rules to implement provisions of Title VI of the Civil Rights Act of

1964 to prevent national origin discrimination in elementary and secondary education. The proposed rules prohibit recipients of Federal financial assistance from denying equality of access to any student because of that student's limited proficiency in English. It is to the attainment of that proficiency that the Lau regulations are being published in the Federal Register. Education is an important investment for our future. Another initiative taken, one that impacts on the many people that you serve, is the creation of a Select Commission on the Study of Refugee and Immigration Policies. The Commission is necessary if we are to overcome the tremendous problems under this issue that beset our Nation.

A few moments ago I said that we as Hispanics had an awesome task. True, we are faced with an awesome task, yet nothing is insurmountable for us. As we challenge our leaders and our own Government to be more responsive, so we should challenge ourselves.

This First National Hispanic Conference on Alcoholism is evidence of our willingness to accept this overall challenge. That is why I would like to commend you for making the effort to be here. You are a manifestation of that evidence. As you spend the next two days discussing the treatment, training, research, and public policy in regard to Hispanics and alcoholism, realize that the impact of this Conference extends far beyond what you discuss, touching upon our community. The concerted effort and the unity of action here will set the tone and example for the rest of us in the Federal Government. Although we may differ in our approaches, the basic rules and goals remain the same. It is this concept that must direct our course of action. We know that in unity there is strength and in unity lies the key to achieving our goals. That is why I want to commend the establishment of the National Hispanic Congress on Alcoholism which represents an important leadership and organization that will dovetail our efforts. What we do today and tomorrow sets the framework for the future.

As we look toward our future I am sure that you will say with me, "Que avanzaremos juntos, todos juntos, porque en esa unidad esta la fuerza." We will move forward together for a brighter and more fulfilling future if we stand by our mutual commitments of securing greater opportunities and greater justice for our people. These commitments are not easily made because they require sacrifice. If we are to realize them as individuals, we as a community must stand ready to roll up our sleeves and dig the trenches. Our lofty dreams and our goals must be coupled with a determination and a willingness to go that extra mile or work the extra hour, and I know our people can do it. A poet once wrote, "We are the music makers and we are the dreamers of dreams, and we are the movers and the shakers of the world forever it seems." As I look around the room this morning, I am refreshed and invigorated. Not only are we the dreamers of dreams but, of greater significance, ladies and



gentlemen, we are the "movers" and the "shakers" that will make those dreams a reality. It is not easy. It is hard, tough work and I am proud that our people have come together to make those dreams a reality.

The legislation on appropriations that our President fought so hard to keep, and did, was for these kinds of programs. When there were proposed budget cuts in the Congress the President asked for increased monies for the Institute to fight alcoholism. We see today that initiative being threatened in the House of Representatives and it is up to you as citizens, as civic action-minded people, as professionals and community leaders, to help us restore and keep those initiatives and funding. Your Representatives must hear from you. Y cuando oigan de ustedes van a saber que en realidad esta comunidad esta unificada. En este pais ya no podemos tomar el lujo de dividirnos. Ya no podemos decir que tu eres Chicano, yo soy Boricua, yo soy Cubano y tu eres Colombiano. Trabajemos juntos porque en la unidad esta la fuerza y con fuerza podemos vencer, podemos lograr nuestros suenos. Hoy les doy las gracias porque me han invitado aqui para hablar con ustedes. Y me comprometo a luchar juntamente con ustedes. Muchisimas gracias.

Presenter: Carlos A. Caste, Ph.D.,  
Research Associate Professor  
of Psychiatry, New York  
University Center

## ALCOHOLISM AMONG HISPANICS

The lack of recognition given to the severe problem of alcoholism among Hispanics becomes the more appalling when one considers the following facts:

1. Hispanics in the United States probably represent the largest minority in this country today. The U.S. Census Bureau estimated the number of Hispanics in 1976 at 12 million, but this data did not take into consideration the increase from births and from legal and undocumented immigration which would be approximately 22 to 23 million, or 7 to 9 percent of the population.
2. Hispanics represent the highest risk population in all aspects of mental illness, drug addiction, and alcoholism.
3. Hispanics suffer the full impact of a subculture of poverty in all its ramifications, including low income, underemployment, undereducation, poor housing, and overcrowding.

Compounding all these problems are prejudice, discrimination, and the stress of migration and acculturation. Adjustment to climate, language difficulties, racial attitudes, and conflict of values and beliefs undermine the sense of autonomy and initiative among Hispanics.

Most available evidence indicates that alcoholism is possibly the most severe problem among Hispanic Americans today. Yet, in trying to understand that problem, we are reduced to knitting together scattered bits of information from a wide variety of sources. The sources include numerous studies which define even basic concepts in alcoholism in widely divergent ways. There are also studies which utilize research methods which are inappropriate when applied to Hispanics.

Much of the information on Hispanics and alcoholism is the incidental byproduct of studies of the general population or some other target group; as a result, most of it is based on a very small number of Hispanics.

During FY 1978, the NIAAA spent over \$15 million on 236 research projects and nine national research centers. Not one of these projects or centers is concerned with Hispanics, even though

PL 94-371 establishes priority for this population. Without the baseline data good research could generate, it is doubly difficult, if not impossible, to establish rational and effective programs for the Hispanic community. The data we have consist of highly fragmented and unreliable information. No national data have been systematically and comprehensively pulled together, and no research project has focused its exclusive attention on Hispanics. We cannot attest to the validity of the figures I have used, but this seems a fitting frame of reference if we are to have even an approximate idea of the magnitude of the problem of alcoholism among Spanish Americans.

A decade ago, Cahalan (1969) reported in his National Survey of American Drinking Practices that the proportion of "heavy drinkers" was highest among those of Latin and Caribbean extraction. He further reported that this figure was more than twice the national average. These patterns have been corroborated by other surveys (Cahalan 1974; Clark and Room 1977; Clark and Midanik 1979).

More recently the National Survey of Alcohol Use and Alcohol Problems Among Household Adults in the United States attempted to update the data on prevalence of alcoholism. This survey provides a basis for policy making directed toward the amelioration of the problem. It also provides the figures used to determine trends in alcohol abuse since these figures were compared with those generated by past research.

The 1979 National Survey indicated that Hispanics (regardless of sex) have the highest proportion of heavy drinkers and problems associated with drinking when compared with blacks and whites. Among Hispanics, males have more alcoholism-related problems than do females.

Female		
Drinkers with social consequences (percent)	Drinking with loss of control or dependence (percent)	With loss of control (drinkers only) (percent)
Whites	2	10
Blacks	3	11
Hispanics	10	16

Male		
Drinkers with social consequences (percent)	Drinking with loss of control or dependence (percent)	With loss of control (drinkers only) (percent)
Whites	6	18
Blacks	3	22
Hispanics	30	56

Rachal et al. (1978) have studied the problem among adolescents, and their findings in this target group indicate that white and Hispanic adolescents have similar drinking patterns and both these groups have a greater prevalence of drinking problems than do black adolescents.

This 1978 Research Triangle Institute survey divided the population into three major groups: blacks, Hispanics, whites and others (these others include minorities, such as Native Americans, etc.). This classification makes the results quite unreliable since rates of consumption among the subgroups included under whites are very different.

Drinking Level	Blacks (percent)	Spanish Americans (percent)	Whites, others (percent)
Abstainer	36.1	21.1	21.1
Infrequent	12.1	20.5	7.4
Light	28.1	21.6	23.8
Moderate	11.3	17.5	18.0
Moderate/Heavier	8.5	15.1	17.6
Heavier	3.9	4.2	12.2
Sample (n)	496	264	4,158

In a study of the relationship between cirrhosis-related deaths and alcohol consumption, Malin et al. (1979) provide some information on the patterns and level of alcohol consumption. They observed dramatic changes between mortality rates in 1949 and 1973. The rates for nonwhite males rose alarmingly; for nonwhite females the rate tripled.

Alcohol-related death rates among white males and females also rose for this period but not compared to nonwhites. Cirrhosis mortality among nonwhites has been falling since 1973, but still remains substantially higher than for whites. Malin does not provide information for specific nonwhite subgroups, but other studies indicate that the death rate from cirrhosis among Hispanics is higher than for the general population. Moustafa and Weiss (1968) found similar results for Chicanos in Texas as did Aviles-Roig (1973) for Puerto Ricans in Puerto Rico. Edmanson in California (1975) found that 52 percent of all deaths among Mexican Americans was caused by cirrhosis, compared to 24 percent for white males and 22 percent for black males. Engman (1976) reports similar results in a statewide survey. Central Park North in New York City, which has a large Hispanic population, has a cirrhosis-related death rate 4.8 times greater than the State rate (State Plan Profile 1980).

Accidents while driving under the influence of alcohol are also reported as higher than average for Hispanics (Alcocer 1980;

Kaye 1977; Helrich and Benson 1972; Hyman and Hyman 1968). The rate of arrest for public drunkenness is also reported higher for Hispanics than for the rest of the population (Welfare Planning Council 1970; Haugen 1975; Kern 1975; Engman 1976; Hall, Chaikin, and Piland 1977).

This brief review of the prevalence of alcohol use and abuse among Hispanics, using different indicators, attests to the severity of the problem in the Hispanic community. The rate of alcoholism for Hispanics is estimated in the 1979 national survey at 7 percent, which is 2 percent over the rate reported in the 1969 national survey for the general population. For Hispanics the rate is twice as high as for the general population. In 1976, Garcia testified before the Senate Subcommittee on Alcoholism and Narcotics that 10 percent of Hispanics are hard-core alcoholics and between 10 to 15 percent have problems related to alcohol. Even if this figure were an overestimate, it indicates a serious endemic problem which is further compounded by underutilization of available services.

If we turn now to possible etiology, particularly sociocultural factors, we find some highly controversial issues. Nevertheless, it is reasonable to suggest that Hispanic alcoholism is to some extent the result of the stress of migration and adaptation to a new society. Hispanic immigrants, like other immigrants before them, have had to cope with cultural changes, the disruption of family ties, abrupt changes in physical and social environment, language barriers, and discrimination. As I mentioned before, we have several hypotheses that might be offered in explanation of the high prevalence of alcoholism among Hispanics. They are all controversial, and we, as yet, have no valid scientific evidence to offer in favor of these hypotheses. The social, genetic, and psychological theories dispute their validities, but they are mostly in the area of scientific speculations. The recent growth of genetic epidemiology, including the study of interaction between the environment and genetically transmissible factors, is an attractive hypothesis, but the transmission of alcoholism is also a very complex cultural and environmental event.

Traditional approaches based on metaphysical explanations of internal dynamic forces must also be regarded very skeptically when applied to a culture which differs from the host culture in many basic respects.

The next pressing issue is treatment. Just as we have no agreement regarding etiology, we have none in respect to treatment. This problem could be approached from different angles and treated in different perspectives, but we do not have scientific evidence in favor of a specific treatment mode.

The most basic approach to the problem would first have to distinguish among the many varieties of alcoholism as well as

the ecoethnosociocultural characteristics of the population in question.

We cannot afford oversimplified explanations for, or approaches to, such a complex biopsychosocial syndrome. A multifactorial approach is the only possible basis for further investigation.

The dropout rate for Hispanics in treatment for alcoholism is higher than for the general population. It is unfortunately true that the rate of successful treatment for Hispanics is lower than for the general population. These two facts would indicate that existing traditional approaches have failed for Hispanics. It seems clear that if the goal for this group is successful treatment, then alternative approaches must be explored. New modalities must be devised for this unique population. The development of separate programs and the creation of additional components within mainstream services are imperative if we are to provide the special treatment needed. The problem, as I have sketched it, all too briefly, represents an important challenge for research.

First, we must identify the key cultural characteristics which contribute to and sustain the problem; then, we must design responsive strategies of treatment, intervention, and prevention.

We need to evaluate and determine the kinds of changes needed in the existing system to better respond to the specific needs of the Hispanics. Since we have such a very high prevalence of alcoholism, it would be almost impossible to create all the necessary new programs required by Hispanic Americans; but mixed or combined treatment programs which could include special units or teams for Hispanics may be the most feasible solution.

Research and training in Hispanic issues are the only answers to this challenge. We need systematic epidemiological studies within an ecoethnosociocultural framework in order to obtain the clues to forge the instruments to work with this unique population more successfully.

#### References

- Alcocer, A. "Alcohol Use and Abuse Among the Hispanic-American Population." Draft, 1980.
- Cahalan, D. Problem Drinkers. San Francisco: Jossey Bass, 1970.
- Cahalan, D., and Cisin, I.H. Drinking behavior and drinking problems in the United States. Kissin, B., and Begleiter, eds. The Biology of Alcoholism. New York: Plenum Press, 1976. pp. 77-175.

- Cahalan, D., and Room, R. Problem Drinking Among American Men. Monograph of the Rutgers Center for Alcohol Studies N.7. New Brunswick, N.J.: Rutgers Center for Alcohol Studies, 1974.
- Cahalan, D., and Cisin, I.H. American Drinking Practices. Monographs of the Rutgers Center for Alcohol Studies N.6. New Brunswick, N.J.: Rutgers Center for Alcohol Studies, 1969.
- Caste C.A. Cultural barriers in the utilization of alcohol programs by Hispanics in USA. In: Szapocznik, J., ed. Mental Health, Drug and Alcohol Abuse: An Hispanic Assessment of the Present and Future Challenges. Washington, D.C.: COSSMHO, 1979.
- Caste, C.A. An alcohol treatment model for use with the Puerto Rican community. In: Schecter, A., ed. Drug Dependence and Alcoholism, in press, 1980.
- Clark, W.B. Conceptions of alcoholism: Consequences for research. Addictive Diseases 1(4):395-430, 1975.
- Jellinek, E.M. The Disease Concept of Alcoholism. New Haven, Conn.: College and University Press, 1960.
- Johnson, P., et al. "U.S. Adult Drinking Practices: Time Trends, Social Correlates, and Sex Roles." Draft. Santa Monica, Calif.: Rand, 1977.
- Knupfer, G. The epidemiology of problem drinking. American Journal of Public Health 57(6):973-986, 1967.
- Mendelson, J.H., and Mello, N.K., eds. The Diagnosis and Treatment of Alcoholism. New York: McGraw-Hill, 1979.
- Paredes, A., et al. Loss of control in alcoholism: An investigation of the hypothesis with experimental findings. In: Pattison, E.M.; Sobell, M.B.; Sobell, L.C., eds. Emergent Concepts of Alcohol Dependence. New York: Springer Publishing, 1977.
- Roizen, R.; Cahalan, D.; and Shanks, P. Spontaneous remission among untreated problem drinkers. In: Kandel, D.B., ed. Longitudinal Research on Drug Use--Empirical Findings and Methodological Issues. Washington, D.C.: Hemisphere Publishing, 1978. pp. 197-221.
- Room, R. Measurement and distribution of drinking patterns and problems in general populations. In: Edwards, G., et al., eds. Alcohol Related Disabilities. Geneva: World Health Organization, 1977. pp. 197-221.

Shaw, S. A critique of the concept of the alcohol dependence syndrome. British Journal of Addiction 74:339-348, 1979.

Sobell, M.B., and Sobell, L.C. Behavioral Treatment of Alcohol Problem: Individualized Therapy and Controlled Drinking.  
New York: Plenum Press, 1978.

Valley-Rachal, J.; Maisto, S.A.; Guess, L.; and Hubbard, R.  
"Alcohol Use Among Adolescents." Draft, Research Triangle  
Institute, 1980.



Presenter: Antonio M. Navarro, MSW,  
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INPATIENT AFTERCARE SERVICE SYSTEMS:  
THE ESSENTIALITY OF CONTINUED  
TREATMENT FOR THE CHICANO  
COMMUNITY

Recognizing the fact that alcoholism is a treatable but incurable lifetime disease, it is unreasonable to believe or to expect that successful detoxification and/or intermediate/residential care provides a lifetime solution to a lifetime problem. The alcoholic patient, who on the average spends less than 60 days in an inpatient treatment center, has experienced a relatively short period of drug-free living when considering the many years of active alcohol abuse which may have preceded treatment. The patient who experiences good progress during inpatient treatment has, at best, only established a good foundation on which to develop continued sobriety. If quality progress in treatment for the Chicano client is to be attained, an inpatient treatment program must include staff which is capable of understanding the Chicano's cultural characteristics and communication needs.

Inpatient treatment should also ensure that every patient who seeks recovery from alcoholism be provided with, and actively involved in developing, a culturally relevant aftercare plan which consists of a comprehensive community support plan with individuals or groups, personal or programmatic, wherein the concept of lifetime sobriety and continued growth is promoted, designed, and reinforced. Succinctly defined, a culturally relevant aftercare plan is one that combines treatment with the patient's primary needs in the areas of language, values, and tradition. Culture is the way people survive, and to combine treatment with culturally rich modalities is certainly sharing with the patient methods on how to survive sober in his home environment.

Quite plainly, the philosophy of an aftercare component espouses and enthusiastically shares with its patients that continued, lifetime treatment which is designed to arrest the chronic effects of alcoholism. If the continuum of treatment made available to the Chicano patient is to deliver that promise, then it must give what the Chicano needs to survive in sobriety. If the Chicano is expected to stay sober, he cannot be treated in a culturally sterile vacuum and then placed back in the community.

Our programs must be full of cultural survival tactics. We must develop and use culturally oriented alcoholism treatment models, e.g., ethnohistory models, culture-conflict models, and psychocultural models. Indeed, alternative treatment models are needed and most definitely should deliver qualitative

culturally oriented services to the Chicano. Important factors for treatment are personal contact and individualized attention. If we continue to pump our efforts into using the services of the dominant culture, the results will continue to be high dropout rates and recidivism.

Beyond a philosophy, however, aftercare must be programmatically defined and implemented with integrative strategy if it is to be effective in establishing a continuum of care. Aftercare services, whether at the client or program level, can support and/or increase the gains made in the inpatient treatment experience which strengthens the patient's recovery process and permits the patient to successfully remain sober in the community.

Several years ago, the development and implementation of qualitative bilingual/bicultural treatment models slowly became a reality. NIAAA funded several pilot/demonstration alcoholism programs, e.g., in 1974 Casa Del Sol (CDS) in San Antonio, Texas was funded. Culturally oriented alcoholism therapeutic models within Casa Del Sol were met with resistance by the treatment community and were quickly labeled and stereotyped as radical, militant, and nontherapeutic approaches. Ironically, as Casa Del Sol gained recognition for its treatment/program efforts, the initial formula grants were reduced, forcing staff reductions and affecting operational functioning.

Another San Antonio alcoholism service program that served many Chicanos was the Community Alcoholic Rehabilitation Program (CARP). NIAAA decided not to re-fund CARP, and the effect was felt immediately by the Chicano alcoholic community, since the program was extremely effective with its outreach efforts in the barrio. Certainly there were many factors that contributed to the folding of CARP, such as lack of commitment from local and State governments, but its survival depended on NIAAA.

Given the level of commitment shown by the funding agencies, it is difficult to maintain optimism for the treatment of the Chicano substance abuser.

I hope that my message serves as a challenge for us to improve existing models and develop new culturally relevant models that will address la mujer, la familia, los ancianos, the undocumented borracho, youth, and others.

Alternative models are needed now!

A

Presenter: Alfonso Paredes, M.D.,  
University of Southern  
California

## ISSUES IN THE DELIVERY OF SERVICES FOR ALCOHOLICS

Throughout history, society has provided institutional apparatuses to help individuals in psychological distress.<sup>1</sup> Our present society has created the alcohol services delivery system to assist those troubled by alcoholism. The system consists of a network of therapeutic and rehabilitative programs, sometimes with little in common other than concern for alcohol-troubled individuals or their families.

There is not a full scientific consensus on the definition of alcoholism or its etiology,<sup>2</sup> nevertheless, the service system and the therapeutic instrumentalities which it uses seem to work. There is reasonable evidence to suggest that counseling, group therapy, behavioral therapy, fellowship in Alcoholics Anonymous, and even telling the patient that help is not available for his problem...all seem to help! Like Alice in Wonderland we may say that "Everyone has won and all must have prizes!"<sup>3, 4, 5, 6</sup>

In a more serious vein, alcoholism problems, with their pressing and tragic consequences, are painfully real, and our services are valuable. As administrators of these programs, we are entrusted with substantial resources and mandated to provide effective leadership.

### *The Social and Political Context of Alcoholism Programs*

Programs do not operate in a vacuum, they exist within given social political contexts. Thus, interested constituencies committed to our programs need to be developed, and their continuing support has to be earned. We must demonstrate our awareness of their needs and respond to local concerns. Specific efforts must be put forth to make services attractive and accessible to populations which are underserved.

The advisory groups that we establish, and the boards which provide managerial guidance to our programs, transcend the field of alcoholism. These groups afford unique opportunities to teach members of the community how to organize effectively and make their wishes known. The boards and advisory groups constitute "schools" where citizens learn to formulate ideas, develop strategies to address community problems, and acquire political power.

This is particularly important in geographic areas with a great influx of migrants relatively unfamiliar with the processes and power of democratic action. Advisory groups must be kept well informed of technical issues presented to them in simple terms. Public visibility and leadership skills are acquired by the participating citizens. Some of them are, or will become, influential within the local community and beyond. The groups' assistance in presenting needs and persuading public decisionmakers to provide funding for the program is invaluable, although members of the community occasionally will identify goals and expect certain performances which are different from those of the administrator.

### *Incorporation of Management Instruments*

Because of the economy, illness, lack of skills, or poor motivation, millions of people in our society work very little or not at all.<sup>7</sup> For these people, we have created the health and welfare systems which consist of large bureaucracies built upon institutional superstructures. In California, for example, the health and welfare rehabilitative complex has 8 million people who are either under some form of institutional care or are employed to provide services to administer these programs. In other words, approximately 40 percent of the total population in the State are care givers or care receivers.<sup>8</sup> Since the primary missions of the alcoholism service delivery system are treatment and rehabilitation, we must be able to document our success in assisting people to become more functional and economically independent. Otherwise, unknowingly, we might be increasing the number of people who provide care...as well as the number of recipients. Accountability requires that we document items such as: the populations we reach, the types and numbers of services delivered, ratios of staff to patients treated, rates of admissions/discharges, the cost of units of service provided, and the impact of our programs in terms of client satisfaction and clinical and social improvement.<sup>9</sup>

Utilization studies have demonstrated the need to monitor quality of care on a continuing basis. The utilization of therapeutic resources is related to factors other than the morbid condition that affects the patient. In clinical practice, the complex interaction of patients' needs, the therapeutic philosophies, the training, sociocultural background of service providers, and the financial incentives in the delivery of services influence utilization. Even in health care centers with personnel possessing a high level of expertise, inappropriate therapeutic procedures are applied.<sup>10</sup> Therefore, effective methods are necessary to monitor and control the distribution of resources. To respond effectively to our objectives, we must become involved in planning, organization, and coordination of manpower. These activities require appropriate use of facilities, techniques, and large expenditures. However, administration of these activities and resources requires

appropriate and efficient handling of information.<sup>11</sup>

One such method is the development and implementation of a Management Information System (MIS). Using the NIAAA information system as a guide, we designed an instrument to provide accountability, measure performance, and monitor quality of care within a functioning health care delivery system. It was designed to operate on a third-party reimbursement format with capacity to monitor the services provided by programs in the community. In addition to these capabilities, the MIS was designed to generate random lists of clients for routine follow-up. All the information, including the followup data, was incorporated into a statewide data base operated by the Alcoholism Division of a State mental health department. The computerized information system gave us the opportunity to monitor program performance on a monthly basis, with reports available on short turn-around time.<sup>9</sup>

Using these data management tools, we have conducted several studies to identify the target populations reached, the factors that affect access to care, and the deployment and qualification of manpower. We have also studied the rates of utilization of services, the types of patients within the population served, and factors that affect entry and discharge from the system.

We have conducted and published therapeutic outcome analyses using data from random samples of patients collected routinely. Our work has included a series of economic analyses.<sup>12, 13</sup> We have investigated the relationships between the magnitude of treatment expenditures and the effects of treatment.

A recent study conducted by our staff measured the magnitude of benefits following treatment (using dollars as the common metric) in terms of productivity, improved health, motor vehicle risks, and their relationship to the costs involved in the support of the alcoholism delivery system in the State.<sup>14, 15</sup> This is perhaps the first statewide cost-benefit study of the public alcoholism services delivery system. Therefore, the bottom line is that it is critical to incorporate modern management technology in the operation of publicly funded programs.

A significant aspect of these projects is the exposure of university-based scientists to the realities faced by the treatment system, and the creation of awareness among service providers of the clinical contributions that can be gained from scientific inquiry. The projects just mentioned were made possible by promoting cooperation between university faculty and public employees.<sup>16</sup>

#### *The Manpower Issue*

A critical element in the alcoholism delivery system is manpower. Presently in the United States there are more than 3,400,000 persons in health care occupations. The health labor

force is comprised of more than 30 occupational categories and 200 separate careers. Physicians alone are distributed among more than 30 specialties.<sup>17</sup>

Although the population of the United States increased only 29 percent from 1950 to 1966, the number of health-related occupations during the same period increased by 90 percent. Employment in this area now probably exceeds five million. The size of this labor force, which has continued to grow, is greater than the work force of the automobile industry which employed approximately two million people prior to the days of Japanese imports.

There are at least 50 distinct vocational or professional groups providing health services which are exclusive of the specialties within categories.

Educators in the health professions have tried to train personnel to work in organized delivery settings which are multi- and interprofessional in nature. Health care has attempted to move from a disease-oriented practice to one that is patient oriented. Services provided are expected to be comprehensive in nature and derived from a conceptual base of having a team which shares responsibilities for patient care. Yet, universities and academic health centers are constantly being asked to open their doors to categorical professional and paraprofessional accreditation. The demand from these accreditation activities has become so great that the universities and academic centers have found the cost exorbitant. Does our mission justify the creation of more categories? Should we promote separate categorical systems which are parallel to the primary health care process?<sup>18</sup>

### *The "Ethnic" Professional*

As a service delivery administrator, as well as a senior educator in a major university, I am pressured by what appears to be conflicting demands. On one hand, I must make services accessible to the underserved population, many of whom, because of their lack of familiarity with the English language, combined with the sometimes inappropriate, misinformed, or prejudicial attitudes of providers, fail to receive the care they need. On the other hand, there are the young professionals who are well trained academically, but need further professional development. They are capable of moving up the professional, hierarchical ladder and have the ability to serve any community or group. These professionals could have been born in East Los Angeles or West San Antonio, or perhaps in certain communities of Chicago or New York where Spanish is the lingua franca.

My dilemma is: Should I use these professionals to serve the underserved before they have had time to measure their skills against those of others in the broader professional market place--before they have found their resolution for the oppression and social injustice experienced by those reared in the

ghettos of this country? Should I typecast these individuals as ethnic professionals and place them to operate within a limited geographic and social field of action? I am alluding to the professional who often is prematurely placed in an administrative position in an ethnic community. Am I, through such actions, reducing the numbers of those who should have a broader influence in our society, those whom we need in higher decisionmaking positions? I am sure you have your answers for these difficult questions.

The cultural heterogeneity of the populations we serve is of staggering dimensions. Language barriers, dialects, and expressive styles pose distinct challenges in communication. Fortunately, men and women of different backgrounds have more in common than differences. The need for love, acknowledgement, economic security, physical health, leisure activities, and shelter are universal. Accidental differences often discourage professionals from attempting to help persons in great need. Much more has to be done during professional training to expose students to persons who appear to be culturally or socioeconomically distant or who have features that, according to arbitrary criteria, make them unattractive. It is fortunate that our commonalities are more than our differences. Good will and imagination are needed to bridge barriers to communication. The need does not exist to have separate but equal programs in our delivery systems.

However, much still has to be done to have in our programs better representation of the groups that constitute our communities. This is, I believe, one of our major challenges.

