

DOCUMENT RESUME

ED 299 337

UD 026 333

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 TITLE From Research to Intervention: Substance Abuse Prevention among Hispanic Adolescents. Report No. 3.
 INSTITUTION Hispanic Health Council, Hartford, CT.
 REPORT NO HHC-R-5
 PUB DATE 88
 NOTE 7p.
 AVAILABLE FROM Hispanic Health Council, 98 Cedar St. 3A, Hartford, CT 06103 (\$1.00).
 PUB TYPE Reports - Evaluative/Feasibility (142) -- Reports - Research/Technical (143)

EDRS PRICE MF01 Plus Postage, PC Not Available from EDRS.
 DESCRIPTORS *Adolescents; After School Programs; *Alcohol Education; Cultural Awareness; Drinking; *Drug Abuse; Elementary Secondary Education; Ethnicity; High Risk Students; *Hispanic Americans; Illegal Drug Use; Pretests Posttests; *Prevention; Program Effectiveness; Program Evaluation; Research Needs; Surveys
 IDENTIFIERS Connecticut (Hartford); Cultural Sensitivity

ABSTRACT

Although there is a strong experiential sense among people in the substance abuse prevention field that Hispanic adolescents may be particularly at-risk for the abuse of licit and illicit drugs, this concern has produced only limited research or culturally sensitive, ethnically targeted prevention efforts. The following factors hinder the development of an appropriate approach to substance abuse prevention among Hispanic adolescents: (1) unavailability of much research data on the mind altering substance use patterns of this population; (2) lack of culturally appropriate models for Hispanic adolescents; and (3) tendency to lump all Spanish speaking people as Hispanic, regardless of country of origin. The Hispanic Health Council's Alcohol Unit surveyed the drinking patterns of 210 Hartford, Connecticut, Hispanic adolescents and their mothers. They found that while alcohol is a problem for some of Hartford's Puerto Rican students under the age of 18, the number is small, especially in comparison with other non-Hispanic adolescent populations. The Peer Prevention Project, designed to ensure that alcohol consumption among Hispanics remained low, provided after-school training courses for students in a junior high school located in an economically depressed, predominantly ethnic minority neighborhood. Pre- and post-tests indicate that the Project had a beneficial influence on the participants: there was a notable increase in reported frequency of the use of tobacco, and liquor for the control group, but no change for the Peer Leadership group.
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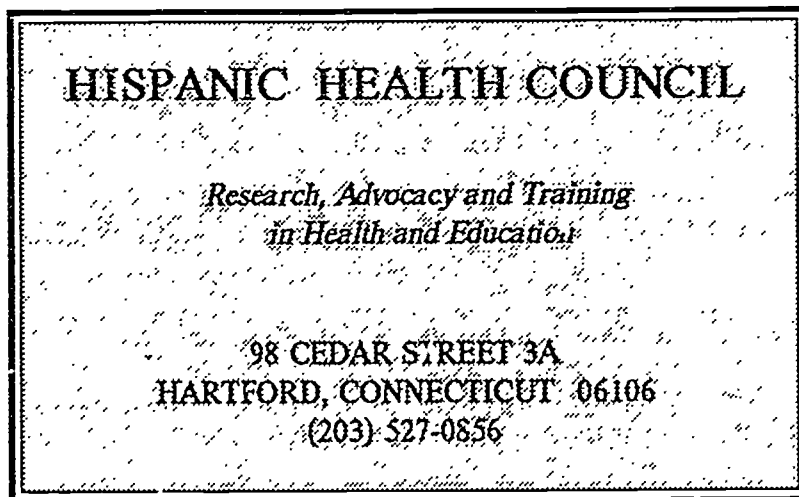
ED 299337

NUESTRO TRABAJO: HISPANIC HEALTH REPORTS

*From Research to Intervention:
Substance Abuse Prevention Among Hispanic Adolescents*

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REPORT NO. 3



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**From Research To Intervention:
Substance Abuse Prevention among Hispanic Adolescents**

U.S. Public Law 99-570 of 1986, which established the Office of Substance Abuse Prevention within the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), mandated the creation of substance abuse programs targeted at "high-risk youth." The latter are defined in the Federal Drug Free Schools and Communities Act as any child or youth who is at risk of becoming, or has become, an abuser of drugs and/or alcohol, and who is characterized by one or more of a list of additional attributes. In a report of ADAMHA submitted in January of 1988 by the National Hispanic Family Against Drug Abuse (NHFADA), entitled *Substance Abuse Prevention Strategies for Hispanic Youth*, it is noted that: "The law's definition of high-risk youth corresponds directly to minority youth populations. Of these populations, young Hispanics are a specific at-risk group, particularly in major urban areas of the United States. The Hispanic youth group, however, is regarded as difficult to reach, thus little is known about factors contributing to their heightened risk for substance abuse and few prevention programs for them are in operation."

