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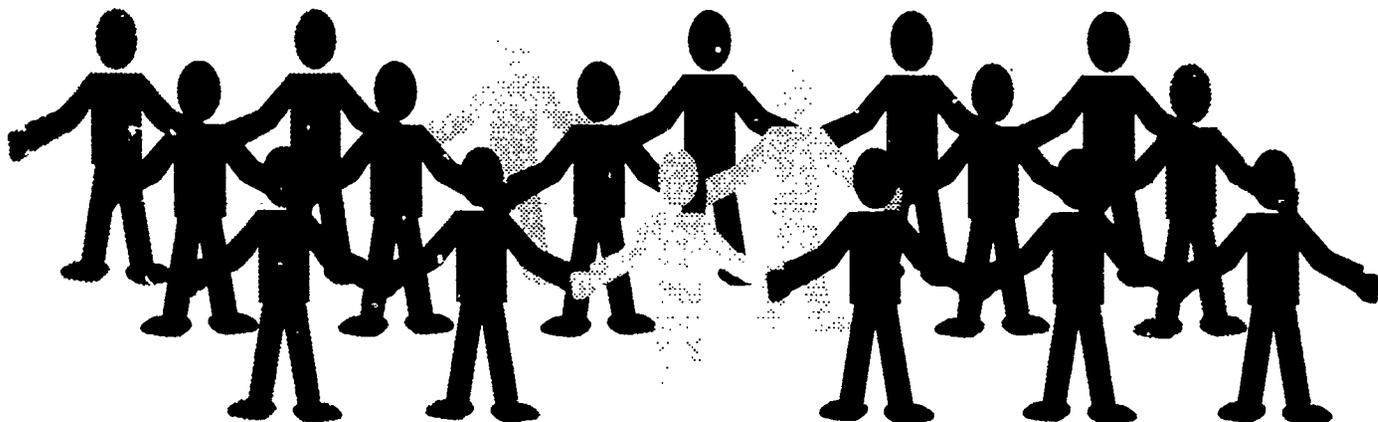
ABSTRACT

In this study 194 African American, Southeast Asian, Hispanic, Native American, and White adolescents and young adults aged 12 to 25 were interviewed during April and May of 1991. Subjects were recruited through several community-based organizations, schools, and other youth-serving programs in the Fighting Back program area in Milwaukee, Wisconsin. Open-ended interviews were conducted and the interviews were taped, translated, and transcribed for analysis. Twenty-six percent reported that they had never used alcohol or drugs. Using alcohol and drugs in the company of friends was the primary recreational activity for 40% of those interviewed. Warnings against drug and alcohol abuse from family members did not seem to work. About half felt that their neighborhood was a good one to live in, with Whites expressing the most negative feelings about their neighborhoods. Youth perceptions of the effectiveness of community messages aimed at deterring youth from substance abuse were divided into three categories: effective, not effective, and somewhat effective. Youth who were involved in some form of organized community, sports, or church activity were less likely to be engaged in use and abuse of alcohol and drugs. (ABL)

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FIGHTING BACK Milwaukee County

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The Cultural Context of Drug and Alcohol Use Among Youth

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Fighting Back

The Cultural Context of Drug and Alcohol Use Among Youth

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Executive Summary

Fighting Back: The Cultural Context of Alcohol and Drug Use Among Youth

Overview

This study was conducted by the Social Development Commission with the support of Milwaukee's Fighting Back Initiative, United Way of Greater Milwaukee, and the Milwaukee Foundation. In total, 194 African American, Southeast Asian, Hispanic, Native American, and White adolescents and young adults ages 12 to 25 were interviewed during April and May of 1991. These young people shared their day to day experiences with alcohol and drugs as well as information about their friends, families and neighborhoods. The interview data provides insight into the family and social context of youth alcohol and drug use and provides several key findings for use in prevention and treatment program development.

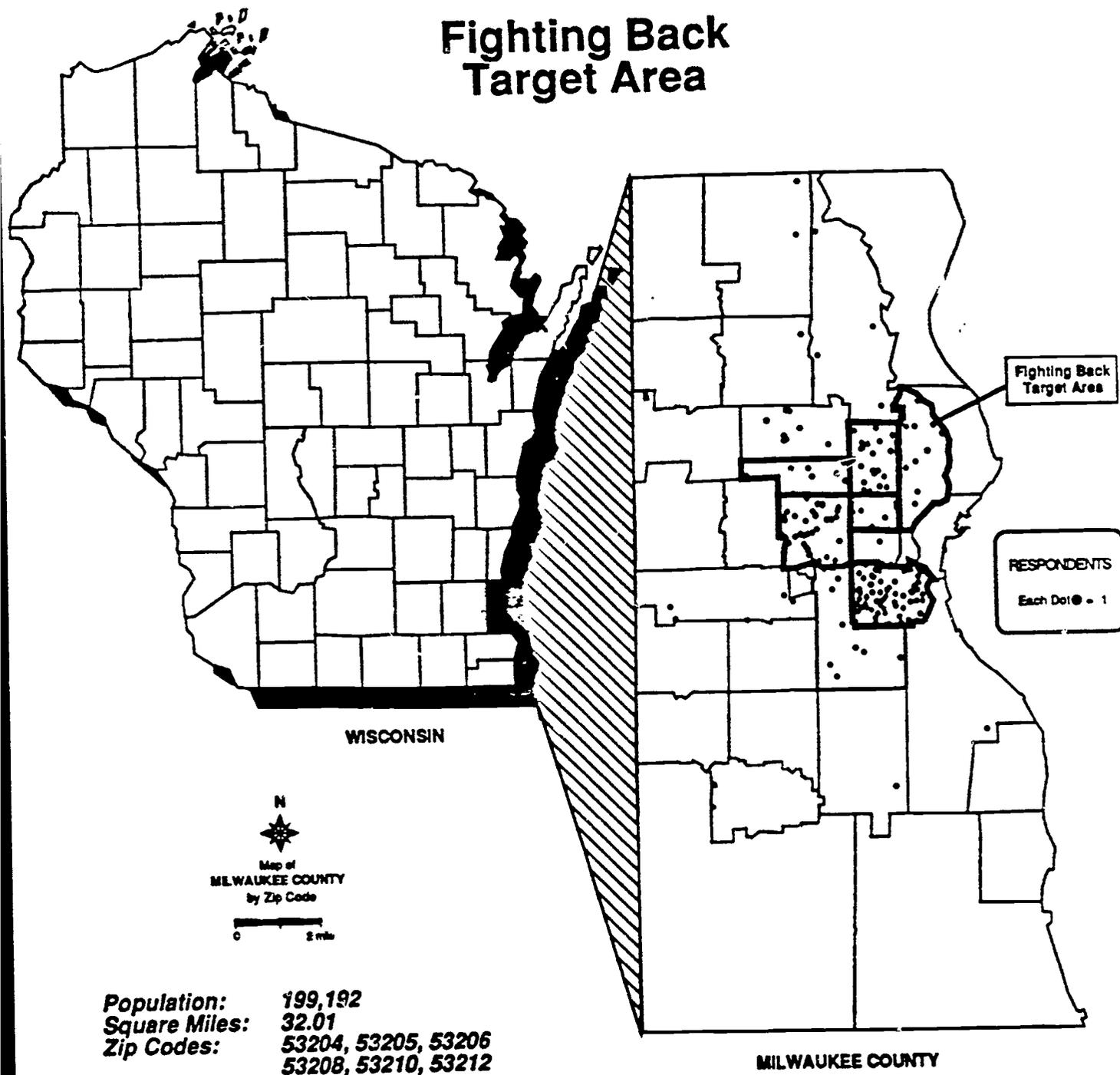
Methodology

Personal interviews were conducted with 194 adolescents and young adults in the following cultural/ethnic groups:

African American	57	
White	31	
Hispanic	52	
(Mexican)		(32)
(Puerto Rican)		(18)
(Central American)		(2)
Native American	28	
Southeast Asian, Laos	26	
(Hmong)		(16)
(Laotian)		(10)

The 194 young people who were interviewed represent a non-random sample; that is, they are people who were recruited through several community-based organizations, schools, and other youth-serving programs in the Fighting Back target area (see map following this page). Because this was not a random sample, we do not fee:

Fighting Back Target Area



Population: 199,192
Square Miles: 32.01
Zip Codes: 53204, 53205, 53206
 53208, 53210, 53212

1990 Census Racial/Ethnic Composition

White	35%
African American	54%
Asian American	3%
Native American	1%
Other	7%
Hispanic†	12%

1985 Age Composition

under 18	36%
over 65	9%

1985 Household Composition

Average Size	2.83
*Median Income	\$11,513
*Below Poverty Line	26.0%
Female Headed	52.7%
Teen Birth Rate (births 15-19 per 1,000)	195.1

* 1980 data
 † Hispanics can be of any race.

Source: U.S. Census 1980 & 1990, City of Milwaukee Special Census, 1985, Life Options Coalition, 1985

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that our sample is representative of Milwaukee's young people in general. Individuals were interviewed by one of ten young interviewers - almost always by someone of the same cultural background. Interviews were conducted in English, Spanish, Hmong, and Laotian. All the interviews were taped, translated and transcribed for analysis. The interviews were conducted in an open-ended manner, designed to obtain both quantifiable data (such as when use began, how frequent use occurred, etc.) and qualitative data (such as descriptions of family life or the feelings about the neighborhood). In this way, we hoped to capture information about the family, social, neighborhood, and cultural contexts of alcohol and drug use which would help us design better prevention, intervention, and treatment strategies.

The analysis of the data followed the constant comparative method employed by Strauss (1978) in the development of grounded theory. For this study, the grounded theory approach has meant that we have not tested hypotheses formulated in advance of the interviews. Instead, we have attempted to generate theory or potential hypotheses from the interview data itself. Painstaking coding, comparison, and synthesis of 194 transcribed interviews resulted in the findings presented in this paper.

This study is intended to provide a deeper understanding of the nature of alcohol and drug use among Milwaukee's adolescents and young adults. It is not intended to document the extent of use or abuse among youth nor to make general statements about cultural differences.

Key Findings

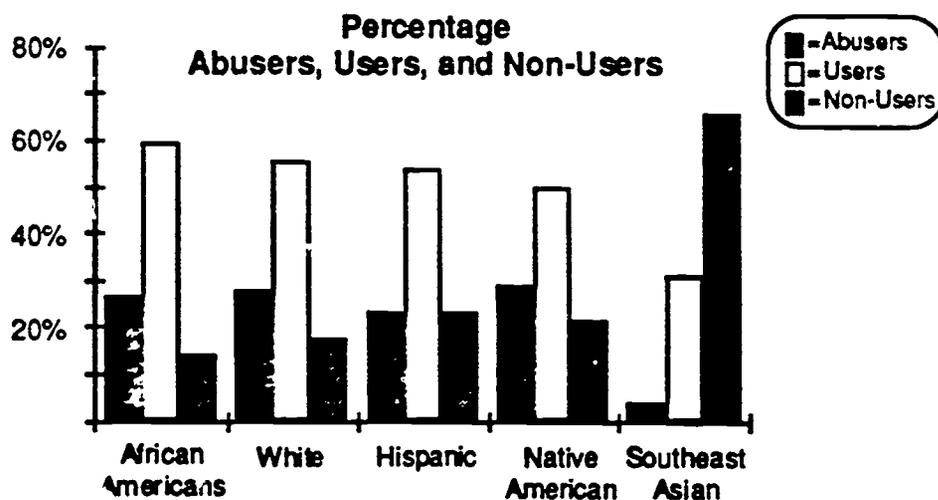
The key findings are summarized in the following sections:

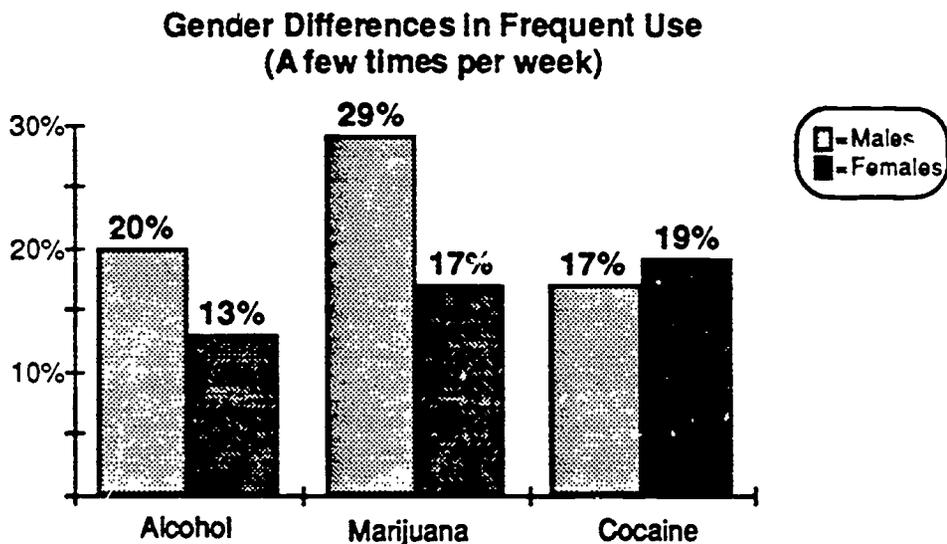
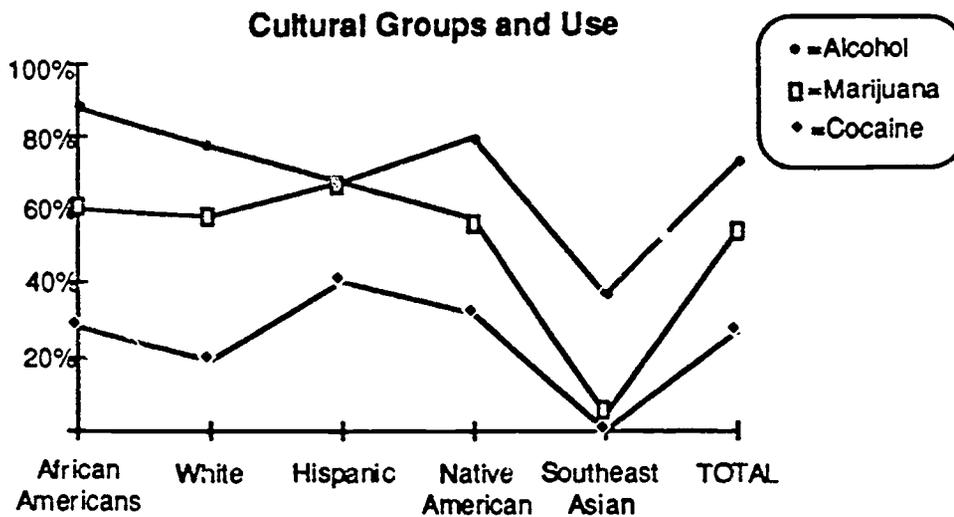
- **Alcohol and Drug Use and Abuse Among Young People**
- **Occasions and Consequences of Abuse**
- **How Real is Peer Pressure?**
- **The Power of the Family**
- **The Neighborhood Context of Alcohol and Drug Abuse**

- Perception of Community Messages
- Community Alternatives and Substance Abuse

Alcohol and Drug Use and Abuse Among Young People

Of the 194 young people interviewed, 50 or 26% reported that they had never used alcohol or drugs. Ninety-nine young people or 51% of those interviewed indicated that they used alcohol or drugs with varying degrees of frequency and amounts short of meeting the DSM (Diagnostic Statistical Manual) III criteria for substance abuse; and 44 individuals or 23% described alcohol and drug using experiences which met the DSM III criteria for substance abuse. For the purpose of this study, we have decided to distinguish between substance use and substance abuse among youth notwithstanding the generally recognized position - which we endorse - that the use of illicit drugs and alcohol by underage persons constitutes abuse. We feel that the distinction between use and abuse provides us with much greater insight into factors influencing each.





The Special Case of Southeast Asians - Effect of Assimilation

There was very little alcohol and drug use and virtually no reported abuse among the Southeast Asian youth who were interviewed. We think that there are at least two important factors at work. First, Southeast Asian youth were very reserved in the interview situation. Because the interviewers were themselves members of the local Southeast Asian community, this might have discouraged candor and resulted in a lower reporting of substance use and abuse. Second, these youth are members of recent immigrant families at the early stages of assimilation into American culture. The

traditional family structure, stressing obedience to parental authority, continues to strongly influence youth behavior. Because Southeast Asian youth presented such dramatically different use and abuse rates, we are very cautious in drawing comparisons between their experiences and those of other cultural groups.

. . .

Occasions of Alcohol and Drug Use and Abuse

Partying - Alcohol, Drugs, and Friends

"Hanging out," "doing nothing," "partying", or "chilling" - using alcohol and drugs in the company of friends was the primary recreational activity for 40% of the adolescents and young adults interviewed. Among this group, 91% said they used alcohol or drugs. In contrast, among those who spent their spare time playing sports, only 62% used alcohol or drugs. Participation in community center programs, religious services, volunteer activities, and other organized recreational activities were associated with lower rates of alcohol and drug use.

Very few young people described using alcohol or drugs while alone; instead, use was almost always part of a social occasion or recreational activity. This was true even among those young people whose substance use fit the DSM III criteria for abuse. Substance abuse also occurred in social contexts but tended to take on a more individual or private character. Many young people described the consequences of their abuse as fueling more abuse. This spiral of abuse and consequences was described by a Native American youth:

"Well, I went drinking a lot...We would always drink beer and brandy. We'd get a case. We'd do this everyday after school. We all had summer jobs and I worked after school, so we all had money to do it. I used to go out every night... when I was eleven. Yeah, we always used to go out and get high after school, in gym and study hall. I smoked pot almost every day and drank after school. And then cocaine when I used to hang out on the east side....."

(Q. What were the effects?) "I was drained. I dropped out of school. I went to school in the summertime to make the time I messed up. I pushed my family aside. I ignored them...After a while it got real bad. My mother put me in a

treatment center after she found out what I was doing because I was just losing it after a while..."

. . .

How Real is Peer Pressure?

Eighty percent of those interviewed (156 individuals) described peer pressure to use alcohol and drugs. Descriptions of peer pressure consisted of:

- References to friends, especially pleasing friends and keeping friends;
- Verbal pressure in a specific setting, often a party;
- Putdowns and namecalling for those declining to use;
- Price of admission to an in-group;
- Promise of having a pleasant and harmless experience.

The following remarks from young people were typical:

"Probably if they're sittin' around and seein' everybody doin' it...seeing that they're havin' fun while doin' it, you might decide you want to try it."

"But when you're around it, it's hard not to use it. You want to look good, especially with the cool crowd. It's really hard."

"Because if they don't do it, friends will tell them they're punks and a nobody."

"Come on, it's cool...Come on, be down. If you don't, you won't be a part of us."

"Friends will sit there. "Come on, just try it. It's real good for you. It makes you feel real high. It makes you in a good mood."

Interestingly, there is no difference between users and non-users in their perceptions of peer pressure. However, there are some differences among the five ethnic groups in the amount of peer pressure perceived by interviewees. Hispanic youth were more likely than others to feel that there was peer pressure to use drugs and alcohol. Native American youth were less likely to see peer pressure.

Q. "Do kids who try to stay away from drugs and alcohol get pressured by their friends to try them?"

	Percent Answering Yes
African American	77%
White	81%
Hispanic	87%
Native American	71%
Southeast Asian	85%
Total	80%

Young people described peer pressure that was explicit - in terms of verbal cajoling, putdowns, and exclusion from in-groups - but implicit as well - in terms of socialization involving alcohol and drugs representing what many teenagers see as their only viable social alternative. In summary, peer pressure was experienced by most of the youth interviewed, yet not all youth used or abused alcohol or drugs. One key reason is the power of the family in influencing use decisions and abuse patterns.

* * *

The Power of the Family

Warnings Don't Work

Eighty-two percent of young people interviewed said that their parents or other family members had warned them against alcohol and drug use. The warnings fell into the following categories:

- Young people are told alcohol and drugs are bad, have bad effects, and they should stay away from them.
- They are given a negative example of an abuser they should not imitate.
- They are threatened with punishment if they are found to be using.
- They are admonished not to hang out with the wrong crowd.
- They are told that alcohol and drug use will threaten or destroy their future.

The following warning delivered by a grandmother when the respondent was 11 years old includes most of these elements:

"She said you shouldn't take drugs cause it could mess up your life. Cause

I have an uncle that's in prison and stuff from taking drugs and killing somebody. So she just told me not to do that or I was going to end up like him...My mother said if I ever, if she ever catches me taking any drugs she will put me in a home for boys."

But warnings from parents and family members don't seem to work. Users and non-users reported the same frequency and type of anti-alcohol and drug warnings from parents and family members. Young people remembered the warnings. Many recalled in detail warnings given when they were several years younger. Yet the warnings did not alter later behavior.

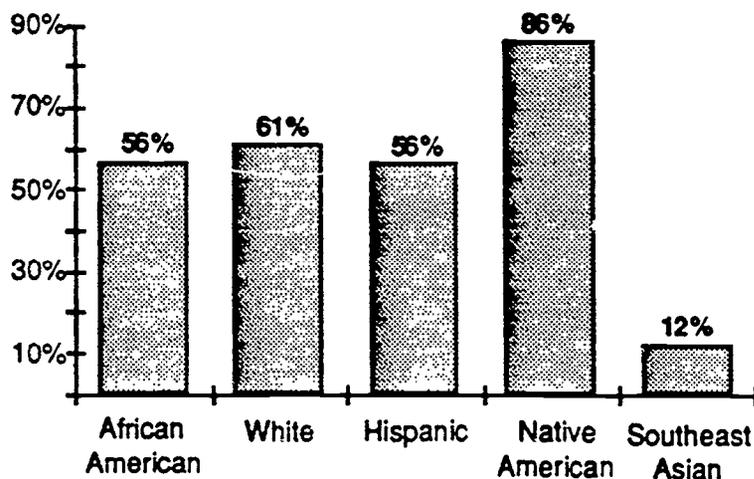
We found that parent or family example spoke louder than words; that is, the example of family alcohol and drug use and especially abuse was an important dimension of youth alcohol and drug use and abuse.

Family History - The Power of Example

Of the 194 young people interviewed, 55% reported that there had been either an alcoholic or drug user or both in their family now or when they were growing up. Keeping in mind that this reflects youths' perceptions about their parents or other family members unconfirmed by a third party, this is still an impressive percentage. We also found if alcoholism or drug abuse is present in the family, a young person's chances of substance use was twice what it would be otherwise.

There were important differences by cultural group. Native Americans reported the highest incidence of alcoholism and drug use in their families. Almost all of the Native American youth interviewed (86%) said that there was an alcoholic or drug user in their family either now or when they were growing up. Among Hispanics, the figure was 56%, Whites - 61%, African Americans - 56%, and Southeast Asians - 12%. Forty-three percent of the Native American youth and 32% of White youth reported family member(s) with both alcoholism and drug use. There is reason to suspect that what constitutes alcoholism or drug use in any one family may, to some extent, bound up in social, cultural, and community use norms. The data do not allow analysis of this possibility.