#### References

1. Paredes, A. Social controls of drinking among the Aztec Indians of Mesoamerica. Journal of Studies on Alcohol 36:1139-1153, 1975.
2. Paredes, A. The History of the Concept of Alcoholism. In: Tarter, R.E., and Sugarman, A.A., eds. Alcoholism: Interdisciplinary Approaches to an Enduring Problem. New York: Addison-Wesley, 1976. pp. 9-52.
3. Luborsky, L.; Singer, B.; and Luborsky, L. Comparative studies of psychotherapies. Archives of General Psychiatry 22:439-444, 1970.
4. Emrick, C.D. A review of psychologically oriented treatment of alcoholism (II. The relative effectiveness of different treatment approaches and the effectiveness of treatment vs. no treatment). Quarterly Journal of Studies on Alcohol 36(1): 88-108, 1975.

5. Baekland, F.L.; Lundwall, L.; and Kissin, B. Methods for the treatment of chronic alcoholism: A critical appraisal. In: Israel, Y., ed. Research Advances in Alcohol and Drug Problems Vol. II. New York: John Wiley, 1975.
6. Edwards, G.; Orford, J.; Egert, S.; Guthrie, S.; Hawker, A.; Hensman, C.; Mitcheson, M.; Oppenheimer, E.; and Taylor, C. Alcoholism: A controlled trial of "treatment" and "advise." Journal of Studies on Alcohol 38(5):1004-1031, 1977.
7. Greenblatt, M. Psychopolitics. New York: Grune & Stratton, 1978.
8. Romano-V, O.I. Institutions in modern society: Care-takers and subjects. Science 183:722-725, 1974.
9. Paredes, A. Management of alcoholism programs through a computerized information system. Alcoholism: Clinical and Experimental Research 1:305-309, 1977.
10. Castle, M.; Wilfert, C.M.; Cate, T.R.; and Osterhout, S. Antibiotic use at Duke University Medical Center. Journal of the American Medical Association 237(26): 2819-2822, 1977.
11. Branscomb, L.M. Information: The ultimate frontier. Science 203(4376):143-147, 1979.
12. Paredes, A.; Gregory, D.; Rundell, O.H.; and Williams, H.L. Drinking behavior, remission and relapse: The Rand Report revisited. Alcoholism: Clinical and Experimental Research 3:3-10, 1979.
13. Gregory, D.; Paredes, A.; Hubbard, M.; and Jones, R.A. Comprehensive model for evaluating health and human service programs and its application to alcoholism services. In: Seixas, Frank A., ed. Currents in Alcoholism Vol. II. New York: Grune & Stratton, 1977. pp. 501-510.
14. Jones, R.K.; Rundell, O.H.; Williams, H.L.; Gregory, D.; Paredes, A. Treatment outcome for alcoholics as a factor of therapeutic effort. In: Marc Galanter, ed. Currents in Alcoholism VII.: Recent Advances in Research and Treatment. New York: Grune & Stratton, 1980. pp. 287-295.
15. Rundell, O.H., and Paredes, A. Benefit cost methodology in the evaluation of therapeutic services for alcoholism. Alcoholism Clinical and Experimental Research 3:324-333, 1979.



16. Paredes, A. Future plans and goals in research: The Oklahoma Center for Alcohol and Drug Related Studies. Annals of the New York Academy of Sciences 273:103-106, 1976.
17. Kissick, W.L. Health-policy directions for the 1970's. New England Journal of Medicine 282:1343-1354, 1970.
18. Brodie, D.C., and Hearney, R.P. Need for reform in health professions accrediting. Science 201(4356):509-593, 1978.

Guest of Honor: *Mario Obledo, Secretary  
of Health and Welfare,  
California*

### ACHIEVEMENT OF THE HISPANIC DREAM

I thank those who arranged the conference for their kind invitation to participate this evening. I want to express my joy at seeing many friends--Senator Joe Bernal, Jim Hernandez, Bill Resendez, Dr. Carmen Carrillo, Ms. Charlene Ortiz, and many others. I shared many experiences with these people in the field of civil rights and human endeavors. In my work they have been an inspiration and I give them my gratitude.

I grew up in San Antonio and have spent most of my life here. I used to walk the streets when I was 4, 5, and 6 years old, selling papers and polishing shoes throughout the downtown area. I was from a family of 12 who were orphaned at an early age. For those of you who grew up in this city, I need only remind you of the situation back in the 40s, 50s, 60s, and even today. Here, in this "great State" of Texas, we still have square miles of people who have yet to reach a decent standard of living. I'm sure that some of you recall the harsh winters in San Antonio--living in homes with straight boards on the walls and the wind seeping in through the cracks. Even in 1980 there are children living in one- and two-room "homes." This is duplicated throughout Texas, the southwest, and the very rich State of California.

If you are Hispanic there are at least two things that distinguish you from other people in this land. First, you are a member of the most disliked group in America. This is shown by the record, by our situation, and the barriers we face at this time. Look at the unemployment rates, the education field, and housing, and be proud you belong to a group whose relatives and ancestors are generally the only unwelcome group in the land. People who come from other countries and lands are welcomed and given citizenship; they are provided education, Federal and State monies, and resettled. But the Hispanic who crosses either a river or an imaginary line 150 miles from here is arrested, charged, deported, and becomes a criminal. While trying to find work, which is the only reason for coming here in the first place, the Hispanic has to hide from the authorities and live in fear. That is one distinguishing feature of our situation. Think about it.

The other distinguishing feature is that you are a member of an ethnic group that is the future of this Nation and hemisphere. Read the daily news articles pertaining to the Hispanics, to our great neighbor Mexico, and to all of the Latin American countries--Brazil, Argentina, Venezuela, and

Colombia. Read them and then make a decision about whether or not we are riding the wave of the future.

However, we are here at a specialized conference dealing with alcohol abuse and alcoholism as it pertains to the Hispanic community. As I understood the objectives of the conference, it is the responsibility of people from the NIAAA to relate to conference participants the information and the activities of their office. As participants you are to share information about what you are doing with the programs, your objectives, and the problems you face in relation to the Hispanic community. With the exchange of information, a strategy is to be developed to meet the problems that we Hispanics have with the chemical known as alcohol. This seems a rather simple task, but I know from personal experiences that it is a difficult problem afflicting not only the Hispanics but many other citizens in the United States, some of adult age and some who have not yet reached maturity.

Generally, the male rate for alcoholism is high in the Hispanic population. My father died from cirrhosis of the liver, so I know firsthand the traumatic experiences that result from having a member of the family afflicted with alcoholism. Each one of you probably knows many in your barrio or neighborhood who suffer from alcoholism. Remember el borracho, los borrachos, se acuerdan de la cantina?

The Hispanic population is a heavy consumer of alcoholic beverages. Here in this Hispanic-populated city we have two breweries that have been operating for many, many years. The beer and alcohol distributors are currently pinpointing their efforts on our community, with advertising and promotion.

In many ways we live in a hypocritical society. It is ironic that millions of dollars are spent promoting the sale of alcohol while millions are spent by the Government in fighting alcoholism; certainly we live in a democracy in a capitalist system. When we tried to prohibit the sale and use of alcohol, it did not work, leading to our present situation in which alcohol is now marketed and it is the choice of the individual, a private decision, whether or not to consume. Presently, our country is afflicted with the abuse of alcohol and other drugs.

Why are there now more Hispanic female who drink alcohol and who drink heavily? Why is our country now "on" alcohol and drugs in a general sense? Given the Hispanic community with all of its inherent problems, one can more or less understand why this destructive disease is so prevalent. Unemployment, problems at home, problems of society, and discrimination are contributing factors.

have the courage to face reality. We want to retreat and go into a dreamworld. Remember when we were growing up and we dreamed? We did not need alcohol or drugs.

The youngsters who grew up with me in that barrio, poor as we were, los Hernandez, los Lozanos, los Gomez, los Obledos, los Sanchez, todas las familias dreamers, ayi' en el arroyo, en el sacate en la noche, viendo las estrellas y las nubes. Se acuerdan de esas noches, de las nubes, y los sueños. Me entiendes? I used to hope that, someday, I could address the problems I saw in the community--problems of housing, unemployment, discrimination, and police brutality. When I became Secretary of Health and Welfare of the State of California I went out one Sunday to a migrant camp operated by the State. We have 25 of these camps in California, and I saw terrible conditions there. The State should have been indicted for having those kinds of camps. On Monday morning, I called the Director of that Migrant Housing Unit and said, "Mr. Director, I was in Madison yesterday and I saw your camp. When I was growing up in San Antonio I dreamed of someday having the authority to correct some of the conditions that I saw and I saw some yesterday that I would like to correct. So you go to Madison and you tell me how much it is going to cost to get that Center up to some decent living standards." He did, and I said, "I want you to duplicate it all over this State." I went to the Governor, a very sensitive individual who has done more for the Hispanic people than any other Governor in the State of California at any other time in our history. The Governor supported many of the things I endeavored to do and provided the money. Today I invite anyone to visit the Migrant Centers in the State of California. Two of them were completely torn down and new houses were built.

Let me talk about our alcohol and drug abuse program. Loran Archer, now with NIAAA, was the Director of our department in California and served with me for approximately 2 years before he went to Washington. He is a sensitive and cooperative person, who brought problems to my attention. I used to ask questions about our programs because, you see, I would get confused. People asked, "Is this program cost effective?" Well, how are you really going to show how cost effective a program is that deals with alcohol abuse and alcoholism? How can you say a person quit drinking, or perhaps even started drinking, because of our program? It is very difficult. We have put \$50 million into our alcohol program in California under the directorship of Ms. Rita Saenz, who worked in East L.A. at one point before becoming director of our department which has some 100 employees. One of the things that I have been noted and criticized for is that I am very strong on affirmative action--not only in terms of employment, we've changed that in California, particularly in the Health & Welfare agency--but affirmative action relating to dollars and their allocation. I have asked all of the program directors, "Where are these program dollars going? How much is going to the

black community? How much is going to the Hispanic community? How much is going into other programs?" I have jurisdiction over 500 programs and have not yet, after 5 years, been able to get a complete breakdown for all of the grants processed with all of our departments in all of our programs, although I continually ask.

We once had some excess money in the developmental disabilities program. That was redistributed to our regional centers, but two of the centers did not get one single cent. I thought that was curious and I started asking about it. They said, "The department decided that." I said, "Wait a minute, I don't know who the department is, I want to talk to a person with eyes and hair and feelings." Finally, after a couple of weeks I was able to locate the individual who had made those decisions and I asked, "Why didn't these two centers get any money?" The final conclusion of our sessions was that, in his opinion, those two programs were not strong from an administrative viewpoint and he thought that programs in other parts of Los Angeles and the State should get the money. I said, "Well, I disagree with you. I do not know what you mean about administrative viewpoint. What is a strong administration?" I felt that administrative strength should have been determined by the long waiting lists in the two centers. I said, "I'll tell you what we are going to do. We are going to put all the money back into the pot and then go by the waiting list at each center and reallocate those monies." Of course they reported to the newspapers that I was arbitrary and a dictator and whatever else, which was fine. I like to make those kinds of decisions, which leads me to another point.

We have to get strong politically. We have to register people to vote and get involved. We are going to make the difference in Texas and California and the southwest come November. I know it, I feel it, I sense it. Our community, the Hispanic community, will make the difference. After 5 years in Government, going through the decisionmaking process and sitting in sessions where the money is divided, I can tell you that if Hispanics do not get into those positions it means that others, perhaps well meaning but without the sensitivity to sympathize with our problems, will be making the decisions. As a result, we will not get our fair share of our own tax money. Once when I got involved in an issue someone asked me, "Why are you using taxpayers' money on an Hispanic issue?" I answered, "It is very simple, all I am doing is taking the tax money that has been given to government by Hispanics and putting that money to work for Hispanic issues. Is that all right."

Not long ago I called for a budget session to work on our budget for the next fiscal year. As I walked into the conference room I saw about 100 people there. I looked around and asked, "Am I the only Mexican here?" There was one other. I said, "I feel a lot better."

We have to get into the kinds of positions in which we can make the decisions. I recommend that NIAAA get more Hispanics at policy-making levels. I don't want to be asked to submit any names because there are many people available.

There are three kinds of powers: economic power, but generally the Hispanics are a poor group, political power, which makes decisions that impact on human beings, and there is a spiritual power. You have spiritual power if you are a member of a religious order or if you are simply a believer in your own self, in your own inner peace. It is the confidence in yourself, respect for yourself and your honor, your body, your mind, and your heart; if you have something in you that's willing to help other people, whether they are Hispanics or not. We have to recognize that we live in this country, our country, with many other people and we must all work together.

We've always held out a hand, but it's never been touched. No one ever took hold of it. We always wanted to help. We always wanted to cooperate. But the face was turned. Yet, as we gather our strength politically, socially, and otherwise, we want to be a just people. We want to be a fair people. We want to be people who respect other people. As we take hold of this future, it is going to be a glorious one. And we are on the threshold of this great explosion. It is there for us.

Once, when we were talking about undocumented workers, I said, "There are more undocumented people in Texas and in California than in any other State. These States where most of the Hispanics live are the two leading States in the Nation by all economic indicators: employment, surpluses, or whatever." The fellow said, "Well, wait a minute, you're projected to be the future of this country? How?" I answered, "You see, we have the natural resources, the forest, the water, the land, the environment. We have the human resources, here and right across the line." We have the technology. Any economic indicators will show you that Texas and California rank either number one or two in the United States: Texas one and California two, or California one and Texas two.

We must be ready to claim this destiny. You and I have a great responsibility to tell the people in our community, and other people as well, that we don't need alcohol or drugs, that we don't need artificial stimulants. The only stimulants we need are ourselves and our people. All we want is to claim the right for every child to eat. We claim the right to dignity in old age, we claim the right for every woman and man to work. We claim the right to peace, we claim the right to love, we claim the right to have this future.

Today I visited the grave of Mama, who raised 12 children and was a nondrinker. I never saw Mama cry or complain. She was always inspirational and prepared for the future. "Get a better life than the one I've been able to provide you," she

said. Me acuerdo yo, que salíamos de la casa, "Mama ya me voy." Decía, "Esta bueno." Le decía yo, "Mama al rato vuelvo." Decía, "Esta bueno, que Dios te bendiga." Le puse en la piedra, "Una Madre Extraordinaria" Y luego le puse, "Ya me voy, despues vuelvo." She was such an inspiration, as we can be an inspiration to each other. We've got to be. There isn't really a choice. Next time you or a friend start to get intoxicated with alcohol, tell him to get intoxicated with idealism. You can get intoxicated on that. You can become involved with this future that I'm talking about. Certainly we honor the past, but I think we as a people are enthusiastic about the future and its hope. So, work on an everyday level with your programs. As an individual set the example. Set the pace, because your neighbors, your friends, your co-workers, and your children are watching and waiting.

Conference Moderator: Dr. Pedro Ruiz, M.D.,  
Bronx Psychiatric Center,  
Albert Einstein College  
of Medicine

## NATIONAL STRATEGY FOR UNIFIED ACTION

On behalf of NIAAA and the Planning Committee, I welcome all of you to this session, which will bring us a perspective of the past as well as of the future and perhaps will give us a strategy to achieve many of the goals we are pursuing.

This conference is the product of hard work and a difficult task that the NIAAA assigned to the Planning Committee. For about 1½ years we have put our thoughts together and tried to involve as many people as possible in the alcoholism field. We realize we have not included everyone who should have been included in the planning conference. But, because of the participants' united efforts, we now have a better conference.

This conference represents all of the participants. Almost 400 people are here from all over the United States and have worked together during the last 2½ days. We have people from all sectors: providers, consumers, planners, governmental representatives, public officials, media representatives, and key persons in the field of alcoholism.

In my opinion, every goal of the Planning Committee and the staff of NIAAA has been accomplished at this conference. We have received and disseminated information from all participants. We have exchanged ideas and thoughts at all levels. We have developed a network of resources among the agencies participating in the conference. Of paramount importance, we have established a unique and sincere dialog with the NIAAA staff in terms of working together and pursuing the goals of the people in the field. We have begun to develop a delineation of our needs and our realities and to talk about future goals and objectives.

I hope that the Planning Committee, the agencies that are being represented in this conference, and the National Institute on Alcohol Abuse and Alcoholism will work together to make this conference the first of many. I hope that a year from now we will have the opportunity to meet at a national level after developing the commission that is required in the field, particularly in relation to Hispanics.

In this morning's session, which deals with future strategies, we will develop a perspective focusing on where we go from here. We must try to continue developing leadership at the national level. I realize the importance of the work we do on a day-by-day basis in our local communities, but if we do not develop the kind of national leadership required to gain power



and political clout we will not succeed. This conference will permit the development of national leadership among the Hispanics. We must work to develop an umbrella organization in the constituency in the field of alcoholism. Among the many fields in the health system, alcoholism, although it is one of the major health problems in the Nation at this time, has the weakest constituency and advocacy. Therefore, it behooves us to try to nourish the constituency in order to get more for our people.

In this morning's session we shall develop our strategies in terms of two sectors. First, we shall develop short-term plans that are realistic and reflective of the work that has resulted from this conference. Next, we must develop long-term plans by joining hands with the staff of NIAAA and working together to meet our goals and objectives.

We Hispanics may dream a lot, but we also know how to deal with reality. We have all been surviving on a day-to-day basis, trying to maintain our goals and objectives. It is important to dream because even though we may not be able to realize the dreams, we are at least able to offer hope to our families and our children.

During this conference we have raised many questions, perhaps all of which do not have answers. We must continue to examine and deal with these questions until we learn how to be more effective in dealing with the establishment, in running our own programs, and in reaching out to more and more people who are in need of care and are not being served.

Conference Observer: Carmen Carrillo, Ph.D.,  
Mission Health Center,  
San Francisco, CA

## CONFERENCE SYNTHESIS

It is a pleasure and an honor to have the awesome task of summarizing what has been accomplished here in the last 2½ days. One of the major points to realize is that in a short period of time everyone has labored diligently--the staff of AVANTE, the workshop moderators, the participants in the workshops, and the NIAAA staff.

I invite you to consider what has been accomplished and whether or not you have met your own objectives. For many of you it was a sacrifice and an effort to come here. That sacrifice and effort speak to your level of commitment to the problem of alcoholism among Hispanics and the advancement of our efforts to resolve the problem.

The first day of the conference was critical because we convened to speak of the concerns and commitments we have and share in common. The various speakers on the first day expressed the need for unity, the need for us to join together--from all parts of the country, from all disciplines, and all backgrounds--around a common theme that articulates the problems in the field of alcoholism.

Ambassador Esteban Torres referred to us as dreamers, as did Secretary Mario Obledo last night. Ambassador Torres said we were "movers" and we were "shakers." The dream and its implementation are our focus.

We had an impressive array of local, State, and national leaders who encouraged support for our efforts and for the conference. This signifies that, when we set our minds to bring this neglected and low-priority issue to the attention of our Government leaders, they do listen. Furthermore, they come forward and join with us in our efforts. This is something we need to continue in the future.

The moderators I observed as I went from workshop to works' up labored throughout the proceedings, even though they had little time to convene with their panels and work out logistical issues.

They reported an excellent mood and participation throughout the workshops. Many of you who frequently attend conferences know that this is not always the case. It's rather unusual that things go so smoothly and it shows your high level of energy and commitment and the tremendous skill of the workshop leaders.

Many of you had other reasons for coming here, such as meeting people, learning about other programs, exchanging ideas, and partaking in the networking processes of the conference. Many of you expressed a need for a participant list, and some of you asked about the processes for implementing the workshop recommendations. The proceedings of this conference, including the participants' list, will be made available to you as soon as it has been published.

The informal gatherings, meetings, and quasi meetings are in some instances as important as the formal meetings organized by the conference. Those of you who participated in those meetings know how necessary it is to have an opportunity to get together with others and talk about local issues you have in common or to pursue some point, some item, some aspects, or some issue discussed in the workshop or in another session. It is important to reinforce ties and brief each other in the field of alcoholism. Additionally, people make new acquaintances and have an opportunity to enlarge and expand their own networks of contacts and support.

As I was going through the materials last night, I noticed themes, areas, and even specific issues that came up in more than one workshop. I will try to highlight some of the areas of concern.

The most systematic work in compiling recommendations was done by the research workshop participants, who developed a comprehensive list of recommendations for action. The first and primary of their concerns was the absence of a national data base on Hispanic drinking patterns, norms, alcohol abuse, and alcoholism. Another concern was the lack of a systematic long-term training project capable of expanding significantly the number and proportion of Hispanic social and behavioral science researchers. The research participants were concerned not only with how to research or conduct investigations on the issues surrounding alcoholism, alcohol abuse, and drinking patterns, but also with the need for Hispanics to be viewed as a special population. The major theme revolved around developing a system to assess the responsiveness and accountability of existing alcoholism prevention and treatment programs to Hispanic communities.

In the treatment's special populations' workshop, one area dealt with the lack of guidelines or review criteria that require staffing patterns of programs to reflect the special needs of the population served. Very often the staff and leadership of programs are not sensitive to the problems of Hispanics or of special Hispanic populations, such as youth, women, and other groups. A need was also expressed to develop a network of service providers for Hispanic migrants and undocumented workers.

A number of significant issues were discussed in the treatment, general population workshop. There is an absence of technical

assistance and program management training for Hispanic programs. The workshop participants are concerned that there is inadequate funding for the recruitment and re-training of quality staff. This issue is increasingly important as inflation and the shortage of funds influence maintaining in-service training. The workshop also discussed the problem of long-term funding needed to ensure program continuity, development, and improvement. Often programs are funded on a short-term basis, sometimes only for a few months, which does not allow time for real development, continuity of care, or meeting the criteria of achievable results necessary when the program is evaluated. Because a lack of bilingual materials hinders culturally centered treatment, it was recommended that they be developed.

In the area of prevention, the greatest concern was that no technical assistance is being provided to programs in the areas of development and evaluation. Another concern was that the number of professionals participating in Initial Review Committees, as well as Hispanics who are experts in prevention, should be increased. The need to offer prevention training throughout the country was also discussed.

The training group had several additional concerns. One concern was that training programs in alcohol treatment and prevention do not recruit Hispanics from local areas. The Hispanics who are recruited for these programs should receive culturally relevant training. The training group was also interested in the need to establish grass roots community action groups so that networks of Hispanics could be developed to advocate for resources, training, and funding.

The State public policy group mentioned that funding mechanisms should be related to, and based on, the incidence of alcohol abuse of populations at both the State and Federal levels. Additionally, there are no objective needs assessment and funding criteria, which are important in Hispanic program development. Finally, accountability and control of funding earmarked for Hispanic communities should be established. Very often commitments will be made, but by the time the dollar trickles down to the local program, it may no longer be a dollar. Ways of tracking money are important.

The National public policy group had some important major concerns, and the times I was there, the group was most vocal. There was a lot of action and a lot of very serious and friendly, but heated, debate on a number of issues. The three concerns that emanated from that group were: There is a grave need for a permanent Hispanic Advisory Committee appointed by NIAAA to meet quarterly, NIAAA needs to fund a national technical assistance project, and NIAAA should have an Hispanic Affairs Bureau. This suggests the need to have Hispanic staff members on the NIAAA at the policy-making level.

I congratulate you, the participants, for your work and commitment. I am impressed by all that has been accomplished in such a short period of time. I invite NIAAA to meet the challenge of working with us through the mechanisms of consensus and cooperation. Thank you very much.

John R. DeLuca, Director, National Institute  
on Alcohol Abuse and Alcoholism

#### ANALYSIS OF CONFERENCE ACHIEVEMENTS

I thank all of you and extend my appreciation for your cooperation and willingness to share. That willingness has resulted in an historical first step to bring a long-overdue focus on the many problems of Hispanics and alcoholism in the United States.

This morning Dr. Pedro Ruiz and Dr. Carmen Carrillo have eloquently provided this audience with a national strategy for unified action and a synthesis of what has transpired over the past few days.

Last evening, Secretary Mario Obledo brought tears to the eyes of many, and his sensitivity regarding the disease of alcoholism was easily recognized. He mentioned that Hispanics for years have held out their hands in a spirit of friendship and cooperation and were rejected and ignored.

Today, I bring the hand of NIAAA to grasp firmly the hand you extend in San Antonio. Together we can coordinate those forces which produce the power to which Secretary Obledo referred--economic, political, and spiritual power--and focus them on the very real and serious alcohol problems which are so costly to the Hispanic people of our Nation.

As you are well aware, senior NIAAA staff have participated in discussions and deliberations during the entire conference. I hope you have gotten to know some of them to the point where you were able to share your concerns and to sense that they do care and will help whenever and wherever they can. I know that they, as well as myself, have gained a great deal from the exchanges that have taken place. I know that I am far more aware and far more sensitive to the needs and problems that many of you face daily in your struggle to bring help and hope to suffering alcoholics and members of their families.

Perhaps of even greater importance is the awareness I have gained of your strength, determination, and hopes for the future which will enable us to march together, committed to a common purpose during the 1980s and beyond.

I have listened and learned from each and every one of you. The key alcoholism issues that have been underlined at this conference, and were listed by Dr. Carmen Carrillo this morning, are not new. The question is, "What is NIAAA going to do today?" What is this Federal program going to do 6 months from now, and what ongoing commitments can NIAAA make to Hispanic alcoholism problems? These questions are understandable, they

are legitimate and deserve to be addressed in a clear, candid, and forthright manner. Within 6 months I will personally initiate the recruitment process to appoint a Hispanic person to a senior policy position at NIAAA. The responsibilities of that individual will include a specific focus on Hispanic issues. Applications and recommendations can be forwarded to my office.

When I return to Washington, I will begin another process that will result in a Request for Contract, in our language an RFC, to provide technical assistance nationally to Hispanic programs currently providing alcoholism services and technical assistance to groups and communities that wish to develop proposals for Hispanic alcoholism treatment, training, prevention, and research.

Within 60 days I will appoint an NIAAA Hispanic Action Task Force that will be truly representative of the interests and concerns of all Hispanic groups in all geographic areas. In selecting those who will develop a detailed and specific action plan, I will consult with the leadership of the National Hispanic Congress on Alcoholism as well as with those regional groups representing specific Chicano, Puerto Rican, and Cuban interests. I will also consult with recognized Hispanic leaders in and out of Government and with the leadership from the national groups committed to Hispanic advocacy. My expectations are that the Action Task Force will be able to review in detail the long list of recommendations that have been underlined for 10 years and will look, for example, at the situation of education and training, the question of integration of staff into NIAAA, consultants, the very critical recommendations in the area of research, utilization of contractors, and other commitments of Federal funds for important area prevention and bilingual approaches. Also, I would charge this task force with the function of planning additional means of communication, including the possibility of future conferences and regional workshops in the coming year.

As Institute Director, I speak to many organizations around the country, and I can assure you that I will convey what I have learned here in my national remarks to those groups. On Monday, when the Board of the National Council on Alcoholism and the Board of the National Association of Alcohol and Drug Abuse Problems Association meet in Washington, I will discuss the fact that these major national voluntary organizations cannot continue to keep their doors closed to the full spectrum of the alcoholism field. Those are the steps that will be taken by NIAAA immediately, but they are not our first steps. As a direct result of the discussions which led to this conference, I have initiated a process which will soon result in the placement of at least one Hispanic representative on every one of the Initial Review Committees and on the Federal Interagency Committee.

Other steps will follow. We plan to pursue an ongoing recruitment program that will bring additional Hispanic representation to all levels in as many areas as possible at the Institute. I think this symbolizes what I consider to be the most important vital followup, our efforts to institutionalize, in a systematic and comprehensive way, the action agenda that will be developed over the next few months, and to provide those mechanisms that will weave Hispanic interest and concerns firmly into the fabric of NIAAA.

We will work step-by-step, day-by-day, hand-in-hand, and I think we will create and maintain this partnership, not for me, not for you, but for the alcoholics, for their families, for their communities, and most important, for their children. Thank you.

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*James Hernandez, President, The National  
Hispanic Congress on Alcoholism*

EL CONGRESO

John, your commitments as expressed go far beyond my expectations. My principles, in regard to provision of services to the Hispanic people in the United States have motivated me to expend a great deal of energy, time, and organization to assure that those commitments are made on behalf of all Hispanics.