Several factors hinder the development of an appropriate approach to substance abuse prevention among Hispanic adolescents:

- unavailability of much research data on the mind altering substance use patterns of this population;
- lack of culturally appropriate models for Hispanic adolescents;
- tendency to lump all Spanish speaking peoples as Hispanic, regardless of country of origin.

In short, while there is a strong experiential sense among people in the substance abuse prevention field that Hispanic adolescents may be particularly at-risk for the abuse of licit and illicit drugs, this concern has produced only limited research or culturally sensitive, ethnically targeted prevention efforts.

The Hispanic Health Council's Alcohol Unit was developed in 1984 in response to the general paucity of knowledge already noted. Over the last three years, we have both carried out a National Institute of Alcohol Abuse and Alcoholism funded study of alcohol use patterns in a random sample of Puerto Rican adolescents and developed and implemented a Connecticut State Department of Children and Youth Services supported school-based prevention project primarily geared to this population. What follows is a brief description of this research project and the applied project that developed from this research.

THE ADOLESCENT ALCOHOL RESEARCH PROJECT

The specific aims of our research included determination of the dominant features of drinking behavior in a community sample of adolescent boys and girls aged 13 to 17 years and identification of the major family and peer drinking and nondrinking related correlates of particular consumption patterns. The sampling frame consisted of all Hispanic households in high-density Hispanic neighborhoods as defined by census reports in which mothers and appropriate age adolescents reside. The sampling unit consisted of 210 adolescents and their respective mothers. Participants were interviewed individually in their home utilizing a structured interview schedule composed of a battery of open-ended and forced-choice instruments. Adolescents were questioned concerning: 1) level and type of peer and family social involvement; 2) personal drinking history; 3) attitudes toward drinking; 4) quantity and frequency of drinking during the last year and during a one month detailed target period; 5) frequency of alcohol induced "highs" and drunkenness; 6) predominant drinking contexts and preferred beverage types; and 7) quantity and frequency of drinking-related health and social consequences.

The final adolescent sample consisted of 88 boys and 122 girls, approximately equally divided between Island and U.S. born individuals. Of the adolescents in the sample, the vast majority are still in school, reflecting the low drop out rate among Hispanics in Hartford. Most of the adolescents identified their religion as Catholic. Thirty-five percent of the boys and 28 percent of the girls had consumed alcohol at least once prior to the interview. Not surprisingly the likelihood that an adolescent will consume alcohol increases with age. What is significant about our data is that they show that even by age 17 half of all Hispanic adolescents in Hartford deny even having tasted alcohol.

Needless to say, moreover, there is a significant difference between having ever consumed alcohol and being a regular, heavy, or problem drinker. When we examined the data indicating when the "drinkers" in the sample last consumed alcohol, we found that about half of both boys and girls have not had any alcohol for at least six months, although 4 of the 64 "drinkers" indicated that they had consumed alcohol on the day of or the day before the interview. This pattern also shows up in adolescent responses to questions about frequency of drinking. Closer examination of drinking practices revealed that only 14% of the sample reported at least one drinking episode during the one month period prior to the interview. Finally, only a handful of the teenagers we interviewed indicated they were experiencing any kind of health or social problem in relation to their drinking.

In short, our research findings indicated that while alcohol is a problem for some of Hartford's Puerto Rican students under the age of 18, the number is small, especially in comparison with other non-Hispanic adolescent populations. Importantly, our results are not

unique. Several studies of Hispanic adolescents report higher rates of abstinence and lower rates of problem drinking than comparable Anglo samples.