Percentage of Respondents Growing Up In a Home with an Alcoholic, Drug User or Both



The recollections of parental alcohol and drug use are heartbreaking. A young Native American woman describes a family camping trip:

"Basically, it was my father who was the alcoholic, he was a drug abuser and my mother left him when I was about seven. The reason why she left him was he beat her and he was starting to take his frustrations out on us. She didn't mind. She cared she got hurt, but when we got hurt, it hurt her a lot. So the last time he promised to change, he took us camping. But as soon as we got on the road, he started drinking and by the time we got to the camp, he was pretty much wasted. He told us to go to the tent, and he started beating on my mom outside. Afterwards, he passed out and my mother came in the tent. She was barely walking and told us to get our stuff together and we were leaving and to be real quiet. I was the oldest, my brother was a baby yet, my little sister was about five. My mother didn't know where she was and we walked through the woods and we kept walking all night, walking through swamps. We were walking through swamps this high. I had to carry my sister. My mom carried my brother. That was the worst night of my life.

There was description, explanation, shame, and pride reflected in young people's stories about their families' experiences with alcohol and drug use. Family matters seem clearly to be the most important to young people. Whatever the description of growing up, the family was clearly the reference or central point for these youth. Sadly, it was often the family which initially put a youth at risk of substance abuse in one or more of the following ways:

- A parent, sibling, uncle, or other close relative is a heavy user or substance abuser.
- An adult family member provides alcohol or drugs to a young person.
- An adult family member encourages frequent use of alcohol or drugs by the youth, often getting high together.
- Peers who are also siblings, cousins, aunts, or uncles provide alcohol or drugs or are regular companions in substance use occasions.

A 19 year old African American youth was asked why he first started to use alcohol and drugs and he responded,

"..it was my environment. It was what was all around me. Was no other way around it. My aunties, you know, people who I deeply loved and looked up to and admired. They did it and I wanted to do it. If I would have been brought up to stay away from that - had a little bit more from my mother and my father to stay away from that kind of stuff. If I didn't seem them do it, I probably wouldn't have did it. My mother's an occasional drinker. She might have a drink at one of her work parties or on her birthday. So it really wasn't coming from here. It was coming from my daddy."

Being introduced to alcohol and drug use by a family member was described by a 16 year old White male:

"My uncle got busted for driving drunk. When he went to De Paul (inpatient treatment facility) he asked my aunt to come get him. Then he had to go to jail for driving that bus. He came out. In a day, he started back up again. I started using pot through friends, alcohol through my family, and cocaine through my uncle...I never drink alone. The first time I tried pot, it was alone. Cocaine I did with my uncle...One time my aunt bought a bag of weed and I asked her for some and she gave me some. Alcohol, like on New Year's, I told my uncle to buy some wine coolers and he bought them."

Asked who the greatest influence on his life was, the boy responded, *"My uncle, because I'm around him too much."*

Young people most commonly described family alcoholism or drug use as involving a male relative, usually the father. Fathers' drinking or drug use and related behavior was frequently mentioned by those interviewed as the thing about their family that they were most ashamed of. Many mothers were also described as alcoholics or drug users, but were much more likely to function as the glue holding the family together.

The following statement from a 14 year old Hispanic male is an example:

(Q. What are you most proud of about your family?) "I'm proud about my mom. "Cause she's never taken drugs, she's never drunk beer or smoked or anything. And she's never done anything bad and she's really nice. And I'm proud of her and she tries to help us."

(Q. What are you most ashamed of about your family?) "My stepfather. "Cause he gets drunk and acts like a fool... Yeah, just a little, like every three weeks, he'll get drunk. But before he used to get drunk every day."

The Power of Families to Protect

How families operate in terms of communication, cohesiveness, and discipline was reflected in youth alcohol and drug use and abuse. Good communication in terms of talking through family problems all or most of the time was found to be associated with lower levels of both use and abuse. For example, among the 90 young people who said their family talks through problems all or most of the time, only 6% were daily drug users while among the 41 respondents who answered that their families never or almost never talked about their problems, 27% were daily drug users. What we do not know, however, is whether communication difficulties preceded or followed the youths' daily drug use.

Family cohesion was a source of pride for many young people. Asked what about their family they were most proud of, 40% of the African American youth cited family cohesiveness; relatively few White youth mentioned this source of pride; other cultural groups fell between these two. Families "sticking together" was a common theme among non-using, using, and recovering youth alike. Typical comments:

(Q. Most proud?)

"How everyone in the family sticks together."

"How my family takes up for each other, how they stick together."

"How my family sticks together through crisis, and how my mother keeps the family strong."

Family cohesiveness combined with consistent emotional support and nurturing - articulated by many youth as the quality of "being there for me" - along with consistent

discipline were found to be associated with lower rates of alcohol and drug use and abuse. High expectations linked with non-physical forms of punishment (e.g. grounding, losing privileges, assignment of extra chores) was a combination which was associated with low or no use. The following comment from a 21 year old African American non-using man is an example:

"I'm a sports fanatic and growing up, if I got a C on my report card, she (mother) wouldn't let me do nothing. It had to be B's or better. She was very strict. Grades first, everything else second. And things like when you wanted to stay out late, you had to come in at a certain time. You couldn't break a house rule. Otherwise you got punishment like not going outside. She was pretty strict.

The importance of the family to these young people was reflected in their answers to our asking who was the greatest influence on their lives. Of the 194 individuals, 85% mentioned a parent, sibling, or other relative. This attests to the tremendous power of the family to influence - for better or for worse - the lives of children and youth.

* * *

The Neighborhood Context of Alcohol and Drug Use

Young people were asked to describe their neighborhoods in terms of general quality of life and in terms of the level of alcohol and drug activity. About half felt that their neighborhood was a good one to live in. Whites expressed the most negative feelings about their neighborhoods, followed by Hispanics, while African American, Southeast Asian, and Native American youth were more likely to view their neighborhoods as good places to live.

Most young people (63%) saw their neighborhoods as places with either "a great many" or "quite a few" alcohol and drug users. When asked how neighborhood residents reacted to the presence of heavy alcohol and drug use, 54% of those interviewed said residents generally ignored substance use activity. They elaborated with the following types of comments:

"They ignore it. They know it's out there, but it's so common around there, it's more or less taken for granted or something. It's an everyday thing in the neighborhood. A lot of them do it."

"Like I used to live upstairs from the dope house, okay. People used to come out and go on in and we didn't say anything to them."

"People are afraid and some ignore it. People in my neighborhood use drugs but the only way you know it is when the ambulance and the Fire Department comes and they take an overdose away. People just ignore it."

Fear was described as the reaction to neighborhood drug activity by 28% of the youth interviewed; anger was noted by 20%. Gangs, crime, and open drug using and dealing were cited by many youth as primary reasons for fear and anger. The following descriptions were typical of those youth who thought their neighborhoods were not good places to live.

"Look around. You can't even walk around without seeing beer cans, trash all over the alley. If you cross the street to the park, the cans are full, and it's been two weeks since the city has been around. And because of the gangs. When I was younger, it was a good neighborhood."

"I consider this the ghetto. I consider this where most of the drugs happen, you know, where you mostly get peer pressured. There's too much peer pressure. Everything is bad down here where we live, the drugs, the crime, the murders, everything."

"It ain't good cause you know, you got to wear your hat one way. You can't walk down the street without someone asking, 'Oh, I got some caines. I got some drugs.' It ain't that good. If it was good you could walk down the street and wear your hat any way you want to wear. You dress how you want to dress. You say what you want to say. If you say the wrong thing you can get hurt."

When young people - many living in the same neighborhoods described above - said their neighborhoods were good places to live, it was usually because of their sense of belonging or neighborhood cohesion. The following comment is typical of those respondents.

"Mainly in my neighborhood are people like me. Different age groups, mostly black. You could call it a ghetto, people with low income...I have been around for quite some time now and I have grown to know the people. I say it's a good neighborhood because they look out for me and I look out for them. I don't have to worry about someone breaking in and taking anything because there is always someone watching."

• • •

Perception of Community Messages

Community messages aimed at deterring youth from substance abuse have emerged in recent years as a response to the growing alcohol and drug problem. These messages have attempted to communicate warnings to young people in Milwaukee about the perils of substance abuse. The most recent campaign, "Hang Tough Milwaukee" is an example of this type of community message approach. These types of community messages received "mixed reviews" by young people interviewed in this study. One-fourth of youth interviewed felt enthusiastic about these messages while one-fourth said they were ineffective.

Youth perceptions of the effectiveness of community messages were divided into three categories: effective, not effective, and somewhat effective. Examples of comments made by youth who thought these messages were effective include the following:

- √ *"I like Hang Tough. If I could meet the ones that did it, I would tell her or him that it is working, 'cause I know a whole bunch of little kids...They watched the commercial once, and they liked it and they are learning too."*
- √ *"They do help with the little kids because they watch so much T.V."*
- √ *"I think the commercials are good. They help the little kids know what to do and what not to do in those situations, when they're with friends, who are trying to influence them into doing things."*

Many of those youth who assessed the anti-drug messages as somewhat effective saw service presentations as vehicles for messages aimed at younger children and thought that their effectiveness was limited because older children paid less attention to them:

- √ *"Does send a message to the young, not old. I think they send the message out to the young people."*
- √ *"I guess we need something more that we can relate to because it's harder for us, because it's right there on our streets and in our neighborhoods."*

Family conditions, AODA experience, role models, personal background and neighborhood environment were all mentioned as influencing receptiveness to anti-drug messages. According to many of those interviewed, it is hard for a message to have personal relevance if the recipient must contend with alcohol or drug problems in the home or in the neighborhood.

The one-fourth of youth who felt community anti-alcohol and anti-drug messages were ineffective had a variety of reasons for their views as well:

- √ *"People who've been on drugs and all that too long it ain't going to work. Gangs, it ain't going to work, They're used to it."*
- √ *"I just think they're ineffective. People who are on drugs and alcohol don't really take time to read, They need people sitting there telling them, because they don't take the time to read."*
- √ *"Nobody ever listens to them...because it's just a board, just a billboard, just writing."*

Young people volunteered many interesting suggestions for enhancing the effectiveness of community messages. Four major categories of suggestions emerged from the interviews. These included:

- Commercial and public service messages should deal with "reality" and real consequences.
- Peer and group orientations should be utilized more widely.
- Family involvement must be promoted through messages.
- Alternative activities to substance use must be promoted.

While some messages reach certain segments of young people in Milwaukee, others were lost and many were felt to be not appropriate for specific groups. Yet, it is clear that community messages have considerable potential as part of a multifaceted approach to eliminating drug use and abuse among youth in Milwaukee.

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Community Alternatives and Substance Abuse

Youth who are regularly involved in some form of organized community, sports or church activity are less likely to be engaged in use and abuse of alcohol and drugs. In contrast, young people who spend their time "doing nothing", "hanging out", "chilling out" , "partying" and "cruising" are very frequently involved with substance abuse. Among those young people who reported they did nothing or hung out in their spare time, 90.8% said they used alcohol or drugs.

Many African American, Hispanic, Native American and Southeast Asian youth reported a strong identification with their ethnic group or community. For many of these young people, organized community activities centered around churches, clubs and other organizations that were associated with ethnic/racial communities.

A significant proportion of Hispanic youth interviewed said that they identified closely with their ethnic community. This often meant identification with church and neighborhood activities:

- √ *"Here at the (community) Center, I lift weights and play outside. I help clean up the neighborhood."*

Fewer Whites identified with a specific ethnic group, yet many said they identified with their neighborhoods and churches. In many ways, the responses of white youth paralleled those of Hispanic young people in terms of how they spent their free time:

- √ *"Helped out at bake sales at church, helped with neighborhood cleaning."*
- √ *"Go to the Boys Club to play basketball or go to the pool."*

African American youth often cited church when describing their communities and ethnic identity:

- √ *(Identifies with) "Church community because I go often...school community because I go full time."*

Many African American youth mentioned sports as part of what they do with their time. Sports activities typically include spontaneous and informal games of basketball and other games as well:

- √ *"We go to the King Center and play basketball and pool."*

Patterns of young Native American identification with their community were both similar to and different from youth in other cultural groups. For Native American young people, identification with community often included a recognition of both substance abuse and recovery. In general, however, ethnic identification was quite strong for Native Americans:

- √ *"Yes, Indian, I do a lot of stuff with the community--Pow Wows."*
- √ *"I took care of old men on the streets for three years...fundraisers, Pow Wows...helped with cooking."*

For many Southeast Asian youth, feeling a part of a community was reflected in participation in a variety of family, church and local community based organizations.

- √ *"I am a youth secretary at church and I joined a soccer organization located on Forest Home."*
- √ *"I volunteer as a coach, teaching volleyball for a youth organization."*

Many Hmong and Lao youth expressed a strong sense of identification with their ethnic communities. As the most recent immigrant groups to arrive in Milwaukee, Hmong and Lao groups still maintain cultural ties that shape and define a sense of community:

- √ *"I feel I am part of the Laotian community..and I feel I am also part of the American community."*

It is clear that for many of those interviewed, time spent doing nothing often means taking drugs and drinking alcohol. These activities provide the context in which

substance abuse becomes a default activity. In contrast, those who participate in organized community activities tend to be less involved in substance abuse.

Summary

This study was conducted to help Fighting Back in Milwaukee develop better alcohol and drug prevention and intervention programs for youth. Several critical findings emerged from the study which are directly relevant to future program development.

1. Alcohol is the primary drug of choice for all cultural groups except Hispanics, who use alcohol and marijuana at the same rate. Alcohol and marijuana use is higher among males than females; cocaine is about the same for men and women. The use of other drugs (LSD, speed, inhalents, etc.) was minimal among youth in this group.
2. Alcohol and drug use occurred primarily in a social setting. Young people in this sample did not generally use alcohol and drugs alone. Hanging out with friends was the primary recreational activity for many young people.
3. Almost all young people felt peer pressure to use drugs; the peer pressure involved acceptance, fun and the assurance of no harm.
4. Warnings from family members don't work but family examples of alcohol and drug use and abuse are very influential.
5. Families matter. Most young people saw their families as the most influential people in their lives. Consistent emotional support was associated with lower rates of alcohol and drug use.
6. Community messages aimed at reducing substance abuse among young people in Milwaukee received "mixed reviews" among those interviewed.
7. Many youth who were involved in structured community activities also identified closely with their ethnic heritage.

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Chapter I

Alcohol and Drug Use and Abuse Among Young People

Introduction

A number of use and abuse patterns were found among the 194 young people interviewed in this study. Among these are:

- Fifty young people or 26% reported that they had never used alcohol or drugs.
- Ninety-nine young people or 51% of those interviewed indicated that they used alcohol or drugs with varying degrees of frequency and amounts short of meeting the DSM (Diagnostic Statistical Manual) III criteria for substance abuse
- Forty-four individuals or 23% described alcohol and drug using experiences which met the DSM III criteria for substance abuse.

For the purposes of this study, we have decided to distinguish between substance use and substance abuse among youth notwithstanding the generally recognized position-which we endorse- that the use of illicit drugs and alcohol by underage persons constitutes abuse. We feel that the distinction between use and abuse, which will be defined below, provides us with much greater insight into factors influencing use and abuse and what might be done to correct them.

Distinguishing Between Use, Abuse and Non-Use

While we recognize the widely accepted position that the use of illicit drugs and alcohol by underaged youth constitutes abuse, distinguishing between use and abuse provides greater insight into factors that influence each. Distinguishing between use and abuse patterns, independently of legal questions, allows us to more clearly see alcohol and drug experiences of youth in their cultural, social and personal contexts. Assessing use and abuse in behavioral terms also allows us to make policy recommendations that more closely reflect the current social reality of young people.

Given the range of drug and alcohol experiences among youth, and given the individual responses to these experiences, it is often difficult to distinguish between use and abuse of these substances. Some young people drink alcohol or take drugs daily while others engage in "binging" behavior. Others have alcohol or drug experiences less frequently but on a regular basis. Much of the alcohol and drug experiences of youth however, are centered around getting high. What might be viewed as moderate social use among mature adults could more often constitute abuse among young people whose psycho-social development is still unfolding. In this context, defining abuse and use on the basis of frequency is an appropriate measure of these two patterns.

Two broad approaches were taken to distinguish between use, abuse and non-use of alcohol and drugs among young people in the study. The first was a quantitative approach that took frequency of use as a way to distinguish between these patterns. The second approach was a qualitative one in which open-ended interview responses of youth were analyzed using criteria from the Diagnostic Statistical Manual III (DSM III).

Taken together, these approaches yielded data that help us clarify patterns of use, abuse and non-use among youth interviewed in this project.

Two frequency scales were constructed to measure drug and alcohol patterns quantitatively. One of these scales consisted of a range of six frequency choices and was designated "Abuse I". These choices included the following:

1. Frequent
2. Regular
3. Occasional
4. Very Infrequent, Rarely
5. Tried Once
6. Never Used

The meanings of "frequent", "regular" and "occasional" were clarified for youth by presenting dictionary definitions of these terms to them. The meanings of these terms included the following:

FREQUENT- "happening at short intervals, constantly occurring repeated"

REGULAR- "conforming to a rule, periodic, habitual"

OCCASIONAL- Occuring when there's an opportunity (like at a party), now and then"

A second scale that was developed included more specific measures and was designated "Abuse II". Frequency items in this scale included:

1. Daily
2. Few Times a week
3. Weekly
4. Few times a month
5. Monthly
6. Few times a year-special occasions
7. Other

These two scales were used to measure frequency of use for the following drugs among young people interviewed:

- drug/alcohol experience
- alcohol
- marijuana
- cocaine/crack

Frequency of use responses by youth were then used to define patterns of use/abuse/non-use for the Abuse I scale. Definitions of use, abuse and non-use for this scale include the following:

ABUSE- frequent
regular

USE- occasional
 very infrequent
 tried once

NON-USE never tried

Frequency of use responses given by youth were also utilized to define use and abuse for the Abuse II scale. Definitions of abuse and use for this scale of responses were identified as follows:

ABUSE- Daily
 Few times a week
 Weekly

USE- Few times a month
 Monthly
 Few times a year-special occasions

NON-USE- Other

Using these measures of frequency of use, we were able to establish patterns of abuse, use and non-use for each individual interviewed in the study and across cultural and gender groups. Patterns of use frequency were then analyzed to see if associations existed between them and other variables identified in the study. Variables that were identified and examined in light of use frequencies include:

- drug use in the home
- gender
- perceptions of neighborhood
- warnings against drug/alcohol use by family members
- alcoholic in family
- ethnicity
- age of first use

A second broad approach used to assess patterns of use and abuse among youth was based on ethnographic field methods involving qualitative data. In this approach, responses elicited from young people during open-ended portions of the interviews were analyzed in a two step process. First, interview responses were examined through content analysis techniques, in which lengthy references to alcohol and drug use are volunteered. Second, these responses were assessed using criteria from the Diagnostic Statistical Model III for substance abuse. In this model, substance abuse is defined as:

"A term applied to a pattern of pathological use of alcohol or drugs (that is, need for daily use, inability to cut down) with impairment in social and occupational functioning (e.g. failure to meet family obligations, erratic or criminal behavior, missing work or school) and a minimum duration of disturbance of at least one month."

Criteria from this definition include the following:

- use of alcohol and/or other drugs daily
- inability to cut down during extended periods of abuse
- impairment in social functioning (violent behavior, interpersonal strife)
- impairment in educational and occupational functioning (missing school)

In short, abuse of alcohol and drugs is defined by both frequency of use data and criteria from the DSM III. By combining these two distinct approaches to analyzing use and abuse patterns among young people, an array of data were obtained that was both measurable yet rich in meaning. Frequency of use patterns give us one concrete way to distinguish between use, abuse and non-use while qualitative data framed by DSM III criteria lend insight and depth to our understanding of drug and alcohol use by youth in the study.

Extent of Use, Abuse and Non-Use

Frequency of Drug Use Data-Frequency data indicate that a sizeable segment of young people interviewed abused drugs if abuse is taken as "frequent" or "regular" drug experiences (Abuse I). When asked about these, nearly one fourth (23.7%) of those interviewed said they had drug experiences frequently or regularly.

Approximately one third of those interviewed were evaluated as "users" based on frequency data. That is, thirty-four percent said that they used drugs "occasionally", "rarely" or "tried once". Twenty-two percent (21.65%) of youth indicated that they had never used drugs.

Similarities and differences in use frequency emerge when different cultural groups are examined. For example, 30% of African American, 31% of Hispanic and 29% of Native American youth reported abuse of drugs. In contrast, no Asian youth reported abuse of drugs while data on White youth show that 16.1% of them had abused drugs.

Similarly, one third of African American youth reported drug experiences that were classified as "using" in nature while nearly 40% (38.47%) of Hispanic youth classified themselves in this way. Thirty-six percent (35.71) of Native American young people classified themselves as users while only four percent (3.85%) of Asian youth reported drug experiences that was defined as "use". In contrast, more than half (51.6%) of White youth reported drug experiences that fit this definition.

When asked to report drug use more specifically, 23% of African American, 23% of Hispanic, 25% of Native American and 16% of White youth said they used drugs daily or a few times a week. This frequency of use falls within those defined as abusive for this study.

Additional differences between ethnic groups are revealed when interview data for non-use are examined. Non-use reported by young people in each of the five cultural groups include the following:

- African American 28.87%
- Asian 96.15%
- Hispanic 5.77%
- Native American 21.43%
- White 9.68%

Discernable patterns of "abuse" (Abuse II) for specific drugs were also uncovered for young people in each of the five ethnic groups. Regarding marijuana, the study found that 35% of African American youth reported smoking marijuana daily, a few times a week or weekly. Figures for youth in the other cultural groups include the following: Hispanics 33%, Native Americans 25%, Whites 29%. Again, no Southeast Asian youth reported abuse of marijuana.

Variations in "use" patterns of marijuana (Few times a month, Monthly, Few times a year) were found among different cultural groups as well. Sixteen percent of African American youth described themselves as "users" of marijuana while 21% of Hispanic youth fell into this category. Figures for other cultural groups in this category include: Native American 18%, White 13%, Asian 3.85%.

With the exception of four Native Americans and one African American, no youth reported daily cocaine or crack use. However, individuals in all cultural groups except Southeast Asians reported using cocaine or crack "a few times a week" or "weekly", thereby showing abuse as defined in the Abuse II scale. Figures for abuse of cocaine/crack among youth in the different cultural groups are as follows:

- African Americans 12%
- Native Americans 18%
- Hispanics 21%
- Whites 3%
- Southeast Asians 0.00

Patterns were also uncovered with the "use" of cocaine, defined as "A few times a month", "Monthly" and "A few times a year". Rates of cocaine/crack use for each of the cultural groups include the following:

- African Americans 9%
- Native Americans 4%
- Hispanics 13%
- Whites 13%

- Southeast Asians 0.00

More than one quarter of the respondents in the entire sample described themselves as abusers of alcohol according to criteria of the Abuse I scale. That is, 27.3% of those young people interviewed said they had alcohol experiences frequently and/or regularly.

Clear patterns of alcohol "abuse" were also uncovered for youth in the five cultural groups. Thirty percent of African American and Hispanic youth indicated that they had abused alcohol while 32% of Native American and White youth reported this pattern. Four percent of Southeast Asian young people reported alcohol abuse as defined by the Abuse I scale.