We talk about unification. Unification doesn't come easily or come in totality. It comes when we are dealing with common issues. It is ironic that groups from the East and the West have made identical presentations to the Institute. The demands are identical because the needs are identical and so severe that we can all see them, and it is easy for us to advocate on their behalf.

I intend to speak of the Hispanic Congress in relation to the Conference and will do that. First, however, let me apologize for my speech, because I am somewhat surprised that these commitments have been made so clearly and strongly. I am moved and know that Mr. DeLuca is totally sincere and committed to rapid progress. He is the first administrator we have dealt with at NIAAA who has come this far for our people. We have to go the step beyond and help the Institute now realize our greater needs.

Currently, Congress is talking about reducing funding of NIAAA. I ask all of you, as soon as you go back home, to write your Congressmen and Senators requesting that they do not reduce the NIAAA funding for this coming year.

In our approach to this conference the leadership of the Hispanic Congress wanted to invite all of you to participate in the appointment of individuals to the Hispanic Congress Board of Directors. We had a meeting the first day that was not conclusive because many people were not here. I apologize for that oversight and for not being able to spend a great deal of time with representatives from the various regions.

The National Hispanic Congress on Alcoholism will work for inclusion of all groups and individuals who want to work in harmony toward our common goals. It is the only way we and the NIAAA can realize our dreams--working together to achieve our goals.

This afternoon we will have a meeting of the Hispanic Congress, where I hope we can argue, discuss, and plan. When we leave there will be no doubt that the National Hispanic Congress on Alcoholism will be the strongest vehicle in this Nation repre-

senting Hispanic interest in the field of alcoholism. We cannot represent all groups, but we are representatives of the various cultures and have a sincere commitment to follow through in making sure that services are provided to our people

Let me introduce the tentative Board of Directors, tentative because they were appointed for 1 year. They will serve until the next conference which the National Hispanic Congress will sponsor next year:

The First Vice President is Dr. Carlos Caste. The Second Vice President is Dr. Carmen Carrillo; First Secretary is Ms. Ivonne Cordero Muratti; Second Secretary is Richard Davila; Treasurer is Ms. Charlene Ortiz; and Parliamentarian is Ms. Elvira Diaz.

The other members of the Board are: Mr. Louis J. Rodriguez from Florida; Mr. Louis Polanco from Oregon; Ms. Rebecca Sanchez from New York; Mr. Bill Resendez from California; Dr. Pedro Ruiz and Mr. Isaac Perez from New York; Mr. Cruz Archibeque from Arizona; Mr. David Fernandez from Old Mexico; Mr. Pedro Villanueva from Puerto Rico; Mr. Rolando Garza from Texas; Mr. Oswaldo Fierro from New Jersey; and Mr. Eduardo Castello from Florida.

This is not the full complement of the Board of Directors of the National Hispanic Congress on Alcoholism. There are several vacancies, and the Congress is flexible in order to assure representation of as many areas of the United States as is possible.

I leave with one note that Mario Obledo often uses but did not use last night. I want to extend this to those individuals with whom I interacted during the conference.

"Les quiero decir que los quiero tanto como mis ojos, pero no mas que a mis ojos, porque sin ellos no los puedo ver."  
Gracias.

TRANS: "I would like to tell you that I like you as much as my eyes, but not more than my eyes, because without them I would not see you." Thank you.

Closure: John Moore, MSW, Our Lady of the  
Lake, San Antonio, Texas, Planning  
Committee

### ONLY THE BEGINNING

I am totally involved in my own emotional, overwhelming feelings about this conference, starting with Sunday night when we had the local school kids dancing for us and Mariachis playing, wondering what was really going to happen.

It has happened and that is what makes it so great; we were able to come together from different parts of the country and develop a brotherhood and sisterhood among ourselves while always keeping a focus on the problem that we are all so concerned with, and never losing sight of our commitment to the alcoholics of our country and of the Hispanic people.

After hearing all the wonderful speeches and participating in workshops, after seeing the hard-working moderators and leaders that we have had to keep us involved in making our own contributions, and coming back today and hearing of NIAAA's commitment to our people makes me realize that this is not a closure, this is only a beginning.

As we say in our own language, we never say goodbye, no mas asta la vista.

## CONFERENCE RECOMMENDATIONS

### I. TREATMENT: SPECIAL POPULATIONS

*Moderator:* Ivonne Cordero Muratti

- 1.\* That NIAAA program guidelines and review criteria require staffing which reflects the needs of the population to be served, especially in decision-making and policymaking positions;
- 2.\* That NIAAA fund a task force of Hispanics to develop action plans based on the recommendations from the conference;
3. That NIAAA develop an alcoholism services network for Hispanic migrant farmworkers and undocumented workers;
4. That a training program and monies be made available for Hispanic treatment modalities to assure:
  - That the needs of Hispanics be addressed in the development of alcoholism counselor credentialing curricula;
  - That NCAE develop bilingual and bicultural training materials for Hispanics;
5. That funds be allocated for research on Hispanic alcohol socioeconomic factors and that funds be made available for ring professional researchers. NIAAA is to publish and disseminate the research findings; and
6. That the NIAAA initiatives be expanded to include Hispanics.

### II. TREATMENT: GENERAL POPULATIONS

*Moderator:* Pedro Ruiz, M.D.

1. That Hispanics be represented in all government agencies responsible for disbursement of funds and

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\*Recommendations one (1) and two (2) were considered by the workshop participants to be equal in importance.

program approvals for Hispanic alcoholism programs, such as the HSAs, A95s, IRG Committees, National Alcoholism Commission, the National Alcoholism Council, etc.;

2. That Hispanics be placed in top-level positions in all Federal and State alcoholism agencies (e.g., Associate Directors of NIAAA and State authorities);
3. That appropriate coordination must be maintained with Hispanic organizations and high-level Hispanic leadership, such as the National Hispanic Congress on Alcoholism;
4. That NIAAA provide appropriate quality technical assistance to Hispanic alcoholism programs in all areas of program management, such as clinical management, training, planning, etc.;
5. That NIAAA work with third-party reimbursement agencies to provide appropriate and adequate funding to ensure:
  - recruitment of high-quality staff
  - retention of high-quality staff
  - maintenance of relevant inservice training and equipment
  - adequacy of available staff
  - maximum program survival and reimbursement for long-term contracts and/or grants to assure continuity of programs
6. That training and education programs geared toward Hispanics have appropriate and culturally relevant training approaches to ensure a high quality of services;
7. That programs for Hispanics have available bilingual and bicultural staffs and literature.

### III. PREVENTION

Moderator: Charlene Doria Ortiz

1. That a contract be developed and funded for technical assistance to programs in the development and evaluation of prevention projects;

2. That an Hispanic Clearinghouse for program resource and materials be developed;
3. That a system be developed to provide technical assistance on existing organizations, such as National and Local Council on Alcoholism, conducting special projects in policy areas;
4. That prevention training be offered throughout the country as well as through regional workshops;
5. That developers of training materials be aware of ethnic differences among Hispanic groups;
6. That courses in prevention be developed with Hispanic perspective for the use of teachers, civic groups, and church groups;
7. That a cadre of Hispanic prevention professionals be formed to return information and skills to their respective communities (the capacity-building concept for prevention);
8. That priority be given to develop rural prevention programs;
9. That the Division of Prevention, NIAAA, develop radio and TV materials with the aid of Hispanics at the community level, rather than having consultants develop materials;
10. That bilingual school curriculum on alcoholism prevention be developed for Hispanic children, using materials such as color books and comic strips as aids;
11. That an Hispanic Advisory Group be created to develop guidelines for culturally relevant prevention programming;
12. That the number of Hispanic prevention professionals on IRG committees be increased;
13. That private sector prevention strategies that impact on Hispanic communities be explored and developed;
14. That negotiations between NIAAA and the Department of Education allow for greater access to schools by Hispanic groups that want to work in their local school systems.

#### IV. TRAINING

Moderator: Luis J. Rodriguez

1. That recruitment of Hispanics into the alcohol treatment and prevention system be increased;
2. That culturally relevant training be given to Hispanic recruits and Hispanic and non-Hispanic current service providers, and that one of the training goals would be emphasis on Hispanic cultural awareness, a sensitivity essential at the intake and treatment level;
3. That grass root groups and community action groups be established to form a network of Hispanics, similar to the National Hispanic Congress on Alcoholism, to advocate for resources and training legislation and funding to NIAAA, HSA, and local funding sources;
4. That priority be given to the development of position papers on the need for:
  - Human service competency in providing alcoholism treatment;
  - Traditional and nontraditional training and design model including institutes and seminars, job market implications involving credentialing of alcoholism treatment personnel;
  - Approaches to discovering Federal, State, and local funding sources for training, and the application of this information in maximizing the availability of funds for services.
5. That bilingual precertification courses be developed for use by certified alcoholism counselor trainers to aid Hispanic candidates who are interested in obtaining credentialing;
6. That State and local NIAAA and other resources and services for Hispanics be identified, and that training programs be set up as components of these resources and services.

#### RESEARCH

Moderator: Carlos C. Caste, Ph.D.

1. That NIAAA plan and develop a national survey on Hispanic alcohol use and abuse to be conducted by

an interdisciplinary team of Hispanic researchers;

2. That NIAAA initiate a series of studies to identify rates of incidence and prevalence of Hispanic alcoholism by region, correlating these findings with the 1980 census data;
3. That NIAAA fund existing Hispanic researchers and/or Hispanic research organizations to undertake culturally relevant research on such issues as:
  - Development and implementation of methodologies and instruments used in epidemiological, psychosocial, and behavioral studies of Hispanic alcoholism
  - Support mechanisms within Hispanic families and networks utilized by Hispanics
  - Evaluation of community-based, culturally relevant experimental alcoholism treatment programs for Hispanics
  - Provision of funds for alcohol research to ensure data collection on the needs of special Hispanic populations including
    - \*regional variations
    - \*generational differences
    - \*women
    - \*children and youth
    - \*migrants and farmworkers
    - \*ethnic diversity, and
  - Research on the impact that cultural factors and socioeconomic variables have on Hispanic alcoholism
4. That NIAAA make the grants/contracts review process more accessible in order to expand the scientific study of Hispanic alcohol issues by:
  - Recruiting of Hispanic researchers to serve on Initial Review Groups to ensure that culturally and professionally relevant expertise is present in the grants/contracts review process;
  - Recruiting Hispanic professionals to serve as NIAAA program officers, and



- Developing and disseminating a technical assistance manual to orient Hispanic researchers and service providers to the development of grants/contracts applications and proposals.
5. That NIAAA implement a systematic, long-term research training project to expand significantly the number and proportion of Hispanic social and behavioral science researchers by:
    - Funding Hispanic faculty and students at institutions of higher education to develop research training programs that focus on Hispanic community issues (e.g., curriculum development);
    - Providing individual fellowships/stipends to Hispanic students, for master's and doctoral programs, dissertation research, and postgraduate training;
    - Offering faculty development grants to assist new Hispanic faculty to increase their research competencies and establishing Hispanic Research Centers to undertake programs of research, such as those outlined in part 1.
  - f. That NIAAA create training opportunities for Hispanics within NIAAA by establishing an Hispanic Research Scholar Program in Rockville and an Hispanic Graduate Student Intern Program at the HHS regional offices;
  7. That NIAAA initiate a technical assistance program to community-based Hispanic alcoholism prevention and treatment programs in the areas of program evaluation, needs assessment, and management information systems.
  8. That NIAAA assess the responsiveness and accountability of existing alcoholism prevention and treatment programs to Hispanic communities,
  9. That NIAAA evaluate such programmatic variables of Hispanic representation and involvement as: governance and decisionmaking, staffing, funding and budget development, advisory groups, and treatment outcomes, if services are involved;
  10. That the NIAAA program evaluation include SAMHSA, NIAAA, Regional Alcohol Research Centers, and State Alcoholism authorities.

## VI. STATE PUBLIC POLICY

Moderator: Elvira Diaz

1. To utilize all available systems, including the judicial system, to challenge government agency policies that are addressing Hispanic needs;
2. To pursue funding mechanics based on the incidence of alcohol abuse in different groups at both the State and Federal levels;
3. To pursue public policies which will ensure that objective needs assessments and criteria for funding are developed and implemented;
4. To establish and monitor a system of public policy to ensure the accountability and control of funding earmarked for Hispanic communities,
5. To ensure that a greater number of Hispanics are appointed and hired to fill key funding and policy positions at the State level;
6. To ensure public policies that will broaden staff training at the grass roots level for Hispanics working in outreach prevention and treatment programs.

## VII. NATIONAL PUBLIC POLICY

Moderator: Reymundo Rodriguez

1. That a special Hispanic Affairs Bureau with staff be developed in NIAAA;
2. That national administrative policy be developed to require that all applicants for contracts that will affect Hispanic programs address Hispanic needs and require Hispanic staff;
3. That NIAAA report to the Congress the number of Hispanic grants submitted, approved, and funded each year, and that a documented copy of the report be given to the States.
4. That NIAAA support the development of an Hispanic subcommittee to the National Commission on Alcoholism and include Hispanic staff on the Commission,
5. That NIAAA establish and fund a National Hispanic Research Center,

6. That NIAAA develop health education in substance and alcohol abuse in early childhood development programs;
7. That NIAAA appoint a permanent Hispanic committee with representatives from the National Hispanic Congress on Alcoholism, COSSMHO, the National Chicano Alliance, the National Council of La Raza, and representatives from Puerto Rican and Cuban national organizations. That this committee meet quarterly with the NIAAA director and that all expenses for this committee be reimbursed;
8. That NIAAA fund a technical assistance contract by which that organization can provide technical assistance to existing NIAAA-funded program., develop new programs in States, provide training and information, etc.
9. That NIAAA staff be based in each of the 10 regions, with staff reflecting ethnic makeup of each of the regions. Also encourage NIAAA leadership to increase involvement of existing regional Hispanic staff in the decisionmaking process;
10. That NIAAA and HCFA designate one of its five demonstration areas to be predominantly Hispanic and provide reimbursement to nontraditional treatment services.

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nacional



Conferencia HISPANA Sobre Alcoholismo

El Alcoholismo y Los Hispanos  
Una Preocupación Nacional

San Antonio, Texas  
Septiembre 7 al 10, 1980

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration

Actas de la  
CONFERENCIA NACIONAL HISPANA SOBRE ALCOHOLISMO

Auspiciada por el  
Instituto Nacional sobre Abuso del Alcohol y Alcoholismo

7-10 de septiembre de 1980

San Antonio, Texas

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration

La presente publicación es el producto de una conferencia, celebrada en San Antonio, Texas, del 7 al 10 de septiembre de 1980, sobre el abuso del alcohol y el alcoholismo entre los hispanos. La conferencia fue dirigida por AVANTE International Systems Corporation mediante el contrato No. ADM 281-80-0014. Las presentaciones que se incluyen en esta publicación, con excepción de las observaciones de John R. DeLuca, Director del NIAAA, fueron hechas por los autores y participantes a la conferencia citados, y no reflejan necesariamente las opiniones, la política oficial o la posición del National Institute on Alcohol Abuse and Alcoholism, Alcohol, Drug Abuse, and Mental Health Administration; Public Health Service; or the U.S. Department of Health and Human Services.

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## ANTECEDENTES

El Instituto Nacional sobre Abuso del Alcohol y Alcoholismo se complace en publicar las Actas de la Primera Conferencia Hispana Nacional sobre Alcoholismo celebrada por el NIAAA, del 7 al 10 de septiembre de 1980, en San Antonio, Texas.

Las Actas abarcan los discursos y deliberaciones de la Conferencia sobre el alcoholismo y otros problemas y cuestiones fundamentales en relación con el alcohol que preocupan a la población hispana del país. El documento transmite el espíritu de cooperación e intercambio de ideas que cimentaron las bases para una estrategia de participación hispana en la campaña nacional encaminada a combatir la enfermedad del alcoholismo. Las Actas también sirven de guía para los programas de los distintos estados y comunidades que trabajan para fomentar, promover o ampliar los servicios a la población hispana afectada por la enfermedad del alcoholismo.

Damos las gracias especialmente a las comisiones planificadoras y auspiciadoras, a los conferenciantes y participantes a la Conferencia y al personal del NIAAA, así como a tantas otras personas cuya cooperación, apoyo y determinación contribuyeron al éxito de esta importante reunión.

John R. DeLuca  
Director  
Instituto Nacional sobre  
Abuso del Alcohol y  
Alcoholismo

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Extractos de la  
CONFERENCIA NACIONAL HISPANA SOBRE ALCOHOLISMO

John DeLuca, Director del Instituto Nacional sobre Abuso del Alcohol y Alcoholismo:

"Trabajaremos paso a paso, día a día, mano a mano, y creo que forjamos y mantendremos esta asociación, no en beneficio mio ni de ustedes, sino de los alcohólicos, de sus familias, de sus comunidades y, lo que es más importante, de sus hijos."

Esteban Torres, Asistente Especial del Presidente de los Estados Unidos para Asuntos Hispanos:

"Creo que cuando los historiadores escriban sobre el Siglo XX, dirán que la comunidad hispana cimentó las bases para el futuro; que nuestro pueblo creó los sistemas y estableció los vínculos; los vínculos que son tan importantes."

James Hernández, Presidente del Congreso Nacional Hispano sobre Alcoholismo:

"Permítanme decirles claramente y con toda sinceridad que el Congreso se esforzará por incluir a todos los grupos e individuos que deseen trabajar en armonía hacia el logro de nuestras metas comunes. Es la única forma de realizar nuestros sueños. Es la única forma de ayudar al personal del NIAAA a ver cumplir sus sueños, mientras sigan colaborando con nosotros hacia el logro de nuestras metas."

Mario Obledo, Secretario de Salud y Asistencia Social del Estado de California:

"Hemos de estar dispuestos a cumplir con esta responsabilidad que estamos a punto de asumir. Ustedes y yo tenemos la gran responsabilidad de decir a la gente de nuestra comunidad y a la de otras comunidades que no necesitamos el alcohol o las drogas, que no necesitamos estimulantes artificiales. Los únicos estimulantes que necesitamos son nuestra gente y nosotros mismos."

# A G E N D A

## National Hispanic Conference on Alcoholism

### I. Opening Day: Sunday Evening - September 7

- 12:00 - 10:00 p.m. Registration
- 7:00 - 10:00 p.m. Pre-Conference Social

### II. First Day: Monday - September 8

- 9:00 - 3:00 p.m. Registration

THEME: Alcoholism in the Hispanic Community:  
A National Concern

Moderator: Charlene Ortiz

- 9:00 a.m. - Invocation Father David Garcia
- 9:05 a.m. - Welcome Remarks John DeLuca
- 9:10 a.m. - Introductions Ivonne Cordero Muratti  
Planning Committee  
Host Committee
- 9:20 a.m. - Introduction of: John DeLuca  
Mayor of City of San Antonio Lila Cockrell  
Texas Commission on Alcoholism Director Ross Newby  
Regional Health Administrator, Region VI, DHHS, Dallas, TX Sam Eell
- 10:20 a.m. - Keynote Speaker  
Special Assistant to the President on Hispanic Affairs Amb. Esteban Torres

12:00 - 1:15 LUNCH (open)

1:30 - 4:00 TREATMENT

#### Special Populations

Moderator: Ivonne Cordero Muratti

Presenters: Ida L. Seneriz  
Lidia Romero  
Janette de Fuentes  
Abel Garza  
Eugenio Sanchez T., Ph.D.

#### General Populations

Moderator: Pedro Ruiz, M.D.

Presenters: Rebecca Sanchez  
Luis Rodriguez  
Humberto Martinez, M.D.  
Frank Banales

## PREVENTION

Moderators: Charlene Ortiz  
Presenters: Bernell N. Boswell  
Antonio Garcia  
Juan Solis  
Carlos Salazar  
Acenete Flores

## TRAINING

Moderators: Luis J. Rodriguez  
Presenters: John Moore, MSW  
Ernesto Martinez  
Ursula Garcia

## RESEARCH

Moderators: Carlos Caste, Ph.D.  
Presenters: Sally Andrade, Ph.D.  
Rumaldo Z. Juarez, Ph.D.  
Roberto Mejia, Ph.D.

## PUBLIC POLICY

### State Public Policy

Moderators: Elvira Diaz  
Presenters: Isaac J. Perez  
Femin Rios-Soto  
Jose Trejo  
Jesse Guzman  
Pedro Villanueva  
Luis Polanco  
Daniel Esparza

### National Public Policy

Moderators: Reymundo Rodriguez  
Presenters: Raul Yzaguirre  
Rolando Garza  
Eduardo Castello, Ph.D.  
Armando Cherdick  
Cruz Archibeque

4:00 - 5:00 DINNER (open)

5:30 - 7:00 GRANTS REVIEW PROCESS

Moderators: Ana Graham, Ph.D.  
IRG Process: Jeanne Trumble  
Resource: Lorán Archer  
Grants TA: Donald Godwin

GRANTS REVIEW PROCESS

Moderator: Florentino Elcarte, Ph.D.  
IRG Process Resource: James Vaughan  
Grant TA: Patricia O'Gorman, Ph.D.  
Michael Bond

CONTRACTS REVIEW PROCESS

Moderator: Elva Ruiz Lytle  
Contracts Process: Martin Trusty  
DHHS Socio-Economic Policy Resource: Mike Mendiville, Ph.D.  
Lois Chatham, Ph.D.

III. Second Day Tuesday - September 9

THEME: The State of the Art of Alcoholism in the Hispanic Community

Moderator: Hector Gonzales, R.N., Ph.D.

9:10 a.m. Carlos Caste, Ph.D.  
"Epidemiology"

9:40 a.m. Antonio Navarro, MSW  
The Essentiality of Continued  
Treatment After Cure Service  
System"

10:10 a.m. Alfonso Paredes, Ph.D.  
Services Utilization/Treatment  
Effectiveness"

10:40 a.m. Panel/Open Forum

12:00 - 1:15 LUNCH (open)

1:30 - 4:00 workshops (simultaneously conducted)

TREATMENT

Special Populations

Moderator: Ivonne Cordero Muratti  
Resource: Gema Hernandez  
Recorder: Yanette de Fuentes  
NIAAA Rep. Lois Chatham, Ph.D.

General Populations

Moderator: Pedro Ruiz, M.D.  
Resource: Luis Rodriguez  
Recorder: Jim Abeyta  
NIAAA Rep. Florentino Elcarte, Ph.D.

PREVENTION

Moderators: Charlene Ortiz  
Resource Cruz Archibeque  
Recorder Enrique Santiago  
NIAAA Rep. Patricia O'Gorman, Ph.D.

TRAINING

Moderators: Luis J. Rodriguez  
Resource Ernesto Martinez  
Recorder Ursula Garcia, R.N.  
NIAAA Rep. Jeanne Trumble

RESEARCH

Moderators: Carlos Caste, Ph.D.  
Resource Rinaldo Juarez, Ph.D.  
Recorder Sally Andrade, Ph.D.  
NIAAA Rep. G. Salmoiraghi, Ph.D.

PUBLIC POLICY

State Policy

Moderators: Elvira Diaz  
Resource Jesse Guzman  
Recorder Isaac J. Perez  
NIAAA Rep. Ana Graham, Ph.D.

National Policy

Moderators: Reymundo Rodriguez  
Resource Raul Yzaguirre  
Recorder Rolando Garza  
NIAAA Rep. Loran Archer

4:00 - 5:00 General Assembly

Moderators: Carlos Caste, Ph.D.

TREATMENT

Special Populations

Presenters: Ivonne Cordero Muratti  
NIAAA Rep. Lois Cnathan Ph.D.

General Populations

Presenters: Pedro Ruiz, M.D.  
NIAAA Rep. Florentino Elcarte, Ph.D.

PREVENTION

Presenters: Charlene Ortiz  
NIAAA Rep. Patricia O'Gorman, Ph.D.

TRAINING

Presenter: Luis J. Rodriguez  
NIAAA Rep. Jeanne Trumble

RESEARCH

Presenter: Carlos Caste, Ph.D.  
NIAAA Rep. G. Salmoiraghi, Ph.D.

PUBLIC POLICY

State Public Policy

Presenter: Elvira Diaz  
NIAAA Rep. Ana Graham, Ph.D.

National Public Policy

Presenter: Reymundo Rodriguez  
NIAAA Rep. Loran Archer

7:30 p.m. - BANQUET

Guest of Honor & Speaker Mario Obledo

IV. Third Day Wednesday, September 10

THEME: National Strategy for Unified  
Action

Moderator: Pedro Ruiz, M.D.

9:30 a.m. - Conference  
Synthesis Carmen Carrillo, Ph.D.

10:15 a.m. - Remarks by NIAAA  
Director John R. DeLuca

10:30 a.m. - National Hispanic Congress  
on Alcoholism Jim Hernandez

10:45 a.m. - Audience Reaction to  
Conference

12:00 noon - Conference Closure John Moore

1:30 - 5:00 Optional Local Hispanic  
Program - Site Visits Host Committee

## INTRODUCCION

El alcoholismo es un grave problema de salud en Estados Unidos. El Instituto Nacional sobre Abuso del Alcohol y Alcoholismo (NIAAA), la agencia federal que se ocupa de este problema, proporciona apoyo a distintos programas y servicios destinados a combatir la enfermedad entre todos los sectores de la sociedad. El Instituto presta apoyo a programas de tratamiento localizados en la comunidad y, a través de su Programa de Fomento de los Servicios para Combatir el Alcoholismo, se esfuerza por mejorar los programas de tratamiento del alcoholismo y poner estos servicios al alcance de todas aquellas personas que los necesitan.

Para alcanzar esta meta, el Instituto patrocinó la Primera Conferencia Nacional Hispana sobre Alcoholismo a fin de concentrarse en las necesidades especiales de los hispanos. La Comisión sobre Alcoholismo de Texas proporcionó los fondos para los viajes de los conferenciantes, y unos 400 participantes vinieron a la Conferencia en San Antonio para tratar las necesidades especiales de los hispanos que sufren la enfermedad del alcoholismo y problemas relacionados con el alcohol.

Los delegados a la conferencia, en representación de 29 estados, Puerto Rico y México, escucharon las presentaciones sobre el alcoholismo entre los hispanos y participaron en los grupos de trabajo sobre tratamiento, prevención, capacitación, investigación y normativa. La primera parte de la Conferencia estuvo dedicada al examen de los programas y servicios para hispanos relacionados con el alcoholismo. Después siguieron los discursos en los que los delegados recomendaron planes específicos de acción para atender las necesidades especiales de la comunidad hispana. En los dos días y medio que duró la Conferencia hubo un valioso intercambio de ideas e información y establecimiento de vínculos. En el día final de la Conferencia, John R. DeLuca, Director del NIAAA, anunció que el Instituto abordaría con mayor detenimiento las necesidades de los hispanos. También se comprometió a nombrar un grupo de trabajo hispano en el NIAAA, a incluir hispanos en todas las comisiones examinadoras y consultivas y nombrar un hispano para un cargo de responsabilidad en el NIAAA.

Las Actas incorporan las ponencias presentadas en la reunión, las observaciones de los participantes y las recomendaciones formuladas durante las sesiones de trabajo.

Esperamos que las Actas promuevan iniciativas aumentando la conciencia e interés en los problemas relacionados con el abuso del alcohol y el alcoholismo entre los hispanos.