Despite these indications that Hispanic adolescents suffer fewer alcohol-related problems than non-Hispanic adolescents, this is not to say that alcoholism is not a significant problem in Hispanic communities or that Hispanic adolescents, especially males, are not at-risk for the development of alcohol-related problems. Rather, our findings suggest a late onset pattern for alcohol problems among Hispanics compared to the non-Hispanic population. Several bodies of data point to the existence of a fateful post-adolescent transition in drinking patterns among Hispanic males, resulting in higher than average rates of problem drinking for Hispanic men. Thus, in Puerto Rico, cirrhosis of the liver is known to be the third leading cause of death for person 35 to 64 years of age.

THE PROJECT

In designing prevention efforts for adolescents, several problems emerge. Because it allows the opportunity to reach many adolescents at once, school-based prevention is a desirable approach. Based on our research, we concluded that in Hartford school-based primary prevention would be useful through high school because the majority of Hispanic adolescent remain in school and do not engage in regular or heavy alcohol consumption. Consequently, we developed and implemented a substance abuse prevention project oriented toward reinforcing the existing alcohol-related behaviors of most Hispanic students. Called the **The Peer Prevention Project**, it was organized to accomplish three specific goals:

- To establish a group of trained Peer Leaders who can function as peer helpers, role models, and trusted sources of information on drug and alcohol abuse for their school peers.
- To expand the culture- and age-appropriate substance abuse prevention education materials.
- To disseminate substance abuse prevention knowledge to the general student body of a targeted school and to improve adolescent/parent communication related to substance abuse issues.

The Peer leadership approach emerged from the paraprofessional movement a number of years ago and is predicated on the finding that given a set of contradictory messages from different sources, people tend to believe information that comes from trusted sources, particularly "significant others." Consequently it was realized that there can be a positive side to peer

pressure, namely that peers can transmit helpful and healthy messages, if they are trained to do so, as easily as they can transmit negative messages. Also, we decided to use an approach that emphasized "hands on" learning, and "doing" more than listening. Our past experience in working with adolescents around the issue of substance abuse showed us how creative and actively involved adolescents can be when they feel they are engaged in making something worthwhile. Consequently, our program emphasized creative involvement in the production of a number of prevention materials, most notably video taped public service announcements and a public mural. In preparing for the production of these materials, we found that adolescents learned a lot on their own and showed considerable initiative in learning about drug and alcohol prevention.

The Peer Prevention Project was designed for implementation at a local junior high school located in an economically depressed area with a predominately ethnic minority neighborhood. The ethnic composition of the neighborhood is reflected in the composition of the student body of the school: 64 percent of the students are Hispanic and another 25 percent are Black.

In the initial stage of the project, 20 students were recruited to be trained as Peer Leaders. The twelve week, after-school training course stresses: 1) enhancement of cultural pride; 2) development of a myth-free understanding of the nature of mind altering substances; 3) exploration of socially based explanation of substance abuse; 4) examination of research findings on Hispanic adolescent substance use patterns; 5) examination of ethnic differences in substance use behaviors; 6) development of problem-solving skills; 7) development of self-confidence and peer pressure resistance skills; 8) provision of insights and self-understanding in the face of adversity; 9) development of an identity as peer helper; 10) creation of a corps of positive role models. Following the training course, peer leaders make presentations to their fellow students, develop abuse prevention materials and video programs, star in public service prevention announcements on local television, and develop presentations for student/parent audiences at the school.

EVALUATION

To evaluate the effectiveness of our program, Peer Leadership trainees and a comparable sample of adolescents who were not involved in the project were given pre- and post-test questionnaires concerning substance involvement, attitudes towards mind-altering drugs, and incidence of non-drinking specific problem behavior, such as starting fights at school, damaging school property, and being sent out of a classroom for misbehavior. The results indicate a notable increase in reported frequency of the use of tobacco, wine or beer and hard liquor for the control group, but no change for the Peer Leadership group.

At both the pre- and post-test intervals, students were asked to report what would be their response to an offer of tobacco, alcohol, and other drugs. Our findings show no change in likelihood of acceptance of the drugs for the Peer Leadership group, but an increase in predicted acceptance of marijuana and wine or beer among the control group. Finally, regarding problematic behaviors: when the mean number of instances is compared between pre- and post intervention periods for both groups, there are no statistically significant changes for the Peer Leadership group, while the control group had a higher frequency in the post test data for staying out of school without parental knowledge and going out at night without parental permission. In sum, the Peer Prevention Project appears to have been a beneficial influence on participants, which in the long run may have lasting effects on their substance-related behaviors. We believe that grounding our intervention in research findings helped in the designing of an effective approach.

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