Higher figures were found for alcohol "use" among youth in the different cultural groups. Defined in terms of "occasional", "rare" and "tried once", alcohol "use" showed the following configurations among young people in the study:

- African Americans 56%
- Hispanics 35%
- Native Americans 46%
- Southeast Asians 15%
- Whites 42%

Non-use patterns found among youth in the five cultural groups were as follows:

- African Americans 2%
- Hispanics 6%
- Native Americans 4%
- Asians 23%
- Whites 0.0%

At least two broad trends emerge from the statistical interview data presented above. These can be summarized here and will be discussed at greater length below.

- √ First, it is clear that a significant proportion of those interviewed have abused alcohol and/or other drugs. We can infer this from the data above. This quantitative data is also supported by qualitative interview data.
- √ Second, it is evident that Southeast Asian youth, in contrast to the other four cultural groups, consistently showed minimal or no evidence of drug use. This pattern stands in marked contrast to data for the other cultural groups.

Ethnographic Data-As in the case of quantitative data, references to patterns of use, abuse and non-use were volunteered by youth in the qualitative, open-ended portions of the interviews. Many of the extended interview responses given by young people contained statements about drug and alcohol experiences that fit the criteria for abuse outlined in the Diagnostic Statistical Manual III. Others do not. Most of these interview responses also made reference to the consequences of drug and alcohol use and abuse. When these responses, framed by the criteria of the DSM III, are juxtaposed to the statistical data, patterns of use and abuse become clearer.

Examples of references to drug and alcohol abuse include statements like the following:

Alcohol and Cocaine, frequent-"If I can wake up with some money in my pocket to drink, I drink. And if I have some money to go to sleep with some alcohol, that's what I have." It's like I can't get away from it...(about cocaine)I would go to bed high and drinking and I'd wake up doing the same thing." (6-16: African American)

Alcohol, Marijuana and Hashish, frequent-"Drank mostly every day--beer. Marijuana and hash--every day." (8-18: Hispanic)

Marijuana, frequent-"Smoked a lot of weed. My main ambition was just to get high." (6-13: African American)

These references to daily alcohol and drug experiences clearly fit DSM III criteria for abuse. Other criteria such as impaired social functioning and inability to cut down can be inferred from these statements but will be discussed in more detail in examples under "Social Occasions and Effects of Abuse".

In contrast to abuse, use of alcohol and drugs was also commonly mentioned by youth during the extended open-ended portions of the interviews. In the absence of evidence of behavior signaling abuse according to the DSM III, and in light of lower frequency of use levels reported by youth, we concluded that use and not abuse was occurring in many cases. Examples of these types of references include the following:

Alcohol, occasional-"Like its not every weekend...It's when friends got together. Just like at birthday parties, like house parties." (0-12: Native American)

Marijuana and Alcohol, occasional to very infrequent-"Like for instance there's a party on Friday, and I would go and smoke a joint. And I'd get high. Then I'd shut off for awhile. Then at the next part I'd drink some beer." (6-4: African American)

Alcohol, Very infrequent-"like holidays when I go over to a friends house, I'll drink a wine cooler or something like that. Nothing really serious." (3-2: White)

Regarding **marijuana abuse**, numerous examples were given of daily use and other consequences of this behavior that we have defined as abuse using the DSM III. Examples of these references include:

"Regular-every other day. All weekend Friday through Sunday." (9-9: Hispanic)

"Frequent-I used to go out every night. Yeah, we always used to go out and get high after school, in the gym and study hall. I smoked pot almost every day and drank after school." (0-1: Native American)

"Regular-I have weed and a few beers and it relaxes me...every evening after work...It puts me in a different mind state. It separates me from my stress." (4-30: White)

A wide range of comments were also made by young people about using but not abusing marijuana in the course of open-ended interviews. Again, regarding frequency, Marijuana use is defined as "few times a month", "monthly" or "few times a year." Examples of comments about marijuana use are as follows:

"Occasional-if friends had it I would do it...every once in a while" (8-16: Hispanic)

"Occasional-it ain't no every week or in the morning. It's like if I want to go buy some like I try it out." (6-14: African American)

"Occasional- just on holidays and birthdays. That's the only time." (3-13: White).

As discussed above, alcohol abuse was found to be widespread among individuals in each cultural group except Southeast Asians. As previously described, abuse of alcohol was measured in part by frequency of use. According to the "Abuse I" scale, this included experiences that were "frequent" and "regular". DSM III criteria for abuse were also considered in assessing abuse. Many references were made by young people to alcohol abuse experiences. Examples of these types of comments include the following:

"Frequent-I drink every night unless I've really partied the night before, then I'd be too hung over." (4-9: White)

"Regular-I need a beer or two on a normal basis...I say at least four days out of the week I am going to drink me some beer or gin or something like that." (6-17: African American)

"Regular-Almost every other morning when my uncle showed up. I would go on a drinking binge. Me and him would split a bottle of whiskey with a six pack along with it." (9-10: Hispanic)

In order to distinguish alcohol use from alcohol abuse, frequency data from the "Abuse I" scale were used. These measures included "Occasional", "Very infrequent/rarely" and "Tried once." With alcohol use, DSM III criteria for abuse were not present in the responses given by young people. Responses indicating alcohol use among youth can be seen in the following examples:

"Very infrequent, pretty rare-Every three months (with) beer...and wine four times." (0-17: Native American)

"Not very frequent-every other week if there's a party or something...beer and whiskey sours." (3-18: White)

"I drink very little...maybe once every two months, one or two drinks only." (1-2: Southeast Asian)

Only five young people reported using cocaine on a daily basis in this study. This clearly represents a serious drug abuse problem for these individuals. Indeed, many would classify any cocaine experience as cocaine abuse. Yet, a range of differing experiences were uncovered among those those who used cocaine daily, frequently or rarely and these differences should be described. Among those who reported daily, few times a week or weekly experiences with cocaine--that is, abuse as defined in this study --the following accounts were given:

"And then cocaine... when I used to hang out on the east side...They'd set it all out on tables and you would just help yourselves to whatever you wanted. And after school and on weekends. Cocaine, drug parties, after school and weekends." (0-1: Native American)

"Cocaine: regular-all the time..Like cocaine...ah, man that's everywhere. And when you do it you're a whole different person." (6-11: African American)

"I do a lot of coke. I'll do coke maybe three times a week. It depends on how much money I have or what my friends have." (4-9: White)

Although few young people reported daily cocaine use, many more reported use a "Few times a month", "Monthly" or "Few times a year." References to these experiences can be described as cocaine use as opposed to abuse. References to these experiences were similar yet different from those involving cocaine abuse:

"I did cocaine several times but I chill on that" (8-12: Hispanic)

"Cocaine-occasional. If friends had it I would do it--every once in awhile." (8-16: Hispanic)

"Cocaine-tried once. I tasted a little cocaine...I tried coke once and I regret it .." (3-13: White)

In many ways, qualitative ethnographic data show patterns that are similar to those revealed in the statistical data. For example, during the course of these interviews, a significant proportion of youth indicated that they abused alcohol and/or drugs by describing patterns of frequent use. In other ways, the qualitative interviews gave additional insights into the extent of abuse because the impact of both frequent and occasional use on individuals were often described by young people. In this way, other criteria of the DSM III (e.g., impaired social, educational, occupational functioning) became relevant independently of the frequency of use.

Second, the ethnographic data also show that Southeast Asian youth use alcohol and drugs far less than youth in the other cultural groups. More importantly however, qualitative data provide us with contextual information that give us clues as to why this may be the case. Data from the open-ended interviews indicate that Southeast Asian youth, as members of the most recently arrived immigrant groups in Milwaukee, still adhere to cultural practices, beliefs and values that mitigate against the influences of the dominant culture. At the same time, it is clear from the ethnographic data that Southeast Asian youth are currently undergoing cultural assimilation and are gradually adopting the norms and values of the Midwest U.S society. As this process develops, behavioral

patterns among Southeast Asian young people--including alcohol and drug use-- will come to more closely approximate those of their peers. This pattern will be discussed in more detail below as part of an analysis of the major variables in use and abuse behavior.

Analysis of Variables

Two sets of variables from the survey instrument were cross-tabulated in an attempt to establish significant relationships that might shed light on explanations of alcohol and drug use and abuse among youth. These variables were selected in part because the initial reading of the ethnographic data suggested they may be significant. Independent variables included a set that ranged in scope from youth's perceptions of personal beliefs on the one hand, to perceptions of the community on the other hand. Dependent variables included the frequency rates of alcohol and drug use and abuse defined for the study. Chi Square statistical tests were run to establish significance in relationships between independent and dependent variables.

Selected independent variables that were cross tabulated with use frequencies include the following:

- A6a "Do kids who try to stay away from drugs/alcohol get pressured by their friends to try them?"
- A6b "At what age are kids likely to start using drugs and alcohol?"
- B20 "Did your parent(s) or another family member ever warn you about drugs?"
- B22 "Is (or was) anyone in your home an alcoholic while growing up?"
- B23 "Does (or did) anyone in your family use drugs while growing up?"
- B27 "Who in your family would you say had the greatest influence over you?"
- B28 "How do you spend most of your time when you are not at school or work?"
- B29 "How would you describe time you spend with your friends?"
- B42 "Which statement best describes your beliefs?"
- B45 "Do you consider your neighborhood a good one to live in?"
- B46 "Do you feel you are a part of a community of people?"
- C2 Gender
- ETHNIC\$ Ethnicity

Dependent variables, drug and alcohol experiences now or in the past, include the following:

A-10	Abuse I	Abuse--Frequent, Regular experiences Use--Occasionally, Rarely, Once Non-Use--Never Used
A-11	Abuse II	Abuse--Daily, Few Times a week, Weekly, Use--Few Times a Month, Monthly Special Occasions Non-Use--Never Used
A-12b	Marijuana	Abuse--Daily, Few Times a Week, Weekly Use--Few Timers a Month, Monthly, Special Occasions Non-Use--Never Used
A-12c	Cocaine	Abuse--Daily, Few Times a Week, Weekly Use--Few Times a Month, Monthly, Special Occasions Non-Use--Never Used
A-13	Alcohol	Abuse--Frequent, Regular experiences Use--Occasionally, Rarely, Once Non-Use--Never Used

The Effects of Peer Pressure on Substance Use and Abuse Among Youth

Peer Pressure and Abuse II (A6a)

Eighty percent of the sample or 156 young people, acknowledged the reality of peer pressure as part of the youth alcohol and drug experience. They did this by answering "yes" to the question, "Do kids who try to stay away from drugs/alcohol get pressured by their friends to try them?" (A6a). Among those answering affirmatively to this question, 28.8% were classified as "abusers" while 14.7% were classified as "users". In contrast, 47.4% of those responding this way defined themselves as "non-users". No significant differences were found between users and abusers on the one hand, and non-users on the other hand regarding the reporting of peer pressure.

Peer Pressure and Alcohol

Marked differences between the user/abuser population and the non-user population were found regarding the reporting of peer pressure and alcohol consumption. Seventy-one percent of those who reported peer pressure to drink and/or use drugs identified themselves as users and abusers of alcohol while twenty-nine percent of those indicating the presence of peer pressure said they were non-users of alcohol. Small differences were uncovered between the rates of abuse and use among those who acknowledged the role of peer pressure and those who did not. In this context, the role of peer pressure appears to be most influential when the use and abuse of alcohol are taken together.

Peer Pressure and Marijuana

Among youth who reported the presence of peer pressure, those who were users/abusers and those who did not use marijuana were found to be roughly comparable. Forty-two percent of those reporting the presence of peer pressure defined themselves users or abusers of marijuana while 49.3% said they were non-users.

Minimal differences were also found in rates of marijuana use, abuse and non-use between those who reported peer pressure and those who did not.

Peer Pressure and Cocaine

In contrast to the above patterns, a great majority of young people (71.7%) who responded affirmatively when asked about the presence of peer pressure, were classified as non-users. A similar finding was uncovered about those who did not report peer pressure. Eighty percent of this group defined themselves as non-users. These figures probably reflect the distinctiveness and negative reputation of cocaine among youth.

The Impact of Family Warnings on Youth Alcohol and Drug Use and Abuse Patterns

Family Warnings and Abuse II (B20)

Half (50.9%) of those interviewed who said they received a warning about drug and/or alcohol abuse identified themselves as non-users. In contrast, half (49.9%) of those who said they did not receive a warning were classified as users and abusers of alcohol and drugs. Forty-four percent of those who did not receive a warning from a family member identified themselves as abusers while only 23.2% of youth who received a warning were classified as abusers. Family warnings appear to influence the rates of drug use and abuse among young people.

Family Warnings and Alcohol Use and Abuse

In contrast to the above, a sizeable majority (70.1%) of those reporting a family warning about drugs and alcohol identified themselves as users and abusers. Similarly, 76.4% of youth who said they did not receive a warning from a family member were classified as either users or abusers of alcohol and drugs. Seen another way however, 23.9% of those who received a warning identified themselves as alcohol abusers while 44.1% of youth who did not receive a warning were classified as abusers. Family warnings appear to decrease alcohol abuse among youth interviewed.

Family Warnings and Marijuana Use and Abuse

One-fourth (24.5) of young people who said they received a warning about substance use identified themselves as abusers of marijuana. In contrast, 41.1% of those who said they did not receive a warning were classified as abusers of marijuana. In this context, family warnings seem to affect abuse of marijuana. Yet, 40.2 % of those youth who said they received a warning were classified as users and abusers.

The Influence of Alcohol Abuse In the Family on Young People's Substance Use and Abuse

Alcoholism in the Home and Alcohol Use (B22)

Eighty-three percent of those who acknowledged an alcohol abuser in their home identified themselves as users or abusers of alcohol. Forty percent of youth who reported an alcoholic in the family were classified as alcohol abusers while 19.3% who did not mention an alcoholic in their family were abusers. Clearly, the presence of an alcoholic in the home seems to influence use and abuse patterns among young people.

However, among all those who did not report the presence of an alcoholic in the family 64.6% still were classified as either users and abusers of alcohol.

Alcoholism in the Home and Abuse II

The presence of an alcoholic in the family also appears to be a significant factor in influencing patterns of drug and alcohol use and abuse. Almost 60 percent (57%) of youth interviewed who said an alcoholic was present in their family, were classified as users and abusers of alcohol and drugs. In contrast, of those who said no alcoholic was present in the family, only 33.5% identified themselves as users and abusers.

Alcoholic in the Home and Marijuana Use

Among those youth who reported the presence of an alcoholic in the family, 55.9% were identified as users and abusers of marijuana. In contrast, among those who did not report an alcoholic in their family, one third (32.7%) were classified as users and abusers of marijuana. Significantly, however, non-use among those with an alcoholic in the family was 37.3% while this figure was 58.8% for those who did not have an alcoholic in their home. The presence of an alcoholic in the home seems to have the greatest affect on non-use rates among young people interviewed.

Alcoholic in the Home and Cocaine Use

The presence of an alcoholic in the home seems to have had little impact on whether young people use, abuse or choose not to have a cocaine experience. Thirteen percent of of those who reported the presence of an alcoholic in the home identified themselves as cocaine abusers while this figure was 8.4% for those who did not mention an alcoholic. Both use and non-use figures for these two groups were virtually the same.

The Effects of Family Drug Use on Young People's Substance Use

Drug Use in the Family and Abuse I (B23A)

Drug use in the home appears to influence the abuse of drugs among young people interviewed. Thirty-nine percent of those who said that a family member used drugs identified themselves as abusers. In contrast, among those who did not report drug use in the family, only 13.7% were classified as abusers. Similarly, non-use among those mentioning family member drug was only 20.2% while non-use among those without a history of drug use in the family was 56.3%. Seen another way, 80% of those who mentioned drug use in their families identified themselves as users and abusers.

Drug Use in the Family and Alcohol Use

Drug use in the family also appears to influence the use and abuse of alcohol among young people interviewed. Forty-two percent (41.8%) of those who mentioned the use of drugs in their families were classified as alcohol abusers. Among those who did not report drug use among family members, only 18.1% identified themselves as abusers of alcohol. In addition, the alcohol non-use rate of those with family drug histories (17.5%) is roughly half that of youth where no drug use is reported for families. Seen another way, 82% of those with drug use in the home reported use and abuse of alcohol.

Drug Use in the Family and Marijuana Use

Among those who described drug use in their home by others, 37.8% identified themselves as marijuana abusers. In contrast, of those reporting family drug use, only 33.7% were non-users while 60.3% of those who did not report family drug use were classified as non-users. Among those who reported drug use in the home, nearly 60% were identified as marijuana users and abusers.

Drug Use in the Family and Cocaine Use

The presence of drug use in the home appears to have little effect on the use and abuse of cocaine among young people interviewed, suggesting again a special status for this drug. Among those reporting drug use in the home, 63.5% identified themselves as non-users. Among those who did not indicate drug use in the home, 79.3% were classified as non-users. Almost one-third of those reporting drug use in the home were classified as users and abusers of cocaine.

The Neighborhood Context of Alcohol and Drug Use and Abuse

Perception of Neighborhood and Abuse I (B45)

Among those youth reporting a positive impression of their neighborhoods, little difference was found between use/abuse and non-use of drugs. Fifty-two percent of those reporting a favorable impression of their neighborhoods identified themselves as non-users while 48% of this group were classified as users/abusers. Slight differences were uncovered in use rates among those youth who either liked or disliked their neighborhoods. Eighteen percent of those who approved of their neighborhoods were abusers while nearly 30% of those who disapproved of their neighborhoods identified themselves as abusers.

Perception of Neighborhood and Alcohol

Perception of neighborhood appears to be somewhat related to alcohol use, abuse and non-use among young people interviewed. Nearly 80% of those who had a negative impression of their neighborhood identified themselves as users and abusers of alcohol. Only 22% of this group saw themselves as non-users. Yet, among those reporting a positive impression of their neighborhood, two thirds were classified as alcohol users and abusers as well.

Perception of Neighborhood and Marijuana

Perception of neighborhood and marijuana use do not appear to be related in a significant way among young people interviewed in this study. Among youth who reported a positive view of their neighborhood, 34.8% were identified as marijuana users and abusers. In contrast, among those who indicated a negative perception of their neighborhood, 48.8% were classified as users and abusers of marijuana.

Perception of Neighborhood and Cocaine

Among young people interviewed, perception of community does not appear to be related to cocaine experiences. For the two groups that have both positive and negatives view of their neighborhoods, 75.2% and 71.7% respectively reported non-use of

cocaine. Ten percent of those with a positive view of their neighborhood were classified as cocaine abusers while 10.8% of those with a negative view identified themselves as cocaine abusers.

Patterns of Substance Abuse and Gender

Gender and Abuse I (C2)

Minor differences appeared when drug abuse in general was cross tabulated with gender differences among young people studied. Twenty-eight percent of males and 18% of females interviewed indicated that they were substance abusers according to the criteria of the study. Figures for use and non-use were comparable for both groups. Qualitative data indicate that women, particularly mothers, may play a role in mitigating abuse among young people. This will be discussed in the chapter summary.

Gender and Alcohol

As in the case of gender differences and substance abuse in general, gender and alcohol use showed few if any differences in terms of use, abuse and non-use among youth interviewed. Seventy-four of males and 68% of females said they used and abused alcohol. Twenty-six percent of males and 30% of females reported non-use of alcohol. Forty-six percent of males and 42% of females were classified as users of alcohol according to this study's criteria.

Gender and Marijuana

With the exception of abuse, gender differences showed few contrasts in terms of marijuana experiences among those interviewed. Thirty percent of males reported that they were marijuana abusers while 23% of females identified themselves in this way. In contrast, non-use and use for males and females were virtually the same.

Gender and Cocaine

Few differences were uncovered along gender lines in terms cocaine experiences as well. With one exception, cocaine use, rates of abuse and non-use were very similar. Eleven percent of males in the study reported that they used cocaine while only 4% of females were classified in this way. Non-use for both males and females were almost the same: 74% and 73% respectively.

The Effect of Ethnicity on Drug Use

Ethnicity and Abuse I

The most striking pattern that emerged from cross tabulations between ethnicity and drug experiences is the lack of participation of Asian Americans. Virtually no member of this cultural group reported abuse of drugs and 96% reported non-use. In contrast, the combined use and abuse rates for African American, Hispanic, Native American and White youth are comparable, ranging from 63% to 69%. One difference found was that White youth reported a lower abuse rate (16%) than all other cultural groups except Southeast Asians.

Ethnicity and Alcohol

Alcohol abuse rates volunteered by youth of all cultural groups except Southeast Asians (4%) were similar, ranging from 29.8% among African American youth, to 32% among Whites. However, variations appeared between cultural groups for both use and non-use. African American youth reported the highest use rates of alcohol (56%) while Hispanics reported the lowest rates (35%). Interestingly, Southeast Asian young people, whose perceptions of alcohol use may have been somewhat different from youth in the other cultural groups, showed a use rate of 38%. Forty-six percent of Native Americans and 42% of White youth said they were users of alcohol as defined in this study.

Contrasts between cultural groups also appeared regarding non-use of alcohol. Not surprisingly, Southeast Asian youth showed the highest rates (58%) of non-use. In contrast, African American young people reported the lowest rate of non-use of alcohol (14%). One third of Hispanic young people said they did not use alcohol while one-fourth (26%) of Whites and one-fifth of Native Americans (21%) reported non-use of alcohol.

Summary

A number of broad patterns emerged from analysis of the above variables. These patterns shed light on the variety of factors that influence youth to use, abuse or not use alcohol and drugs, and they help us to more clearly understand the distinction between the different levels of drug and alcohol experiences.

- √ It is clear that a significant proportion of youth interviewed have abused alcohol and drugs. Both the quantitative and qualitative data support this finding. Based on frequency of use rates, 27% of those interviewed identified themselves as abusers of alcohol while 24% said they abused drugs. If we include criteria from the DSM III and assume that young people often experience impairment and social dysfunction with less than daily or frequent use, then the rates of abuse are probably higher than simple frequency of use data indicate. For example, we know that 28% of those interviewed reported alcohol and drug school related problems. Many others referred to missing work, violence, and other socially dysfunctional behavior.

- √ There was very little alcohol and drug use and virtually no reported abuse among the Southeast Asian youth who were interviewed. We think that there were at least two important factors at work. One, Southeast Asian youth were very reserved in the interview situation. Because the interviewers were themselves members of the local Southeast Asian community, this might have discouraged candor and resulted in a lower reporting of substance use and abuse. Two, these youth are members of recent immigrant families at the early stages of assimilation into American culture. Over time, as assimilation takes place, patterns of use and abuse on the part of Southeast Asian youth may come to approximate those of youth in other cultural groups. In the short term however, the values, norms and cultural practices of Southeast Asian youth appear to play a mitigating role in terms of alcohol and drug experiences.

Because Southeast Asian youth presented such dramatically different use and abuse rates, we are very cautious in drawing comparisons between their experiences and those of other cultural groups.