Orador principal: Embajador Esteban Torres,  
Asistente Especial del Presidente  
de Estados Unidos para Asuntos  
Hispanos

EL DESAFIO DE LOS OCHENTA:  
ACCION MEDIANTE LA UNION

Miembros del estrado, miembros de la Conferencia Nacional Hispana sobre Alcoholismo, damas y caballeros. Es un placer y un honor para mí dirigirme a esta Conferencia porque los esfuerzos y contribuciones que ustedes aportan prestan un servicio de un valor incalculable a nuestra comunidad hispana, que acude a ustedes en busca de dirección y guía. En la reunión de esta mañana y en los próximos días, habrá oportunidades para intercambiar ideas y experiencias y formular una estrategia y planes para el futuro. Sobre todo, habrá oportunidades de renovar nuestros compromisos para abordar el grave problema del alcoholismo y sus efectos sobre una gran parte de la población, de la cual la comunidad hispana constituye un segmento importante. Entiendo que, hasta la fecha, hay pocos programas concebidos para atender las necesidades del alcohólico hispano. Me siento optimista de que, en un futuro cercano, se remediará esta situación. En sus distintos campos de actividad relacionados con el alcoholismo, ustedes han ejercido una benéfica influencia sobre los expertos y ellos han llegado a comprender los programas que ustedes llevan a cabo en beneficio de los hispanos. Comprenden que para trabajar efectiva y eficientemente, los programas han de estar orientados hacia la comunidad hispana. Cuando sea posible, esas agencias deben contar con personal bilingüe y bicultural a fin de cumplir su cometido. Yo percibo la presencia del Sr. DeLuca hoy como una manifestación y prueba de un compromiso por parte del NIAAA. Como ha dicho, "para avanzar, hay mucho trabajo que hacer", y es un placer para mí verlo aquí entre nosotros para avanzar el trabajo en este campo.

Como hispanos, hacemos frente a una tarea imponente. La prensa, el público, e incluso nuestra propia gente, declaran que los años ochenta serán la década de los hispanos. Tal vez necesitemos examinar durante unos minutos lo que quiere decir esto. Si ésta es la década de los hispanos, ¿significa que podemos esperar una porción razonable del sueño estadounidense? Si ésta es nuestra década, ¿podemos suponer que nuestros hijos van a recibir una educación adecuada y van a tener acceso al fruto de la educación superior? Si los próximos 10 años son realmente nuestros, ¿bajará el número de desempleados? ¿Participaremos en el mercado laboral y no estaremos limitados a trabajos mal remunerados y no especializados? Si ésta es nuestra década, ¿podemos esperar recibir cuidado adecuado de salud para nuestros jóvenes y nuestros ancianos? ¿Viviendas adecuadas para nuestro pueblo? ¿Resolverá esta década todos nuestros problemas? ¿Llegaremos a alcanzar nuestras metas y nuestros objetivos?

Ustedes conocen la respuesta. Es "no". No lograremos alcanzar esas metas elevadas, pero no se nos puede disuadir de intentar lograrlas. No debemos dejar que se nos aparte de nuestros compromisos. No debemos ser pesimistas en nuestros intentos por alcanzar esas metas. Los años ochenta pueden ser realmente nuestra década. Creo que cuando los historiadores escriban sobre el Siglo XX, dirán que la comunidad hispana cimentó las bases para el futuro; que nuestro pueblo creó los sistemas y estableció los vínculos; los vínculos que son tan importantes.

Esta mañana observé, en esta sala, que había entre los presentes diferentes campos de actividad. La capacidad de colaborar, de unir esas diferentes manos y de trabajar en asociación con el Gobierno Federal, con los funcionarios locales y con nuestra comunidad, es la capacidad que nos va a permitir alcanzar las metas que perseguimos. La clara determinación de nuestra situación, a la luz del día y trazando nuestro derrotero frente al futuro, nos traerá el éxito. Comprendemos que hay problemas complejos que no pueden resolverse fácilmente. Al iniciar este último trimestre de 1980 miro al pasado con orgullo y satisfacción, como ustedes deben hacerlo. Debemos mirar al futuro con valentía y renovado entusiasmo. Créanme; hemos llegado bastante lejos. Quiero que estén convencidos de que no nos dejaremos llevar de la complacencia y de que no nos detendremos ante ningún obstáculo. Necesitamos seguir adelante. Desde 1976, hemos progresado indudablemente en nuestros esfuerzos por aumentar la participación de los hispanos en la sociedad estadounidense.

Frecuentemente, sentimos que nos hemos quedado muy atrás. Hay mucho más que hacer y que lograr. Pero, recuerdo hace 35 años cuando los marineros golpeaban a nuestros hermanos mexicanos en los barrios del sur de California. ¿Recuerdan ustedes los "zoot suit wars"? ¿Pueden creer que hoy, 35 años después, un mexicano-americano, el Secretario Eduardo Hidalgo, dirige la Armada estadounidense. Treinta y cinco años parece mucho tiempo, pero creo que es importante reconocer hasta donde hemos llegado. Hoy, y lo digo con orgullo, hay más de 200 hispanos en altos puestos ejecutivos, administrativos, gerenciales, subministeriales, en la Casa Blanca y en comisiones consultivas. Hoy hay 18 jueces federales hispanos que presiden los tribunales federales. Esto era desconocido en el pasado. ¿Pueden imaginarse ustedes el efecto que surten 18 jueces federales en combatir las injusticias cometidas contra nuestro pueblo?

Una representación más amplia aumenta nuestro acceso. Debemos aprovechar la situación y dirigirnos a nuestros representantes en el Gobierno. Debemos dirigirnos a esas personas que acabo de mencionar para que expresen nuestras inquietudes y para que trabajen por una participación aún mayor.

El esfuerzo por ampliar la educación bilingüe es importante. La publicación de las normas de LAU en el *Registro Federal* es un paso muy importante hacia adelante. Los remedios de LAU proponen normas para el cumplimiento de lo dispuesto por el Título VI de la Ley de Derechos Civiles de 1964 a fin de evitar la discriminación por motivo de origen nacional en la educación elemental y secundaria. Las normas propuestas prohíben a los beneficiarios de asistencia financiera federal negar igualdad de acceso a un estudiante por razón de una aptitud limitada en el idioma inglés. Es para el logro de esa aptitud por lo que se están publicando en el *Registro Federal* las normas LAU. La educación es una inversión importante para nuestro futuro. Otra iniciativa que se ha tomado, que afecta a muchas de las personas a las que ustedes sirven, es la creación de una Comisión Selecta sobre el Estudio de Normas en Materia de Refugiados e Inmigración. Esta comisión es necesaria si queremos resolver los enormes problemas que afronta nuestro país.

Hace unos momentos dije que nosotros, como hispanos, afrontamos una tarea imponente. Es cierto, tenemos ante nosotros una tarea de gran dificultad, pero nada es imposible para nosotros. Al pedir a nuestros líderes y a nuestro propio Gobierno que sean más sensibles, lo mismo deberíamos exigirnos a nosotros mismos.

Esta primera Conferencia Nacional Hispana sobre Alcoholismo es prueba de que estamos dispuestos a aceptar ese gran desafío. Es por esto por lo que deseo felicitarlos por haber hecho el esfuerzo de venir a la Conferencia. Ustedes son una manifestación de esa buena voluntad. Al dedicar los próximos dos días a analizar el tratamiento, capacitación, investigación y política pública relacionados con los hispanos y el alcoholismo, comprendan que los efectos de esta conferencia se extienden más allá de los participantes. Sus actividades tendrán un efecto que trascenderá de los temas debatidos, llegando a nuestra comunidad. El esfuerzo mutuo y la unidad de acción que se demuestran aquí establecerán el tono y serán un ejemplo para el resto de nosotros en el Gobierno Federal. Aunque diferamos en nuestra forma de actuar, las normas básicas y metas siguen siendo las mismas. Es este concepto el que debe servirnos de guía en nuestras acciones. Sabemos que la unión hace la fuerza y la unión es la clave para lograr nuestras metas. Es por ello por lo que deseo elogiar el establecimiento del Congreso Nacional Hispano sobre Alcoholismo, que representa un medio importante de dirección y organización que multiplicará la eficacia de nuestros esfuerzos. Lo que hagamos hoy y mañana, establecerá la estructura para el futuro.

De cara a nuestro futuro, estoy seguro de que dirán conmigo: "Juntos, todos juntos, avanzaremos porque en esa unidad está la fuerza". Avanzaremos juntos hacia un futuro más brillante y que nos proporcionará más satisfacción si permanecemos fieles a nuestros compromisos mutuos de conseguir mayores oportunidades y mayor justicia para nuestro pueblo. Estos compromisos no se hacen fácilmente ya que requieren sacrificio. Si queremos cumplirlos como individuos, como comunidad debemos estar dispuestos a arremangarnos

las mangas y poner manos a la obra. Nuestros elevados sueños y objetivos deben ir acompañados de una determinación y deseo de dar un paso más o de trabajar esa hora extra, y yo sé que nuestra gente puede hacerlo. Un poeta escribió en cierta ocasión, "nosotros somos los músicos y los soñadores, los que movemos y sacudimos el mundo eternamente, parece". Hoy, al mirar a los presentes en esta sala, me siento alentado y fortalecido. No solo somos los soñadores, sino lo que tiene un significado mayor, damas y caballeros, somos quienes movemos y sacudimos el mundo para que esos sueños se conviertan en realidad. No es fácil. Es trabajo pesado y difícil y me siento orgulloso de que nuestro pueblo se haya reunido para hacer de esos sueños una realidad.

La legislación sobre asignaciones presupuestarias que nuestro Presidente trató vehementemente de conservar, como así lo logró, fue para esta clase de programas. Cuando se propuso que se redujera el presupuesto en el Congreso, el Presidente solicitó un aumento de fondos para el Instituto para luchar contra el alcoholismo. Hoy vemos esa iniciativa amenazada en la Cámara de Diputados y depende de ustedes como ciudadanos, conscientes de su responsabilidad cívica, como profesionales y líderes de la comunidad, ayudarnos a restaurar y conservar esas iniciativas y esos fondos. Sus representantes en el gobierno deben saber de ustedes. Y cuando sepan de ustedes van a saber que en realidad esta comunidad está unida. En este país ya no podemos darnos el lujo de estar divididos. Ya no podemos decir que tú eres chicano, yo soy boricua, yo soy cubano y tú eres colombiano. Trabajemos juntos porque en la unión está la fuerza y con fuerza podemos vencer, podemos lograr nuestros sueños. Hoy les doy las gracias porque me han invitado a hablar con ustedes y me comprometo a luchar junto a ustedes. Muchísimas gracias.

Conferenciante: *Dr. Carlos A. Caste, Ph.D.*  
*Profesor Asociado de Investigación*  
*de Psiquiatría, Centro Médico,*  
*Universidad de Nueva York*

## EL ALCOHOLISMO ENTRE LOS HISPANOS

La falta de reconocimiento de que es objeto el grave problema del alcoholismo entre los hispanos es aún más aterradora si consideramos los hechos siguientes:

- 1) Hoy, los hispanos en Estados Unidos quizás representen la minoría más grande del país. La Oficina del Censo de EE.UU. estima que, en 1976, había 12 millones de hispanos, pero estos datos no tomaban en cuenta el aumento por nacimientos y la inmigración legal y de indocumentados, que representaban de 22 a 23 millones, aproximadamente, o sea, de 7 a 9 por ciento de la población.
- 2) Los hispanos representan la población de más alto riesgo en todos los aspectos de las enfermedades mentales, adicción a las drogas y alcoholismo.
- 3) Los hispanos sufren el impacto total de una subcultura de pobreza en todas sus ramificaciones, incluyendo bajos ingresos, subempleo y educación deficiente, vivienda inadecuada y falta de espacio.

A todos estos problemas hay que añadir la discriminación, los prejuicios y las tensiones de la migración, y la aclimatación cultural. La adaptación al clima, las dificultades del idioma, las actitudes raciales y el conflicto de valores y creencias minan el sentido de autonomía e iniciativa de los hispanos.

Las pruebas más disponibles indican que el alcoholismo quizás sea el problema más grave entre los hispanoamericanos hoy en día. No obstante, al tratar de comprender ese problema, nos vemos reducidos a compaginar fragmentos dispersos de información procedentes de toda una serie de fuentes, entre las que figuran numerosos estudios que definen los conceptos básicos del alcoholismo de forma dispar. Hay también estudios que utilizan métodos de investigación que son inadecuados cuando se aplican a los hispanos.

Gran parte de la información sobre los hispanos y el alcoholismo, es un producto secundario incidental de estudios de la población general o de algún otro grupo específico; como resultado, la mayor parte de esta información se basa en un número de hispanos muy reducido.

Durante el año fiscal de 1978, el NIAAA gastó más de \$15 millones en 236 proyectos de investigación y nueve centros nacionales de investigaciones. Ninguno de esos proyectos y centros se ocupa de los hispanos, aunque la Ley Pública 94-371 establece prioridad

para esta población. Sin la información que una buena investigación pudiera generar, es difícil, si no imposible, establecer programas racionales y eficaces para la comunidad hispana. La información de que disponemos consiste en datos poco confiables y en información fragmentaria. No se ha recogido sistemática e integralmente información nacional y ningún proyecto de investigación ha concentrado su atención exclusivamente en los hispanos. No podemos corroborar la validez de las cifras que he utilizado, pero parecen ser un marco adecuado de referencia si queremos tener una idea aproximada de la magnitud del problema del alcoholismo entre los hispanoamericanos.

Hace una década, Cahalan (1969) declaró en su Encuesta Nacional sobre las Prácticas de Consumo de Alcohol en EE.UU., que la proporción de bebedores asiduos era más alta entre las personas de ascendencia latina y caribeña. Además, informó que esta cifra era más del doble que la cifra promedio nacional. Estos patrones han sido corroborados por otras encuestas (Cahalan 1974; Cle. y Room 1977; Clark y Midanik 1979).

Recientemente, la Encuesta Nacional sobre Consumo de Alcohol y Problemas Relacionados con el Alcohol entre los Adultos en Estados Unidos trató de actualizar los datos sobre prevalencia del alcoholismo. Esa encuesta se llevó a cabo con el fin de proporcionar una base para la formulación de una política que permitiera combatir el problema. También da las cifras empleadas para determinar las tendencias experimentadas en el abuso del alcohol, ya que estas cifras fueron comparadas con las producidas por investigaciones anteriores.

La Encuesta Nacional de 1979 indicó que los hispanos, en comparación con los negros y anglosajones (de uno y otro sexo), tienen una alta proporción de bebedores asiduos y de problemas asociados con bebidas alcohólicas. Entre los hispanos, los hombres tienen más problemas relacionados con el alcoholismo que las mujeres.

#### MUJERES

	Bebedores con consecuencias sociales	Bebedores con pérdida del control o dependencia	Con pérdida del control (bebedores solamente)
ANGLOSAJONES	2	6	10
NEGROS	3	5	11
HISPANOS	10	11	16

#### HOMBRES

ANGLOSAJONES	6	13	18
NEGROS	3	16	22
HISPANOS	30	44	56

Rachal y colaboradores (1978) han estudiado el problema entre los adolescentes y los resultados del estudio con este grupo específico indican que los adolescentes anglosajones e hispanos muestran patrones similares en la bebida y ambos grupos muestran un mayor predominio del alcoholismo que los adolescentes negros.

La encuesta de 1978 realizada por el Research Triangle Institute dividió la población en tres grupos principales: negros, hispanos, anglosajones y otros (esta categoría de otros incluye minorías tales como los norteamericanos nativos, etc.). No es confiable la clasificación de estos resultados ya que las cifras de consumo entre los subgrupos incluidos bajo la categoría de anglosajones son muy diferentes.

<u>Nivel de bebida</u>	<u>Negros</u>	<u>Hispanoamericanos</u>	<u>Anglosajones- Otros</u>
Abstemio	36,1	21,1	21,0%
Infrecuente	12,1	20,5	7,4%
Ligero	28,1	21,6	23,8%
Moderado	11,3	17,5	18,0%
Moderado-asiduo	8,5	15,1	17,6%
Asiduo	3,9	4,2	12,2%
Muestra (n)	496	264	4.158

En un estudio de la relación entre la muerte por cirrosis y el consumo de alcohol, Malin y sus colaboradores (1979) ofrecen alguna información sobre los patrones y nivel de consumo del alcohol. Observaron cambios espectaculares entre las cifras de mortalidad entre 1949 y 1973. El índice para los varones que no estaban incluidos en la categoría de anglosajones aumentó alarmantemente, y para las mujeres, se triplicó.

El número de muertes relacionadas con el alcohol en ambos sexos de los anglosajones también aumentó durante ese período, aunque no en la misma magnitud de los demás. La muerte a causa de cirrosis entre los no anglosajones ha estado disminuyendo desde 1973, pero aún sigue siendo substancialmente más alta que para los anglosajones. Malin no da información para subgrupos específicos no anglosajones, pero otros estudios indican que el índice de muertes ocasionadas por cirrosis entre los hispanos es más alto que el índice para la población en general. Moustafa y Weiss (1968) encontraron resultados para los chicanos en Texas similares a los de Avilés-Roig (1973) para los puertorriqueños en Puerto Rico. Edmanson en California (1975) encontró que el 52 de todas las muertes entre los mexicoamericanos se debía a cirrosis en comparación con el 24 para los anglosajones y 22 para los negros. Engman (1976) obtuvo resultados similares en una encuesta estatal. Central Park North en la ciudad de Nueva York, con una extensa población de hispanos, tiene un número de muertes ocasio-

nadas por cirrosis 4,8 veces más elevado que las correspondientes a todo el estado (State Plan Profile, 1980).

Se informa también que los accidentes de automóvil, por conducir bajo la influencia del alcohol son más altos entre los hispanos que el promedio de la población (Alcocer 1980; Kaye 1977; Helrich y Benson 1972 y Hyman y Hyman 1968). También se demuestra que el número de arrestos por embriaguez en público es más alto entre los hispanos que en el resto de la población (Welfare Planning Council 1970; Haugen 1975; Kern 1975; Enoman 1976; Hall, Chaikin y Piland 1977).

Este breve análisis del predominio del uso y abuso del alcohol entre los hispanos, usando diferentes índices, corrobora la gravedad del problema en la comunidad hispana. En la Encuesta Nacional de 1979, se estima que el índice del alcoholismo entre los hispanos es de 7., es decir, 2 sobre los índices declarados en la Encuesta Nacional de 1969 para la población en general. En 1976, García declaró ante el Subcomité del Senado sobre Alcoholismo y Narcóticos que el 10 de los hispanos son alcohólicos asiduos y que entre 10 y 15 tienen problemas relacionados con el alcohol. Aun cuando esta cifra fuera exaerada, indica un grave problema endémico, el cual se complica por la baja utilización de los servicios disponibles.

Si pasamos ahora a examinar una posible etiología, especialmente los factores socio-culturales, encontraremos algunos problemas altamente controvertibles. Sin embargo, es razonable indicar que el alcoholismo entre los hispanos es hasta cierto punto el resultado de las presiones de la inmigración y la adaptación a una nueva sociedad. Los inmigrantes hispanos, como otros inmigrantes antes que ellos, han tenido que enfrentarse a cambios culturales, al rompimiento de los lazos familiares, a cambios bruscos en el ambiente físico y social, a barreras del idioma y a toda clase de discriminación. Como indiqué antes, tenemos varias hipótesis que pueden ofrecerse para explicar la alta prevalencia del alcoholismo entre los hispanos; todas son disputables y hasta ahora no tenemos pruebas científicas válidas que respalden esas hipótesis. Las teorías sociales, genéticas y psicológicas ponen en tela de juicio su validez, pero en su mayor parte pertenecen al campo de las especulaciones científicas. El desarrollo reciente de la epidemiología genética, incluyendo el estudio de las interacciones entre el ambiente y los factores que son transmitidos genéticamente, resulta ser una hipótesis atractiva, pero la transmisión del alcoholismo es también un acontecimiento cultural y ambiental muy complejo.

Los enfoques tradicionales basados en explicaciones metafísicas de fuerzas dinámicas internas deben considerarse también con mucho escepticismo cuando se aplican a una cultura que difiere en muchos aspectos fundamentales de la cultura de este país.



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**ABSTRACT**

Written in Spanish and English, the proceedings include 6 papers and the recommendations presented at the conference on alcoholism and alcohol-related problems among Hispanics attended by approximately 400 participants, representing 29 states, Puerto Rico, and Mexico. "The Challenge of the 1980's: Action Through Unity" discusses the need for unity among service delivery agencies. "Alcoholism Among Hispanics" briefly reviews the prevalence of alcohol use and abuse among Hispanics. "Inpatient Aftercare Service Systems: The Essentiality of Continued Treatment for the Chicano Community" discusses the importance of continued treatment so the Chicano substance abuser can remain sober. "Issues in the Delivery of Services for Alcoholics" discusses such issues as the social and political context of alcoholism programs, incorporation of management instruments, manpower needs, and the use of "ethnic" professionals. "Achievement of the Hispanic Dream" discusses the commitment to improve the life style and the problem of alcoholism among Hispanics. The final paper discusses a national strategy for unified action. Recommendations in the areas of treatment (special and general populations), prevention, training, research, and state and national public policy are provided. A listing of committee members, San Antonio host committee, and conference participants is appended. (NQA)

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# HISPANIC Conference on Alcoholism

## Alcoholism and the Hispanic A Mutual Concern

San Antonio, Texas  
September 7-10, 1981

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September 7-10, 1980  
San Antonio, Texas

Department of Health and Human Services  
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Alcohol, Drug Abuse, and Mental Health Administration

This publication is the product of a conference on alcohol abuse and alcoholism among Hispanics held in San Antonio, Texas, September 7-10, 1980. The conference was conducted by AVANTE International Systems Corporation under contract No. ADM 281-80-0014. With the exception of the remarks by John R. DeLuca, NIAAA Director, the presentations herein are those of the listed authors and conference participants and may not necessarily reflect the opinions, official policy, or position of the National Institute on Alcohol Abuse and Alcoholism; Alcohol, Drug Abuse, and Mental Health Administration; Public Health Service; or the U.S. Department of Health and Human Services.

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## FOREWORD

The National Institute on Alcohol Abuse and Alcoholism is pleased to publish the Proceedings of the National Hispanic Conference on Alcoholism sponsored by NIAAA September 7-10, 1980, in San Antonio.

The Proceedings cover Conference discussions and deliberations on key alcoholism and other alcohol-related problems and issues of concern to the Hispanic people of the Nation. They convey the spirit of cooperation and sharing of ideas that contributed to a strategy for Hispanic participation in the national effort to alleviate the disease alcoholism. The Proceedings also serve as a guide for State and community alcoholism programs engaged in developing, enhancing, or expanding the delivery of alcoholism services to the Hispanic population.

Special thanks are extended to the planning and host committees, to the Conference presenters and participants and NIAAA staff, and to the many others whose cooperation, support, and determination contributed to the success of this important meeting.

John R. DeLuca  
Director  
National Institute on Alcohol  
Abuse and Alcoholism

Excerpts From the  
NATIONAL HISPANIC CONFERENCE ON ALCOHOLISM

John DeLuca, Director of the National Institute on Alcohol Abuse and Alcoholism:

"We will work step-by-step, day-by-day, hand-in-hand, and I think we will create and maintain this partnership, not for me, not for you, but for the alcoholics, for their families, for their communities, and, most important, for their children."

Esteban Torres, Special Assistant to the President for Hispanic Affairs:

"I believe that when historians chronicle the 20th century we will look back and say that the Hispanic community laid the groundwork for the future; that our people built the systems and networks--the networks, which are so important."

James Hernandez, President of The National Hispanic Congress on Alcoholism:

"Let me express myself very clearly and very sincerely that the Congress will work for inclusion of all groups and individuals who want to work in harmony toward our common goals. It is the only way we can realize our dreams. It is the only way we can help the staff of NIAAA to realize their dreams, so long as they continue to extend their hand in working with us to achieve our goals."

Mario Obledo, California Secretary of Health and Welfare:

"We must be ready to claim this destiny that is almost upon us. You and I have a great responsibility to tell the people from our community, and other people as well, that we don't need alcohol or drugs, that we don't need any artificial stimulants. The only stimulants we need are ourselves and our people."

## A G E N D A

### National Hispanic Conference on Alcoholism

#### I. Opening Day: Sunday Evening - September 7

- 12:00 - 10:00 p.m. Registration  
7:00 - 10:00 p.m. Pre-Conference Social

#### II. First Day: Monday - September 8

- 9:00 - 3:00 p.m. Registration

THEME: Alcoholism in the Hispanic Community:  
A National Concern

*Moderator:*

Charlene Ortiz

- 9:00 a.m. - Invocation

Father David Garcia

- 9:05 a.m. - Welcome Remarks

John DeLuca

- 9:10 a.m. - Introductions

Ivonne Cordero Muratti

Planning Committee

Host Committee

- 9:20 a.m. - Introduction of:

John DeLuca

Mayor of City of San Antonio

Lila Cockrell

Texas Commission on Alcoholism Director

Ross Newby

Regional Health Adminis-

trator, Region VI,  
DHHS, Dallas, TX

Sam Bell

- 10:20 a.m. - Keynote Speaker

Special Assistant to  
the President on  
Hispanic Affairs

Amb. Esteban Torres

- 12:00 - 1:15 LUNCH (open)

- 1:30 - 4:00 TREATMENT

#### Special Populations

*Moderator:*

Ivonne Cordero Muratti

*Presenters:*

Ida L. Seneriz

Lidia Romero

Nanette de Fuentes

Abel Garza

Eugenio Sanchez T., Ph.D.

#### General Populations

*Moderator:*

Pedro Ruiz, M.D.

*Presenters:*

Rebecca Sanchez

Luis Rodriguez

Humberto Martinez, M.D.

Frank Banalès



**PREVENTION**

*Moderator:* Charlene Ortiz  
*Presenters:* Bernell N. Boswell  
Antonio Garcia  
Juan Solis  
Carlos Salazar  
Acenete Flores

**TRAINING**

*Moderator:* Luis J. Rodriguez  
*Presenters:* John Moore, MSW  
Ernesto Martinez  
Ursula Garcia

**RESEARCH**

*Moderator:* Carlos Caste, Ph.D.  
*Presenters:* Sally Andrade, Ph.D.  
Rumaldo Z. Juarez, Ph.D.  
Roberto Mejia, Ph.D.

**PUBLIC POLICY**

State Public Policy

*Moderator:* Elvira Diaz  
*Presenters:* Isaac J. Perez  
Fermin Rios-Soto  
Jose Trejo  
Jesse Guzman  
Pedro Villanueva  
Luis Polanco  
Daniel Esparza

National Public Policy

*Moderator:* Reymundo Rodriguez  
*Presenters:* Raul Yzaguirre  
Rolando Garza  
Eduardo Castello, Ph.D.  
Armando Cherdic  
Cruz Archibeque

4:00 - 5:00 DINNER (open)

5:30 - 7:00 GRANTS REVIEW PROCESS

*Moderator:* Ana Graham, Ph.D  
*IRG Process* Jeanne Trumble  
*Resource* Loran Archer  
*Grants TA* Donald Godwin

### GRANTS REVIEW PROCESS

*Moderator:* Florentino Elcarte, Ph.D.  
IRG Process James Vaughan  
Resource Patricia O'Gorman, Ph.D.  
Grant TA Michael Bond

### CONTRACTS REVIEW PROCESS

*Moderator:* Elva Ruiz Lytle  
Contracts Process Martin Trusty  
DHHS Socio-Economic Policy Mike Mendiville, Ph.D.  
Resource Lois Chatham, Ph.D.

### III. Second Day Tuesday - September 9

**THEME:** The State of the Art of Alcoholism in the Hispanic Community

*Moderator:* Hector Gonzales, R.N., Ph.D.

- 9:10 a.m. Carlos Caste, Ph.D.  
"Epidemiology"
- 9:40 a.m. Antonio Navarro, MSW  
"The Essentiality of Continued  
Treatment After Cure Service  
System"
- 10:10 a.m. Alfonso Paredes, Ph.D.  
"Services Utilization/Treatment  
Effectiveness"
- 10:40 a.m. Panel/Open Forum
- 12:00 - 1:15 LUNCH (open)
- 1:30 - 4:00 Workshops (simultaneously conducted)

### TREATMENT

#### Special Populations

*Moderator:* Ivonne Cordero Muratti  
Resource Gema Hernandez  
Recorder Nanette de Fuentes  
NIAAA Rep. Lois Chatham, Ph.D.