- √ We found differences in patterns of drug use and abuse that ran along gender lines. For example, young males reported greater abuse (Abuse I) of drugs than females. Twenty-eight percent of young males interviewed reported abuse of drugs while 18% of females reported this pattern. A similar pattern was found regarding marijuana abuse. Thirty percent of males interviewed reported abuse of marijuana while 23% of females reported this abuse. Gender differences were also found in the use of cocaine. Surprisingly, more females reported abuse of cocaine than males (11% vs. 10%) while males showed higher levels of cocaine use than females (11% vs. 4%). However, given the relatively low numbers of cocaine use and abuse compared to other drugs and alcohol, these percentages should be kept in perspective. Nonetheless, these differences may point to the use and abuse of drugs as part of male socialization in youth culture.
- √ Eighty percent of young people interviewed acknowledged the presence of peer pressure as part of youth experiences with drugs and alcohol. Although no causal link was established between peer pressure and drug use, relationships were found between those who acknowledged peer pressure and the abuse of alcohol and drugs. For example, among those who acknowledged the presence of peer pressure, 29% identified themselves as abusers of drugs (Abuse II). In contrast, of those who did not report the influence of peer pressure, 18% were classified as abusers. Similar patterns were found for alcohol abuse and cocaine abuse. However, because alcohol and drug use in some cases is high for both those acknowledging and discounting peer pressure, causality can not be firmly established. Yet, the consistency and wide range of examples given by youth underscore its importance.
- √ Those who perceived their neighborhood as a good one were less likely to abuse alcohol and drugs. Differences were found in abuse rates of all drugs and alcohol between those who felt their neighborhood was a good place to live and those who did not. For example, 23% of those who responded positively to their neighborhood reported abuse of alcohol while 33% of those who responded negatively reported abuse. Twenty-four percent of those who felt their neighborhood was a good one identified themselves as marijuana abusers while 33% who did not like their neighborhood reported marijuana abuse. Similar patterns were found for cocaine and abuse in general. These figures, while varying in significance, together seem to underscore the importance of environmental perception as a factor in understanding drug and alcohol abuse.
- √ Young people who reported drug use in their homes while they were growing up were more likely to abuse alcohol and drugs than those who did not report this. Different abuse rates were discovered between those who mentioned drug use in the home and those who did not. Regarding abuse in general (Abuse I), nearly 40% of those reporting drug use in the home identified themselves as abusers. In contrast, only 14% of those

who did not report this were classified as abusers. Even more striking, 42% of those mentioning drug use in the home were identified as alcohol abusers while only 18% of those who did not report this identified themselves in this way. Similar patterns were found for cocaine and marijuana. Clearly, drug use in the home while children are developing seems to have an effect on future use and abuse of alcohol and drugs.

✓ Youth who reported the presence of an alcoholic in the family were more likely to abuse alcohol and drugs than those who did not describe this situation. Abuse rates were higher for alcohol and all drugs among those reporting an alcoholic in the home. Thirty-five percent of young people reporting an alcoholic were identified as abusers of drugs (Abuse II) while 21% who did not mention the presence of an alcoholic identified themselves as abusers. Forty percent of young people who mentioned an alcoholic were classified as alcohol abusers themselves, while 19% of those who did not report the presence of an alcoholic in the home were identified as abusers of alcohol. Similar findings were uncovered for both marijuana and cocaine. As in the case of drug use in the home, the presence of an alcoholic appears to be related to drug and alcohol abuse among those young people studied.

✓ Those who said they received a warning about drugs and alcohol from a family member were found to abuse them at lower rates than those who did not report a warning. Twenty-three percent of those who received a warning identified themselves as substance abusers (Abuse II). In marked contrast, 44% of youth who did not receive a warning about drugs and alcohol were classified as abusers. Similarly, one-fourth of young people who said they received a warning about drugs and alcohol were identified as abusers of marijuana. However, 41% of those who did not receive a warning were classified as marijuana abusers. In a similar way, 24% of youth who received a warning identified themselves as abusers of alcohol while 44% of those who did not receive a warning were found to abuse alcohol. In this context, warnings from a family member seem to have a mitigating effect on the abuse of alcohol and other drugs by young people in the study.

Seen another way, cross tabulations above yielded patterns in four broad areas in terms of substance use and abuse among young people. These four areas include:

- family
- neighborhood
- gender
- ethnicity

While it is difficult to assess the relative importance of each of these areas, it is clear that variables involving the family have a great impact on youth in terms of influences to use and abuse alcohol and drugs. In contrast, our study showed that factors involving the general category of neighborhood seem to have the least amount of impact regarding substance use. Ethnicity and gender have an impact on behavior that is between these two variables.

Patterns of drug and alcohol use, abuse and non-use among young people interviewed in this study give us a slice of "reality" for this group. The widespread use and abuse of alcohol and drugs reported by youth are disturbing and disheartening, yet evidence of resilience, hope and non-use also are present. Although critical to our understanding of drug and alcohol experiences among people, quantitative and qualitative descriptive data need to be set in context. The remainder of this report, which examines occasions of abuse, peer pressure, the family and neighborhood, will analyze these areas as multi-layered contexts that impinge upon the behavior of young people.

Chapter II

Occasions and Consequences of Alcohol and Drug Use and Abuse

Introduction

Throughout the interview process, young people described situations in which they experimented with, used and abused alcohol and other drugs. Patterns of uniformity in the social setting of substance abuse did emerge from the interview data, but a particular setting might support substance users and abusers alike. A party, for example, provided a setting in which young users, abusers, and non-users alike all congregated and interacted.

"Hanging out", "doing nothing", "partying", or "chilling"--using alcohol and drugs in the company of friends was the primary recreational activity for 40% of the adolescents and young adults interviewed. Among this group, 91% said they used alcohol or drugs. In contrast, among those who spent their spare time playing sports, only 62% used alcohol or drugs. Participation in community center programs, religious services, volunteer activities, and other organized activities were associated with lower rates of alcohol and drug use.

Very few young people described using alcohol or drugs while alone. Instead, use was almost always part of a social occasion or recreational activity. This was true even among those young people whose substance use fit the DSM III criteria for abuse. Substance abuse also occurred in social contexts but tended to take on a more individual or private character. Many young people described the consequences of their abuse as fueling more abuse. In other words, the effects of substance abuse often were reweaved into the settings in which young people abuse alcohol and other drugs, forming a spiral of activity that is difficult to quit. For example, interpersonal strife, often a direct consequence of substance abuse, may become a regular part of the setting in which drugs are used. Continue abuse to cope with negative consequences may only escalate the interpersonal strife. This spiral of abuse and consequences was described by a Native American youth:

"Well, I went drinking a lot...We would always drink beer and brandy. We'd get a case. We'd do this everyday after school. We all had summer jobs and I worked after school, so we all had money to do it. I used to go out every night...when I was eleven. Yeah, we always used to go out and get high after school, in gym and study hall. I smoked pot almost every day and drank after school. And then cocaine when I used to hang out on the east side..."

(Q. What were the effects?) "I was drained. I dropped out of school. I went to school in the summertime to make the time I messed up. I pushed my family aside. I ignored them...after a while it got real bad. My mother put me in a treatment center after she found out what I was doing because I was just losing it after awhile."

More than one fourth (28 %) of all respondents in this study (N=194) noted they had experienced drug or alcohol-related school problems. If we consider the abusers and problem users together as those "having problems with substance use," then the majority of the 94 respondents in this "having problems" category, told of poor attendance, low grades, disruptive behavior, dropping out, and various other school problems connected to their substance use. This figure probably understates the number

of respondents with negative effects to their education from substance misuse. Some older respondents answered the question about negative effects in terms of their job performance while others, whose heavy substance use makes it likely they were affected at some time in their school performance, did not answer at all.

Other effects of substance abuse that become integrated into the occasion of abuse include social withdrawal, health deterioration, and criminal activity. Ample evidence of all these occasions and effects is found among the respondent reports. Some of the most telling and typical will be highlighted here.

African Americans

The occasions of substance abuse described by African American youth varied, yet also turned up a number of common features. When asked about the persons most likely to be present when substances are used, the most commonly mentioned element was simply that of being with friends. For many African American youth interviewed, this meant "hanging out" and "driving around" with friends or "sitting around" in friends' houses. "My friends would just take me to get the weed...We sit around, smoke weed and drink a little beer." (6-28) This category of response was elicited eight times in response to the question about who is likely to be present during respondent's substance use and it matches up with responses given about peer pressure as well.

Another component of the social occasion for substance abuse that emerged in the interviews included that of "parties" or "partying." This response was mentioned five times by young African Americans during interviews. Examples include :

- √ "On the weekend I'll probably go to a party, have a couple of drinks, you know. I'll probably smoke a joint..." (7-2)
- √ "We have a little get-together...We all get blitzed...get higher than a mother... At school I started missing a lot of days." (6-33)
- √ "Me and my friends, when they had it, we would party. They would throw it. We got geeked. The party got rowdy. We went and tore up something...went and beat up somebody or something like that." (6-30)

Based upon the responses given by African American youth, it is clear that the occasion to abuse substances typically is a social one involving friends. The interviews imply that substance abuse is seen as a leisurely, recreational activity that can take place in a variety of physical settings (cars, houses, on the street). Descriptions of "hanging out" and "sitting around" also suggest that there are few other options for recreational activity among those youth interviewed. What emerges is a picture of youth, usually in small groups and cliques, spending much of their spare time during the week and especially on weekends using alcohol, marijuana, cocaine and other drugs and staying high for extended periods on a regular, even a daily basis. Other substance abuse occasions mentioned by youth included the use of alcohol and other drugs at home alone, while watching television, or at clubs. "If like I am sitting at home not doing anything and don't want to be bothered with nobody out in the streets or just want to be by myself, I might smoke a joint." (6-26)

The effects of substance abuse came to form part of the setting of continued abuse for many African American youth who used alcohol and other drugs heavily. Ten of fifteen youth who abused alcohol and other drugs described a combination of health,

school and employment problems or drug selling and violent activities. African American youth who abused substances mentioned health problems most often in connection with their abuse. Other commonly mentioned factors included consequences at both school and work. These problems often combined to cause continued substance abuse for some individuals. Examples of references to these problems include the following:

- √ **(Substances abused)** Alcohol, regular; marijuana and cocaine, occasional; Alcohol and marijuana started at age 14; cocaine at 16.
(Occasions) "At least four days out of the week, I am going to drink me some beer or gin, or something like that.... I am now unemployed and seeking employment. With a lot of free time on my hands, that what make it so easy or common for me to drink on a regular basis....[About drugs] Someone comes to me or I will go to them. It don't have to be a party. All I have to do is have it and we will go somewhere and do it. It don't have to be a planned thing. It just happens."
(Effects) "At times you could say it was like having a withdrawal or something after a heavy night of drinking. The next morning my body don't be feeling right. It takes a while for me to function right.... I don't get along with anybody. People irritate me." [Respondent sells drugs] (6-17)
- √ **(Substances abused)** Alcohol, regular; marijuana and cocaine, occasional, "Every other weekend." Alcohol and marijuana begun at age 14; cocaine at age 16.
(Occasions) I remember one time I met this white guy and he was a drug dealer, and we went to a cocaine party. I said that I had never been to a cocaine party. The house was wonderful.... It was on Lake Drive. He said, 'Come on in and relax'. He introduced me to a couple of his friends and that's when it started. They had it on the table. They were doing it every which way... the pipe, the lines...and I did some of it...all except for shooting, because I am scared of needles."
(Effects) "I got asthma real bad, and I got an asthma attack real bad one time." (6-31)
- √ **(Substances abused)** Alcohol, regular; marijuana, occasional; cocaine, once. Alcohol and marijuana from age 12.
(Occasions) "I was at my grandmother's house and I had first started drinking and I got so drunk and I fell out. The next thing I know I woke up in the hospital and alcohol level then was .10, and I had 6.1 percent of alcohol in me, and I was over the limit."
(Effects) "Ever since then I can't remember things that happen back then. It will come and go, but I can't hold on to something I think about. ...I lose my memory quick. Somebody could tell me to dial a number over the phone and I would have to keep asking them over and over what they say because my memory don't act right no more.... For one thing my yes...they got so yellow. And the hangovers, -when I get up in the morning I have to drink something before I eat something, or I would get a sharp pain in my stomach.... [Family, job and school] I loosened up and I started lying. It's like I would tell them that I would be there and I wouldn't show up. I lost everything I had. I had good friends and I lost them because I was lying. I couldn't keep a job because I felt that if I couldn't party or nothing, it was like every time I wanted to party I had to work.... There would be times I would get up and be so drunk I couldn't go to school. I missed a lot because of that." (6-24)

- √ (Substances abused) Marijuana, frequent, "every day," from age 13. (Occasions) "One day me and my buddies were outside. We had some gloves...he was boxing. We were selling weed. We were selling and we went in the house after we got done boxing, and smoked some weed. About four bags. Went back outside and got robbed. My buddy got shot." (6-27)
- √ (Substances abused) Alcohol, frequent, "...I was 15, when I first started drinking. I got a beer in my hand, I got a 40, maybe eight 40's in one day." Marijuana and cocaine, regular; "Once in a while, like maybe on a weekend...like every Friday I go buy me a dime bag...Mostly smoke weed." Marijuana started at age 10. (Occasions) "First it was family members. But now it's friends. Oh, like yesterday. I got a dime bag...um...I just went next door and said, 'Hey, what's up, man?' And I just give him a ten.... Like I go to 29th...29th and Chambers. There be dope dealers sitting out on their porch and I'll be like, 'Hey, you got any weed?'" (Effects) "I sleep more." [Friends and family] I don't talk to them. I got a bad habit of that. Like my mother or somebody talking, and I'm high or something where I won't hear it and the TV be on. I'll just be, like, I'll just watch TV, man...I just block them out. You know how you block someone out, man. I be watching TV and my mother gets pissed at me when I do that. [School] ...I cannot write when I'm high, man. Say, I'll be in class. I'll be like, 'Damn, how do you spell 'do'? Or something like that. And when I'm not high I can write. [Respondent has sold drugs] I was selling once when I was 15. About a half a pound a week. So I say it was pretty large. It wasn't way up there. [In response to what he does in his spare time] ...smoke weed, drink...drink a little bit. Go beat up someone and shit." (3-9)

Perhaps the most interesting part of this description is that of a "community" of people bound together by a camaraderie involving drinking and drugs. "So you can always find someone to talk to. But everything revolves around smoking and drinking. If you're mad, fix it by having a drink:"

"Best thing you can do for your friends is get them high, because you don't have enough money to do anything else. You can't change their situation. You say, 'Man, f___ that bitch, let's just get high.' ... You're not really addicted... but you get so used to it that when you have a problem...you go into the weed or drink.... You're not going to establish when you're grown that that's not what to do. So it's a pattern in your life...."

Hispanics

The occasions for substance abuse among Hispanic youth closely parallel those among African-American and other youth. Among the twelve Hispanic youth who used alcohol or drugs between three times a week and on a daily basis, the majority, i.e., nine respondents, described being with friends and getting high with their friends as the principal factor in their abuse pattern. Some illustrations of this common theme by Hispanic youth include the following:

- √ "There's people out on the streets, you know...friends that I know. Other guys introduce us to drug dealers and we could go whenever we want and

get it.... Sometimes I just asked my friends to go get it. I never pay for my stuff. Every time I smoke I mostly never pay for it. My friends are the ones that always get it." (8-2)

- √ "Friends always bought them for me, and we would get high together."
(8-23)

As in the case of African American youth, drinking and taking drugs at parties and simply "hanging out" and "cruising" made up part of the social occasions for substance abuse. Among Hispanic youth, family members also were part of the occasion to abuse substances. Birthday parties, holiday celebrations, and other family gatherings provided specific occasions to abuse alcohol and other drugs. Brothers, sisters, cousins and parents were mentioned as participating in occasions where substances were being used heavily. As in other cases, the effects of substance abuse among Hispanic youth rapidly became incorporated into the occasions of abuse.

Consequences of substance abuse were often described in terms of problems in school, such as poor performance and attendance. "I stopped going to school," (8-3) or "my attendance in school dropped since starting to use drugs and alcohol," (8-2) or "I just dropped out" (9-8) are frequent refrains of young substance abusers. A greater proportion of Hispanic respondents mentioned experiencing some negative school-related consequences of alcohol or drug use than did interviewees from other groups.

It is very clear from numerous first-hand reports that the high drop-out rate of youth in the Hispanic community is connected to the early introduction of marijuana and cocaine and the high rate of substance abuse in general. "I was always thinking about cocaine," said one young woman. "I just didn't go to school. I haven't graduated. I'm trying to get my GED." (9-9) Another respondent with occasional use of alcohol and marijuana said of her marijuana-using friend, "I saw my friend who used it every day, sometimes twice a day, and she can't even spell 'street', and she's eighteen." (4-4)

Others said this about the effect of their substance abuse on their education.

- √ "I used to treat my little brother bad when I took it. I only went to school like two days a week." (3-6)
- √ "Tired easy. Anxiousness, depression when I wasn't drunk. I ignored anyone who cared about me. [School] I did poorly. Teachers noticed." (9-7)
- √ "I was always tired. I never wanted to do anything. I never wanted to get up. I used to be a good student until I started using alcohol and what not. I was always hiding from my family and friends. They noticed I was hung over. I got fired from my job. I dropped out of high school. I was behind always. I've tried to go back, but it's so hard." (4-1)

Psychological problems including anxiety, stress, and family conflicts made up the second most mentioned category of consequences. Some youth suggested that these problems drove them to continued abuse. Several respondents mentioned they received drugs free at first, but after that were forced to buy them. Selling drugs is quite common for users of all cultural groups. Mostly it is done, according to the interviewees, on a small scale. Some stated specifically that they sold drugs to get money to buy them for themselves.

The selections below illustrate some typical patterns of substance abuse and the occasions, and effects associated with them.

- √ (Substances abused) Alcohol, "I drank a lot, not every day. But when I did drink, I drank a lot." Marijuana, cocaine, speed, and LSD, "Every time my high went down, I did it again. I used it constantly." Alcohol begun at age 16, other drugs after that, cocaine and LSD at age 18.
(Occasions) "Usually around people who had it. I didn't have to pay for it at first. Then after awhile I started paying for it. It was through the same people I got it free from in the beginning."
(Effects) "I just didn't deal with anything.... I quit school and never went back." [Respondent sold drugs]
(Reason why) "When I first started I did it because friends did it... After I got into it, it seemed to help me get away from my problems and that's why I kept doing it." (8-4)
- √ (Substances abused) Alcohol, frequent, "...mostly every day"; marijuana/hashish, "everyday"; cocaine, LSD, PCP, spray paint, "once in a while". Alcohol and marijuana/hashish started at age 9; cocaine at age 13; PCP and LSD at age 14.
(Occasions) "I would steal stuff and buy drugs. I stole a radio and sold it to buy marijuana.... [Free time spent] doing drugs, sleeping, eating, having fun, having sex."
(Effects) "Lightheadedness. I feel I was in a different world..."
[Family] "I ignored my family.... [School] I stopped going to school."
(8 - 15)
- √ (Substances abused) Alcohol, regular, "Almost every other morning, when my uncle showed up I would go on a drinking binge. Me and him would split a bottle of whiskey with a six pack along with it. Brandy, whiskey, beer, schnapps, candy liquor...I don't remember the rest of the stuff that I used to do." Marijuana, frequent, "Drugs for me...it started out being occasionally, whenever I had the opportunity. And then for the last six months...when I was using it...I was doing it mostly every day." Cocaine-laced marijuana cigarette, one time. Alcohol first used at age 4; marijuana at age 14; cocaine-laced cigarette at age 15.
(Occasions) "My uncle, he used to come from Minnesota. He used to bring a six-pack with him, and he would just give it to me. Or if we run out we would just go out and ... get a bottle of Jack Daniels or something.... Basically, when he gave me marijuana, all my friends had it. I knew dealers too. Some of my friends' parents are dealers, so they used to take the stuff off, you know...pinch it off...their stuff, and they always had it. So I never paid for it.... That's why it was so easy for me to get it. That's why I really liked doing it, because it didn't cost me a bit. Not even once."
(Effects) "Memory loss.... I would lie to my mom. I was a lot more aggressive...still got holes in my walls.... [School] Basically, I didn't show up...I one time stopped showing up for about a week and a half until my teacher called. If she wouldn't have called...I wouldn't have never showed up for the rest of the year.... Or I would show up for homeroom, go to the first hour, and then leave. I stayed in that pattern for about two months. And when I did show up people would say, 'Who's that?' They didn't even know I was in their class." (9-10)

- √ (Substances abused) Marijuana and cocaine, occasional, marijuana from age 12; cocaine from age 14.
(Occasions) "When I was in school, someone introduced me to drugs and I used to get it from my friends when I went to parties and stuff. They always had marijuana. I used after school and during school when we skipped and stuff."
(Effects) "I looked very sick. I was always coughing and my eyes were always really red and always tired.... My attitude with my family changed. When I get home from school, I'd lock myself in my room and not even say 'hi' to my mother and father. When they'd come in my room to try and talk to me and ask me what was wrong I'd say, 'Leave! Get out of here'.... In school they noticed because I hardly used to go, and when I did go I would skip or be high in class. They'd have to send me out." (9-4)

Native Americans

Similar patterns are evident among Native American youth who use alcohol and other drugs in an abusive way. Among those interviewed who showed evidence of abusive trends, most, i.e., six of eight, mentioned the presence of friends as part of the context of substance abuse. As with other cultural groups, friends were often present during the occasions of substance abuse among Native American youth. Examples of these situations given by young people include the following:

- √ "We'd get high in the alley or something with my friends. We would smoke and just get high. We used a lot, mainly with my friends at some type of party." (0-14)
- √ "My friends already had it. Some of my friends are dealers. Just all of us together. We were sitting at a house and they already had it out." (0-10)

Like Hispanics, Native American youth also often mentioned the presence of family members at occasions of substance abuse. While members of other cultural groups referred to family members and substance abuse, Native Americans made this reference more often. Examples of these references include the following:

- √ "We'd just drink. We'd always get like my older brothers to get the beers. We'd sit around the house and if we didn't have a house, we'd go outside and drink." (0-14)
- √ [Marijuana] "Well, my dad used it.... He started giving it to me when I was fourteen." (0-11)

A young Indian woman (0-3) told a familiar story of being given drugs free at first and being charged for them later on. She was introduced to cocaine and LSD by friends as a teenager, after being accustomed to hard liquor on the reservation as "a daily thing" among her relatives. She said of the cocaine, "When I was going to school that seemed like the cool thing to do, you know. Everybody used to do it. A lot of my friends were really rich because I lived in the suburbs. At first I was given it. People were like giving it to me. And all of a sudden, then they stopped giving it to us, and then we'd buy it. We did that for a long time. Then we kind of stopped doing that and then started again and then stopped completely. My husband almost died from that."

Within the general context of substance abuse, Native American youth stood out in that their use patterns of alcohol and other drugs were skewed toward high frequency. The descriptive statistics obtained in the interviews may point to a tendency among Native American youth to use alcohol and other drugs frequently and intensively, rather than occasionally and to lesser degrees. In five of eight questions measuring frequency of substance use, responses for daily, frequent and weekly use were greater than other responses among Native American youth, suggesting that when Native Americans used substances, they tended to abuse them.

The specific settings of substance abuse among Native American youth were similar to those of the other cultural groups with one exception, --the reservation. Family and friends' homes, school yards, streets, parties, alleys all were mentioned as places where alcohol and other drugs were consumed. Reservations were also described as places where substance abuse was part of a daily routine. Regarding the consequences of substance abuse, Native American youth described problems in school and psychological problems more often than other effects. As with youth in the other cultural groups, a pattern emerged with Native Americans, according to which the consequences of substance abuse became entwined with the occasions of abuse. Youth became caught up in abuse as a means to cope with the consequences of their actions and continued on in a cycle of dependency. Following are references to some of these effects:

- √ "It took a toll on me in a way.... It took me out of it. It was kind of hard for awhile. It makes you weak. I was using a combination of weed and cocaine. It made me pretty sick. Speed, after you use it ... it brings you down after a while.... I was doing pretty bad in school for awhile after I stopped using it. Then I gave up on school. Then later on my uncle told me to go back to school." (0-11)
- √ "I was always down in the dumps. I don't know, I really didn't care about anything.... It felt good at first, but after you come down it felt real awful...You felt like nothing." (0-14)
- √ "I became more violent. This one guy I broke his nose, jaw, tore all the ligaments in his knee. And a couple of other times I was all ticked off about something and punched a hole in a wall. I grabbed hold of the faucet because I was thirsty and the faucet wasn't working, so I ripped off the handle. Put my hands through two plates of glass and steel mesh at school.... [Effect of marijuana] Those were the days I would call in and say I was too sick to come to work. I wouldn't tell them I was high on drugs." (4-3)
- √ "It was hard to concentrate at school and I felt like I didn't need school and I started hating school. So then I dropped out." (0-19)

These stories about the occasions and the effects of substance abuse contain elements that are found in many others.

- √ **(Substances abused)** Alcohol, frequent; Marijuana, cocaine, LSD, uppers and downers, frequent. Alcohol from age 11; marijuana from age 14; cocaine, LSD, uppers and downers from age 15.
(Occasions) [Alcohol] "Well, I went drinking a lot.... I usually drink when I go out, when I go out to play pool and darts. So that's Monday, Tuesday and Wednesday.... We would always drink beer and brandy.... We'd

get a case. We'd do this every other day after school. We all had summer jobs and I worked after school, so we all had money to do it... [Drugs] I used to go out every night...when I was eleven. Yeah, we always used to go out and get high after school, in gym and study hall. I smoked pot almost every day and drank after school. And then cocaine when I used to hang out on the east side. That's when I got into all these drugs and everything when I used to hang out with these people who had drug parties.... They'd set it all out on tables and you would just help yourselves to whatever you wanted. And after school and on weekends.... Pot and booze after school, cocaine, drug parties, after school, and weekends."

(Effects) "I was drained. I dropped out of school. I went to school in the summertime to make up the time I messed up.... [Acid] I couldn't stop laughing...strange feeling. It was like taking speed. It kept you up. And acid, if you take that, you go on a trip and you start laughing and everything....[Family] I pushed my family aside. I ignored them.... After a while it got really bad. My mother put me in a treatment center after she found out what I was doing because I was just losing it after a while.... My attitude changed, I had memory lapses, blackouts..." (0-1)

√ (Substances abused) Alcohol, regular; marijuana and cocaine, "everyday, when I woke up and went to sleep. Don't know how many times in between." Also, hash, speed, methodone, downers, heroine, occasional. Alcohol started at age 10; marijuana/hashish, cocaine, speed and uppers, at age 14; heroine (twice) and methodone at age 16.

(Occasions) "Marijuana from my dad. He didn't know it, but I knew he had a stash so I'd scam from him all the time. I'd use some by myself but I'd take the rest to school. I'd either sell it or use it up with somebody else.... The first time I used cocaine was when the group of friends I was with, -it was the first time they used it too- they were just really happy to have some. We were just at school. We had open lunch, where we'd go out and set around the playground, up at the football field.... I got it from one of my friends.... On my seventeenth birthday, I was real bad. I was on the run and we were staying with an ex-con from Waupan and he had lots of connections. We were doing it on a regular basis then....

[Selling] For a while I was selling acid. We'd get a whole lot of sheets, 10, 15, 20 sheets, and we'd sell them for five a hit. There's a hundred hits on one sheet.... I sold to way over a hundred, I'd say about three hundred people, all at school."

(Effects) "My memory's totally shot now. I have to write a lot of things down or else I'll totally forget it. Killed one too many brain cells, I guess.... [Family and friends] I was a real violent person. If I didn't get what I wanted, I'd hit somebody or destroy something. It didn't matter who it was.... [School/job?] I missed out on a lot of school. I used to do real well in school. Pretty much it was because I wasn't there. If I was there I'd be sleeping or be real stupid...running around the halls, slamming lockers, jumping around at lunch, harassing the girls. I was working for a little while...for three months. I was slacking a lot, taking a lot of breaks because there was a bar in the basement. I would just go there on my breaks."

[Cocaine] "Just that I wanted it all the time...just that I felt better when I was on coke. I was real bummed after I came down from it. I was real slow, lazy, and tired."

[Marijuana] "No physical effects. I was probably just an asshole."
[Heroin] "I freaked out bad on that. I went beserk. I just went crazy, started tearing stuff up. It was at somebody's house."
[Whiskey] "I got really emotionally disturbed when I was on whiskey. I got real violent."
[Uppers] "I'd just act crazy and be bouncing off the walls. I'd be a funny guy. I'd just be tired afterward."
[Downers] "I guess I was real boring to be with. Every time I was on it everybody would leave me alone."
[Methodone] "Same effects as the cocaine."
[Hash] "That was just the same as the marijuana. I was real grumpy."
[Recovering] "The first time we went out, we sat around for the longest time trying to figure out what to do, because we're all recovering. I don't know...we're just so used to going out and getting in trouble...like there's not a whole lot to do compared to that." (0-15)

Whites

Like young people in other cultural groups, white youth mentioned friends more than any other factor when describing situations of substance abuse. Seven of eight individuals interviewed who showed evidence of substance abuse mentioned the role of friends in abusing situations. Examples of these references include:

- √ "We were supposed to be in school, and I was skipping, and I was with my friends, and we did it [drugs] in the park." (4-19)
- √ "I do a lot of coke. It depends how much money I have or what my friends have...I get high every day." (4-9)

The specific occasions and actual settings of substance abuse among White youth were virtually the same as those mentioned by individuals in the other cultural groups. Parties, holiday celebrations, skipping school, rock concerts, bars, hanging around a friend's house, and simply being outside were all cited as occasions for abusing substances.

- √ "Well, we drink me and my buddy. We'll be around his house...and we would just sit around and just drink." (6-34)
- √ "Sometimes just hang around the house, drive around the south side, go to dance clubs." (8-18)

For White youth, the consequences of substance abuse also came to feed back upon and shape the occasions of their abuse of alcohol and other drugs. Like young people in the other cultural groups, White youth experienced family strife, personal stress, problems in school and other effects of substance abuse. For many, these "effects" became "causes" in continuing abuse activities. Among eight White youth who had shown substance abuse trends, seven referred to the negative consequences of their abuse. The single most mentioned effect of substance use involved problems with school. The second most mentioned effect described by White youth included interpersonal strife. Negative health effects, such as weight loss, depression, and lack of physical fitness, were reported too, as these examples show.

- √ "Skipped out a lot and was suspended a lot. Got into fights." (3-19)

- √ "I used to get into arguments with my parents a lot. Others noticed that I changed because I was more crabby." (4-19)
- √ "I lost 15 pounds...blocked everything out...hung out by myself... [School] performance dropped." (8-21)
- √ "I couldn't run as much. Couldn't do a lot of things. Wasn't physically fit any more." (8-22)

White youth mentioned the role of family members in substance abuse less often than other respondents. In several cases, even the limited responses we obtained suggests youth are coming from dysfunctional family situations and their unhealthy involvement with drugs occurs when needs that are not met at home are fulfilled in a social context.

- √ **(Substances abused)** Alcohol, regular, "When I am alone watching movies...and I feel I have to have something to drink, and there is some beer,...I get about three and go watch TV." Marijuana, occasional; cocaine, once. Alcohol started at age 12; marijuana at age 13; cocaine, age 14. **(Occasions)** "I got the alcohol from my family...my uncles. The weed I got from friends first, then from my family members...my uncles...and the coke I got from my friends, because they know the people who supply it.... When I was using it [marijuana] everyone that I didn't know would come up to me and ask me my name and stuff, and ask me if I have any on me, and I would say 'yes', and they tell me, 'Let's go somewhere'. Then I would give them theirs. So I was mostly popular.... When I was popular I had a whole bunch of friends." **(Effects)** "My family didn't want to talk to me. They were always mad at me.... I used to skip school a whole lot, probably a whole day or half a day sometimes. I used to get a 1.8. Now I get a 2.3." **(Reason why)** "To act bad and be popular." (3-13)
- √ **(Substances abused)** Alcohol, frequent, "I get high pretty much every day. I drink every night unless I've really partied the night before. I'd be too hung over." Cocaine, "I do coke three, four times a week." Marijuana/hashish, speed, downers, liquid rush, codeine, LSD mushrooms, "I was really into high balling for awhile. For a month I did that every day. Some pills...if I'm really on a downer, I'll take speed. "If I've been tripping the night before, I use downers a lot more than anything else.... I get high every day." **(Occasions)** "Usually after dinner I'll go to someone's house. Even if we're not partying we'll sit around and have a couple of beers.... Last Saturday, a friends of mine, who usually isn't off, was off, so we partied. We got our money together, got beer, got dope,...and got out coke. Then we partied." **(Effects)** "When I'm tripping I get rowdy...really rowdy. When I'm geeked, really coked up, I get really high on myself. I don't take shit from anyone. Sometimes you blow up at people.... I avoid my parents." (4-9)

Southeast Asians

Southeast Asian youth showed little if any evidence of substance abuse. While the data document some experimentation, as well as peer pressure to use, the interviews yielded no information about clear cases of abuse. As discussed earlier, the reliability of interview data elicited from Southeast Asian youth about abuse may be in question because of cultural factors that came into play during the interview process. However, even if we acknowledge these possible shortcomings, use and abuse patterns of Southeast Asian youth still remain significantly lower than those of the other cultural groups. Besides subscribing to a concept of drugs that is broad and encompasses tobacco, the Asian Americans interviewed appeared to define levels of use somewhat differently from other groups. A young Laotian male (2-4) told the interviewer, "I drink a lot of alcohol, -four to five cans of beer a month."

Cultural factors seem to be mitigating against substance abuse among Southeast Asian young people in the short term. These factors include values and norms surrounding notions of authority and the structure and role of the family. Cultural assimilation, which is usually completed within two generations, may eventually alter these configurations. However, the rate and extent of acculturation are difficult to predict.

There is some evidence in the interview data to support the thesis that increasing acculturation of Southeast Asian youth could result in greater substance abuse by Southeast Asian youth. The one marijuana user in the sample for this cultural group indulged, as is typical for other groups, while partying with friends. A small minority of young people interviewed posted up challenges to their parents' authority and made comments indicating they no longer believed their parents had the right to interfere with their private lives.

A young Hmong woman (1-7) faulted her parents for "wanting to control my life. She chooses my boyfriends, reads all my personal letters, and wants me to do exactly what she wants." She viewed her mother as "a selfish person, because she usually asks so many questions before giving you something, such as money". A couple of other comments suggested a measure of discomfort with the parental role and the value of absolute obedience to parents' authority. The voicing of criticism in this context could be a sign of a transition phase in an assimilation process. As this process unfolds, it will likely move Asian American youth in the direction of their counterparts from other cultures in terms of increased substance use and abuse. Given current trends of rising substance abuse among youth, identifying all factors with the potential of stemming alcohol and drug abuse in the entire population is of paramount importance.

Summary

Young people described many settings in which alcohol and drug use and abuse took place. While a great variety of examples were volunteered by young people, commonalities also emerged from these responses in terms of the occasions and consequences of substance use and abuse. These patterns include the following:

- The primary recreational activity for 40% of those interviewed was "hanging out", "chillin'", "partying" or "doing nothing". Ninety-one percent of this group said they used alcohol and drugs

- Most use and abuse of drugs and alcohol took place as a recreational and social activity.
- More than one fourth of youth interviewed mentioned problems in school as a result of drugs or alcohol use and abuse.
- For many youth, the consequences of alcohol and drug abuse became part of a spiral of continued use and abuse.

Chapter III

How Real Is Peer Pressure?

Introduction

Eighty percent of the sample, 156 individuals, acknowledged the fact of peer pressure as part of youth alcohol and drug experience. While we were not able to show a statistically significant causal link between peer pressure and alcohol and drug use and abuse, it was clear from the interview responses that many youth feel this link exists for them in a very real way. When voiced in their own words, the rich and varied descriptions of how this peer pressure is actually experienced, give us insight into the nature and scope of the process. The main elements in the experience of peer pressure involved:

- References to friends, especially pleasing friends and keeping friends;
- Verbal pressure in a specific setting, often a party;
- Put-downs and name calling for those declining to use;
- Price of admission to an in-group; and
- The promise of having a pleasant and harmless experience.
- In addition, responses elicited from young people show that pressure by peers to use alcohol and drugs permeates the social worlds of all cultural groups in our survey. Peer pressure among young people to use alcohol and drugs is an integral part of youth culture:
- Substance use, and in some cases abuse, is experienced as a social norm for most of those interviewed. The use of alcohol and other drugs are broadly associated with popularity, sophistication, and being "cool".
- The use and abuse of alcohol and other drugs are commonly used as a condition for membership in social cliques, which are very important to adolescents and young adults.
- Considerable pressure, in the form of verbal cajoling, put-downs and even physical threats, are often brought to bear on social "deviants" -those who resist conforming to the norm- in social settings such as parties, schools and other activities.

The following remarks from young people were typical regarding peer pressure:

"Probably if they're sittin around and seein' everybody doin' it...seein that they're havin' fun while doin' it, you might decide you want to try it."

"But when you're around it, it's hard not to use it. You want to look good, especially with the cool crowd. It's really hard."

"Because if they don't do it, friends will tell them they're punks and a nobody."

"Come on, it's cool...come on, be down. If you don't, you won't be a part of us."

"Friends will sit there. "Come on, just try it. It's real good for you. It makes you feel real high. It makes you in a good mood."

Young people are strongly influenced by peer pressure to drink and use drugs. In each of the five cultures, youth described examples of peer pressure that vary in form and intensity, but are remarkably similar across the cultures. A Hispanic youth, (8-1), explaining why he started using drugs, said, "It was part of the environment. Everybody was doing it. It was acceptable behavior, something that was expected".

Eighty percent of those interviewed responded affirmatively to the question, "Do kids who try to stay away from drugs and alcohol get pressured by their friends to try them?" This figure is roughly comparable to the 74% of those interviewed between the ages of 12 and 28 who have tried or are using alcohol or illegal drugs. Indeed, if use patterns for Southeast Asian youth, which at 35% are much lower than the other four cultural groups, are separated out from the others, the frequency of alcohol and other drug use rises to 80%.

Some forms of peer pressure, such as making substance use a criterion for membership in in-groups, or employing alcohol and other drug use as a condition for personal relationships, show a remarkable uniformity across the five cultural groups. Although the actual substance use experiences of Southeast Asian youth are significantly lower than those of the other cultural groups, these youth nonetheless described a range of pressures to experiment with and use drugs. Responses elicited from youth point to a connection between peer pressure and substance use and abuse.

However, it is not possible to show a strong causal link between peer pressure and individual use, much less to show peer pressure as determining substance abuse. Our interview framed the question about peer pressure in a general way. We did not specifically ask our interviewees to tell us if they had personally encountered peer pressure. Nonetheless, most interpreted the question as applicable to their own experience.

Perhaps more interesting is the fact that there is not a distinguishable difference between user and non-user populations in terms of reporting peer pressure. If we divide up our sample between the group reporting the existence of peer pressure and the group that did not think it was present, the ratio of use to non-use is exactly the same. In the peer pressure group, 74% tried alcohol or drugs at some time and 26% did not. Precisely the same ratio obtained among the group who reported no peer pressure. Also, the group reporting the lowest incidence of substance use (Southeast Asians) had one of the highest rates of acknowledging peer pressure. Peer pressure is neither a necessary nor a sufficient condition for substance abuse.

The main significance of the level of peer pressure we have documented in this study is that it indicates that alcohol and drug-consuming behavior is a social norm for the young starting in adolescence. The very fact that we obtained so many open and honest admissions about using substances that are illegal and have criminal penalties attached to them is an indication that in spite of the illegality, the behavior in question is socially acceptable.

Examples of peer group pressure elicited from youth during interviews will be discussed below for each culture group. Following, commonalities in responses that run through these groups will be identified and analyzed.

African Americans

Among African-American youth interviewed, references to friends influencing and pressuring for alcohol and other drug use emerged as the most mentioned response. References to friends and substance use were mentioned twenty-four (24) times by those interviewed. Examples of this response include the following:

- √ "I was with my friends. I just bought it from one of them. I was just getting high." (4-20)
- √ "A couple of friends would pull out a joint and smoke it." (5-8)
- √ "Friends will ask you if you want to try something. They ask you if you want to try it a few times." (6-7)
- √ "He said, 'It isn't going to hurt you'. He talked me into it." (6-20)

References to the effect that "everyone is doing it" or "the crowd is doing it" made up the second most mentioned verbal pressure to use substances. Phrases comprising this particular category were mentioned seven (7) times. Examples are:

- √ "Probably if they're sittin' around and seein' everybody doin' it...seeing that they're havin' fun while doin' it, you might decide you want to try it." (7-1)
- √ "Well, if the crowd is doin' it, you don't want to be alone." (0-6)
- √ "To be with the crowd. That was the only thing that was happenin' in the community, man. I got with it." (6-30)
- √ "Let's smoke a joint, you know, they probably want to be with the crowd, you know, and go ahead and do it." (6-14)

Following this category of remarks, references to being put down and/or derided for not trying or using substances comprised the most often mentioned pressure. Direct put-downs were mentioned six (6) times in these interview responses.

- √ "Because if they don't do it, friends will tell them they're punks and a nobody." (5-3)
- √ "If you don't do it, they'll try to have people jump you or try to steal from your parents or something." (3-11)
- √ "They put them down, make them feel like they're low...they make them feel like nobody." (0-4)

Another set of responses indicating peer pressure to use substances involves an immediate form of verbal pressure at the time drugs and alcohol are being used. This type of response set was mentioned five (5) times among African American youth. Examples of this immediate verbal intimidation include:

- √ "They will ask you; you say 'No'. They will just keep saying, 'Come on, come on, come on'.... They will pressure you into a corner, where either you take it or you say 'No', -and really, really strong." (3 - 3)
- √ "They'll show it to you. If you say 'No', it's like, 'Come on, come on. Everybody does it. Try something once. Take a hit', or something." (4 - 20)
- √ "Like, if you're sitting in a room and they are sitting around drinking beer and stuff, they will probably say, 'You want to hit this joint?' And you will say 'No'. And they will say 'Go on and hit it, ain't nothing wrong with it. Go on and hit it'." (6-29)

Other evidence of peer pressure includes references to fears of being left out of group activities or of being left alone. This category of response was mentioned two times (2) during the interviews:

- √ "Then you have no friends and you feel left out." (0-4)

Another response set that emerged from the interviews includes comments about popularity and peer pressure. Comments such as these were also mentioned two (2) times.

- √ "Man, it [substance use] make you popular around the school." (0-5)
- √ "It's like pressuring you to be in the in-crowd...So it's more or less about being popular." (6-1)

Other responses included references to competing to be the coolest, friends saying that drugs are good, and that if you are around people who use, you will use.

Hispanics

Among Hispanic youth, the most often mentioned examples of peer pressure involved the role of friends in introducing and pressuring individuals to use drugs or alcohol. This form of peer pressure was described twenty-seven (27) times, far more than other forms. Following are examples of this type of response:

- √ "The pressure works like this: a friend...wants you to try drugs and you don't want him to think you're a wimp. So you start doing it." (4-13)
- √ "For people who want to have friends...people say...'join our gang' or 'smoke this dope; you can hang with us and be a part of this group'." (8 - 19)
- √ "When I first started I did it because friends did it." (8-4)
- √ "Friends force you to use drugs, and you believe your friends." (9-1)
- √ "Friends always bought them for me and we would get high together." (8 - 23)

References to immediate verbal pressure to use alcohol and other drugs made up the second most mentioned category of responses elicited from Hispanic youth. This category of responses was mentioned eighteen (18) times. Examples of these include:

- √ "Come on , it's cool...Come on, be down. If you don't, you won't be a part of us." (8-23)
- √ "They say, 'Come on, come on, be down, be down'. They say, 'It's fun. It won't hurt you the first time. It ain't hurting me. I'm still normal like you'." (8 - 2)
- √ "Come on, just try it. You won't get addicted once." (8 - 16)
- √ "Come on, get high with us. Let's party!" (8-11)
- √ "People say, 'It's not bad. It's not going to hurt you. Just try it'." (4 - 11)

Another common category of responses mentioned by Hispanic youth regarding peer pressure to use substances involved references to belonging to an in-group or "cool group" and wanting to fit in. Responses in this category were described eleven (11) times. Examples include:

- √ "The way it works is at my school, if you don't do drugs, you're not in the so-called 'cool group'. And nobody wants to be a nerd, right?" (9-5)
- √ "But when you're around it, it's hard not to use it. You want to look good, especially with the cool crowd. It's really hard." (4-1)
- √ "It's more or less the group you hang out with." (6-2)
- √ "My friends all used to drink a lot...I would fit right in, or tried to fit in." (4-1)

Verbal put-downs and intimidation also were mentioned as forms of peer pressure by those youth interviewed. This type of pressure was described four (4) times by interviewees:

- √ "They say, 'You don't drink, you don't do drugs, you are a boring person'. Then they don't want to hang around with you." (9-2)
- √ "I'll say, 'I don't want to screw up my life'...Then they'll say, 'Yeah, you're a pussy'." (4-14)
- √ "You're a wimp, you're a wimp, you don't want to take it. If you don't take it, you're not going to hang with us'." (3-6)

Other related responses that emerged from the interviews included references to being cool and to wanting to fit in. Some mention substance use is expected behavior.