#### General Populations

*Moderator:* Pedro Ruiz, M.D.  
Resource Luis Rodriguez  
Recorder Jim Abeyta  
NIAAA Rep. Florentino Elcarte, Ph.D.

## PREVENTION

*Moderator:* Charlene Ortiz  
Resource Cruz Archibeque  
Recorder Enrique Santiago  
NIAAA Rep. Patricia O'Gorman, Ph.D.

## TRAINING

*Moderator:* Luis J. Rodriguez  
Resource Ernesto Martinez  
Recorder Ursula Garcia, R.N.  
NIAAA Rep. Jeanne Trumble

## RESEARCH

*Moderator:* Carlos Caste, Ph.D.  
Resource Rinaldo Juarez, Ph.D.  
Recorder Sally Andrade, Ph.D.  
NIAAA Rep. G. Salmoiraghi, Ph.D.

## PUBLIC POLICY

### State Policy

*Moderator:* Elvira Diaz  
Resource Jesse Guzman  
Recorder Isaac J. Perez  
NIAAA Rep. Ana Graham, Ph.D.

### National Policy

*Moderator:* Reymundo Rodriguez  
Resource Raul Yzaguirre  
Recorder Rolando Garza  
NIAAA Rep. Loran Archer

4:00 - 5:00 General Assembly

*Moderator:* Carlos Caste, Ph.D.

## TREATMENT

### Special Populations

*Presenter:* Ivonne Cordero Muratti  
NIAAA Rep. Lois Chatham, Ph.D.

### General Populations

*Presenter:* Pedro Ruiz, M.D.  
NIAAA Rep. Florentino Elcarte, Ph.D.

## PREVENTION

*Presenter:* Charlene Ortiz  
NIAAA Rep. Patricia O'Gorman, Ph.D.

TRAINING

Presenter: Luis J. Rodriguez  
NIAAA Rep. Jeanne Trumble

RESEARCH

Presenter: Carlos Caste, Ph.D.  
NIAAA Rep. G. Salmoiraghi, Ph.D.

PUBLIC POLICY

State Public Policy

Presenter: Elvira Diaz  
NIAAA Rep. Ana Graham, Ph.D.

National Public Policy

Presenter: Reymundo Rodriguez  
NIAAA Rep. Loran Archer

7:30 p.m. - BANQUET

Guest of Honor & Speaker Mario Obledo

IV. Third Day Wednesday, September 10

THEME: National Strategy for Unified Action

Moderator: Pedro Ruiz, M.D.

9:30 a.m. - Conference Synthesis Carmen Carrillo, Ph.D.

10:15 a.m. - Remarks by NIAAA Director John R. DeLuca

10:30 a.m. - National Hispanic Congress on Alcoholism Jim Hernandez

10:45 a.m. - Audience Reaction to Conference

12:00 noon - Conference Closure John Moore

1:30 - 5:00 Optional Local Hispanic Program - Site Visits Host Committee

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## INTRODUCTION

Alcoholism is a major health problem in the United States. The National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Federal agency concerned with this problem, supports a variety of programs and services to alleviate the disease among all sectors of society. The Institute supports community-based treatment programs and, through its Alcoholism Services Development Program, seeks to improve the alcoholism treatment programs and extend the availability of services to all who need them.

In pursuit of that aim, the Institute sponsored the first National Hispanic Conference on Alcoholism to focus on the special needs of Hispanics. The Texas Commission on Alcoholism provided travel funds for conferees, and approximately 400 participants came to the Conference in San Antonio to discuss the special needs of Hispanics who suffer from alcoholism and alcohol-related problems.

Conference delegates, representing 29 States, Puerto Rico, and Mexico, listened to presentations on Hispanic alcoholism and participated in workshops on treatment, prevention, training, research, and policy. The first part of the conference was devoted to an examination of alcoholism programs and services targeted for Hispanics. These work sessions were followed by discussions at which the delegates recommended specific plans of action to meet the special needs of the Hispanic community. A good exchange of ideas and information and network building took place during the 2½ days. On the last morning of the Conference, John R. DeLuca, Director of NIAAA, noted that the needs of Hispanics would be further addressed by the Institute. He also made commitments to appoint an NIAAA Hispanic task force, to include Hispanics on all review and advisory committees, and to appoint a Hispanic to a senior staff position at NIAAA.

The Proceedings incorporate the papers presented at the meeting, the observations shared by the participants, and recommendations developed during work sessions.

We hope the Proceedings will facilitate new initiatives by increasing the awareness of, and interest in, problems of alcohol abuse and alcoholism among Hispanics.

*Keynote Speaker: Ambassador Esteban Torres,  
Special Assistant to the  
President for Hispanic  
Affairs*

THE CHALLENGE OF THE 1980s:  
ACTION THROUGH UNITY

Members of the dais, members of the National Hispanic Conference on Alcoholism, ladies and gentlemen. It is a pleasure and an honor to address this conference because your efforts and contributions perform an invaluable service to our Hispanic community, which looks to you for leadership and guidance. In the gathering this morning and in the days that follow there will be opportunities to exchange ideas and experiences and to strategize and plan for the future. Above all, there will be opportunities to renew our commitments to address the very serious problem of alcoholism and how it affects a large part of the population, of which the Hispanic community is an important segment. I understand that to date there are few programs designed to address the needs of the Hispanic alcoholic. I am optimistic that in the very near future this situation will be remedied. In your various areas of work in the field of alcoholism you have influenced the experts and they have come to an understanding of your Hispanic programs. They realize that to work effectively and efficiently programs must be directed toward the Hispanic community. Whenever possible those agencies must be staffed with bicultural and bilingual personnel in order to carry out their objectives. I perceive Mr. DeLuca's presence today as a manifestation and evidence of a commitment from NIAAA. He has said, "In order to move ahead, there is much work to be done," and I am pleased to see him here to advance the work in this area.

As Hispanics we are faced with an awesome task. The media, the public, and even our own people declare the 1980s to be the decade of the Hispanics. Perhaps we should explore for a few minutes what that means. If this is the decade of the Hispanics, does that mean that we can expect our fair share of the American dream? If this is our decade, may we presume that our children are going to be educated adequately and that the access for them to the fruits of higher education will be fulfilled? If the next 10 years are really ours, will our unemployment rates drop? Will we participate in the labor market and not be confined to unskilled and lower paying jobs? If this is our decade, can we look forward to adequate health care for our young and for our elderly? Adequate housing for our people? Will this decade resolve all our problems? Will we reach our goals and our objectives?

You know the answer. It is "no." We will not reach those lofty goals, but we cannot be deterred from attempting to do so. We must not be discouraged or distracted from our commitments. We must not be pessimistic in the attempt to reach those goals. The 1980s can indeed be our decade. I believe that when historians chronicle the 20th century we will look back and say that the Hispanic community laid the groundwork for the future-- that our people built the systems and the networks, especially the networks, which are so important.

I, looked across the room this morning and saw hands raised signifying your different areas of endeavor. The ability to work together and join those different hands at work in partnership with the Federal Government, local officials, and with our community is the kind of ability that is going to bring us the kinds of successes we want. Clearly assessing our situation in the cold light of day and plotting our course, the course for the future, will bring success. We realize that there are complex problems that cannot be solved by simplistic answers, and that no one can solve these problems for us with simplistic solutions. So as we enter the last quarter of 1980 I look, as you should look, with pride and satisfaction at the past. We should look to the future with renewed vigor and enthusiasm. We have come a long way, believe me. I want you to be confident that we will not be lulled by self-complacency or deterred by any obstacle. We have to move ahead. Since 1976 we have made tangible progress in our efforts to increase Hispanic participation in the American society.

We often feel we are way behind. To be sure, there is much more to be done and gained. But, I remember 35 years ago when sailors were beating our Mexican brothers in the barrios of Southern California. Do you remember the zoot suit wars? Can you believe that now, 35 years later, a Mexican-American, Secretary Eduardo Hidalgo, is running the U.S. Navy? Thirty-five years seems like a long time, but I think it is important to recognize how far we have come. Today, and I say this with pride, there are over 200 Hispanics in top policymaking, management, senior management, subcabinet, White House, and advisory committees. Today, there are 18 Hispanic Federal judges that sit on Federal courts. That was unknown in the past. Can you imagine the impact that 18 Federal judges can have on alleviating the injustices administered to our people?

Increased representation renders increased access. We must take advantage of the situation and call upon our representatives in Government. We should call on those people I have mentioned to voice our concern and to work for even greater participation.

The push to expand bilingual education is important. The publication of the Lau guidelines in the Federal Register is a tremendous movement forward. The Lau remedies propose rules to implement provisions of Title VI of the Civil Rights Act of

1964 to prevent national origin discrimination in elementary and secondary education. The proposed rules prohibit recipients of Federal financial assistance from denying equality of access to any student because of that student's limited proficiency in English. It is to the attainment of that proficiency that the Lau regulations are being published in the Federal Register. Education is an important investment for our future. Another initiative taken, one that impacts on the many people that you serve, is the creation of a Select Commission on the Study of Refugee and Immigration Policies. The Commission is necessary if we are to overcome the tremendous problems under this issue that beset our Nation.

A few moments ago I said that we as Hispanics had an awesome task. True, we are faced with an awesome task, yet nothing is insurmountable for us. As we challenge our leaders and our own Government to be more responsive, so we should challenge ourselves.

This First National Hispanic Conference on Alcoholism is evidence of our willingness to accept this overall challenge. That is why I would like to commend you for making the effort to be here. You are a manifestation of that evidence. As you spend the next two days discussing the treatment, training, research, and public policy in regard to Hispanics and alcoholism, realize that the impact of this Conference extends far beyond what you discuss, touching upon our community. The concerted effort and the unity of action here will set the tone and example for the rest of us in the Federal Government. Although we may differ in our approaches, the basic rules and goals remain the same. It is this concept that must direct our course of action. We know that in unity there is strength and in unity lies the key to achieving our goals. That is why I want to commend the establishment of the National Hispanic Congress on Alcoholism which represents an important leadership and organization that will dovetail our efforts. What we do today and tomorrow sets the framework for the future.

As we look toward our future I am sure that you will say with me, "Que avanzaremos juntos, todos juntos, porque en esa unidad esta la fuerza." We will move forward together for a brighter and more fulfilling future if we stand by our mutual commitments of securing greater opportunities and greater justice for our people. These commitments are not easily made because they require sacrifice. If we are to realize them as individuals, we as a community must stand ready to roll up our sleeves and dig the trenches. Our lofty dreams and our goals must be coupled with a determination and a willingness to go that extra mile or work the extra hour, and I know our people can do it. A poet once wrote, "We are the music makers and we are the dreamers of dreams, and we are the movers and the shakers of the world forever it seems." As I look around the room this morning, I am refreshed and invigorated. Not only are we the dreamers of dreams but, of greater significance, ladies and



gentlemen, we are the "movers" and the "shakers" that will make those dreams a reality. It is not easy. It is hard, tough work and I am proud that our people have come together to make those dreams a reality.

The legislation on appropriations that our President fought so hard to keep, and did, was for these kinds of programs. When there were proposed budget cuts in the Congress the President asked for increased monies for the Institute to fight alcoholism. We see today that initiative being threatened in the House of Representatives and it is up to you as citizens, as civic action-minded people, as professionals and community leaders, to help us restore and keep those initiatives and funding. Your Representatives must hear from you. Y cuando oigan de ustedes van a saber que en realidad esta comunidad esta unificada. En este pais ya no podemos tomar el lujo de dividirnos. Ya no podemos decir que tu eres Chicano, yo soy Boricua, yo soy Cubano y tu eres Colombiano. Trabajemos juntos porque en la unidad esta la fuerza y con fuerza podemos vencer, podemos lograr nuestros suenos. Hoy les doy las gracias porque me han invitado aqui para hablar con ustedes. Y me comprometo a luchar juntamente con ustedes. Muchisimas gracias.

Presenter: Carlos A. Caste, Ph.D.,  
Research Associate Professor  
of Psychiatry, New York  
University Center

## ALCOHOLISM AMONG HISPANICS

The lack of recognition given to the severe problem of alcoholism among Hispanics becomes the more appalling when one considers the following facts:

1. Hispanics in the United States probably represent the largest minority in this country today. The U.S. Census Bureau estimated the number of Hispanics in 1976 at 12 million, but this data did not take into consideration the increase from births and from legal and undocumented immigration which would be approximately 22 to 23 million, or 7 to 9 percent of the population.
2. Hispanics represent the highest risk population in all aspects of mental illness, drug addiction, and alcoholism.
3. Hispanics suffer the full impact of a subculture of poverty in all its ramifications, including low income, underemployment, undereducation, poor housing, and overcrowding.

Compounding all these problems are prejudice, discrimination, and the stress of migration and acculturation. Adjustment to climate, language difficulties, racial attitudes, and conflict of values and beliefs undermine the sense of autonomy and initiative among Hispanics.

Most available evidence indicates that alcoholism is possibly the most severe problem among Hispanic Americans today. Yet, in trying to understand that problem, we are reduced to knitting together scattered bits of information from a wide variety of sources. The sources include numerous studies which define even basic concepts in alcoholism in widely divergent ways. There are also studies which utilize research methods which are inappropriate when applied to Hispanics.

Much of the information on Hispanics and alcoholism is the incidental byproduct of studies of the general population or some other target group; as a result, most of it is based on a very small number of Hispanics:

During FY 1978, the NIAAA spent over \$15 million on 236 research projects and nine national research centers. Not one of these projects or centers is concerned with Hispanics, even though

PL 94-371 establishes priority for this population. Without the baseline data good research could generate, it is doubly difficult, if not impossible, to establish rational and effective programs for the Hispanic community. The data we have consist of highly fragmented and unreliable information. No national data have been systematically and comprehensively pulled together, and no research project has focused its exclusive attention on Hispanics. We cannot attest to the validity of the figures I have used, but this seems a fitting frame of reference if we are to have even an approximate idea of the magnitude of the problem of alcoholism among Spanish Americans.

A decade ago, Cahalan (1969) reported in his National Survey of American Drinking Practices that the proportion of "heavy drinkers" was highest among those of Latin and Caribbean extraction. He further reported that this figure was more than twice the national average. These patterns have been corroborated by other surveys (Cahalan 1974; Clark and Room 1977; Clark and Midanik 1979).

More recently the National Survey of Alcohol Use and Alcohol Problems Among Household Adults in the United States attempted to update the data on prevalence of alcoholism. This survey provides a basis for policy making directed toward the amelioration of the problem. It also provides the figures used to determine trends in alcohol abuse since these figures were compared with those generated by past research.

The 1979 National Survey indicated that Hispanics (regardless of sex) have the highest proportion of heavy drinkers and problems associated with drinking when compared with blacks and whites. Among Hispanics, males have more alcoholism-related problems than do females.

Female		
Drinkers with social consequences (percent)	Drinking with loss of control or dependence (percent)	With loss of control (drinkers only) (percent)
Whites	2	10
Blacks	3	11
Hispanics	10	16

Male		
Drinkers with social consequences (percent)	Drinking with loss of control or dependence (percent)	With loss of control (drinkers only) (percent)
Whites	6	18
Blacks	3	22
Hispanics	30	56

Rachal et al. (1978) have studied the problem among adolescents, and their findings in this target group indicate that white and Hispanic adolescents have similar drinking patterns and both these groups have a greater prevalence of drinking problems than do black adolescents.

This 1978 Research Triangle Institute survey divided the population into three major groups: blacks, Hispanics, whites and others (these others include minorities, such as Native Americans, etc.). This classification makes the results quite unreliable since rates of consumption among the subgroups included under whites are very different.

Drinking Level	Blacks (percent)	Spanish Americans (percent)	Whites, others (percent)
Abstainer	36.1	21.1	21.1
Infrequent	12.1	20.5	7.4
Light	28.1	21.6	23.8
Moderate	11.3	17.5	18.0
Moderate/Heavier	8.5	15.1	17.6
Heavier	3.9	4.2	12.2
Sample (n)	496	264	4,158

In a study of the relationship between cirrhosis-related deaths and alcohol consumption, Malin et al. (1979) provide some information on the patterns and level of alcohol consumption. They observed dramatic changes between mortality rates in 1949 and 1973. The rates for nonwhite males rose alarmingly; for nonwhite females the rate tripled.

Alcohol-related death rates among white males and females also rose for this period but not compared to nonwhites. Cirrhosis mortality among nonwhites has been falling since 1973, but still remains substantially higher than for whites. Malin does not provide information for specific nonwhite subgroups, but other studies indicate that the death rate from cirrhosis among Hispanics is higher than for the general population. Moustafa and Weiss (1968) found similar results for Chicanos in Texas as did Aviles-Roig (1973) for Puerto Ricans in Puerto Rico. Edmanson in California (1975) found that 52 percent of all deaths among Mexican Americans was caused by cirrhosis, compared to 24 percent for white males and 22 percent for black males. Engman (1976) reports similar results in a statewide survey. Central Park North in New York City, which has a large Hispanic population, has a cirrhosis-related death rate 4.8 times greater than the State rate (State Plan Profile 1980).

Accidents while driving under the influence of alcohol are also reported as higher than average for Hispanics (Alcocer 1980;

Kaye 1977; Helrich and Benson 1972; Hyman and Hyman 1968). The rate of arrest for public drunkenness is also reported higher for Hispanics than for the rest of the population (Welfare Planning Council 1970; Haugen 1975; Kern 1975; Engman 1976; Hall, Chaikin, and Piland 1977).

This brief review of the prevalence of alcohol use and abuse among Hispanics, using different indicators, attests to the severity of the problem in the Hispanic community. The rate of alcoholism for Hispanics is estimated in the 1979 national survey at 7 percent, which is 2 percent over the rate reported in the 1969 national survey for the general population. For Hispanics the rate is twice as high as for the general population. In 1976, Garcia testified before the Senate Subcommittee on Alcoholism and Narcotics that 10 percent of Hispanics are hard-core alcoholics and between 10 to 15 percent have problems related to alcohol. Even if this figure were an overestimate, it indicates a serious endemic problem which is further compounded by underutilization of available services.

If we turn now to possible etiology, particularly sociocultural factors, we find some highly controversial issues. Nevertheless, it is reasonable to suggest that Hispanic alcoholism is to some extent the result of the stress of migration and adaptation to a new society. Hispanic immigrants, like other immigrants before them, have had to cope with cultural changes, the disruption of family ties, abrupt changes in physical and social environment, language barriers, and discrimination. As I mentioned before, we have several hypotheses that might be offered in explanation of the high prevalence of alcoholism among Hispanics. They are all controversial, and we, as yet, have no valid scientific evidence to offer in favor of these hypotheses. The social, genetic, and psychological theories dispute their validities, but they are mostly in the area of scientific speculations. The recent growth of genetic epidemiology, including the study of interaction between the environment and genetically transmissible factors, is an attractive hypothesis, but the transmission of alcoholism is also a very complex cultural and environmental event.

Traditional approaches based on metaphysical explanations of internal dynamic forces must also be regarded very skeptically when applied to a culture which differs from the host culture in many basic respects.

The next pressing issue is treatment. Just as we have no agreement regarding etiology, we have none in respect to treatment. This problem could be approached from different angles and treated in different perspectives, but we do not have scientific evidence in favor of a specific treatment mode.

The most basic approach to the problem would first have to distinguish among the many varieties of alcoholism as well as

the ecoethnosociocultural characteristics of the population in question.

We cannot afford oversimplified explanations for, or approaches to, such a complex biopsychosocial syndrome. A multifactorial approach is the only possible basis for further investigation.

The dropout rate for Hispanics in treatment for alcoholism is higher than for the general population. It is unfortunately true that the rate of successful treatment for Hispanics is lower than for the general population. These two facts would indicate that existing traditional approaches have failed for Hispanics. It seems clear that if the goal for this group is successful treatment, then alternative approaches must be explored. New modalities must be devised for this unique population. The development of separate programs and the creation of additional components within mainstream services are imperative if we are to provide the special treatment needed. The problem, as I have sketched it, all too briefly, represents an important challenge for research.

First, we must identify the key cultural characteristics which contribute to and sustain the problem; then, we must design responsive strategies of treatment, intervention, and prevention.

We need to evaluate and determine the kinds of changes needed in the existing system to better respond to the specific needs of the Hispanics. Since we have such a very high prevalence of alcoholism, it would be almost impossible to create all the necessary new programs required by Hispanic Americans; but mixed or combined treatment programs which could include special units or teams for Hispanics may be the most feasible solution.

Research and training in Hispanic issues are the only answers to this challenge. We need systematic epidemiological studies within an ecoethnosociocultural framework in order to obtain the clues to forge the instruments to work with this unique population more successfully.

#### References

- Alcocer, A. "Alcohol Use and Abuse Among the Hispanic-American Population." Draft, 1980.
- Cahalan, D. Problem Drinkers. San Francisco: Jossey Bass, 1970.
- Cahalan, D., and Cisin, I.H. Drinking behavior and drinking problems in the United States. Kissin, B., and Begleiter, eds. The Biology of Alcoholism. New York: Plenum Press, 1976. pp. 77-175.

- Cahalan, D., and Room, R. Problem Drinking Among American Men. Monograph of the Rutgers Center for Alcohol Studies N.7. New Brunswick, N.J.: Rutgers Center for Alcohol Studies, 1974.
- Cahalan, D., and Cisin, I.H. American Drinking Practices. Monographs of the Rutgers Center for Alcohol Studies N.6. New Brunswick, N.J.: Rutgers Center for Alcohol Studies, 1969.
- Caste, C.A. Cultural barriers in the utilization of alcohol programs by Hispanics in USA. In: Szapocznik, J., ed. Mental Health, Drug and Alcohol Abuse: An Hispanic Assessment of the Present and Future Challenges. Washington, D.C.: COSSMHO, 1979.
- Caste, C.A. An alcohol treatment model for use with the Puerto Rican community. In: Schecter, A., ed. Drug Dependence and Alcoholism, in press, 1980.
- Clark, W.B. Conceptions of alcoholism: Consequences for research. Addictive Diseases 1(4):395-430, 1975.
- Jellinek, E.M. The Disease Concept of Alcoholism. New Haven, Conn.: College and University Press, 1960.
- Johnson, P., et al. "U.S. Adult Drinking Practices: Time Trends, Social Correlates, and Sex Roles." Draft. Santa Monica, Calif.: Rand, 1977.
- Knupper, G. The epidemiology of problem drinking. American Journal of Public Health 57(6):973-986, 1967.
- Mendelson, J.H., and Mello, N.K., eds. The Diagnosis and Treatment of Alcoholism. New York: McGraw-Hill, 1979.
- Paredes, A., et al. Loss of control in alcoholism: An investigation of the hypothesis with experimental findings. In: Pattison, E.M.; Sobell, M.B.; Sobell, L.C., eds. Emergent Concepts of Alcohol Dependence. New York: Springer Publishing, 1977.
- Roizén, R.; Cahalan, D.; and Shanks, P. Spontaneous remission among untreated problem drinkers. In: Kandel, D.B., ed. Longitudinal Research on Drug Use--Empirical Findings and Methodological Issues. Washington, D.C.: Hemisphere Publishing, 1978. pp. 197-221.
- Room, R. Measurement and distribution of drinking patterns and problems in general populations. In: Edwards, G., et al., eds. Alcohol Related Disabilities. Geneva: World Health Organization, 1977. pp. 197-221.

Shaw, S. A critique of the concept of the alcohol dependence syndrome. British Journal of Addiction 74:339-348, 1979.

Sobell, M.B., and Sobell, L.C. Behavioral Treatment of Alcohol Problem: Individualized Therapy and Controlled Drinking. New York: Plenum Press, 1978.

Valley-Rachal, J.; Maisto, S.A.; Guess, L.; and Hubbard, R. "Alcohol Use Among Adolescents." Draft, Research Triangle Institute, 1980.



Presenter: Antonio M. Navarro, MSW,  
San Antonio State Hospital

INPATIENT AFTERCARE SERVICE SYSTEMS:  
THE ESSENTIALITY OF CONTINUED  
TREATMENT FOR THE CHICANO  
COMMUNITY

Recognizing the fact that alcoholism is a treatable but incurable lifetime disease, it is unreasonable to believe or to expect that successful detoxification and/or intermediate/residential care provides a lifetime solution to a lifetime problem. The alcoholic patient, who on the average spends less than 60 days in an inpatient treatment center, has experienced a relatively short period of drug-free living when considering the many years of active alcohol abuse which may have preceded treatment. The patient who experiences good progress during inpatient treatment has, at best, only established a good foundation on which to develop continued sobriety. If quality progress in treatment for the Chicano client is to be attained, an inpatient treatment program must include staff which is capable of understanding the Chicano's cultural characteristics and communication needs.

Inpatient treatment should also ensure that every patient who seeks recovery from alcoholism be provided with, and actively involved in developing, a culturally relevant aftercare plan which consists of a comprehensive community support plan with individuals or groups, personal or programmatic, wherein the concept of lifetime sobriety and continued growth is promoted, designed, and reinforced. Succinctly defined, a culturally relevant aftercare plan is one that combines treatment with the patient's primary needs in the areas of language, values, and tradition. Culture is the way people survive, and to combine treatment with culturally rich modalities is certainly sharing with the patient methods on how to survive sober in his home environment.

Quite plainly, the philosophy of an aftercare component espouses and enthusiastically shares with its patients that continued, lifetime treatment which is designed to arrest the chronic effects of alcoholism. If the continuum of treatment made available to the Chicano patient is to deliver that promise, then it must give what the Chicano needs to survive in sobriety. If the Chicano is expected to stay sober, he cannot be treated in a culturally sterile vacuum and then placed back in the community.

Our programs must be full of cultural survival tactics. We must develop and use culturally oriented alcoholism treatment models, e.g., ethnohistory models, culture-conflict models, and psychocultural models. Indeed, alternative treatment models are needed and most definitely should deliver qualitative

culturally oriented services to the Chicano. Important factors for treatment are personal contact and individualized attention. If we continue to pump our efforts into using the services of the dominant culture, the results will continue to be high dropout rates and recidivism.

Beyond a philosophy, however, aftercare must be programmatically defined and implemented with integrative strategy if it is to be effective in establishing a continuum of care. Aftercare services, whether at the client or program level, can support and/or increase the gains made in the inpatient treatment experience which strengthens the patient's recovery process and permits the patient to successfully remain sober in the community.

Several years ago, the development and implementation of qualitative bilingual/bicultural treatment models slowly became a reality. NIAAA funded several pilot/demonstration alcoholism programs, e.g., in 1974 Casa Del Sol (CDS) in San Antonio, Texas was funded. Culturally oriented alcoholism therapeutic models within Casa Del Sol were met with resistance by the treatment community and were quickly labeled and stereotyped as radical, militant, and nontherapeutic approaches. Ironically, as Casa Del Sol gained recognition for its treatment/program efforts, the initial formula grants were reduced, forcing staff reductions and affecting operational functioning.

Another San Antonio alcoholism service program that served many Chicanos was the Community Alcoholic Rehabilitation Program (CARP). NIAAA decided not to re-fund CARP, and the effect was felt immediately by the Chicano alcoholic community, since the program was extremely effective with its outreach efforts in the barrio. Certainly there were many factors that contributed to the folding of CARP, such as lack of commitment from local and State governments, but its survival depended on NIAAA.

Given the level of commitment shown by the funding agencies, it is difficult to maintain optimism for the treatment of the Chicano substance abuser.

I hope that my message serves as a challenge for us to improve existing models and develop new culturally relevant models that will address la mujer, la familia, los ancianos, the undocumented borracho, youth, and others.

Alternative models are needed now!

Presenter: Alfonso Paredes, M.D.;  
University of Southern  
California

## ISSUES IN THE DELIVERY OF SERVICES FOR ALCOHOLICS

Throughout history, society has provided institutional apparatuses to help individuals in psychological distress.<sup>1</sup> Our present society has created the alcohol services delivery system to assist those troubled by alcoholism. The system consists of a network of therapeutic and rehabilitative programs, sometimes with little in common other than concern for alcohol-troubled individuals or their families.