Native Americans

Native American youth also described the influence of friends most often when discussing peer pressure to use drugs and alcohol. While the social context varied, the influence of friends nonetheless emerged as a dominant force in moving young Native Americans to use drugs and alcohol. Examples of this category of response follow:

- √ "Like, they say, 'Oh, come on, please do it. You know, you're my friend. It's cool'. They talk you into it." (0-19)
- √ "Friends, -I was just experimenting, I wanted to see how, to try it, and after a while I got very addicted. Mostly it was with friends." (0-1)
- √ "My friends already had it. Some of my friends are dealers. Just all of us together, we were sitting at a house and they already had it out." (0-10)
- √ "Well, because your friends are doing it, so you have to do it." (2-10)
- √ "Friends are pressure. You do what they do. 'If you want to be my friend you should do like me'. So they put friendship on the line." (2-9)

The second most mentioned class of responses included those which referred to being "cool" or being "in" regarding drug and alcohol use. Being "cool" or being "in" appeared four (4) times during interviews with Native American youth. These responses included such statements as:

- √ "When I was going to school, that seemed like the cool thing to do, you know, everybody used to do it." (0-3)
- √ "Well, because your friends are doing it , so you have to do it. Because you're not going to be cool, you're not going to be in the 'in' crowd or something." (2-10)

Another response category that emerged from the interviews involved references to verbal put-downs and name calling as a form of peer pressure to use drugs and alcohol. This form of pressure parallels both African American and Hispanic experiences. This category of response was described four (4) times during interviews. Examples of these include:

- √ "If you didn't want to do what we wanted, or if you weren't part of the group...we'd call him a pussy, punk, baby, --that type of deal." (0-23)
- √ "They're always asking them, 'Do you want any?' 'What are you afraid of?' 'Can't you handle it?'" (0-11)
- √ "Their friends start making fun of them, call them names....You can hear them yelling at them or sweating them out of their house, because they don't want to do drugs with them....They call them chicken." (0-21)

Other forms of peer pressure described by Native American youth in the course of the interviews included pressure from a boyfriend or girlfriend, wanting to fit in, and being told most people in the community used something.

Whites

As with the other cultural groups, pressure from their friends to try or to use alcohol and other drugs emerged as a major factor in the experience of White youth. Responses citing friends as exerting pressure to use substances was mentioned eighteen (18) times in interviews with white youth. Examples of these include:

- √ "You are friends with them and they want you to do it and you say, 'No' and they will say, 'Come on, you're my friend, aren't you?'" (5-13)
- √ "We were at a friend's house for a party and they said, 'I've got some weed. You want to try it?' And we did." (3-19)
- √ "Friends influenced me the most to use drugs." (8-18)
- √ "I have friends who do drugs, but I kind of think about my future." (3-18)

Immediate verbal pressure to use substances in situations where alcohol and drugs are being consumed comprised the second most described category of responses among white youth interviewed. Typically, this kind of pressure involved the attempt of peers to convince individuals to use or try alcohol or other drugs in a specific setting, such as a party. This type of peer pressure was mentioned twelve (12) times. Examples include the following:

- √ "Friends will sit there. 'Come on, just try it. It's real good for you. It makes you feel real high. It makes you in a good mood'." (4-27)
- √ "Maybe a kid will ask them if they want to do drugs. If they say, 'No', most of the time everybody will jump on them, asking them and nagging them until they do." (6-36)
- √ "Well, they go to parties. If there's drugs there and people say stuff like, 'Come on, just try it, try a hit, just one'...." (4-18)
- √ "They take you to a party. Then they want you to drink or smoke weed." (5-11)

References to using substances to fit in with others or to belong to an in-group also emerged in the course of the interviews. Following are examples of this type peer pressure:

- √ "They're told they won't fit in and can't hang around with them if they don't try them." (3-20)
- √ "They got to do it to fit into the group. If they don't do it, they won't fit into the group." (4-26)
- √ "If you want to be part of the group, they're going to say, 'you have to take this!'...If you really want to get into the group, you'll do it." (4-27)

Put-downs and name calling made up the third most mentioned category of verbal peer pressure among white youth interviewed. This type of response was mentioned three (3) times in the interviews. Following are examples of this form of pressure:

- √ "Come on, you wimp. Don't be a wimp'. They call you names and stuff." (10-1)
- √ "They say, 'Don't be a baby'." (3-19)

Southeast Asians

Southeast Asian youth, like each of the other cultural groups, mentioned the influence of friends more often than any other factor when discussing peer pressure to use alcohol and other drugs. While substance use patterns for this group stand in marked contrast to those of the other cultural groups, the experience of peer pressure remains consistent with these other groups. Southeast Asian youth mentioned the role of friends in pressing for substance use twenty-two (22) times during the course of the interviews. Examples of these references include the following:

- √ "Their friends press them too hard by telling them to take drugs, or else don't be their friend." (2-13)
- √ "Being around friend sometimes got pressure...I can do things that others can...if they can get high, I can get high." (2-1)
- √ "When you are with your friends, what they do, you will most likely do with them." (2-5)
- √ "I want to have fun with my friends. They insist I can handle it [drugs]." (2-5)
- √ "Through friends. If most of my friends is drinking, sooner or later I will drink along with them too or lose my friends." (1-2)

Following references to friends, Southeast Asian youth cited wanting to belong to "cool" groups or in-groups that use substances as pressure to use alcohol or other drugs. References to this category of peer pressure were described six (6) times during the interviews. Following are examples of these kinds of responses:

- √ "If you want to be in a group, you must be doing things like them." (2-3)
- √ "The choice is to join in the group and worry about what might be happening soon after." (1-10)

A third category of responses elicited from Southeast Asian youth involved put-downs and name calling as a form of peer pressure towards substance use. This form of verbal pressure was mentioned four (4) times during the course of interviews. These comments include the following:

- √ "And if you don't do it as they say...they would call you a wimp." (1-8)
- √ "The individual doesn't want to be called a chicken and be ignored by friends." (1-10)

√ "You are a chicken if you can't do what I do." (2-14)

Summary

Peer pressure bearing on the use and abuse of alcohol and other drugs, while varying in both form and intensity, is a "given" in the experiences of youth from all five cultural groups. Furthermore, as informants' testimonies show, a remarkable uniformity is present in the range of responses given about the nature and extent of peer pressure. These responses may be grouped in the following categories:

- References to friends, especially pleasing friends and keeping friends (110 times);
- Verbal pressure in a specific setting, often a party (42 times);
- Put-downs and name calling for those declining to use (21 times);
- Price of admission to an in-group (29 times); and
- Effect of using said to be a pleasant and harmless experience (21 times).

The most visible pattern in the interview responses of youth from all cultural groups when they described peer pressure to drink and use drugs includes references to "friends," particularly that conforming to substance using behavior will result in their pleasing and keeping their friends. Youth cited friends when discussing substance use and abuse a total of 110 times during the course of the interviews. This was far more than any other response total and shows the importance of peers in maintaining and even shaping behavioral norms surrounding alcohol and other drug use among those interviewed. Using alcohol or drugs with a friend is made a condition or criterion for maintaining a personal friendship. The meaning of "friend" and "friendship" no doubt varies among those interviewed, but it is evident that many youth associate substance use and abuse with social interaction among their peers.

Evidence of peer group pressure can also be seen in the numerous examples given of strong, immediate verbal pressure to try or to use substances in specific settings. The social contexts of this type of pressure often were recreational ones, such as a party, in which alcohol or other drugs were being used. The words "come on, come on" echo repeatedly from the interviews as youth from each cultural group confronted strong pressure from their peers to use various substances in a variety of settings. Most of these examples involved a kind of cajoling and reassurance, -"come on, just try it, it's real good for you" and "come on, take a hit. It ain't gonna hurt you"- while others were more negative in tone and intensity. This form of context-specific and very immediate verbal pressure was cited by youth in each of the five cultural groups for a total of 42 instances. Hispanic and White youth reported on this form of peer pressure more often than the other groups, while Native Americans cited this type of pressure less often. Both of these forms of peer pressure, -the appeal to friendship and the verbal inducements when friends and associates gather- together signify tangible, formidable, and, for many youngsters, almost irresistible pressure to use, and at times abuse, chemical substances.

Verbal put-downs aimed at forcing substance use, while part of a wider language of pressure, were mentioned enough by youth to warrant special consideration. This

type of peer pressure was mentioned by individuals in each of the five cultural groups. References to verbal put-downs were cited a total of 21 times during the course of the interviews. According to youth interviewed, name calling and put-downs typically occurred after individuals resisted initial enticements to use. In this sense, this tactic represents an intensification of peer pressure in highly visible social settings where one's reputation is being assessed on the spot. The label "wimp" or "chicken" is out there to be affixed to non-conformist abstainers.

The strong influence of peer pressure is also supported by references about using and abusing alcohol or drugs in order to be to be accepted into in-groups. Substance use, in effect, is the "price of admission" into the in-group or the "cool" group. Use of alcohol or drugs is treated as a "rite of passage" into the group. A youth who wants to be part of the in-group, to fit in, or to be popular, must take the plunge and drink, smoke weed, or consume other drugs. Social acceptance is the powerful motive at work here. References to using substances to fit into a specific clique form a common thread that runs through each of the five cultural groups. These references illustrate concretely the normative force of using and abusing behavior and the conformity expected of youth in order to be accepted into specific cliques comprised of their peers. At the level of neighborhoods and schools, the in-groups wield a strong influence over youth by creating and maintaining behavioral norms to which youth subscribe. Youth cited alcohol and other drug use in conjunction with membership in defined social groups a total of 29 times during the interviews.

Finally, interwoven with all these forms of peer pressure is the promise that, whatever the substance use in question, the effects of using will be pleasurable and harmless. It is not only being with friends, being accepted by them, not wishing to be humiliated, and being part of an in-group that are the "hook," but the assurance that the experience will be fun and that there is no harm in it. The appeal to hedonism, in one version or another, appeared in 21 responses by the interviewees.

If the thesis presented here about the ubiquitous presence of peer pressure and the social norm status of heavy substance using behavior by youth seems exaggerated, this letter in the "Dear Abby" column of the Milwaukee Sentinel, January 13, 1992, should reinforce what we are saying for the reader. Unrelated to this study, a 16 year old girl in Junior High School wrote:

"...The other day, some girls were talking about a party they were going to.... They started talking about the alcohol they drank and the drugs they took and what they wanted to try. Abbey, I never drank any alcohol or did any drugs.... I just never wanted to, so I have avoided going to parties where the kids do. Now I'm afraid of someone asking, 'What drugs have you taken?' And, 'Have you ever been drunk?' These are the subjects the kids talk about. It seems like everyone drinks or does some drugs. What should I say when someone asks me if I ever drank or tried drugs? I'm afraid to tell them the truth."

As stated earlier in the report, other factors, many of them related to a youth's family life, appear to weigh heavily in determining how far an individual goes beyond the gateway of experimentation or occasional, recreational use, toward establishing substance abusing behavior. It certainly does not help that everywhere young people turn they find drugs and alcohol easily available and socially acceptable. Ultimately, peer pressure among youth has to be seen in connection with the adult world. When adolescents and teens exert pressure on their peers, or respond to pressure from their peers, they are only doing what they see their elders around them doing.

Chapter IV

The Power of the Family

Introduction

The parents and relatives of youth in each of the cultural groups studied attempted to deter their offspring and younger family members from abuse of alcohol and drugs. Eighty-two percent of those interviewed reported they received a verbal warning during their childhood, adolescence or teenage years. Quite commonly, multiple warnings came from several concerned family members and/or were repeated. However, warnings do not make a tangible difference in deterring substance abuse. What does seem to make a difference is whether parents or guardians model the behavior they praise or present behaviors they warn against.

There is considerable similarity in the content of the warnings across the various cultural groups. Young people are told about the bad effects of consuming alcohol and drugs, are given negative examples of abusers they should not imitate, (often within the family), are admonished for hanging out with the wrong crowd, are threatened if they transgress, and are told to stay away from drugs if they want to have a future in life.

Verbal warnings in the Southeast Asian community resembled those in other communities, but substance use among Laotian and Hmong youth is much lower than it is in the general population. This is in part due to parents' avoidance of substance abuse problems. The contrast between the low rate of substance use among young people in the Southeast Asian cultural groups and the higher substance use and abuse rates of other groups is paralleled by a difference in family patterns, namely, a marked lack of an AODA history in the Southeast Asian families.

Warnings Don't Work

Eighty-two percent of young people interviewed said that their parents or other family members had warned them against alcohol and drug use. As described in Chapter I, half of those warned by family members identified themselves as users and abusers while half said they were non-users. Regarding alcohol, 70% of young people who reported being warned said they were users and abusers. The warnings fell into the following categories:

- Young people are told alcohol and drugs are bad, have bad effects, and they should stay away from them.
- They are given a negative example of an abuser they should not imitate.
- They are threatened with punishment if they are found to be using.
- They are admonished not to hang out with the wrong crowd.
- They are told that alcohol and drug use will threaten or destroy their future.

The following warning delivered by a grandmother when the respondent was 11 years old includes most of these elements:

"She said you shouldn't take drugs 'cause it could mess up your life. 'Cause I have an uncle that's in prison and stuff from taking drugs and killing somebody. So she just told me not to do that or I was going to end up like him...My mother said if I she ever catches me taking any drugs she will put me in a home for boys."

But warnings from parents and family members don't seem to work. Users and non-users reported the same frequency and type of anti-alcohol and drug warnings from parents and family members. Young people remembered the warnings. Yet the warnings did not alter later behavior.

We found that parent or family example spoke louder than words. That is, the example of family alcohol and drug use and especially abuse was an important dimension of youth alcohol and drug use and abuse.

The examples below will illustrate the most typical verbal warnings of parents and others to their children or young relatives. The age at which the respondent recalled first being warned is in parenthesis after the person or persons who gave the warning.

Hispanics

- √ **Mom (at age 11)** "She said not to use drugs cause they are bad for you and I might get addicted, and I could get brain damage and stuff like that." (3-5)
- √ **Grandmother (at age 11)** "She said you shouldn't take drugs cause it could mess up your life. 'Cause I have an uncle that's in prison and stuff from taking drugs and killing somebody. So she just told me not to do that or I was going to end up like him.... My mother said if I ever, if she ever catches me taking any drugs she will put me in a home for boys." (3-6)
- √ **Mom and dad (at age 11)** "They told me not to do it because it would affect me in my education and I wouldn't be able to finish school. If I would start doing it I would get addicted." (4-11)

White youth interviewed received similar warnings. Being warned does not make a child immune from drug or alcohol involvement. In the following examples, only the first respondent reported absolutely no use of alcohol or drugs.

Whites

- √ **Grandma (at age 14)** "She just told me they were not good for you, and that if you took them that you could never be whatever you wanted in life. I always wanted to get real high in life.... I have been offered smoke, but the smell of it just makes me sick. My parents said that if I ever wanted a drink to do it at home, because I am driving now." (4-6)
- Mom and dad (at age 10 or 11)** "They said if they ever caught me they'd kill me. They'd say it's not going to get you anywhere.... They are on the 'Don't ever use drugs kick'. ...But they're not direct about it. They don't ever say, 'Now, [name deleted], quit getting high'." (4-9)

- √ **"My uncle warned me when I was about 10. I watched him mess up all the time and he used to say, 'You want to end up like me? Watch me mess up'." [Respondent related strong family involvement in drugs and alcohol. His aunt, uncle, and sister introduced him to various substances and used them with him.] (3-16)**

As mentioned above, warnings did not make a difference in alcohol and drug use among young people interviewed. In our entire sample, of those who used alcohol or drugs, 81% reported receiving a warning, while among those who said they did not use any substance, a warning was received in 88% of the cases.

African Americans

In the African American sample, there is a concerted family effort to prevent and/or intervene in drug or alcohol abuse. The youth's mother is generally the most active, verbally and emotionally, in delivering warning messages. She is often joined by other women family members and sometimes the child's father or other men, like an uncle or grandfather. Black youth frequently get the anti-drug message reinforced with several family members participating and trying a wide variety of strategies. In spite of that, 60% admitted to using marijuana and 28.1 % said they had used cocaine in this group, N=57.

- √ **Aunt (at age 12) "She says if we smoke weed it would kill your brain cells. If you drink liquor it would mess up your liver. She said if you use cocaine it would mess your whole body up.... My sister, she told me not to do it. If I was out there with my friends, she saw they smoke it and she would say 'Don't do it around my little brother.' But I would sneak out there when she would leave."
(On other relatives who helped raise him) "My auntie, she made sure I went to school, that I dress nice and ate, was well taken care of."
[Respondent arrested twice for marijuana, sent to Corrections.] (6-33)**
- √ **Mother (currently) "She would threaten me that I was going to jail, or something would happen, something like that." [Respondent went for inpatient treatment on his own and family was supportive. Mother especially was supportive when he was busted for cocaine once and spent a year and two months at the correctional institution at Wales.] (6-27)**
- √ **Aunts (at age 13 or 14) "They would tell me that it wasn't good for my health, and if I am not using it, keep on not using it, and if I am, stop." (6-19)**

The warnings young people in the Black community receive often deal with hanging out with the wrong crowd. Children are encouraged to resist the peer pressure to become involved with drugs or alcohol. They are often invited to go to the parent or relative and talk about problems to deter involvement.

- √ **Parents (at age 8) "They said they didn't want me hanging around people that did drugs, but if I did get addicted to it, or if there were ever a problem, to talk to them about it. If it would get in my system, I would end up dead or something.... [His mother shows disapproval at his occasional**

use of alcohol by cutting his allowance], "and she says she will pray for me because she doesn't want me to get into a habit, an alcoholic."

- ✓ **Mother and family (at age 12)** "You are hanging around the wrong crowd. I don't want to hear about you doing the thing they are doing. I been smelling certain things on your breath and I don't want to smell it no more.' I have had conversation with different members of my family that turn around and say that they disapprove of something that I might have done because I was under the influence of something. I can say my mother has brought that to my attention a number of times." (6-17)
- ✓ **Mother ("all through life")** "Don't get involved with drugs. Watch out for kids who try to get you to use drugs, and if they try to get you to use drugs, they're not your friends."
Also, sister. "Cause I asked her, had she ever tried it, and she said, 'No'. She asked me, had I ever tried it before, and I said, 'Yeah'. And she was like, 'Why you do that? I should tell on you'. I said, 'Don't tell. I only tried it once'. She said, 'Don't do that. That stuff can mess up your brain'."
- ✓ **Mother (at age 11)** "That they were not good for you and could be hazardous to your health.... She tried her best to keep me away from it. She saw that I was hanging with the wrong friends. She tried to convince me that they were not the right crowd of people to be with." [On seeking treatment for marijuana use] "I didn't follow through on it, because I didn't need it. It was like my mother had enrolled me there, because she figured that I had a problem. But when I got in there they discharged me right away, because my urine samples and all that were clean." (6-1)

Young people readily see through the hypocrisy of grown ups. When adults fail to practice what they preach, youth learn to do what their elders do, not what they say. The informants quoted below attest to this truth.

- ✓ **Mother (at age 16)** "My momma said you shouldn't do drugs and this and that, but then she's going out and getting high....My father, he used to tell me, 'I don't want you getting high on the street. I don't want you doing this; I don't want you doing that'. Well, what happens? He comes and gets his paycheck, drops a couple of funds, then he's out to blow higher than a motherf____, talking s____ to me for no damn reason."
- ✓ **Father and other family members (from age 5)** "But it didn't mean anything 'cause they did it too.... All of 'em. They were like, hypocrites, 'cause they did it too, you know, in front of me. They'll tell me not to do it. I'm watching them. I know everything they was doing. I know how to do it, but I wouldn't do it. He'd say, 'Don't you do this'. I used to laugh at him. I used to sit up and watch him and his friends."
(On other relatives who helped raise her) Grandmother. "Mostly it was my father's mother who raised me. She bought most of my school clothes and she helped me most of the time.... I wasn't happy 'cause he was an alcoholic and my mother used to tell him what to do and he would hit on her and they'd both hit on me. I'm glad to be out of there now."(6-5)

Admonitions not to be like substance abusers in the family are used.

- √ **Aunt, grandmother and uncle (at age 9)** "Well, you see what your mother's doing. You don't want to be like her. You see how it's affected her. Just disregard her and go on with your own life."
(On other relatives who helped raise her) Cousins, aunts, and grandmother. "If it wasn't for them I'd probably be just like my mama right about now." (7-2)
- √ **Mother and father (at age 11)** "Because my father used to drink, my mother used to tell me, 'See how he is when he drinks'. She would say, 'I don't never want to see you drink'. She used to tell me like that." (6-32)

Native Americans

In the Native American community, as in African American community, there are many extended families. Grandparents in particular, play an important role. A 21 year old White Earth Chippewa (0-11) related that throughout his life his grandmother warned him not to use drugs. "She tried to keep us away from it; she's pretty spiritual," he said. "She didn't want us to hang around with certain people." In response to a question about other relatives who helped raise him, this respondent spoke of his grandmother. "She was more of a mother figure. She did everything a mother is supposed to do. She cared, she cooked, cleaned."

Fifty percent of the Native American sample reported that grandparents helped raise them. This is in contrast with the overall average of 30%. Only 14% of the Native American sample reported that no one in an extended family helped, as opposed to an overall average of 39%. Moreover, grandparents often played an active role in parenting children.

A great deal of alcohol abuse was uncovered in the family histories of young Native Americans, exceeding that of the other groups in this study. Nearly two-thirds, (64%) of the young Indians interviewed in this study said there was someone at home or very close in the family who was an alcoholic when they were growing up. Consequently, in prevention and intervention efforts, a large proportion of the warnings referred to the negative example of an abuser of alcohol in the family. Sometimes, the same person who served as the negative example gave the warning to prevent or stop substance abuse.

In a few instances, the youth and a parent formed an inter-generational pair of recovering alcoholics, were recovering together, and were giving one another mutual support. An 18 year old full-blood Oneida man with an extensive substance abuse, treatment and arrest history, said of his mother, "...We're both recovering, and she always asks me if I'm going to my meetings. Or if I need somebody to talk to, she's there, and stuff like that. She says if I use again, I'll get the boot". (0-15)

Native American youth were quite open about family AODA interactions and collectively told more stories, elaborated with more details, than youth in the other groups. The reasons for the relatively greater wealth of information we obtained from Indian respondents are the skill of the Native American interviewer in drawing people out, the traditional prominence of story-telling within the culture and, unfortunately, the high level of family AODA problems. The examples below illustrate the centrality of dealing with substance abuse as an issue for Native American families. They also highlight the active role of the extended family, particularly that of the grandmother and the figure of the mother as the more approachable or sympathetic of both parents.