There is not a full scientific consensus on the definition of alcoholism or its etiology,<sup>2</sup> nevertheless, the service system and the therapeutic instrumentalities which it uses seem to work. There is reasonable evidence to suggest that counseling, group therapy, behavioral therapy, fellowship in Alcoholics Anonymous, and even telling the patient that help is not available for his problem...all seem to help! Like Alice in Wonderland we may say that "Everyone has won and all must have prizes!"<sup>3, 4, 5, 6</sup>

In a more serious vein, alcoholism problems, with their pressing and tragic consequences, are painfully real, and our services are valuable. As administrators of these programs, we are entrusted with substantial resources and mandated to provide effective leadership.

### *The Social and Political Context of Alcoholism Programs*

Programs do not operate in a vacuum, they exist within given social political contexts. Thus, interested constituencies committed to our programs need to be developed, and their continuing support has to be earned. We must demonstrate our awareness of their needs and respond to local concerns. Specific efforts must be put forth to make services attractive and accessible to populations which are underserved.

The advisory groups that we establish, and the boards which provide managerial guidance to our programs, transcend the field of alcoholism. These groups afford unique opportunities to teach members of the community how to organize effectively and make their wishes known. The boards and advisory groups constitute "schools" where citizens learn to formulate ideas, develop strategies to address community problems, and acquire political power.

This is particularly important in geographic areas with a great influx of migrants relatively unfamiliar with the processes and power of democratic action. Advisory groups must be kept well informed of technical issues presented to them in simple terms. Public visibility and leadership skills are acquired by the participating citizens. Some of them are, or will become, influential within the local community and beyond. The groups' assistance in presenting needs and persuading public decisionmakers to provide funding for the program is invaluable, although members of the community occasionally will identify goals and expect certain performances which are different from those of the administrator.

### *Incorporation of Management Instruments*

Because of the economy, illness, lack of skills, or poor motivation, millions of people in our society work very little or not at all.<sup>7</sup> For these people, we have created the health and welfare systems which consist of large bureaucracies built upon institutional superstructures. In California, for example, the health and welfare rehabilitative complex has 8 million people who are either under some form of institutional care or are employed to provide services to administer these programs. In other words, approximately 40 percent of the total population in the State are care givers or care receivers.<sup>8</sup> Since the primary missions of the alcoholism service delivery system are treatment and rehabilitation, we must be able to document our success in assisting people to become more functional and economically independent. Otherwise, unknowingly, we might be increasing the number of people who provide care...as well as the number of recipients. Accountability requires that we document items such as: the populations we reach, the types and numbers of services delivered, ratios of staff to patients treated, rates of admissions/discharges, the cost of units of service provided, and the impact of our programs in terms of client satisfaction and clinical and social improvement.<sup>9</sup>

Utilization studies have demonstrated the need to monitor quality of care on a continuing basis. The utilization of therapeutic resources is related to factors other than the morbid condition that affects the patient. In clinical practice, the complex interaction of patients' needs, the therapeutic philosophies, the training, sociocultural background of service providers, and the financial incentives in the delivery of services influence utilization. Even in health care centers with personnel possessing a high level of expertise, inappropriate therapeutic procedures are applied.<sup>10</sup> Therefore, effective methods are necessary to monitor and control the distribution of resources. To respond effectively to our objectives, we must become involved in planning, organization, and coordination of manpower. These activities require appropriate use of facilities, techniques, and large expenditures. However, administration of these activities and resources requires

appropriate and efficient handling of information.<sup>11</sup>

One such method is the development and implementation of a Management Information System (MIS). Using the NIAAA information system as a guide, we designed an instrument to provide accountability, measure performance, and monitor quality of care within a functioning health care delivery system. It was designed to operate on a third-party reimbursement format with capacity to monitor the services provided by programs in the community. In addition to these capabilities, the MIS was designed to generate random lists of clients for routine follow-up. All the information, including the followup data, was incorporated into a statewide data base operated by the Alcoholism Division of a State mental health department. The computerized information system gave us the opportunity to monitor program performance on a monthly basis, with reports available on short turn-around time.<sup>9</sup>

Using these data management tools, we have conducted several studies to identify the target populations reached, the factors that affect access to care, and the deployment and qualification of manpower. We have also studied the rates of utilization of services, the types of patients within the population served, and factors that affect entry and discharge from the system.

We have conducted and published therapeutic outcome analyses using data from random samples of patients collected routinely. Our work has included a series of economic analyses.<sup>12, 13</sup> We have investigated the relationships between the magnitude of treatment expenditures and the effects of treatment.

A recent study conducted by our staff measured the magnitude of benefits following treatment (using dollars as the common metric) in terms of productivity, improved health, motor vehicle risks, and their relationship to the costs involved in the support of the alcoholism delivery system in the State.<sup>14, 15</sup> This is perhaps the first statewide cost-benefit study of the public alcoholism services delivery system. Therefore, the bottom line is that it is critical to incorporate modern management technology in the operation of publicly funded programs.

A significant aspect of these projects is the exposure of university-based scientists to the realities faced by the treatment system, and the creation of awareness among service providers of the clinical contributions that can be gained from scientific inquiry. The projects just mentioned were made possible by promoting cooperation between university faculty and public employees.<sup>16</sup>

#### *The Manpower Issue*

A critical element in the alcoholism delivery system is manpower. Presently in the United States there are more than 3,400,000 persons in health care occupations. The health labor

force is comprised of more than 30 occupational categories and 200 separate careers. Physicians alone are distributed among more than 30 specialties.<sup>17</sup>

Although the population of the United States increased only 29 percent from 1950 to 1966, the number of health-related occupations during the same period increased by 90 percent. Employment in this area now probably exceeds five million. The size of this labor force, which has continued to grow, is greater than the work force of the automobile industry which employed approximately two million people prior to the days of Japanese imports.

There are at least 50 distinct vocational or professional groups providing health services which are exclusive of the specialties within categories.

Educators in the health professions have tried to train personnel to work in organized delivery settings which are multi- and interprofessional in nature. Health care has attempted to move from a disease-oriented practice to one that is patient oriented. Services provided are expected to be comprehensive in nature and derived from a conceptual base of having a team which shares responsibilities for patient care. Yet, universities and academic health centers are constantly being asked to open their doors to categorical professional and paraprofessional accreditation. The demand from these accreditation activities has become so great that the universities and academic centers have found the cost exorbitant. Does our mission justify the creation of more categories? Should we promote separate categorical systems which are parallel to the primary health care process?<sup>18</sup>

### *The "Ethnic" Professional*

As a service delivery administrator, as well as a senior educator in a major university, I am pressured by what appears to be conflicting demands. On one hand, I must make services accessible to the underserved population, many of whom, because of their lack of familiarity with the English language, combined with the sometimes inappropriate, misinformed, or prejudicial attitudes of providers, fail to receive the care they need. On the other hand, there are the young professionals who are well trained academically, but need further professional development. They are capable of moving up the professional, hierarchical ladder and have the ability to serve any community or group. These professionals could have been born in East Los Angeles or West San Antonio, or perhaps in certain communities of Chicago or New York where Spanish is the lingua franca.

My dilemma is: Should I use these professionals to serve the underserved before they have had time to measure their skills against those of others in the broader professional market place--before they have found their resolution for the oppression and social injustice experienced by those reared in the

ghettos of this country? Should I typecast these individuals as ethnic professionals and place them to operate within a limited geographic and social field of action? I am alluding to the professional who often is prematurely placed in an administrative position in an ethnic community. Am I, through such actions, reducing the numbers of those who should have a broader influence in our society, those whom we need in higher decisionmaking positions? I am sure you have your answers for these difficult questions.

The cultural heterogeneity of the populations we serve is of staggering dimensions. Language barriers, dialects, and expressive styles pose distinct challenges in communication. Fortunately, men and women of different backgrounds have more in common than differences. The need for love, acknowledgement, economic security, physical health, leisure activities, and shelter are universal. Accidental differences often discourage professionals from attempting to help persons in great need. Much more has to be done during professional training to expose students to persons who appear to be culturally or socioeconomically distant or who have features that, according to arbitrary criteria, make them unattractive. It is fortunate that our commonalities are more than our differences. Good will and imagination are heeded to bridge barriers to communication. The need does not exist to have separate but equal programs in our delivery systems.

However, much still has to be done to have in our programs better representation of the groups that constitute our communities. This is, I believe, one of our major challenges.

#### References

1. Paredes, A. Social controls of drinking among the Aztec Indians of Mesoamerica. Journal of Studies on Alcohol 36:1139-1153, 1975.
2. Paredes, A. The History of the Concept of Alcoholism. In: Tarter, R.E., and Sugarman, A.A., eds. Alcoholism: Interdisciplinary Approaches to an Enduring Problem. New York: Addison-Wesley, 1976. pp. 9-52.
3. Luborsky, L.; Singer, B.; and Luborsky, L. Comparative studies of psychotherapies. Archives of General Psychiatry 22:439-444, 1970.
4. Emrick, C.D. A review of psychologically oriented treatment of alcoholism (II. The relative effectiveness of different treatment approaches and the effectiveness of treatment vs. no treatment). Quarterly Journal of Studies on Alcohol 36(1): 88-108, 1975.

5. Baekland, F.L.; Lundwall, L.; and Kissin, B. Methods for the treatment of chronic alcoholism: A critical appraisal. In: Israel, Y., ed. Research Advances in Alcohol and Drug Problems Vol. II. New York: John Wiley, 1975.
6. Edwards, G.; Orford, J.; Egert, S.; Guthrie, S.; Hawker, A.; Hensman, C.; Mitcheson, M.; Oppenheimer, E.; and Taylor, C. Alcoholism: A controlled trial of "treatment" and "advise." Journal of Studies on Alcohol 38(5):1004-1031, 1977.
7. Greenblatt, M. Psychopolitics. New York: Grune & Stratton, 1978.
8. Romano-V, O.I. Institutions in modern society: Care-takers and subjects. Science 183:722-725, 1974.
9. Paredes, A. Management of alcoholism programs through a computerized information system. Alcoholism: Clinical and Experimental Research 1:305-309, 1977.
10. Castle, M.; Wilfert, C.M.; Cate, T.R.; and Osterhout, S. Antibiotic use at Duke University Medical Center. Journal of the American Medical Association 237(26): 2819-2822, 1977.
11. Branscomb, L.M. Information: The ultimate frontier. Science 203(4376):143-147, 1979.
12. Paredes, A.; Gregory, D.; Rundell, O.H.; and Williams, H.L. Drinking behavior, remission and relapse: The Rand Report revisited. Alcoholism: Clinical and Experimental Research 3:3-10, 1979.
13. Gregory, D.; Paredes, A.; Hubbard, M.; and Jones, R.A. Comprehensive model for evaluating health and human service programs and its application to alcoholism services. In: Seixas, Frank A., ed. Currents in Alcoholism Vol. II. New York: Grune & Stratton, 1977. pp. 501-510.
14. Jones, R.K.; Rundell, O.H.; Williams, H.L.; Gregory, D.; Paredes, A. Treatment outcome for alcoholics as a factor of therapeutic effort. In: Marc Galanter, ed. Currents in Alcoholism VII.: Recent Advances in Research and Treatment. New York: Grune & Stratton, 1980. pp. 287-296.
15. Rundell, O.H., and Paredes, A. Benefit cost methodology in the evaluation of therapeutic services for alcoholism. Alcoholism Clinical and Experimental Research 3:324-333, 1979.



16. Paredes, A. Future plans and goals in research: The Oklahoma Center for Alcohol and Drug Related Studies. Annals of the New York Academy of Sciences 273:103-106, 1976.
17. Kissick, W.L. Health-policy directions for the 1970's. New England Journal of Medicine 282:1343-1354, 1970.
18. Brodie, D.C., and Hearney, R.P. Need for reform in-health professions accrediting.. Science 201(4356):589-593, 1978.

Guest of Honor: *Mario Obledo, Secretary  
of Health and Welfare,  
California*

### ACHIEVEMENT OF THE HISPANIC DREAM

I thank those who arranged the conference for their kind invitation to participate this evening. I want to express my joy at seeing many friends--Senator Joe Bernal, Jim Hernandez, Bill Resendez, Dr. Carmen Carrillo, Ms. Charlene Ortiz, and many others. I shared many experiences with these people in the field of civil rights and human endeavors. In my work they have been an inspiration and I give them my gratitude.

I grew up in San Antonio and have spent most of my life here. I used to walk the streets when I was 4, 5, and 6 years old, selling papers and polishing shoes throughout the downtown area. I was from a family of 12 who were orphaned at an early age. For those of you who grew up in this city, I need only remind you of the situation back in the 40s, 50s, 60s, and even today. Here, in this "great State" of Texas, we still have square miles of people who have yet to reach a decent standard of living. I'm sure that some of you recall the harsh winters in San Antonio--living in homes with straight boards on the walls and the wind seeping in through the cracks. Even in 1980 there are children living in one- and two-room "homes." This is duplicated throughout Texas, the southwest, and the very rich State of California.

If you are Hispanic there are at least two things that distinguish you from other people in this land. First, you are a member of the most disliked group in America. This is shown by the record, by our situation, and the barriers we face at this time. Look at the unemployment rates, the education field, and housing, and be proud you belong to a group whose relatives and ancestors are generally the only unwelcome group in the land. People who come from other countries and lands are welcomed and given citizenship; they are provided education, Federal and State monies, and resettled. But the Hispanic who crosses either a river or an imaginary line 150 miles from here is arrested, charged, deported, and becomes a criminal. While trying to find work, which is the only reason for coming here in the first place, the Hispanic has to hide from the authorities and live in fear. That is one distinguishing feature of our situation. Think about it.

The other distinguishing feature is that you are a member of an ethnic group that is the future of this Nation and hemisphere. Read the daily news articles pertaining to the Hispanics, to our great neighbor Mexico, and to all of the Latin American countries--Brazil, Argentina, Venezuela, and

Colombia. Read them and then make a decision about whether or not we are riding the wave of the future.

However, we are here at a specialized conference dealing with alcohol abuse and alcoholism as it pertains to the Hispanic community. As I understood the objectives of the conference, it is the responsibility of people from the NIAAA to relate to conference participants the information and the activities of their office. As participants you are to share information about what you are doing with the programs, your objectives, and the problems you face in relation to the Hispanic community. With the exchange of information, a strategy is to be developed to meet the problems that we Hispanics have with the chemical known as alcohol. This seems a rather simple task, but I know from personal experiences that it is a difficult problem afflicting not only the Hispanics but many other citizens in the United States, some of adult age and some who have not yet reached maturity.

Generally, the male rate for alcoholism is high in the Hispanic population. My father died from cirrhosis of the liver, so I know firsthand the traumatic experiences that result from having a member of the family afflicted with alcoholism. Each one of you probably knows many in your barrio or neighborhood who suffer from alcoholism. Remember el borracho, los borrachos, se acuerdan de la cantina?

The Hispanic population is a heavy consumer of alcoholic beverages. Here in this Hispanic-populated city we have two breweries that have been operating for many, many years. The beer and alcohol distributors are currently pinpointing their efforts on our community, with advertising and promotion.

In many ways we live in a hypocritical society. It is ironic that millions of dollars are spent promoting the sale of alcohol while millions are spent by the Government in fighting alcoholism, certainly we live in a democracy in a capitalist system. When we tried to prohibit the sale and use of alcohol, it did not work, leading to our present situation in which alcohol is now marketed and it is the choice of the individual, a private decision, whether or not to consume. Presently, our country is afflicted with the abuse of alcohol and other drugs.

Why are there now more Hispanic females who drink alcohol and who drink heavily? Why is our country now "on" alcohol and drugs in a general sense? Given the Hispanic community with all of its inherent problems, one can more or less understand why this destructive disease is so prevalent. Unemployment, problems at home, problems of society, and discrimination are contributing factors.

have the courage to face reality. We want to retreat and go into a dreamworld. Remember when we were growing up and we dreamed? We did not need alcohol or drugs.

The youngsters who grew up with me in that barrio, poor as we were, los Hernandez, los Lozanos, los Gomez, los Obledos, los Sanchez, todas las familias dreamers, ayi' en el arroyo, en el sacate en la noche, viendo las estrellas y las nubes. Se acuerdan de esas noches, de las nubes, y los sueños. Me entiendes? I used to hope that, someday, I could address the problems I saw in the community--problems of housing, unemployment, discrimination, and police brutality. When I became Secretary of Health and Welfare of the State of California I went out one Sunday to a migrant camp operated by the State. We have 25 of these camps in California, and I saw terrible conditions there. The State should have been indicted for having those kinds of camps. On Monday morning, I called the Director of that Migrant Housing Unit and said, "Mr. Director, I was in Madison yesterday and I saw your camp. When I was growing up in San Antonio I dreamed of someday having the authority to correct some of the conditions that I saw and I saw some yesterday that I would like to correct. So you go to Madison and you tell me how much it is going to cost to get that Center up to some decent living standards." He did, and I said, "I want you to duplicate it all over this State." I went to the Governor, a very sensitive individual who has done more for the Hispanic people than any other Governor in the State of California at any other time in our history. The Governor supported many of the things I endeavored to do and provided the money. Today I invite anyone to visit the Migrant Centers in the State of California. Two of them were completely torn down and new houses were built.

Let me talk about our alcohol and drug abuse program. Loran Archer, now with NIAAA, was the Director of our department in California and served with me for approximately 2 years before he went to Washington. He is a sensitive and cooperative person, who brought problems to my attention. I used to ask questions about our programs because, you see, I would get confused. People asked, "Is this program cost effective?" Well, how are you really going to show how cost effective a program is that deals with alcohol abuse and alcoholism? How can you say a person quit drinking, or perhaps even started drinking, because of our program? It is very difficult. We have put \$50 million into our alcohol program in California under the directorship of Ms. Rita Saenz, who worked in East L.A. at one point before becoming director of our department which has some 100 employees. One of the things that I have been noted and criticized for is that I am very strong on affirmative action--not only in terms of employment, we've changed that in California, particularly in the Health & Welfare agency--but affirmative action relating to dollars and their allocation. I have asked all of the program directors, "Where are these program dollars going? How much is going to the

black community? How much is going to the Hispanic community? How much is going into other programs?" I have jurisdiction over 500 programs and have not yet, after 5 years, been able to get a complete breakdown for all of the grants processed with all of our departments in all of our programs, although I continually ask.

We once had some excess money in the developmental disabilities program. That was redistributed to our regional centers, but two of the centers did not get one single cent. I thought that was curious and I started asking about it. They said, "The department decided that." I said, "Wait a minute, I don't know who the department is, I want to talk to a person with eyes and hair and feelings." Finally, after a couple of weeks I was able to locate one individual who had made those decisions and I asked, "Why didn't these two centers get any money?" The final conclusion of our sessions was that, in his opinion, those two programs were not strong from an administrative viewpoint and he thought that programs in other parts of Los Angeles and the State should get the money. I said, "Well, I disagree with you. I do not know what you mean about administrative viewpoint. What is a strong administration?" I felt that administrative strength should have been determined by the long waiting lists in the two centers. I said, "I'll tell you what we are going to do. We are going to put all the money back into the pot and then go by the waiting list at each center and reallocate those monies." Of course they reported to the newspapers that I was arbitrary and a dictator and whatever else, which was fine. I like to make those kinds of decisions, which leads me to another point.

We have to get strong politically. We have to register people to vote and get involved. We are going to make the difference in Texas and California and the southwest come November. I know it, I feel it, I sense it. Our community, the Hispanic community, will make the difference. After 5 years in Government, going through the decisionmaking process and sitting in sessions where the money is divided, I can tell you that if Hispanics do not get into those positions it means that others, perhaps well meaning but without the sensitivity to sympathize with our problems, will be making the decisions. As a result, we will not get our fair share of our own tax money. Once when I got involved in an issue someone asked me, "Why are you using taxpayers' money on an Hispanic issue?" I answered, "It is very simple, all I am doing is taking the tax money that has been given to government by Hispanics and putting that money to work for Hispanic issues. Is that all right."

Not long ago I called for a budget session to work on our budget for the next fiscal year. As I walked into the conference room I saw about 100 people there. I looked around and asked, "Am I the only Mexican here?" There was one other. I said, "I feel a lot better."

We have to get into the kinds of positions in which we can make the decisions. I recommend that NIAAA get more Hispanics at policy-making levels. I don't want to be asked to submit any names because there are many people available.

There are three kinds of powers: economic power, but generally the Hispanics are a poor group; political power, which makes decisions that impact on human beings; and there is a spiritual power. You have spiritual power if you are a member of a religious order or if you are simply a believer in your own self, in your own inner peace. It is the confidence in yourself, respect for yourself and your honor, your body, your mind, and your heart; if you have something in you that's willing to help other people, whether they are Hispanics or not. We have to recognize that we live in this country, our country, with many other people and we must all work together.

We've always held out a hand, but it's never been touched. No one ever took hold of it. We always wanted to help. We always wanted to cooperate. But the face was turned. Yet, as we gather our strength politically, socially, and otherwise, we want to be a just people. We want to be a fair people. We want to be people who respect other people. As we take hold of this future, it is going to be a glorious one. And we are on the threshold of this great explosion. It is there for us.

Once, when we were talking about undocumented workers, I said, "There are more undocumented people in Texas and in California than in any other State. These States where most of the Hispanics live are the two leading States in the Nation by all economic indicators: employment, surpluses, or whatever." The fellow said, "Well, wait a minute, you're projected to be the future of this country? How?" I answered, "You see, we have the natural resources, the forest, the water, the land, the environment. We have the human resources, here and right across the line." We have the technology. Any economic indicators will show you that Texas and California rank either number one or two in the United States: Texas one and California two, or California one and Texas two.

We must be ready to claim this destiny. You and I have a great responsibility to tell the people in our community, and other people as well, that we don't need alcohol or drugs, that we don't need artificial stimulants. The only stimulants we need are ourselves and our people. All we want is to claim the right for every child to eat. We claim the right to dignity in old age, we claim the right for every woman and man to work. We claim the right to peace, we claim the right to love, we claim the right to have this future.

Today I visited the grave of Mama, who raised 12 children and was a nondrinker. I never saw Mama cry or complain. She was always inspirational and prepared for the future. "Get a better life than the one I've been able to provide you," she

said. Me acuerdo yo, que salíamos de la casa, "Mama ya me voy." Decía, "Esta bueno." Le decía yo, "Mama al rato vuelvo." Decía, "Esta bueno, que Dios te bendiga." Le puse en la piedra, "Una Madre Extraordinaria" Y luego le puse, "Ya me voy, despues vuelvo." She was such an inspiration, as we can be an inspiration to each other. We've got to be. There isn't really a choice. Next time you or a friend start to get intoxicated with alcohol, tell him to get intoxicated with idealism. You can get intoxicated on that. You can become involved with this future that I'm talking about. Certainly we honor the past, but I think we as a people are enthusiastic about the future and its hope. So, work on an everyday level with your programs. As an individual set the example. Set the pace, because your neighbors, your friends, your co-workers, and your children are watching and waiting.

Conference Moderator: Dr. Pedro Ruiz, M.D.,  
Bronx Psychiatric Center,  
Albert Einstein College  
of Medicine

## NATIONAL STRATEGY FOR UNIFIED ACTION

On behalf of NIAAA and the Planning Committee, I welcome all of you to this session, which will bring us a perspective of the past as well as of the future and perhaps will give us a strategy to achieve many of the goals we are pursuing.

This conference is the product of hard work and a difficult task that the NIAAA assigned to the Planning Committee. For about 1½ years we have put our thoughts together and tried to involve as many people as possible in the alcoholism field. We realize we have not included everyone who should have been included in the planning conference. But, because of the participants' united efforts, we now have a better conference.

This conference represents all of the participants. Almost 400 people are here from all over the United States and have worked together during the last 2½ days. We have people from all sectors: providers, consumers, planners, governmental representatives, public officials, media representatives, and key persons in the field of alcoholism.

In my opinion, every goal of the Planning Committee and the staff of NIAAA has been accomplished at this conference. We have received and disseminated information from all participants. We have exchanged ideas and thoughts at all levels. We have developed a network of resources among the agencies participating in the conference. Of paramount importance, we have established a unique and sincere dialog with the NIAAA staff in terms of working together and pursuing the goals of the people in the field. We have begun to develop a delineation of our needs and our realities and to talk about future goals and objectives.

I hope that the Planning Committee, the agencies that are being represented in this conference, and the National Institute on Alcohol Abuse and Alcoholism will work together to make this conference the first of many. I hope that a year from now we will have the opportunity to meet at a national level after developing the commission that is required in the field, particularly in relation to Hispanics.

In this morning's session, which deals with future strategies, we will develop a perspective focusing on where we go from here. We must try to continue developing leadership at the national level. I realize the importance of the work we do on a day-by-day basis in our local communities, but if we do not develop the kind of national leadership required to gain power



and political clout we will not succeed. This conference will permit the development of national leadership among the Hispanics. We must work to develop an umbrella organization in the constituency in the field of alcoholism. Among the many fields in the health system, alcoholism, although it is one of the major health problems in the Nation at this time, has the weakest constituency and advocacy. Therefore, it behooves us to try to nourish the constituency in order to get more for our people.

In this morning's session we shall develop our strategies in terms of two sectors. First, we shall develop short-term plans that are realistic and reflective of the work that has resulted from this conference. Next, we must develop long-term plans by joining hands with the staff of NIAAA and working together to meet our goals and objectives.

We Hispanics may dream a lot, but we also know how to deal with reality. We have all been surviving on a day-to-day basis, trying to maintain our goals and objectives. It is important to dream because even though we may not be able to realize the dreams, we are at least able to offer hope to our families and our children.

During this conference we have raised many questions, perhaps all of which do not have answers. We must continue to examine and deal with these questions until we learn how to be more effective in dealing with the establishment, in running our own programs, and in reaching out to more and more people who are in need of care and are not being served.

Conference Observer: Carmen Carrillo, Ph.D.,  
Mission Health Center,  
San Francisco, CA

## CONFERENCE SYNTHESIS

It is a pleasure and an honor to have the awesome task of summarizing what has been accomplished here in the last 2½ days. One of the major points to realize is that in a short period of time everyone has labored diligently--the staff of AVANTE, the workshop moderators, the participants in the workshops, and the NIAAA staff.

I invite you to consider what has been accomplished and whether or not you have met your own objectives. For many of you it was a sacrifice and an effort to come here. That sacrifice and effort speak to your level of commitment to the problem of alcoholism among Hispanics and the advancement of our efforts to resolve the problem.

The first day of the conference was critical because we convened to speak of the concerns and commitments we have and share in common. The various speakers on the first day expressed the need for unity, the need for us to join together--from all parts of the country, from all disciplines, and all backgrounds--around a common theme that articulates the problems in the field of alcoholism.

Ambassador Esteban Torres referred to us as dreamers, as did Secretary Mario Obledo last night. Ambassador Torres said we were "movers" and we were "shakers." The dream and its implementation are our focus.

We had an impressive array of local, State, and national leaders who encouraged support for our efforts and for the conference. This signifies that, when we set our minds to bring this neglected and low-priority issue to the attention of our Government leaders, they do listen. Furthermore, they come forward and join with us in our efforts. This is something we need to continue in the future.

The moderators I observed as I went from workshop to workshop labored throughout the proceedings, even though they had little time to convene with their panels and work out logistical issues.

They reported an excellent mood and participation throughout the workshops. Many of you who frequently attend conferences know that this is not always the case. It's rather unusual that things go so smoothly and it shows your high level of energy and commitment and the tremendous skill of the workshop leaders.

Many of you had other reasons for coming here, such as meeting people, learning about other programs, exchanging ideas, and partaking in the networking processes of the conference. Many of you expressed a need for a participant list, and some of you asked about the processes for implementing the workshop recommendations. The proceedings of this conference, including the participants' list, will be made available to you as soon as it has been published.