- √ **Mother (at age 6)** "My mother warned me, because other family members were having problems with alcoholism. I could see it and that's when my mom started talking to me.... I don't abuse it, so there is no strong disapproval.... I just want to say that I was lucky to grow up seeing relatives get drunk in the kitchen. Because of that I saw the effects of alcohol abuse. So I just didn't have my mom telling me, 'Don't do this', and I could see why. Often times your parents say, 'Don't do this and don't do that', but you feel you got to do it to see what it's like. I didn't have to do it to know what it was like, because I could already see it." (0-2)
- √ **Mother (at age 12 or 13)** "Because my uncle died of it and my other uncle uses it.... She told me what it would do to me and she just gave me the consequences and ...instead of doing that what else I could do.... My mom talks to me about it a lot. My dad and I don't really talk that much, but he said he doesn't ever want to catch me. My mom said if I ever have problems, to come to her instead of going to that." (0-13)
- √ **Mother and grandparents (from age 5)** "My mom, through talking, getting an attitude or expressing herself that way. Ultimately it is my decision, but we live in the same house. If I ever drank I can't come home drunk. Even with that I don't have any money to drink anyway. But if I get money, it's a fifty-fifty chance I'll either drink or other stuff. Right now I'll put gas in the car, pay bills, or whatever. And then whatever is left over I'll go get a beer."
(On other relatives who helped raise him) Grandparents. "They took care of me when mom was drinking, brought me to pow-wows.... We'd go there for dinner. We were always going there for dinner." (0-23)
- √ **Grandmother and mother (at age 12)** "My grandmother talked to all of us separately about it. She didn't want us to do it, because it wasn't good and stressed how it was not good for you. It was bad. She had my baby brother promise that he wouldn't drink. He remembers that since he was five years old....After my mom stopped drinking, I got caught drinking. She said, 'If you start drinking, then I might as well start drinking too', and I didn't want her to drink."
(Most proud of in family) "That both my parents stopped drinking."
(0-9)
- √ **Mother, father and grandmother (at age 11)** "My grandma did because she was a drug and alcohol counselor at County Hospital. So I found out early. They told us if they ever found pot or drinking, they would call the cops on us. That's how my mom and dad were.... My mother complains to me constantly because I have alcoholics in my family on both sides, and she doesn't like that. Now that I go out every now and then, she accepts it because she knows... if I see everybody I'm with drinking, I'll cut myself off so I can drive."
- √ **Mother and grandfather (at age 13 or 14)** "They didn't want me touching alcohol until I'm old enough to handle alcohol. My grandfather voiced his opinion because of his own use, and warned us about it by talking about his own life."

(On other relatives who helped raise her) Grandmother and grandfather. "I stayed with them until mother got situated. Grandpa was like a father. He would tell us when we're doing wrong."

(Against substance use) Mother. "It took her a long time to accept it. She didn't think we were responsible enough.... After she found out, she didn't approve of it. And then gradually, after I graduated, she approved. It was all right with her as long as I didn't drive. If I had someone responsible looking out for me, like my sister usually would go with me.... My mother used to limit us to what we could get, and for my graduation she bought me just like a half barrel from a liquor store and put it on ice. And after she would wait until my grandfather and all my relatives had left so that they wouldn't be upset by it." (0-12)

Southeast Asians

Young people in the Southeast Asian community presented contrasts to the other four groups in some important ways. Most reported being warned about alcohol and drugs, although a somewhat smaller percentage did so than in the other groups. The average age at which children received a warning from their family was between 10 and 11 years old. In the Southeast Asian community, it was between 13 and 14 years of age.

Southeast Asian youth did not report warnings based on negative examples of use and abuse in the family. Although two-thirds of this predominantly immigrant population did report contact with extended family members who helped in raising them, there was little mention of family alcohol or drug problems. This may be the result of an actual lower incidence of family substance abuse or the reluctance of Southeast Asian families to articulate family problems to outsiders.

- √ **Parents and close cousin,** "They told me drugs are bad for my health physically and mentally. They warned me quite often that if I used drugs I will be expelled from home." (2-5)
- √ **Parents and uncle.** "If my friends present it, they tell me we have to walk away from it and not try it. Don't even think about it." (2-14)
- √ **Aunt, uncle, and parents (at age 6 or 7)** "Drugs are very bad and will kill you. When you're addicted you almost can't get out'.... My parents don't want to see me drink in the house, even smoking." (2-2)
- √ **Parents (every day still)** "By talking and explaining what is good, bad, and how it affects our future." (1-4)
- √ **Parents, good friends, and church members (at age 17)** "I just go out to party. They warned me that be careful. People took advantage of you. They will try to ... entice you to make you drink with them." (2-15)

Other responses from Southeast Asian respondents include: A Hmong woman (1-5) who was not warned, and who stayed away from alcohol and drugs, said, "I kind of know it myself". A Laotian male (1-13) who said, "None of my family does drugs or alcohol", recalled the warning about using drugs by his brother when he was 17 years old. His brother said, "If you do, I will beat you up". The words of a mother, as reported by her 20

year old Hmong son (1-2), are revealing about the norms of the surrounding society. "She told me not to do things like what she seen on television, heard from other people."

According to our respondents, the lower use of alcohol and drugs in the Southeast Asian community is considerable. Following are observed differences between this cultural group and others in the study:

- **Low use.** Far fewer young people had experience with drugs or alcohol than was the norm for the other groups.
- **Very low abuse.** There was hardly any reference to substance abuse among those interviewed.
- **Less lethal substances.** Marijuana was the only illegal substance reported and that was used by only one respondent. No respondents reported using cocaine or other hard drugs.
- **Drinking more moderate.** Alcohol appeared to be used only on social occasions and generally with moderation.
- **Higher age of first use.** The onset of use for alcohol occurred at the highest age of any of the five groups interviewed. It was 14 to 16 years old.
- **Fewer substance abusers in home.** Southeast Asian young people reported the lowest rate of having an alcoholic or drug abuser in the home or close in the family. There were no reports of being ashamed of someone or something in the family related to substance abuse.

There are strong cultural differences between the Asian-American sample and the others with regard to family organization and values. Some of these differences may translate into protective factors that make youthful substance abuse less likely. Family AODA history, family structure, values, and parenting styles are of fundamental importance. We will have more to say on the cultural differences, including what bearing they may have had on the selection of our sample, below.

It was clear from the discussion above on family warnings that something beside a verbal warning is influencing youth AODA patterns. If those warnings were taking effect, we would not have a rate of substance use almost as high as the rate of warnings, and a sizeable portion of the users doing exactly what their parents told them not to do. Every culture has provision for family occasions when a sociable or celebratory use for certain substances is sanctioned. Often such occasions are used to introduce children gradually to how to properly use accepted substances. These occasions fall outside of the prohibition of the warning. However, adults are not always able to limit use to these acceptable occasions. Typical things that occur to erode their authority are: a) their own behavior is contradicts their admonitions, b) children are bent on experimenting on their own anyway, and c) peer influences compete with and win out over parental instruction and guidance.

Family History-The Power of Example

Of the 194 young people interviewed, 55% reported that there had been either an alcohol abuser or drug user or both in their family now or when they were growing up.

Keeping in mind that this reflects youth' perceptions about their parents or other family members unconfirmed by a third party, this is still an impressive percentage. We also found if alcoholism or drug abuse is present in the family, a young person's chances of substance abuse was twice what it would be otherwise.

There were important differences by cultural group. Native Americans reported the highest incidence of alcoholism and drug abuse in their families. Almost all of the Native American youth interviewed (86%) said that there was an alcoholic or drug user in their family either now or when they were growing up. Among Hispanics, the figure was 56%, Whites-61%, African Americans-56%, and Southeast Asians-12%. Forty-three percent of Native American youth and 32% of White youth reported family member(s) with both alcoholism and drug use. There is reason to suspect that what constitutes alcoholism or drug use in any one family may, to some extent, may be bound up in social, cultural and community use norms. The data do not allow analysis of this possibility.

In the portion that follows, we will explore AODA history in the family and related issues such as respondents' substance use and abuse, their feelings toward family members who use, and interactions by family members related to youth substance abuse. Respondents were asked if anyone in their home is, or was, an alcoholic when they were growing up. They were asked to elaborate about arrest, treatment, or recovery in connection with alcoholism. The same questions were posed about drugs.

The recollections of parental alcohol and drug use are heartbreaking. A young Native American woman describes a family camping trip:

Basically, it was my father who was the alcoholic, he was a drug abuser and my mother left him when I was about seven. The reason why she left him was he beat her and he was starting to take his frustration out on us. She didn't mind. She cared she got hurt, but when we got hurt, it hurt her a lot. So the last time he promised to change, he took us camping. But as soon as we got on the road, he started drinking and by the time we got to the camp, he was pretty much wasted. He told us to go to the tent, and he started beating on my mom outside. Afterwards, he passed out and my mother came into the tent. She was barely walking and told us to get our stuff together and we were leaving and to be real quiet. I was the oldest, my brother was a baby yet, my little sister was bout five. My mother didn't know where she was and we walked through the woods and we kept walking all night, walking through swamps. We were walking through swamps this high. I had to carry my sister. My mom carried my brother. That was the worst night of my life."

There was description, explanation, shame and pride reflected in young people's stories about their families' experiences with alcohol and drug use. Family matters seem to be the most important to young people. Whatever the description of growing up, the family was clearly the reference point for these youth. Sadly, it was often the family which initially put a youth at risk of substance abuse in one or more of the following ways:

- A parent, sibling, uncle, or other close relative is a heavy user or substance abuser.
- An adult family member provides alcohol or drugs to a young person.
- An adult family member encourages frequent use of alcohol or drugs by the youth, often getting high together.

- Peers who are also siblings, cousins, aunts or uncles provide alcohol or drugs or are regular companions in substance use occasions.

A 19 year old African American youth was asked why he first started to use alcohol and drugs and he responded,

"...Because it was my environment. It was what was all around me. Was no other way around it. It was always around me at school. My aunties, you know, people who I deeply loved and looked up to and admired. They did it and I wanted to do it. If I would have been brought up to stay away from that--had a little bit more from my mother and my father to stay away from that kind of stuff. If I didn't see them do it, I probably wouldn't have did it. My mother's an occasional drinker. She might have a drink at one of her work parties or on her birthday. So it really wasn't coming from her. It was coming from my daddy."

Being introduced to alcohol and drug use by a family member was described by a 16 year old White male:

"My uncle got busted for driving drunk. When he went to De Paul (inpatient treatment facility) he asked my aunt to come get him. Then he had to go to jail for driving that bus. He came out. In a day, he started back up again. I started using pot through friends, alcohol through my family and cocaine through my uncle...I never drink alone. The first time I tried pot, it was alone. Cocaine I did with my uncle..One time my aunt bought a bag of weed and I asked her for some and she gave me some. Alcohol, like on New Year's, I told my uncle to buy some wine coolers and he bought them."

Asked who the greatest influence on his life was, the boy responded, *"My uncle because I'm around him too much."*

Young people most commonly described family alcoholism or drug use as involving a male relative, usually the father. Fathers' drinking or drug use and related behavior was frequently mentioned by those interviewed as the thing about their family that they were most ashamed of. Many mothers were also described as alcoholics or drug users, but were much more likely to function as the glue holding the family together.

The remainder of this chapter focuses on AODA-related family history and illustrates the risk factors cited above. The information is selected to capture some important aspects of family relationships that enter into the learning and decision-making process of young people concerning alcohol and drug abuse. Substance abuse within a family tends to pull the young members into the same destructive trajectory.

African Americans

- √ (Alcoholic in family) Yes. [Brother]
- (Drug problem in family) Yes. [Brother]
- (On substance abuse in his family) "At my cousin's house, he just asked me if I wanted to hit it with him. I said, 'Yeah', and I hit it. He gave me one and I started hitting it. So every time I go over to my cousin's house and he got some weed then I'll just smoke it with him.... The thing I did with cane, I was just showing off. My cousin went upstairs and...his girlfriend was down there and she was trying to hide it so I couldn't see it. And I said, 'What you doing?...You don't need to hide it. I've already sold some cane

before'. She said, 'You ever took some'? I said, 'No'. She said, 'And you're not going to start now'. Then I said, 'I don't want anything. I don't want no cane anyway. It messes up your brain'.... Then I think she said, 'It ain't messing up my 'brain', or something. Then she had left and spilled cocaine on the couch.... It was enough for you to get it on the glass or mirror and put it up on there and cut it. I just did it and I started. I don't know. I started acting all crazy... [Later] my head started looking all cooled, calmed down, and that's when I went home. And I didn't do cocaine after that no more....

"I saw my brothers and them always drinking. My brother always drink like people on TV drink. And I just tried beer when I was down south. My uncle let me drink a beer with him and I was drinking beer and I slowed down and I never drank no beer with my uncle, and that's it. A couple of years went by. I tried it again and I was drinking and drinking, like water. That's when I started drinking.... I only drink beer. I don't really think there's anything wrong with beer, only to a certain extent, when you drink too much and stuff starts happening as you drink too much beer.... Like my brother...he can drink beer...a lot of it...and he gets drunk, but you could never tell it. You can't never see it unless he starts acting crazy or something..." [Respondent has three brothers who use marijuana and drink and one brother who is an alcoholic.] "Most of my brothers say, 'Don't do it'." (0-7; 15 years old)

- √ (Alcoholic in family) Yes. [Mother and father]
(Drug problem in family) Yes. [Mother and father]
(Substances used by respondent) Alcohol, frequent; Marijuana, regular. "Every Friday I go buy me a dime bag." Cocaine.
(Substances obtained from) Friends and family members. Marijuana was introduced through family members. "First it was family members. But now it's friends."
(Influenced most to use) My cousin, 'cause when I was younger I used to wonder how it feels to get high or something. And I'd look at him, and he'd say, 'Yeah, it feels good, boy', and slap me or something. So I tried it, got f_____ up.... My cousin...was the first one that got me high. I was 10 and he was 17." (3-9; 17 years old)

- √ A 22 year old man (6-3:0) with a history of treatment for abusing a variety of drugs, who had recently gotten out of a correctional institution told the interviewer:

"I grew up in a drug and alcohol family. My mother died of an overdose of drugs when I was 10 years old. So I'm mostly living on my own lately, you know. It's just a rough neighborhood, man. It's rough in the ghetto, man."

In our sample, a non-using teen from an AODA family history was extremely rare. It was more common for a teen to report no significant family AODA history but still be using. Some examples give an indication of the range of experiences:

- √ (Alcoholic in family) No.
(Drug problem in family) No.
(Substances used by respondent) Alcohol [beer], occasional; Marijuana, occasional. [Respondent was arrested, jailed, and put on probation for possession of rock cocaine.]

(Most proud) "Love and sharing."

(Greatest influence) "My oldest brother. I look up to him. We get along real good. (6-4; 17 years old)

√

(Alcoholic in family) No.

(Drug problem in family) No.

(Substances used by respondent) Beer, occasional, "maybe every three months with friends. We used to do it after the game or something."

(Substances obtained from) "At the age of 17, I started drinking from my family members. I used to say when I got older I would drink with my brothers. They told me I didn't have to hide to drink."

(Most proud) "That I was blessed with a good family and good parents."

(Most ashamed) "I'm ashamed that I quit school at one time, but I was so ashamed because all my brothers and sisters had finished. That's why I'm returning."

(Greatest influence) "My parents, because they are always telling me about my education, about how being a Black person I won't get far and will struggle without an education." (5-3; 20 years old)

Whites

Similar patterns of family interaction and alcohol and drug use and abuse were uncovered among White youth interviewed. Alcohol and drug abuse among adult family members was often replicated by young people. In our sample, White respondents reported a high level of alcohol and drug problems in the home. Only Native Americans scored higher.

Nearly half of all White youth, or 45%, answered in the affirmative when asked about an alcoholic at home or close in the family. Forty-eight percent reported drug use within the family. This group also had the earliest average age of first introduction to alcohol. Youth reported that alcohol was often introduced to children in a family setting between the ages of 10 and 12. First use of alcohol among young people in the other cultural groups (except Southeast Asians) averaged between 12-13 years of age. Adult family members who presented abusive patterns of drugs and alcohol to adolescents or teens turned up in respondents' comments, but fortunately they are in the minority. Following are examples of these cases:

√

(Alcoholic in family) No.

(Drug problem in family) [Father] "Well, my father, he smokes weed and he smokes it quite a bit. I don't know if he ever got arrested for that or what. But I do remember when I was little, ..im talking about having to go see his p.o. [parole officer]"

(Substances used by respondent) Alcohol, frequent; Marijuana/hashish, cocaine, LSD, occasional; Speed, tried once.

(On being warned) [Father] "He would say like he didn't want me smoking. He feels like I would be a whole different better person if I didn't smoke weed."

(Most proud) "Being well off."

(Most ashamed) "How my mother acts when shopping."

(Greatest influence) "My father, because like when he talks I listen to what he has to say, but if someone else talks I don't listen."

(6-34; 17 years old)

√

(Alcoholic in family) Yes. [Sibling, arrested, treatment]

(Drug problem in family) Yes. [Sibling, cocaine addiction, treatment, moved out of house, still using]
(Substances used by respondent) Alcohol, frequent, "all weekend"; Marijuana, frequent, "every day"; and pills. [His brothers and friends supplied alcohol and drugs to respondent and got high with him.]
(Most against using) [Sister] "But later on she just got used to it. She couldn't really say too much as she did it too when she was younger."
(Most proud) "Our family is still together. My parents are married over 30 years." (8-18; 18 years old)

√ (Alcoholic in family) Yes. "My father, I put him through treatment. When I went in he went with me. I made him go in.... He stopped smoking and everything."
(Drug problem in family) Yes. "My dad used to drink and smoke weed on occasion. He only got treatment when I went in, but he never got busted. He went in 'cause he noticed I caught it off him and he felt bad about it."
(Substances used by respondent) Alcohol and Marijuana; contradictory claims about frequency of use. Alcohol obtained from family member, usually brother; Marijuana, friends; Cocaine, "At a party for one of my brother's friends that died."
(Most against use) "Mom. She put me in lockup in DePaul Treatment Center.... My parents took me in for drinking."
(Most proud) "The way me and my mom stick together during hard times."
(Most ashamed) "My brother. He's into white supremacy. He hates everybody but the white race, and if they don't act white, he still don't like them. And he drinks and he gets drunk.... My parents should have gotten rid of my brother. He was a very bad influence."
(Greatest influence) "My dad, 'cause I thought he was the greatest. I'd do anything he'd do. So I did. That's what I ended up doing."
(3-15; 16 years old)

The 20 year old daughter of a recovering alcoholic quoted below was arrested and charged with possession of drugs with intent to deliver. She was made to seek treatment.

√ (Alcoholic in family) Yes. [Father, arrested, recovering]
(Drug problem in family) Yes. [Foster kids, busted, treatment, recovering]
(Substances used by respondent) Alcohol, frequent, "I get high pretty much every day. I drink every night unless I've really partied the night before. I'd be too hung over.... Marijuana, hashish, cocaine, codeine, speed, liquid rush, downers, LSD, mushrooms, "I do a lot of coke. I'll do coke maybe three times a week. It depends how much money I have or what my friends have...I get high every day.... I trip every week.... I was really into high balling for a while. For a month I did that every day. Some pills...If I'm really on a downer. I'll take speed if I've been tripping the night before. I use downers a lot more than anything else."
(Family in treatment session) "My mom and dad, we talked about why I was involved in this, how I'm wasting my life, how I'm not going anywhere doing this, how I'm hanging around the wrong people. There was mostly a lot of yelling going on."
(Best part/treatment) "I didn't have to pay rent."

(Worst part/treatment) "It worsened my attitude with society and law enforcement, and parents."

(Greatest influence) "My dad. He's always been the one in control. You'd always listen to him. It's his house, so you do what he says." (4-9)

Other White youth shared difficult situations. Given the entire sample size for this group was 31, there were a great many such AODA-related situations. In the one directly below, a 14 year old boy relates his experiences:

- √ **(Alcoholic in family)** Yes [Natural dad, treatment; didn't really know him]
(Drug problem in family) No.
(Substances used by respondent) Alcohol, regular; Marijuana/hashish, occasional.
(Most ashamed) "That my brothers are dead because we had a fire and I didn't get them out of the house." [Three of his brothers and a sister died in a fire.]
(Greatest influence) [Stepbrother] "He takes me places, fishing, out to eat, video places, arcades." (4-19; 14 years old)

This 17 year old girl interviewed at a local High School wept profusely as she told the interviewer about the effects of substance abuse in her family.

- √ **(Alcoholic in family)** Yes. [Mother and father, treatment, recovering] "They were alcoholics before I was born."
(Drug problem in family) Yes. [Brother and sister, treatment; sister recovering; her brother and sister were IV users.] "My parents and brother and sister would fight too much. My brother and sister would blame my parents for their use of drugs, because my mom and dad were alcoholics."
(Substances used by respondent) None.
(Greatest influence) "Dad, because he had a lot of problems and he quit everything." (4-26)

The account below is also representative of the visibility adult abusers have in the accounts given by young people:

- √ **(Alcoholic in family)** Yes. [Father, arrested, recovering] "Up until the age of 5, my father was an alcoholic. Then we moved in with my stepfather and I don't know how to classify him. He might be a problem drinker or he might be a social drinker. I'm not sure. And my mother, she's becoming a drinker. So I hope that I'm out of the house before that happens. My stepfather got arrested. I'm pretty sure my father did. I didn't ask him about it. Neither one got any treatment. My father's basic treatment was my mother leaving. He's basically okay now."
(Drug problem in family) No.
(Substances used by respondent) Beer, once.
(Most proud) "My grandfather and my uncles are strong and my mother's more intelligent. Physical strength and intelligence."
(Most ashamed) "My mother's and my stepfather's use of alcohol."
(Greatest influence) "My mother. I lived with her all my life." (6-35; 15 years old)

Hispanics

Hispanic young people reported patterns that were similar to those of African Americans and Whites when it came to abuse of alcohol and drugs by adults in the family. In the comments that follow, adolescents and young adults are already problem users, or developing that way, due to the example of and encouragement from older family members.