The informal gatherings, meetings, and quasi meetings are in some instances as important as the formal meetings organized by the conference. Those of you who participated in those meetings know how necessary it is to have an opportunity to get together with others and talk about local issues you have in common or to pursue some point, some item, some aspects, or some issue discussed in the workshop or in another session. It is important to reinforce ties and brief each other in the field of alcoholism. Additionally, people make new acquaintances and have an opportunity to enlarge and expand their own networks of contacts and support.

As I was going through the materials last night, I noticed themes, areas, and even specific issues that came up in more than one workshop. I will try to highlight some of the areas of concern.

The most systematic work in compiling recommendations was done by the research workshop participants, who developed a comprehensive list of recommendations for action. The first and primary of their concerns was the absence of a national data base on Hispanic drinking patterns, norms, alcohol abuse, and alcoholism. Another concern was the lack of a systematic long-term training project capable of expanding significantly the number and proportion of Hispanic social and behavioral science researchers. The research participants were concerned not only with how to research or conduct investigations on the issues surrounding alcoholism, alcohol abuse, and drinking patterns, but also with the need for Hispanics to be viewed as a special population. The major theme revolved around developing a system to assess the responsiveness and accountability of existing alcoholism prevention and treatment programs to Hispanic communities.

In the treatment's special populations' workshop, one area dealt with the lack of guidelines or review criteria that require staffing patterns of programs to reflect the special needs of the population served. Very often the staff and leadership of programs are not sensitive to the problems of Hispanics or of special Hispanic populations, such as youth, women, and other groups. A need was also expressed to develop a network of service providers for Hispanic migrants and undocumented workers.

A number of significant issues were discussed in the treatment general population workshop. There is an absence of technical

assistance and program management training for Hispanic programs. The workshop participants are concerned that there is inadequate funding for the recruitment and re-training of quality staff. This issue is increasingly important as inflation and the shortage of funds influence maintaining in-service training. The workshop also discussed the problem of long-term funding needed to ensure program continuity, development, and improvement. Often programs are funded on a short-term basis, sometimes only for a few months, which does not allow time for real development, continuity of care, or meeting the criteria of achievable results necessary when the program is evaluated. Because a lack of bilingual materials hinders culturally centered treatment, it was recommended that they be developed.

In the area of prevention, the greatest concern was that no technical assistance is being provided to programs in the areas of development and evaluation. Another concern was that the number of professionals participating in Initial Review Committees, as well as Hispanics who are experts in prevention, should be increased. The need to offer prevention training throughout the country was also discussed.

The training group had several additional concerns. One concern was that training programs in alcohol treatment and prevention do not recruit Hispanics from local areas. The Hispanics who are recruited for these programs should receive culturally relevant training. The training group was also interested in the need to establish grass roots community action groups so that networks of Hispanics could be developed to advocate for resources, training, and funding.

The State public policy group mentioned that funding mechanisms should be related to, and based on, the incidence of alcohol abuse of populations at both the State and Federal levels. Additionally, there are no objective needs assessment and funding criteria, which are important in Hispanic program development. Finally, accountability and control of funding earmarked for Hispanic communities should be established. Very often commitments will be made, but by the time the dollar trickles down to the local program, it may no longer be a dollar. Ways of tracking money are important.

The National public policy group had some important major concerns, and the times I was there, the group was most vocal. There was a lot of action and a lot of very serious and friendly, but heated, debate on a number of issues. The three concerns that emanated from that group were: There is a grave need for a permanent Hispanic Advisory Committee appointed by NIAAA to meet quarterly; NIAAA needs to fund a national technical assistance project; and NIAAA should have an Hispanic Affairs Bureau. This suggests the need to have Hispanic staff members in the NIAAA at the policy-making level.

I congratulate you, the participants, for your work and commitment. I am impressed by all that has been accomplished in such a short period of time. I invite NIAAA to meet the challenge of working with us through the mechanisms of consensus and cooperation. Thank you very much.

John R. DeLuca, Director, National Institute  
on Alcohol Abuse and Alcoholism

#### ANALYSIS OF CONFERENCE ACHIEVEMENTS

I thank all of you and extend my appreciation for your cooperation and willingness to share. That willingness has resulted in an historical first step to bring a long-overdue focus on the many problems of Hispanics and alcoholism in the United States.

This morning Dr. Pedro Ruiz and Dr. Carmen Carrillo have eloquently provided this audience with a national strategy for unified action and a synthesis of what has transpired over the past few days.

Last evening, Secretary Mario Obledo brought tears to the eyes of many, and his sensitivity regarding the disease of alcoholism was easily recognized. He mentioned that Hispanics for years have held out their hands in a spirit of friendship and cooperation and were rejected and ignored.

Today, I bring the hand of NIAAA to grasp firmly the hand you extend in San Antonio. Together we can coordinate those forces which produce the power to which Secretary Obledo referred--economic, political, and spiritual power--and focus them on the very real and serious alcohol problems which are so costly to the Hispanic people of our Nation.

As you are well aware, senior NIAAA staff have participated in discussions and deliberations during the entire conference. I hope you have gotten to know some of them to the point where you were able to share your concerns and to sense that they do care and will help whenever and wherever they can. I know that they, as well as myself, have gained a great deal from the exchanges that have taken place. I know that I am far more aware and far more sensitive to the needs and problems that many of you face daily in your struggle to bring help and hope to suffering alcoholics and members of their families.

Perhaps of even greater importance is the awareness I have gained of your strength, determination, and hopes for the future which will enable us to march together, committed to a common purpose during the 1980s and beyond.

I have listened and learned from each and every one of you. The key alcoholism issues that have been underlined at this conference, and were listed by Dr. Carmen Carrillo this morning, are not new. The question is, "What is NIAAA going to do today?" What is this Federal program going to do 6 months from now, and what ongoing commitments can NIAAA make to Hispanic alcoholism problems? These questions are understandable, they

are legitimate and deserve to be addressed in a clear, candid, and forthright manner. Within 6 months I will personally initiate the recruitment process to appoint an Hispanic person to a senior policy position at NIAAA. The responsibilities of that individual will include a specific focus on Hispanic issues. Applications and recommendations can be forwarded to my office.

When I return to Washington, I will begin another process that will result in a Request for Contract, in our language an RFC, to provide technical assistance nationally to Hispanic programs currently providing alcoholism services and technical assistance to groups and communities that wish to develop proposals for Hispanic alcoholism treatment, training, prevention, and research.

Within 60 days I will appoint an NIAAA Hispanic Action Task Force that will be truly representative of the interests and concerns of all Hispanic groups in all geographic areas. In selecting those who will develop a detailed and specific action plan, I will consult with the leadership of the National Hispanic Congress on Alcoholism as well as with those regional groups representing specific Chicano, Puerto Rican, and Cuban interests. I will also consult with recognized Hispanic leaders in and out of Government and with the leadership from the national groups committed to Hispanic advocacy. My expectations are that the Action Task Force will be able to review in detail the long list of recommendations that have been underlined for 10 years and will look, for example, at the situation of education and training, the question of integration of staff into NIAAA, consultants, the very critical recommendations in the area of research, utilization of contractors, and other commitments of Federal funds for important area prevention and bilingual approaches. Also, I would charge this task force with the function of planning additional means of communication, including the possibility of future conferences and regional workshops in the coming year.

As Institute Director, I speak to many organizations around the country, and I can assure you that I will convey what I have learned here in my national remarks to those groups. On Monday, when the Board of the National Council on Alcoholism and the Board of the National Association of Alcohol and Drug Abuse Problems Association meet in Washington, I will discuss the fact that these major national voluntary organizations cannot continue to keep their doors closed to the full spectrum of the alcoholism field. Those are the steps that will be taken by NIAAA immediately, but they are not our first steps. As a direct result of the discussions which led to this conference, I have initiated a process which will soon result in the placement of at least one Hispanic representative on every one of the Initial Review Committees and on the Federal Interagency Committee.

Other steps will follow. We plan to pursue an ongoing recruitment program that will bring additional Hispanic representation to all levels in as many areas as possible at the Institute. I think this symbolizes what I consider to be the most important vital followup, our efforts to institutionalize, in a systematic and comprehensive way, the action agenda that will be developed over the next few months, and to provide those mechanisms that will weave Hispanic interest and concerns firmly into the fabric of NIAAA.

We will work step-by-step, day-by-day, hand-in-hand, and I think we will create and maintain this partnership, not for me, not for you, but for the alcoholics, for their families, for their communities, and most important, for their children.  
Thank you.



*James Hernandez, President, The National  
Hispanic Congress on Alcoholism*

EL CONGRESO

John, your commitments as expressed go far beyond my expectations. My principles, in regard to provision of services to the Hispanic people in the United States have motivated me to expend a great deal of energy, time, and organization to assure that those commitments are made on behalf of all Hispanics.

We talk about unification. Unification doesn't come easily or come in totality. It comes when we are dealing with common issues. It is ironic that groups from the East and the West have made identical presentations to the Institute. The demands are identical because the needs are identical and so severe that we can all see them, and it is easy for us to advocate on their behalf.

I intend to speak of the Hispanic Congress in relation to the Conference and will do that. First, however, let me apologize for my speech, because I am somewhat surprised that these commitments have been made so clearly and strongly. I am moved and know that Mr. DeLuca is totally sincere and committed to rapid progress. He is the first administrator we have dealt with at NIAAA who has come this far for our people. We have to go the step beyond and help the Institute now realize our greater needs.

Currently, Congress is talking about reducing funding of NIAAA. I ask all of you, as soon as you go back home, to write your Congressmen and Senators requesting that they do not reduce the NIAAA funding for this coming year.

In our approach to this conference the leadership of the Hispanic Congress wanted to invite all of you to participate in the appointment of individuals to the Hispanic Congress Board of Directors. We had a meeting the first day that was not conclusive because many people were not here. I apologize for that oversight and for not being able to spend a great deal of time with representatives from the various regions.

The National Hispanic Congress on Alcoholism will work for inclusion of all groups and individuals who want to work in harmony toward our common goals. It is the only way we and the NIAAA can realize our dreams--working together to achieve our goals.

This afternoon we will have a meeting of the Hispanic Congress, where I hope we can argue, discuss, and plan. When we leave there will be no doubt that the National Hispanic Congress on Alcoholism will be the strongest vehicle in this Nation repre-

senting Hispanic interest in the field of alcoholism. We cannot represent all groups, but we are representatives of the various cultures and have a sincere commitment to follow through in making sure that services are provided to our people.

Let me introduce the tentative Board of Directors, tentative because they were appointed for 1 year. They will serve until the next conference which the National Hispanic Congress will sponsor next year:

The First Vice President is Dr. Carlos Caste. The Second Vice President is Dr. Carmen Carrillo; First Secretary is Ms. Ivonne Cordero Muratti; Second Secretary is Richard Davila; Treasurer is Ms. Charlene Ortiz; and Parliamentarian is Ms. Elvira Diaz.

The other members of the Board are: Mr. Louis J. Rodriguez from Florida; Mr. Louis Polanco from Oregon; Ms. Rebecca Sanchez from New York; Mr. Bill Resendez from California; Dr. Pedro Ruiz and Mr. Isaac Perez from New York; Mr. Cruz Archibeque from Arizona; Mr. David Fernandez from Old Mexico; Mr. Pedro Villanueva from Puerto Rico; Mr. Rolando Garza from Texas; Mr. Oswaldo Fierro from New Jersey; and Mr. Eduardo Castello from Florida.

This is not the full complement of the Board of Directors of the National Hispanic Congress on Alcoholism. There are several vacancies, and the Congress is flexible in order to assure representation of as many areas of the United States as is possible.

I leave with one note that Mario Obledo often uses but did not use last night. I want to extend this to those individuals with whom I interacted during the conference.

"Les quiero decir que los quiero tanto como mis ojos, pero no mas que a mis ojos, porque sin ellos no los puedo ver."  
Gracias.

TRANS: "I would like to tell you that I like you as much as my eyes, but not more than my eyes, because without them I would not see you." Thank you.

Closure: John Moore, MSW, Our Lady of the  
Lake, San Antonio, Texas, Planning  
Committee

#### ONLY THE BEGINNING

I am totally involved in my own emotional, overwhelming feelings about this conference, starting with Sunday night when we had the local school kids dancing for us and Mariachis playing, wondering what was really going to happen.

It has happened and that is what makes it so great; we were able to come together from different parts of the country and develop a brotherhood and sisterhood among ourselves while always keeping a focus on the problem that we are all so concerned with, and never losing sight of our commitment to the alcoholics of our country and of the Hispanic people.

After hearing all the wonderful speeches and participating in workshops, after seeing the hard-working moderators and leaders that we have had to keep us involved in making our own contributions, and coming back today and hearing of NIAAA's commitment to our people makes me realize that this is not a closure, this is only a beginning.

As we say in our own language, we never say goodbye, no mas asta la vista.

## CONFERENCE RECOMMENDATIONS

### I. TREATMENT: SPECIAL POPULATIONS

*Moderator:* Ivonne Cordero Muratti

- 1.\* That NIAAA program guidelines and review criteria require staffing which reflect the needs of the population to be served, especially in decision-making and policymaking positions;
- 2.\* That NIAAA fund a task force of Hispanics to develop action plans based on the recommendations from the conference;
3. That NIAAA develop an alcoholism services network for Hispanic migrant farmworkers and undocumented workers;
4. That a training program and monies be made available for Hispanic treatment modalities to assure:
  - That the needs of Hispanics be addressed in the development of alcoholism counselor credentialing curricula;
  - That NCAE develop bilingual and bicultural training materials for Hispanics;
5. That funds be allocated for research on Hispanic alcohol socioeconomic factors and that funds be made available for hiring professional researchers. NIAAA is to publish and disseminate the research findings; and
6. That the NIAAA initiatives be expanded to include Hispanics.

### II. TREATMENT: GENERAL POPULATIONS

*Moderator:* Pedro Ruiz, M.D.

1. That Hispanics be represented in all government agencies responsible for disbursement of funds and

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\*Recommendations one (1) and two (2) were considered by the workshop participants to be equal in importance.

program approvals for Hispanic alcoholism programs, such as the HSAs, A95s, IRG Committees, National Alcoholism Commission, the National Alcoholism Council, etc.;

2. That Hispanics be placed in top-level positions in all Federal and State alcoholism agencies (e.g., Associate Directors of NIAAA and State authorities);
3. That appropriate coordination must be maintained with Hispanic organizations and high-level Hispanic leadership, such as the National Hispanic Congress on Alcoholism;
4. That NIAAA provide appropriate quality technical assistance to Hispanic alcoholism programs in all areas of program management, such as clinical management, training, planning, etc.;
5. That NIAAA work with third-party reimbursement agencies to provide appropriate and adequate funding to ensure:
  - recruitment of high-quality staff
  - retention of high-quality staff
  - maintenance of relevant inservice training and equipment
  - adequacy of available staff
  - maximum program survival and reimbursement for long-term contracts and/or grants to assure continuity of programs
6. That training and education programs geared toward Hispanics have appropriate and culturally relevant training approaches to ensure a high quality of services;
7. That programs for Hispanics have available bilingual and bicultural staffs and literature.

### III. PREVENTION

*Moderator:* Charlene Doria Ortiz

1. That a contract be developed and funded for technical assistance to programs in the development and evaluation of prevention projects;

2. That an Hispanic Clearinghouse for program resource and materials be developed;
3. That a system be developed to provide technical assistance on existing organizations, such as National and Local Council on Alcoholism, conducting special projects in policy areas;
4. That prevention training be offered throughout the country as well as through regional workshops;
5. That developers of training materials be aware of ethnic differences among Hispanic groups;
6. That courses in prevention be developed with Hispanic perspective for the use of teachers, civic groups, and church groups;
7. That a cadre of Hispanic prevention professionals be formed to return information and skills to their respective communities (the capacity-building concept for prevention);
8. That priority be given to develop rural prevention programs;
9. That the Division of Prevention, NIAAA, develop radio and TV materials with the aid of Hispanics at the community level, rather than having consultants develop materials;
10. That bilingual school curriculum on alcoholism prevention be developed for Hispanic children, using materials such as color books and comic strips as aids;
11. That an Hispanic Advisory Group be created to develop guidelines for culturally relevant prevention programming;
12. That the number of Hispanic prevention professionals on IRG committees be increased;
13. That private sector prevention strategies that impact on Hispanic communities be explored and developed;
14. That negotiations between NIAAA and the Department of Education allow for greater access to schools by Hispanic groups that want to work in their local school systems.

#### IV. TRAINING

*Moderator:* Luis J. Rodriguez

1. That recruitment of Hispanics into the alcohol treatment and prevention system be increased;
2. That culturally relevant training be given to Hispanic recruits and Hispanic and non-Hispanic current service providers, and that one of the training goals would be emphasis on Hispanic cultural awareness, a sensitivity essential at the intake and treatment level;
3. That grass root groups and community action groups be established to form a network of Hispanics, similar to the National Hispanic Congress on Alcoholism, to advocate for resources and training legislation and funding to NIAAA, HSA, and local funding sources;
4. That priority be given to the development of position papers on the need for:
  - Human service competency in providing alcoholism treatment;
  - Traditional and nontraditional training and design models including institutes and seminars, job market implications involving credentialing of alcoholism treatment personnel;
  - Approaches to discovering Federal, State, and local funding sources for training, and the application of this information in maximizing the availability of funds for services.
5. That bilingual precertification courses be developed for use by certified alcoholism counselor trainers to aid Hispanic candidates who are interested in obtaining credentialing;
6. That State and local NIAAA and other resources and services for Hispanics be identified, and that training programs be set up as components of these resources and services.

#### V. RESEARCH

*Moderator:* Carlos C. Caste, Ph.D.

1. That NIAAA plan and develop a national survey on Hispanic alcohol use and abuse to be conducted by

an interdisciplinary team of Hispanic researchers;

2. That NIAAA initiate a series of studies to identify rates of incidence and prevalence of Hispanic alcoholism by region, correlating these findings with the 1980 census data;
3. That NIAAA fund existing Hispanic researchers and/or Hispanic research organizations to undertake culturally relevant research on such issues as:
  - Development and implementation of methodologies and instruments used in epidemiological, psycho-social, and behavioral studies of Hispanic alcoholism
  - Support mechanisms within Hispanic families and networks utilized by Hispanics
  - Evaluation of community-based, culturally relevant experimental alcoholism treatment programs for Hispanics
  - Provision of funds for alcohol research to ensure data collection on the needs of special Hispanic populations including:
    - \*regional variations
    - \*generational differences
    - \*women
    - \*children and youth
    - \*migrants and farmworkers
    - \*ethnic diversity; and
  - Research on the impact that cultural factors and socioeconomic variables have on Hispanic alcoholism
4. That NIAAA make the grants/contracts review process more accessible in order to expand the scientific study of Hispanic alcohol issues by:
  - Recruiting of Hispanic researchers to serve on Initial Review Groups to ensure that culturally and professionally relevant expertise is present in the grants/contracts review process;
  - Recruiting Hispanic professionals to serve as NIAAA program officers; and



- Developing and disseminating a technical assistance manual to orient Hispanic researchers and service providers to the development of grants/contracts applications and proposals.
5. That NIAAA implement a systematic, long-term research training project to expand significantly the number and proportion of Hispanic social and behavioral science researchers by:
    - Funding Hispanic faculty and students at institutions of higher education to develop research training programs that focus on Hispanic community issues (e.g., curriculum development);
    - Providing individual fellowships/stipends to Hispanic students, for master's and doctoral programs, dissertation research, and postgraduate training;
    - Offering faculty development grants to assist new Hispanic faculty to increase their research competencies and establishing Hispanic Research Centers to undertake programs of research, such as those outlined in part 1.
  6. That NIAAA create training opportunities for Hispanics within NIAAA by establishing an Hispanic Research Scholar Program in Rockville and an Hispanic Graduate Student Intern Program at the HHS regional offices;
  7. That NIAAA initiate a technical assistance program to community-based Hispanic alcoholism prevention and treatment programs in the areas of program evaluation, needs assessment, and management information systems;
  8. That NIAAA assess the responsiveness and accountability of existing alcoholism prevention and treatment programs to Hispanic communities;
  9. That NIAAA evaluate such programmatic variables of Hispanic representation and involvement as: governance and decisionmaking, staffing, funding and budget development, advisory groups, and treatment outcomes, if services are involved;
  10. That the NIAAA program evaluation include ADAMHA, NIAAA, Regional Alcohol Research Centers, and State Alcoholism authorities.

## VI. STATE PUBLIC POLICY

*Moderator:* Elvira Diaz

1. To utilize all available systems, including the judicial system, to challenge government agency policies that are addressing Hispanic needs;
2. To pursue funding mechanics based on the incidence of alcohol abuse in different groups at both the State and Federal levels;
3. To pursue public policies which will ensure that objective needs assessments and criteria for funding are developed and implemented;
4. To establish and monitor a system of public policy to ensure the accountability and control of funding earmarked for Hispanic communities;
5. To ensure that a greater number of Hispanics are appointed and hired to fill key funding and policy positions at the State level;
6. To ensure public policies that will broaden staff training at the grass roots level for Hispanics working in outreach prevention and treatment programs.

## VII. NATIONAL PUBLIC POLICY

*Moderator:* Reymundo Rodriguez

1. That a special Hispanic Affairs Bureau with staff be developed in NIAAA;
2. That national administrative policy be developed to require that all applicants for contracts that will affect Hispanic programs address Hispanic needs and require Hispanic staff;
3. That NIAAA report to the Congress the number of Hispanic grants submitted, approved, and funded each year, and that a documented copy of the report be given to the States;
4. That NIAAA support the development of an Hispanic subcommittee to the National Commission on Alcoholism and include Hispanic staff on the Commission;
5. That NIAAA establish and fund a National Hispanic Research Center;

6. That NIAAA develop health education in substance and alcohol abuse in early childhood development programs;
7. That NIAAA appoint a permanent Hispanic committee with representatives from the National Hispanic Congress on Alcoholism, COSSMHO, the National Chicano Alliance, the National Council of La Raza, and representatives from Puerto Rican and Cuban national organizations. That this committee meet quarterly with the NIAAA director and that all expenses for this committee be reimbursed;
8. That NIAAA fund a technical assistance contract by which that organization can provide technical assistance to existing NIAAA-funded programs, develop new programs in States, provide training and information, etc.
9. That NIAAA staff be based in each of the 10 regions, with staff reflecting ethnic makeup of each of the regions. Also encourage NIAAA leadership to increase involvement of existing regional Hispanic staff in the decisionmaking process;
10. That NIAAA and HCFA designate one of its five demonstration areas to be predominantly Hispanic and provide reimbursement to nontraditional treatment services.

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nacional **hcoa**  
Conferencia HISPANA Sobre Alcoholismo

El Alcoholismo y Los Hispanos  
Una Preocupación Nacional

San Antonio, Texas  
Septiembre 7 al 10, 1980

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Actas de la  
CONFERENCIA NACIONAL HISPANA SOBRE ALCOHOLISMO

Auspiciada por el  
Instituto Nacional sobre Abuso del Alcohol y Alcoholismo

7-10 de septiembre de 1980

San Antonio, Texas

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration

La presente publicación es el producto de una conferencia, celebrada en San Antonio, Texas, del 7 al 10 de septiembre de 1980, sobre el abuso del alcohol y el alcoholismo entre los hispanos. La conferencia fue dirigida por AVANTE International Systems Corporation mediante el contrato No. ADM 281-80-0014. Las presentaciones que se incluyen en esta publicación, con excepción de las observaciones de John R. DeLuca, Director del NIAAA, fueron hechas por los autores y participantes a la conferencia citados, y no reflejan necesariamente las opiniones, la política oficial o la posición del National Institute on Alcohol Abuse and Alcoholism; Alcohol, Drug Abuse, and Mental Health Administration; Public Health Service; or the U.S. Department of Health and Human Services.

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## ANTECEDENTES

El Instituto Nacional sobre Abuso del Alcohol y Alcoholismo se complace en publicar las *Actas de la Primera Conferencia Hispana Nacional sobre Alcoholismo* celebrada por el NIAAA, del 7 al 10 de septiembre de 1980, en San Antonio, Texas.

Las *Actas* abarcan los discursos y deliberaciones de la Conferencia sobre el alcoholismo y otros problemas y cuestiones fundamentales en relación con el alcohol que preocupan a la población hispana del país. El documento transmite el espíritu de cooperación e intercambio de ideas que cimentaron las bases para una estrategia de participación hispana en la campaña nacional encaminada a combatir la enfermedad del alcoholismo. Las *Actas* también sirven de guía para los programas de los distintos estados y comunidades que trabajan para fomentar, promover o ampliar los servicios a la población hispana afectada por la enfermedad del alcoholismo.

Damos las gracias especialmente a las comisiones planificadoras y auspiciadoras, a los conferenciantes y participantes a la Conferencia y al personal del NIAAA, así como a tantas otras personas cuya cooperación, apoyo y determinación contribuyeron al éxito de esta importante reunión.

John R. DeLuca  
Director  
Instituto Nacional sobre  
Abuso del Alcohol y  
Alcoholismo

Extractos de la  
CONFERENCIA NACIONAL HISPANA SOBRE ALCOHOLISMO

John DeLuca, Director del Instituto Nacional sobre Abuso del Alcohol y Alcoholismo:

"Trabajaremos paso a paso, día a día, mano a mano, y creo que forjaremos y mantendremos esta asociación, no en beneficio mío ni de ustedes, sino de los alcohólicos, de sus familias, de sus comunidades; y, lo que es más importante, de sus hijos."

Esteban Torres, Asistente Especial del Presidente de los Estados Unidos para Asuntos Hispanos:

"Creo que cuando los historiadores escriban sobre el Siglo XX, dirán que la comunidad hispana cimentó las bases para el futuro; que nuestro pueblo creó los sistemas y estableció los vínculos; los vínculos que son tan importantes."

James Hernández, Presidente del Congreso Nacional Hispano sobre Alcoholismo:

"Permítanme decirles claramente y con toda sinceridad que el Congreso se esforzará por incluir a todos los grupos e individuos que deseen trabajar en armonía hacia el logro de nuestras metas comunes. Es la única forma de realizar nuestros sueños. Es la única forma de ayudar al personal del NIAAA a ver cumplir sus sueños, mientras sigan colaborando con nosotros hacia el logro de nuestras metas."

Mario Obledo, Secretario de Salud y Asistencia Social del Estado de California:

"Hemos de estar dispuestos a cumplir con esta responsabilidad que estamos a punto de asumir. Ustedes y yo tenemos la gran responsabilidad de decir a la gente de nuestra comunidad y a la de otras comunidades que no necesitamos el alcohol o las drogas, que no necesitamos estimulantes artificiales. Los únicos estimulantes que necesitamos son nuestra gente y nosotros mismos."

## National Hispanic Conference on Alcoholism

## I. Opening Day: Sunday Evening - September 7

12:00 - 10:00 p.m. Registration

7:00 - 10:00 p.m. Pre-Conference Social

## II. First Day: Monday - September 8

9:00 - 3:00 p.m. Registration

THEME: Alcoholism in the Hispanic Community:  
A National Concern

Moderator:

Charlene Ortiz

9:00 a.m. - Invocation

Father David Garcia

9:05 a.m. - Welcome Remarks

John DeLuca

9:10 a.m. - Introductions

Ivonne Cordero Muratti

Planning Committee

Host Committee

9:20 a.m. - Introduction of:

John DeLuca

Mayor of City of San  
Antonio

Lila Cockrell

Texas Commission on

Alcoholism Director

Ross Newby

Regional Health Adminis-

trator, Region VI,

DHHS, Dallas, TX

Sam Bell

10:20 a.m. - Keynote Speaker

Special Assistant to

the President on

Hispanic Affairs

Amb. Esteban Torres

12:00 - 1:15 LUNCH (open)

1:30 - 4:00 TREATMENT

Special Populations

Moderator:

Ivonne Cordero Muratti

Presenters:

Ida L. Seneriz

Lidia Romero

Nanette de Fuentes

Abel Garza

Eugenio Sanchez T., Ph.D.

General Populations

Moderator:

Pedro Ruiz, M.D.

Presenters:

Rebecca Sanchez

Luis Rodriguez

Humberto Martinez, M.D.

Frank Banales

PREVENTION

Moderator: Charlene Ortiz  
Presenter: Berneil N. Boswell  
Antonio Garcia  
Juan Solis  
Carlos Salazar  
Acenete Flores

TRAINING

Moderator: Luis J. Rodriguez  
Presenters: John Moore, MSW  
Ernesto Martinez  
Ursula Garcia

RESEARCH

Moderator: Carlos Caste, Ph.D.  
Presenters: Sally Andrade, Ph.D.  
Rumaldo Z. Juarez, Ph.D.  
Roberto Mejia, Ph.D.

PUBLIC POLICY

State Public Policy

Moderator: Elvira Diaz  
Presenters: Isaac J. Perez  
Fermin Rios-Soto  
Jose Trejo  
Jesse Guzman  
Pedro Villanueva  
Luis Polanco  
Daniel Esparza

National Public Policy

Moderator: Reymundo Rodriguez  
Presenters: Raul Yzaguirre  
Rolando Garza  
Eduardo Castello, Ph.D.  
Armando Cherdickt  
Cruz Archibeque

4:00 - 5:00 DINNER (open)

5:30 - 7:00 GRANTS REVIEW PROCESS

Moderator: Ana Graham, Ph.D.  
IRG Process Jeanne Trumble  
Resource Loran Archer  
Grants TA Donald Godwin

### GRANTS REVIEW PROCESS

*Moderator:* Florentino Elcarte, Ph.D.  
IRG Process James Vaughan  
Resource Patricia O'Gorman, Ph.D.  
Grant TA Michael Bond

### CONTRACTS REVIEW PROCESS

*Moderator:* Elva Ruiz Lytle  
Contracts Process Martin Trusty  
DHHS Socio-Economic Policy Mike Mendiville, Ph.D.  
Resource Lois Chatham, Ph.D.

### III. Second Day Tuesday - September 9

THEME: The State of the Art of Alcoholism in  
the Hispanic Community

*Moderator:* Hector Gonzales, R.N., Ph.D.

9:10 a.m. Carlos Caste, Ph.D.  
"Epidemiology"

9:40 a.m. Antonio Navarro, MSW  
"The Essentiality of Continued  
Treatment After Cure Service  
System"

10:10 a.m. Alfonso Paredes, Ph.D.  
"Services Utilization/Treatment  
Effectiveness"

10:40 a.m. Panel/Open Forum

12:00 - 1:15 LUNCH (open)

1:30 - 4:00 Workshops (simultaneously conducted)

#### TREATMENT

##### Special Populations

*Moderator:* Ivonne Cordero Muratti  
Resource Cema Hernandez  
Recorder Nanette de Fuentes  
NIAAA Rep. Lois Chatham, Ph.D.

##### General Populations

*Moderator:* Pedro Ruiz, M.D.  
Resource Luis Rodriguez  
Recorder Jim Abeyta  
NIAAA Rep. Florentino Elcarte, Ph.D.

PREVENTION

Moderator: Charlene Ortiz  
Resource Cruz Archibeque  
Recorder Enrique Santiago  
NIAAA Rep. Patricia O'Gorman, Ph.D.

TRAINING

Moderator: Luis J. Rodriguez  
Resource Ernesto Martinez  
Recorder Ursula Garcia, R.N.  
NIAAA Rep. Jeanne Trumble

RESEARCH

Moderator: Carlos Caste, Ph.D.  
Resource Rumaldo Juarez, Ph.D.  
Recorder Sally Andrade, Ph.D.  
NIAAA Rep. G. Salmoiraghi, Ph.D.

PUBLIC POLICY

State Policy

Moderator: Elvira Diaz  
Resource Jesse Guzman  
Recorder Isaac J. Perez  
NIAAA Rep. Ana Graham, Ph.D.

National Policy

Moderator: Reymundo Rodriguez  
Resource Raul Yzaguirre  
Recorder Rolando Garza  
NIAAA Rep. Lorán Archer

4:00 - 5:00 General Assembly

Moderator: Carlos Caste, Ph.D.

TREATMENT

Special Populations

Presenter: Ivonne Cordero Muratti  
NIAAA Rep. Lois Chatham, Ph.D.

General Populations

Presenter: Pedro Ruiz, M.D.  
NIAAA Rep. Florentino Elcarte, Ph.D.

PREVENTION

Presenter: Charlene Ortiz  
NIAAA Rep. Patricia O'Gorman, Ph.D.

TRAINING

Presenter: Luis J. Rodriguez  
NIAAA Rep. Jeanne Trumble

RESEARCH

Presenter: Carlos Caste, Ph.D.  
NIAAA Rep. G. Salmoiraghi, Ph.D.

PUBLIC POLICY

State Public Policy

Presenter: Elvira Diaz  
NIAAA Rep. Ana Graham, Ph.D.

National Public Policy

Presenter: Reynundo Rodriguez  
NIAAA Rep. Lorán Archer

7:30 p.m. - BANQUET  
Guest of Honor & Speaker Mario Obledo

IV. Third Day Wednesday, September 10

THEME: National Strategy for Unified Action

Moderator: Pedro Ruíz, M.D.

9:30 a.m. - Conference Synthesis Carmen Carrillo, Ph.D.

10:15 a.m. - Remarks by NIAAA Director John R. DeLuca

10:30 a.m. - National Hispanic Congress on Alcoholism Jim Hernandez

10:45 a.m. - Audience Reaction to Conference John Moore

12:00 noon - Conference Closure John Moore

1:30 - 5.00 Optional Local Hispanic Program - Site Visits Host Committee

## INTRODUCCION

El alcoholismo es un grave problema de salud en Estados Unidos. El Instituto Nacional sobre Abuso del Alcohol y Alcoholismo (NIAAA), la agencia federal que se ocupa de este problema, proporciona apoyo a distintos programas y servicios destinados a combatir la enfermedad entre todos los sectores de la sociedad. El Instituto presta apoyo a programas de tratamiento localizados en la comunidad y, a través de su Programa de Fomento de los Servicios para Combatir el Alcoholismo, se esfuerza por mejorar los programas de tratamiento del alcoholismo y poner estos servicios al alcance de todas aquellas personas que los necesitan.

Para alcanzar esta meta, el Instituto patrocinó la Primera Conferencia Nacional Hispana sobre Alcoholismo a fin de concentrarse en las necesidades especiales de los hispanos. La Comisión sobre Alcoholismo de Texas proporcionó los fondos para los viajes de los conferenciantes, y unos 400 participantes vinieron a la Conferencia en San Antonio para tratar las necesidades especiales de los hispanos que sufren la enfermedad del alcoholismo y problemas relacionados con el alcohol.

Los delegados a la conferencia, en representación de 29 estados, Puerto Rico y México, escucharon las presentaciones sobre el alcoholismo entre los hispanos y participaron en los grupos de trabajo sobre tratamiento, prevención, capacitación, investigación y normativa. La primera parte de la Conferencia estuvo dedicada al examen de los programas y servicios para hispanos relacionados con el alcoholismo. Después siguieron los discursos en los que los delegados recomendaron planes específicos de acción para atender las necesidades especiales de la comunidad hispana. En los dos días y medio que duró la Conferencia hubo un valioso intercambio de ideas e información y establecimiento de vínculos. En el día final de la Conferencia, John R. DeLuca, Director del NIAAA, anunció que el Instituto abordaría con mayor detenimiento las necesidades de los hispanos. También se comprometió a nombrar un grupo de trabajo hispano en el NIAAA, a incluir hispanos en todas las comisiones examinadoras y consultivas y nombrar un hispano para un cargo de responsabilidad en el NIAAA.

Las Actas incorporan las ponencias presentadas en la reunión, las observaciones de los participantes y las recomendaciones formuladas durante las sesiones de trabajo.

Esperamos que las Actas promuevan iniciativas aumentando la conciencia e interés en los problemas relacionados con el abuso del alcohol y el alcoholismo entre los hispanos.



*Orador principal: Embajador Esteban Torres,  
Asistente Especial del Presidente  
de Estados Unidos para Asuntos  
Hispanos*

## EL DESAFIO DE LOS OCHENTA: ACCION MEDIANTE LA UNION

Miembros del estrado, miembros de la Conferencia Nacional Hispana sobre Alcoholismo, damas y caballeros. Es un placer y un honor para mí dirigirme a esta Conferencia porque los esfuerzos y contribuciones que ustedes aportan prestan un servicio de un valor incalculable a nuestra comunidad hispana, que acude a ustedes en busca de dirección y guía. En la reunión de esta mañana y en los próximos días, habrá oportunidades para intercambiar ideas y experiencias y formular una estrategia y planes para el futuro. Sobre todo, habrá oportunidades de renovar nuestros compromisos para abordar el grave problema del alcoholismo y sus efectos sobre una gran parte de la población, de la cual la comunidad hispana constituye un segmento importante. Entiendo que, hasta la fecha, hay pocos programas concebidos para atender las necesidades del alcohólico hispano. Me siento optimista de que, en un futuro cercano, se remediará esta situación. En sus distintos campos de actividad relacionados con el alcoholismo, ustedes han ejercido una benéfica influencia sobre los expertos y ellos han llegado a comprender los programas que ustedes llevan a cabo en beneficio de los hispanos. Comprender que para trabajar efectiva y eficientemente, los programas han de estar orientados hacia la comunidad hispana. Cuando sea posible, esas agencias deben contar con personal bilingüe y bicultural a fin de cumplir su cometido. Yo percibo la presencia del Sr. DeLuca hoy como una manifestación y prueba de un compromiso por parte del NIAAA. Como ha dicho, "para avanzar, hay mucho trabajo que hacer", y es un placer para mí verlo aquí entre nosotros para avanzar el trabajo en este campo.

Como hispanos, hacemos frente a una tarea imponente. La prensa, el público, e incluso nuestra propia gente, declaran que los años ochenta serán la década de los hispanos. Tal vez necesitemos examinar durante unos minutos lo que quiere decir esto. Si ésta es la década de los hispanos, ¿significa que podemos esperar una porción razonable del sueño estadounidense? Si ésta es nuestra década, ¿podemos suponer que nuestros hijos van a recibir una educación adecuada y van a tener acceso al fruto de la educación superior? Si los próximos 10 años son realmente nuestros, ¿bajará el número de desempleados? ¿Participaremos en el mercado laboral y no estaremos limitados a trabajos mal remunerados y no especializados? Si ésta es nuestra década, ¿podemos esperar recibir cuidado adecuado de salud para nuestros jóvenes y nuestros ancianos? ¿Viviendas adecuadas para nuestro pueblo? ¿Resolverá esta década todos nuestros problemas? ¿Llegaremos a alcanzar nuestras metas y nuestros objetivos?

Ustedes conocen la respuesta. Es "no". No lograremos alcanzar esas metas elevadas, pero no se nos puede disuadir de intentar lograrlas. No debemos dejar que se nos aparte de nuestros compromisos. No debemos ser pesimistas en nuestros intentos por alcanzar esas metas. Los años ochenta pueden ser realmente nuestra década. Creo que cuando los historiadores escriban sobre el Siglo XX, dirán que la comunidad hispana cimentó las bases para el futuro; que nuestro pueblo creó los sistemas y estableció los vínculos; los vínculos que son tan importantes.

Esta mañana observé, en esta sala, que había entre los presentes diferentes campos de actividad. La capacidad de colaborar, de unir esas diferentes manos y de trabajar en asociación con el Gobierno Federal, con los funcionarios locales y con nuestra comunidad, es la capacidad que nos va a permitir alcanzar las metas que perseguimos. La clara determinación de nuestra situación, a la luz del día y trazando nuestro derrotero frente al futuro, nos traerá el éxito. Comprendemos que hay problemas complejos que no pueden resolverse fácilmente. Al iniciar este último trimestre de 1980 miro al pasado con orgullo y satisfacción, como ustedes deben hacerlo. Debemos mirar al futuro con valentía y renovado entusiasmo. Créanme; hemos llegado bastante lejos. Quiero que estén convencidos de que no nos dejaremos llevar de la complacencia y de que no nos detendremos ante ningún obstáculo. Necesitamos seguir adelante. Desde 1976, hemos progresado incudablemente en nuestros esfuerzos por aumentar la participación de los hispanos en la sociedad estadounidense.

Frecuentemente, sentimos que nos hemos quedado muy atrás. Hay mucho más que hacer y que lograr. Pero, recuerdo hace 35 años cuando los marineros golpeaban a nuestros hermanos mexicanos en los barrios del sur de California. ¿Recuerdan ustedes los "zoot suit wars"? ¿Pueden creer que hoy, 35 años después, un mexicano-americano, el Secretario Eduardo Hidalgo, dirige la Armada estadounidense? Treinta y cinco años parece mucho tiempo, pero creo que es importante reconocer hasta donde hemos llegado. Hoy, y lo digo con orgullo, hay más de 200 hispanos en altos puestos ejecutivos, administrativos, gerenciales, subministeriales, en la Casa Blanca y en comisiones consultivas. Hoy hay 18 jueces federales hispanos que presiden los tribunales federales. Esto era desconocido en el pasado, ¿Pueden imaginarse ustedes el efecto que surten 18 jueces federales en combatir las injusticias cometidas contra nuestro pueblo?

Una representación más amplia aumenta nuestro acceso. Debemos aprovechar la situación y dirigirnos a nuestros representantes en el Gobierno. Debemos dirigirnos a esas personas que acabo de mencionar para que expresen nuestras inquietudes y para que trabajen por una participación aún mayor.

El esfuerzo por ampliar la educación bilingüe es importante. La publicación de las normas de LAU en el *Registro Federal* es un paso muy importante hacia adelante. Los remedios de LAU proponen normas para el cumplimiento de lo dispuesto por el Título VI de la Ley de Derechos Civiles de 1964 a fin de evitar la discriminación por motivo de origen nacional en la educación elemental y secundaria. Las normas propuestas prohíben a los beneficiarios de asistencia financiera federal negar igualdad de acceso a un estudiante por razón de una aptitud limitada en el idioma inglés. Es para el logro de esa aptitud por lo que se están publicando en el *Registro Federal* las normas LAU. La educación es una inversión importante para nuestro futuro. Otra iniciativa que se ha tomado, que afecta a muchas de las personas a las que ustedes sirven, es la creación de una Comisión Selecta sobre el Estudio de Normas en Materia de Refugiados e Inmigración. Esta comisión es necesaria si queremos resolver los enormes problemas que afronta nuestro país.

Hace unos momentos dije que nosotros, como hispanos, afrontamos una tarea imponente. Es cierto, tenemos ante nosotros una tarea de gran dificultad, pero nada es imposible para nosotros. Al pedir a nuestros líderes y a nuestro propio Gobierno que sean más sensibles, lo mismo deberíamos exigirnos a nosotros mismos.

Esta primera Conferencia Nacional Hispana sobre Alcoholismo es prueba de que estamos dispuestos a aceptar ese gran desafío. Es por esto por lo que deseo felicitarlos por haber hecho el esfuerzo de venir a la Conferencia. Ustedes son una manifestación de esa buena voluntad. Al dedicar los próximos dos días a analizar el tratamiento, capacitación, investigación y política pública relacionados con los hispanos y el alcoholismo, comprendan que los efectos de esta conferencia se extienden más allá de los participantes. Sus actividades tendrán un efecto que trascenderá de los temas debatidos, llegando a nuestra comunidad. El esfuerzo mutuo y la unidad de acción que se demuestran aquí establecerán el tono y serán un ejemplo para el resto de nosotros en el Gobierno Federal. Aunque diferamos en nuestra forma de actuar, las normas básicas y metas siguen siendo las mismas. Es este concepto el que debe servirnos de guía en nuestras acciones. Sabemos que la unión hace la fuerza y la unión es la clave para lograr nuestras metas. Es por ello por lo que deseo elogiar el establecimiento del Congreso Nacional Hispano sobre Alcoholismo, que representa un medio importante de dirección y organización que multiplicará la eficacia de nuestros esfuerzos. Lo que hagamos hoy y mañana, establecerá la estructura para el futuro.

De cara a nuestro futuro, estoy seguro de que dirán conmigo: "Juntos, todos juntos, avanzaremos porque en esa unidad está la fuerza". Avanzaremos juntos hacia un futuro más brillante y que nos proporcionará más satisfacción si permanecemos fieles a nuestros compromisos mutuos de conseguir mayores oportunidades y mayor justicia para nuestro pueblo. Estos compromisos no se hacen fácilmente ya que requieren sacrificio. Si queremos cumplirlos como individuos, como comunidad debemos estar dispuestos a arremangarnos

las mangas y poner manos a la obra. Nuestros elevados sueños y objetivos deben ir acompañados de una determinación y deseo de dar un paso más o de trabajar esa hora extra, y yo sé que nuestra gente puede hacerlo. Un poeta escribió en cierta ocasión, "no-sotros somos los músicos y los soñadores, los que movemos y sacudimos el mundo eternamente, parece". Hoy, al mirar a los presentes en esta sala, me siento alentado y fortalecido. No solo somos los soñadores, sino lo que tiene un significado mayor, damas y caballeros, somos quienes movemos y sacudimos el mundo para que esos sueños se conviertan en realidad. No es fácil. Es trabajo pesado y difícil y me siento orgulloso de que nuestro pueblo se haya reunido para hacer de esos sueños una realidad.

La legislación sobre asignaciones presupuestarias que nuestro Presidente trató vehementemente de conservar, como así lo logró, fue para esta clase de programas. Cuando se propuso que se redujera el presupuesto en el Congreso, el Presidente solicitó un aumento de fondos para el Instituto para luchar contra el alcoholismo. Hoy vemos esa iniciativa amenazada en la Cámara de Diputados y depende de ustedes como ciudadanos, conscientes de su responsabilidad cívica, como profesionales y líderes de la comunidad, ayudarnos a restaurar y conservar esas iniciativas y esos fondos. Sus representantes en el gobierno deben saber de ustedes. Y cuando sepan de ustedes van a saber que en realidad esta comunidad está unida. En este país ya no podemos darnos el lujo de estar divididos. Ya no podemos decir que tú eres chicano, yo soy boricua, yo soy cubano y tú eres colombiano. Trabajemos juntos porque en la unión está la fuerza y con fuerza podemos vencer, podemos lograr nuestros sueños. Hoy les doy las gracias porque me han invitado a hablar con ustedes y me comprometo a luchar junto a ustedes. Muchísimas gracias.

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## EL ALCOHOLISMO ENTRE LOS HISPANOS

La falta de reconocimiento de que es objeto el grave problema del alcoholismo entre los hispanos es aún más aterradora si consideramos los hechos siguientes:

- 1) Hoy, los hispanos en Estados Unidos quizás representen la minoría más grande del país. La Oficina del Censo de EE.UU. estima que, en 1976, había 12 millones de hispanos, pero estos datos no tomaban en cuenta el aumento por nacimientos y la inmigración legal y de indocumentados, que representaban de 22 a 23 millones, aproximadamente, o sea, de 7 a 9 por ciento de la población.
- 2) Los hispanos representan la población de más alto riesgo en todos los aspectos de las enfermedades mentales, adicción a las drogas y alcoholismo.
- 3) Los hispanos sufren el impacto total de una subcultura de pobreza en todas sus ramificaciones, incluyendo bajos ingresos, subempleo y educación deficiente, vivienda inadecuada y falta de espacio.

A todos estos problemas hay que añadir la discriminación, los prejuicios y las tensiones de la migración, y la aclimatación cultural. La adaptación al clima, las dificultades del idioma, las actitudes raciales y el conflicto de valores y creencias minan el sentido de autonomía e iniciativa de los hispanos.

Las pruebas más disponibles indican que el alcoholismo quizás sea el problema más grave entre los hispanoamericanos hoy en día. No obstante, al tratar de comprender ese problema, nos vemos reducidos a compaginar fragmentos dispersos de información procedentes de toda una serie de fuentes, entre las que figuran numerosos estudios que definen los conceptos básicos del alcoholismo de forma dispar. Hay también estudios que utilizan métodos de investigación que son inadecuados cuando se aplican a los hispanos.

Gran parte de la información sobre los hispanos y el alcoholismo, es un producto secundario incidental de estudios de la población general o de algún otro grupo específico; como resultado, la mayor parte de esta información se basa en un número de hispanos muy reducido.

Durante el año fiscal de 1978, el NIAAA gastó más de \$15 millones en 236 proyectos de investigación y nueve centros nacionales de investigaciones. Ninguno de esos proyectos y centros se ocupa de los hispanos, aunque la Ley Pública 94-371 establece prioridad

para esta población. Sin la información que una buena investigación pudiera generar, es difícil, si no imposible, establecer programas racionales y eficaces para la comunidad hispana. La información de que disponemos consiste en datos poco confiables y en información fragmentaria. No se ha recogido sistemática e integralmente información nacional y ningún proyecto de investigación ha concentrado su atención exclusivamente en los hispanos. No podemos corroborar la validez de las cifras que he utilizado, pero parecen ser un marco adecuado de referencia si queremos tener una idea aproximada de la magnitud del problema del alcoholismo entre los hispanoamericanos.

Hace una década, Cahalan (1969) declaró en su Encuesta Nacional sobre las Prácticas de Consumo de Alcohol en EE.UU., que la proporción de bebedores asiduos era más alta entre las personas de ascendencia latina y caribeña. Además, informó que esta cifra era más del doble que la cifra promedio nacional. Estos patrones han sido corroborados por otras encuestas (Cahalan 1974; Clark y Room 1977; Clark y Midanik 1979).

Recientemente, la Encuesta Nacional sobre Consumo de Alcohol y Problemas Relacionados con el Alcohol entre los Adultos en Estados Unidos trató de actualizar los datos sobre prevalencia del alcoholismo. Esa encuesta se llevó a cabo con el fin de proporcionar una base para la formulación de una política que permitiera combatir el problema. También da las cifras empleadas para determinar las tendencias experimentadas en el abuso del alcohol, ya que estas cifras fueron comparadas con las producidas por investigaciones anteriores.

La Encuesta Nacional de 1979 indicó que los hispanos, en comparación con los negros y anglosajones (de uno y otro sexo), tienen una alta proporción de bebedores asiduos y de problemas asociados con bebidas alcohólicas. Entre los hispanos, los hombres tienen más problemas relacionados con el alcoholismo que las mujeres.

#### MUJERES

	Bebedores con consecuencias sociales	Bebedores con pérdida del control o dependencia	Con pérdida del control (bebedores solamente)
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ANGLOSAJONES	2	6	10
NEGROS	3	5	11
HISPANOS	10	11	16

#### HOMBRES

ANGLOSAJONES	6	13	18
NEGROS	3	16	22
HISPANOS	30	44	56

Rachal y colaboradores (1978) han estudiado el problema entre los adolescentes y los resultados del estudio con este grupo específico indican que los adolescentes anglosajones e hispanos muestran patrones similares en la bebida y ambos grupos muestran un mayor predominio del alcoholismo que los adolescentes negros.

La encuesta de 1978 realizada por el Research Triangle Institute dividió la población en tres grupos principales: negros, hispanos, anglosajones y otros (esta categoría de otros incluye minorías tales como los norteamericanos nativos, etc.). No es confiable la clasificación de estos resultados ya que las cifras de consumo entre los subgrupos incluidos bajo la categoría de anglosajones son muy diferentes.

Nivel de bebida	Negros	Hispanoamericanos	Anglosajones- Otros
Abstemio	36,1%	21,1%	21,0%
Infrecuente	12,1%	20,5%	7,4%
Ligero	28,1%	21,6%	23,8%
Moderado	11,3%	17,5%	18,0%
Moderado-asiduo	8,5%	15,1%	17,6%
Asiduo	3,9%	4,2%	12,2%
Muestra (n)	496	264	4.158

En un estudio de la relación entre la muerte por cirrosis y el consumo de alcohol, Malin y sus colaboradores (1979) ofrecen alguna información sobre los patrones y nivel de consumo del alcohol. Observaron cambios espectaculares entre las cifras de mortalidad entre 1949 y 1973. El índice para los varones que no estaban incluidos en la categoría de anglosajones aumentó alarmantemente, y para las mujeres, se triplicó.

El número de muertes relacionadas con el alcohol en ambos sexos de los anglosajones también aumentó durante ese período, aunque no en la misma magnitud de los demás. La muerte a causa de cirrosis entre los no anglosajones ha estado disminuyendo desde 1973, pero aún sigue siendo substancialmente más alta que para los anglosajones. Malin no da información para subgrupos específicos no anglosajones, pero otros estudios indican que el índice de muertes ocasionadas por cirrosis entre los hispanos es más alto que el índice para la población en general. Moustafa y Weiss (1968) encontraron resultados para los chicanos en Texas similares a los de Avilés-Roig (1973) para los puertorriqueños en Puerto Rico. Edmanson en California (1975) encontró que el 52% de todas las muertes entre los mexicoamericanos se debía a cirrosis en comparación con el 24% para los anglosajones y 22% para los negros. Engman (1976) obtuvo resultados similares en una encuesta estatal. Central Park North en la ciudad de Nueva York, con una extensa población de hispanos, tiene un número de muertes ocasio-

nadas norcirrosi. 4,8 veces más elevado que las correspondientes a todo el estado (State Plan Profile, 1980).

Se informa también que los accidentes de automóvil, por conducir bajo la influencia del alcohol son más altos entre los hispanos que el promedio de la población (Alcocer 1980; Kaye 1977; Helrich y Benson 1972 y Hyman y Hyman 1968). También se demuestra que el número de arrestos por embriaguez en público es más alto entre los hispanos que en el resto de la población (Welfare Planning Council 1970; Haugen 1975; Kern 1975; Engman 1976; Hall, Chaikin y Piland 1977).

Este breve análisis del predominio del uso y abuso del alcohol entre los hispanos, usando diferentes índices, corrobora la gravedad del problema en la comunidad hispana. En la Encuesta Nacional de 1979, se estima que el índice del alcoholismo entre los hispanos es de 7., es decir, 2 sobre los índices declarados en la Encuesta Nacional de 1969 para la población en general. En 1976, García declaró ante el Subcomité del Senado sobre Alcoholismo y Narcóticos que el 10 de los hispanos son alcohólicos asiduos y que entre 10 y 15 tienen problemas relacionados con el alcohol. Aun cuando esta cifra fuera exagerada, indica un grave problema endémico, el cual se complica por la baja utilización de los servicios disponibles.

Si pasamos ahora a examinar una posible etiología, especialmente los factores socio-culturales, encontraremos algunos problemas altamente controvertibles. Sin embargo, es razonable indicar que el alcoholismo entre los hispanos es hasta cierto punto el resultado de las presiones de la inmigración y la adaptación a una nueva sociedad. Los inmigrantes hispanos, como otros inmigrantes antes que ellos, han tenido que enfrentarse a cambios culturales, al rompimiento de los lazos familiares, a cambios bruscos en el ambiente físico y social, a barreras del idioma y a toda clase de discriminación. Como indiqué antes, tenemos varias hipótesis que pueden ofrecerse para explicar la alta prevalencia del alcoholismo entre los hispanos; todas son disputables y hasta ahora no tenemos pruebas científicas válidas que respalden esas hipótesis. Las teorías sociales, genéticas y psicológicas ponen en tela de juicio su validez, pero en su mayor parte pertenecen al campo de las especulaciones científicas. El desarrollo reciente de la epidemiología genética, incluyendo el estudio de las interacciones entre el ambiente y los factores que son transmisores genéticamente, resulta ser una hipótesis atractiva, pero la transmisión del alcoholismo es también un acontecimiento cultural y ambiental muy complejo.

Los enfoques tradicionales basados en explicaciones metafísicas de fuerzas dinámicas internas deben considerarse también con mucho escepticismo cuando se aplican a una cultura que difiere en muchos aspectos fundamentales de la cultura de este país.