- √ (Alcoholic in family) Yes. "Yeah, my stepfather. Yeah, he recovered, 'cause when we were in Chicago he was a drunk, but when we came here to Milwaukee he quit."
- (Drug problem in family) Yes. [Uncle]
- (Substances used by respondent) Alcohol, "Two or three times a week...vodka and beer"; Marijuana, occasional, "Every New Year's and my birthday," and at friends' birthdays. [Alcohol and marijuana introduced by uncle] "I just came by my uncle's, and he was smoking some weed and he said, 'Do you want some'? And I just said, 'Yeah'. Then we smoked it, and then we drank a few beers."
- (On being warned) (Grandmother) "She said you shouldn't take drugs 'cause it could mess up your life. 'Cause I have an uncle that's in prison and stuff, from taking drugs and killing somebody. So she just told me not to do that or I was going to end up like him."
- (Most against use) "My mother. She said if I ever, if she ever catches me taking any drugs she will put me in a home for boys."
- (Most proud) "I'm proud about my mom. 'Cause she's never taken drugs, she's never drunk beer or smoked or anything. And she's never done anything bad and she's real nice. And I'm proud of her and she tries to help us."
- (Most ashamed) "My stepfather. 'Cause he gets drunk and acts like a fool.... Yeah, just a little, like every three weeks, he'll get drunk. But before he used to get drunk every day."
- (Greatest influence) "My mom. She tells me to be good in school and stuff. Or I'm not going to be nothing. Or I'm going to be just like my stepfather. Or some other drunks, she told me." (3-6; 14 years old)
- √ (Alcoholic in family) Yes. [Father] "My dad used to go to bars and come home drunk. They used to drink in front of me too sometimes.... I figure he was an alcoholic because he used to go to bars a lot."
- (Substances used by respondent) Alcohol and marijuana, frequent, "If it's there in front of me, I'll say, 'Sure, why not'. I'll take it. Weed and alcohol, that's it. In the morning, yeah." Cocaine, "I just did it two times and that's it. I like alcohol better than weed, so I try to use it as much as I can." [Respondent obtained cocaine from his uncle.] "The first time I did it with my uncle...just for the hell of it. And then the second time I already tried it, so I try it again."
- (Most against use) "My parents. They're always talking, lecturing me about using drugs, you know, that I shouldn't f___ up my life."
- (Most proud) "That my parents are nice with me and ... if they they see me doing good grades, ...they'll buy me clothes and all that stuff. So that encourages me to do good grades."
- (Greatest influence) "Mom. She is nicer to me and I just care more about her." (8-2; 16 years old)

- ✓ (Alcoholic in family) Yes. [Father, arrested, treatment, never recovered]
 (Drug problem in family) Yes. [Father, arrested, treatment, never recovered]
 (Substances used by respondent) Alcohol, regular, "I drank a lot, not every day. But when I did drink, I drank a lot." Marijuana, cocaine, speed, LSD, "Every time my high went down I did it again. I used it constantly." [Obtained marijuana from her brother]
 (Substances obtained from) Alcohol, friends; Marijuana, brother.
 (On being warned) "They never had to warn me because I knew my father did drugs and I would always say that I would never do that."
 (Most against use) [Mother] "She put me in treatment to show her disapproval.... She put me in it without a choice." [Respondent was put in Milwaukee Psychiatric Hospital; counseling sessions included family members.] "We talked about family problems, what caused addictions and what we could do together to keep me off of them." [After release, they tried to keep in touch with her and her family.] "But I didn't respond...and when they would try to get me to come in for...outpatient treatment, I just didn't come in 'cause I didn't want to."
 (Most proud) "Mine and my mother's relationship, now, not before."
 (Most ashamed) "My father." (8-4; 20 years old)
- ✓ (Alcoholic in family) Yes. [Father, arrested, treatment, recovered]
 (Drug problem in family) No.
 (Substances used by respondent) Alcohol, frequent, "Every day, beer and hard liquor, such as whiskey, rum, mad dog, 20/20 wine"; Marijuana and cocaine, tried once. "Drugs I've only tried once because I was so heavily into alcohol."
 (Influenced most to use) "My father, he is a recovering alcoholic."
 (Most against use) "Mom, she would cry and tell me not to."
 (Most proud) "Our togetherness through hard times."
 (Most ashamed) "My grandfather was an alcoholic, my father, and myself."
 (Reason why) "I seen my father when I was younger. That my father would of been there for me instead of just a bottle." (9-7; 21 years old)
- ✓ (Alcoholic in family) No.
 (Drug problem in family) Yes. [Uncle; used to grow his own drugs]
 (Substances used by respondent) Alcohol, regular, but infrequent; Marijuana, frequent, "Drugs for me, it was about once a month. I would sneak into the liquor cabinet. Then it started like every day. The drugs? started out being occasionally, whenever I had the opportunity, and then for the last six months...when I was using it...I was doing it mostly every day." Cocaine-laced marijuana cigarette, one time. Alcohol and marijuana obtained from uncle. "Almost every other morning when my uncle showed up, I would go on a drinking binge. Me and him would split a bottle of whiskey with a six pack along with it. Brandy, whiskey, beer, schnapps, candy liquor...I don't remember the ...stuff that I used to do."
 (Influenced most to use) "When I came to alcohol it was because I grew up around it. Drugs, it was just, I don't know, I guess from my uncle too. He always talked about it, joking around."
 (Most proud) "That they are all Christians now."
 (Greatest influence) "My uncle, because he was just a misfit, just like me, a misfit." (9-10; 18 years old)

Native Americans

Of the Native American youth in the sample, only 5 out of the 28 interviewed, or 18%, did not have an alcoholic or a drug abuser in the family. These five were generally younger than the rest of the sample, i.e., 15 years old or younger. Of the five without an AODA family history, three reported never using any drugs or alcohol, and a fourth's use of alcohol was very minimal and done under family supervision. Sadly, the great majority of Native American youth interviewed reported alcohol and drug abuse among adult family members.

Nearly two thirds, (64%) of all respondents gave a "yes" answer to the question about an alcoholic in the home or close in the family. More than half (57%) reported a drug problem in the family when they were growing up. These were the highest frequencies of all cultural groups.

In addition, Native Americans appear to be at somewhat higher risk for severity of drug abuse. This may be due in part, be to the higher percentage of alcoholism and drug problems within Native American families. Of the marijuana users in all the cultural groups, Native Americans users tend to be clustered at the top of the frequency chart and to use that substance daily, rather than a few times a week or less. Of those in the entire sample who reported daily use of cocaine, a total of 5 persons, 4 were Native Americans, although they make up only 14% of the sample for this study.

Problematic and abusive use of substances occurred among four of the cultural groups; -- Whites, Blacks, Indians, and Hispanics. But, if we consider daily use as a measure of addiction or severe abuse, Native American respondents appeared to skip right past the "weekly" and "several times a week" frequency categories and were abusing marijuana or cocaine on a daily basis. If we compare two groups, --those with alcoholics in the family when they were growing up and those without-- for daily marijuana use, there is a higher percent of daily marijuana users among those with alcoholics in the family than those without. And this is most evident among the Native American group. This group, which has the most extensive family AODA history, contained the highest percent of daily marijuana users (21%)of the sample. Furthermore, of the half dozen Native American daily users of marijuana, (N=28), 5 out of 6 were from alcoholic families.

Of the 23 American Indian respondents who detailed an substance abuse problem in the family, 16 specifically mentioned a parent as the abuser. Of these 16, all except two had experimented with alcohol and/or drugs. In most cases, their use was greater than occasional. There was more mention and approval of the social uses of drinking by Native American respondents than other groups. The detailed accounts selected below demonstrate concretely family influences on young substance abusers.

- √ **(Alcoholic in family) Yes.** [Mother, treatment, recovered; Father, arrested, recovered; Aunt]
(Drug problem in family) Yes. [Father and aunt still using drugs]
(Substances used by respondent) Alcohol, (whiskey and beer), regular, "I live right by a bar and would steal a few cases. Three or four times a week I would get drunk." Marijuana, hashish, and cocaine, frequent, "Every day when I woke up and went to sleep, and I don't know how many times in between." Methadone, 5-6 times; Speed and downers,

occasionally; Heroin, twice. Alcohol and marijuana obtained from family. "Marijuana from my dad. He didn't know it. But I knew he had a stash. So I'd scam from him all the time. I'd use some by myself, but I'd take the rest to school. I'd either sell it or use it up with somebody else."

(Most against use) [Mother] "The last time I stayed in DT my mom had come in and laughed at me and left. She just came in to laugh at me and left. She said, 'Now you did it this time. You're going away for a long time'. She just started laughing and she left.... Like I said, we're both recovering, and she always asks me if I'm going to my meetings or if I need somebody to talk to, she's there, and stuff like that. She says if I use again, I'll get the boot."

(Most proud) "Just the time we spend together, we do a lot of neat things. We go on hikes and stuff. Everyone in our family's a real achiever and I'm proud of that."

(Most ashamed) "My dad. Just because he's a failure. Because he's not a real father-like figure. People grow up wanting to be like their dad and I don't want to be anything like him. I'm ashamed of his alcoholism and drug use."

(Greatest influence) "My mom, because she's always the one who showed me she's cared."

(Reason why) "My parents. They're pretty much the reason I always used." (0-15; 18 years old)

√ **(Alcoholic in family)** No.

(Drug problem in family) Yes. [Father, cousins, one cousin jailed]

(Substances used by respondent) Alcohol, infrequent; Marijuana, cocaine, and speed, frequent, "four or five times a week... Cocaine, almost every day for one month, weed, several every day or a while...always easy to get hold of." Alcohol, cocaine, and speed obtained through friends; Marijuana through father. "Well, my dad used it. I don't know if he did other drugs, but he used to let me try it out. Ever since then...every so often...he started giving it to me when I was fourteen, maybe. He mostly gave it to me at this point. He had an addict over at his old apartment that used to follow him around. My dad used to give it to him at fourteen too."

(Most against use) [Grandmother] "Well, she didn't know, but she tried to keep us away from it. She's pretty spiritual. She didn't want to hang around with certain people."

(Most proud) "My brother going back to school."

(Most ashamed) "My dad, because of drug use, being out of work."

(Greatest influence) "My grandmother, because she's been to church all her life, been through hardship.... She was more of a mother figure. She did everything a mother is supposed to do. She cared, she cooked, cleaned." (0-11; 21 years old)

√ **(Alcoholic in family)** Yes. [Father, arrested] "He has to go to classes in order to get his license back."

(Drug problem in family) No.

(Substances used by respondent) Alcohol, frequent, "Three times a week, beer. I drink a lot on the weekend, but during the week I drink a couple of times." Marijuana, frequent to occasional.

(Most proud) "We do things together that we enjoyed a lot. We all go to pow-wows together. I do Indian dancing. We go together and go camping and stuff. At first I wasn't into it but now that I am, my parents are back

into it. I guess because we all can do something together, something we enjoy and we all understand it."

(Most ashamed) "My dad is alcoholic."

(Greatest Influence) "My dad, because I'm his girl... I just get whatever I want."

(Reason why) "Because I've always looked up to my dad, and my dad's a big alcoholic. Every time he'd have a beer, I'd tease him and always ask him if I could have one and he'd give it to me. I think it's mostly my dad because he used it a lot. He'd just give it to me whenever I want it. He's always got it in the house." (2-10; 19 years old)

- √ **(Alcoholic In family)** Yes. [Father, still drinks and goes on binges]
(Drug problem in family) Yes. [Older brother, lives out of state]
(Substances used by respondent) Alcohol, frequent; Marijuana, cocaine, LSD, uppers and downers, frequent, "Like back when I was eleven...we always used to go out and get high after school, in gym and study hall. I smoked pot almost every day and drank after school... Cocaine drug parties after school and weekends."
(Most against use) [Mother] "I pushed my family aside. I ignored them...I used to stay away from family when I used drugs. I would tell my mother I was staying at [name deleted house and I was spending the night. He would tell his mother the same thing and then we would go partying. ...It got really bad. My mother put me in a treatment center after she found out what I was doing, because I was just losing it after a while."
(Most proud) "My nieces are doing good in school, none using except one, going to college, doing a lot with the community."
(Most ashamed) "Myself, for my past and what I did."
(Greatest Influence) "My sister, we're close, like twins. She always talked to me and took care of me." (0-1; 27 years old)

- √ **(Alcoholic In family)** Yes. [Father, mother, and siblings] "My mom got treatment. She had a nervous breakdown. She was on this really heavy thing like Valium for about a few years, like when I was between 15 and 19. I took care of my brother and sister. Then she got off the drugs and she went to DePaul for a month. But then her doctor put her back on drugs. She never recovered from alcohol."
(Drug problem in family) Yes. [Mother and siblings] "I started using drugs when I was 12, but by the time I was 18 my brother would use pot and do coke and stuff. Then when I got off coke, I tried to get my brother and mom to quit drinking. But my sister smokes pot now and she drinks too."
(Substances used by respondent) Alcohol, frequent, "Every night after work and on weekends." Marijuana, cocaine, and LSD, frequent, "Smoke pot in the morning...every day. Cocaine...bad habit for three years...three to four times a week. LSD...for four months straight did it every day." Beer obtained through family members; marijuana from cousin. "My grandmother had nine kids and all of them drank on the rez [reservation] up north, and it's just a daily thing for all my aunts and uncles and my mom and my dad and my brother and my sister and me."
(Most proud) "Being Indian."
(Most ashamed) "Too much partying and not spending enough time in school and things like that."
(Greatest Influence) "My mother, I'm a lot like her... Now we are pretty close." (0-3; 23 years old)

This young Lac du Flambeau man's story, recalling his childhood, illustrates how family closeness and family problems are compounded and interrelated. Here, the uncle who the respondent felt was responsible for his alcoholism eventually helps him in taking steps toward recovery.

- √ **(Alcoholic In family)** Yes. [Stepfather, arrested]
- (Drug problem In family)** Yes. [Uncle, aunt, two cousins, and four older brothers]
- (Substances used by respondent)** Alcohol, frequent; Marijuana.
Alcohol and marijuana through friends and family members. "It was July 5, 1985. I was with my uncle...He brought some marijuana up from where he lived, and my other uncle, he was buying the shots and everything."
- (Influenced most to use)** "My uncle is the one who took me to a bar. He said, 'Here, have a beer. Your mom isn't here'. You know, you're going to trust a family member better than a stranger. You figure as long as he's here nothing is going to happen to me.... My mom [had] sent me to live with my uncle because the guy she was married to would always hit us when we were kids...That would get any kid depressed. Because you get so mad, but you are so little you can't do anything about it. So you hold that depression in for a long time and when I was 14 my uncle said, 'Let's go to the bar'. I said, 'Yeah'."
- (On other relatives who helped raise him)** [Aunt and uncle] "My mom put me by my aunt and uncle for awhile. All of a sudden I got one 'D'. Then I found out my uncle loved to hit. And then I wanted to go home. My mom couldn't have me back. You see, at that time she was at an all women's facility where she couldn't take young kids. I think it was the Friendship House on the East Side. She was in there because she told me him she wanted a divorce. He hit her in the face with a bunch of keys. Her eye was all swelled up.... My uncle noticed that I was drinking more and more every day. He told me to go to Milwaukee County to see what they could do. And I went to Milwaukee County for a while and the doctor told me your liver still is all right, but that's when they found out I had a nervous disorder. He told me not to drink anymore. So I stopped drinking. I still go to AA meetings to find out how other people are dealing with it....
- "My uncle was arrested for being drunk, tearing up a bar. He took on everyone in a bar once, although he has six-time black belt, --I wouldn't be surprised. But it's kind of ironic. He's the same one who got me started on it, and he's also helped me out...which my mom thought was pretty cool. It's like, if you do something wrong you should be able to correct it."
- (On family members included in his treatment)** "My uncle was invited to be there, but he was like, 'No, I'll pass'. But my mom would be there, her boyfriend, and some of my sisters and brothers."
- (Most proud)** "My mom. For one thing I didn't know what she was doing by sending me to my uncle's house. But then when I came back I asked her that question and she told me why. I was only seven. That's young. You forget things people had done to you. She told me she sent me there because he [stepfather] threatened to kill me. I said, 'Yeah I remember that'." (4-3; 22 years old)

A 22 year old Oneida and Chippewa woman (0-14) ended up with a crack cocaine habit and a jail sentence and currently is in a rehabilitation process and is not using drugs or drinking at all. She recalled being introduced to Marijuana/hashish and LSD through family members. It was her uncle who supplied her with cocaine. She said,

"My uncle sold it, so I was getting it from him...like every day. He was selling it so we were all doing it...All my friends and people in the neighborhood...I was with my boyfriend and we were doing coke and people were acting crazy. They had seen it and they wanted it. It was scary and I couldn't come down. So I just sat and watched. People were acting crazy and I just sat there and didn't do anything because I couldn't do anything. I was real high. It was a drug house." A 26 year old woman, Oneida and Stockbridge-Munsie Indian, (0-8), summed up very well the impact of a family environment that is full of substance abuse and the inducement it provides to get started along a similar path.

"The first time I got drunk was because I got mad, because I was brought up in an alcoholic environment...an extreme alcoholic environment. And that is why I never drank, because I was afraid I would be just like my family. I got real mad. I had a boyfriend. I went by to see him and he was drinking. I saw everybody drinking so much. I said, 'Well, what is it that everybody likes so much about this stuff that causes so much problems?' So I drank. That is why I drank."

Yet, there were those young Native Americans who grew up in families that were not abusing drugs and alcohol. Many of these youth themselves managed to keep clear of abuse as well:

- √ (Alcoholic in family) No.
- (Drug problem in family) No.
- (Substances used by respondent) None.
- (On other relative who helped to raise him) "My grandmother lives downstairs. She helped keep us in line when my mom was out at work."
- (On being warned) [Mother, father, uncles, and aunts, at age 10] "They told me to watch out for kids that start asking you about drugs, talking to you about getting wasted or however they say that."
- (Most against use) [Mother] "She told us if we ever use alcohol she would never speak to us because she doesn't believe that it is good for you. She doesn't want us smoking or anything."
- (Most proud) "I'm proud of being Indian, Oneida."
- (Most ashamed) Nothing.
- (Greatest Influence) "Probably mostly my mom and dad, because if I want to do something and they tell me no, they'll tell me why they don't want me to do it and why I shouldn't do it." (12; 14 years old)

Southeast Asians

As discussed above, significant differences between Asian-American and other groups of youth were found in this study in terms of substance use and abuse. Because the Hmong and Lao populations are recent immigrants to the United States, it is no surprise to find that cultural practices and beliefs among these two groups remain closer to their original form. The family is one area where differences were conspicuous.

Access and permission to interview Southeast Asian youth had to be arranged through the family. Teenage respondents were not simply available on their own. In their turn, the families were generally only willing to accept the interview if it was recommended by their community representatives. The interview procedure was more formal and structured than that used with most other respondents. The interview responses also contrast with most others in terms of a greater reticence to speak of

matters that are considered personal and are generally not discussed outside of the family.

Since the community is a close-knit one, the use of Lao and Hmong interviewers who are undoubtedly known to many in the community may have served as a further deterrent to confiding sensitive information. Laotian and Hmong informants were quite guarded and circumspect in answering interview questions. Personal problems are seen as accruing to the family and as being properly resolved within the family. Substance abuse, as well as other problems, are viewed as bringing shame upon the family. We discovered a reluctance on the part of young people to admit a need or problem exists that might call for outside intervention.

Another cultural difference involved the way drugs are perceived and categorized. Tobacco is regarded as a drug along with marijuana, cocaine, and other substances that the rest of society understands by "drugs". For example, in response to the question of whether he ever used alcohol or drugs, a 20 year old Hmong (1-3) said, "When I was in Oklahoma, I tried a cigarette once and I choked because I couldn't take the smell. I never like it."

In short, although our data indicate that alcohol and drug abuse are extremely low for Southeast Asian youth, the above factors may have inhibited an in-depth data collection and may have skewed our interpretation of the interviews. Yet, Southeast Asian responses were found to be consistent in the lack of use and abuse reported.

The only examples of interview responses that describe adult abusers in the family follow below:

- √ (Alcoholic in family) Yes. Person kicked out and told not to come home unless he gave up alcohol.
(Drug problem in family) Yes. He hangs out with friends, smokes, and got busted from home.
(Substances used by respondent) Alcohol, occasional, but not regular or frequent, "I drink a lot of alcohol...four to five cans of beer a month." Marijuana, occasional, but not regular or frequent, used more than several times.
(Substances obtained from) Alcohol, friends and family members; Marijuana, through friends.
(Most proud) "Having a new life here."
(Most ashamed) "My bad behavior."
(Greatest influence) "My parent." (2-4; 24 years old)

- √ (Alcoholic in family) Yes. [Brother]
(Drug problem in family) No.
(Substances used by respondent) Alcohol, occasional, "Beer is one I've had the most experience with...out having a party or getting together with friends...sometimes with my brother."
(Influenced most to use) "My brother and my friends."
(Most against use) "My parents. They wanted to kick me out of the house."
(Most proud) "Family." (2-1; 20 years old)

- √ (Alcoholic in family) Yes. [Father, recovered] "He got sick. We don't know what was the cause of the sickness. We went to doctors and everything. And then we went to the Buddhist Temple in Rockford,

Illinois. When we moved to Milwaukee, we went to the Christian Church, and then he started moving away from Buddhism and to Christianity. He started going to church and things like that. He started reading the bible. And he just quit cold turkey."

(Drug problem in family) No.

(Substances used by respondent) None.

(Most proud) "My dad accepting Christianity. He was a very awful man before that."

(Most ashamed) "My brother, because he's married and he's having an affair."

(Greatest Influence) "My mom, because a lot of things she does, she wants to make sure we're all happy and everything, and so she does most of the things, washes the clothes, cleans the house, makes the food, and she took care of us. So I borrowed the fact that she always liked being clean, and things like that, and I try to do the same thing.... She is my best example." (2-15; 19 years old)

A 23 year old Hmong married man with children (1-10) explained he had never used any alcohol or drugs "because I grew up in my country [Laos], and there weren't any substances like drugs and alcohol when I was young". In the main, what we found from our sample was that either there was not any substance use at all by youth and their parents, or that, parallel to the practice of other cultures, young adults of a sufficient age are allowed to join the family in social and celebratory drinking at family gatherings. A few examples suffice to show alcohol use in a family context. In these examples, there is no family AODA history or problem of abuse.

- √ **(Substances used by respondent)** Alcohol, infrequent, "Just a little bit...once every three to six months,... at traditional weddings, alcohol was given to me by the parents." (1-14; 21 years old)
- √ **(Alcoholic in family)** No.
(Drug problem in family) Yes, cigarettes.
(Substances used by respondent) Beer and wine, regular; Cigarettes, regular. "My friends and I go to the bar every Tuesday and Thursday after the volleyball practice. We don't drink much, but a few drinks regularly."
(Most against use) "My older sister. She doesn't like it at all, but she is never with me when I drink."
(Most proud) "My father. He is my father."
(Most ashamed) "My father also, because he always looks down on us children. But that is how he is."
(Greatest Influence) "Myself. I think what I do is right." (1-7; 21 years old)
- √ **(Substances used by respondent)** Beer, tried one time, "I hate the taste of it. No drugs."
(Most against use) "My parents, they don't want me to be addicted."
(Greatest Influence) "My dad. He's always teaching me new stuff and wants me to be like him. He is a very good leader." (2-12; 17 years old)
- √ **(Substances used by respondent)** Beer, occasional, "Gathering of friends and relatives at a friend's place or my place. We usually drink beer or alcohol."

(Most proud) "Being with the family, 'cause I can turn to them when I have problems."

(Most ashamed) "Nothing.... being a rude person."

(Most against use) [Girlfriends and friends with higher education]
"They ignore me when they see me drinking or know that I'm drunk. They never accept my offering them some drinks." (1-1; 28 years old)

The Power of Families to Protect

How families operate in terms of communication, cohesiveness and discipline was reflected in youth alcohol and drug use and abuse. Good communication in terms of talking through family problems all or most of the time was found to be associated with lower levels of both use and abuse. For example, among the 90 young people who said their family talks through problems all or most of the time, only 6% were daily drug users. Among the 41 respondents who answered that their families never or almost never talked about their problems, 27% were daily users. What we do not know, however, is whether communication difficulties preceded or followed the youth's daily drug use.

Family cohesion was a source of pride for many young people. Asked what about their family they were most proud of, 40% of the African American youth cited family cohesiveness. Relatively few White youth mentioned this source of pride. Other cultural groups fell between these two in terms of their responses. Families "sticking together" was a common theme among non-using, using and recovering youth alike. Typical comments included the following:

(Question: Most proud of?)

- *"How everyone in the family sticks together"*
- *"How my family takes up for each other, how they stick together"*
- *"How my family sticks together through crisis, and how my mother keeps the family strong."*

Family cohesiveness, combine with consistent emotional support and nurturing-articulated by many youth as the quality of "being there for me"--along with consistent discipline, were found to be associated with lower rates of alcohol and drug use and abuse. High expectations, linked with non-physical forms of punishment (e.g. grounding, losing privileges, assignment of extra chores) was a combination which was associated with low or no use. The following comment from a 21 year old African American non-using mar. is an example:

"I'm a sports fanatic and growing up, if I got a C on my report card, she (mother) wouldn't let me do nothing. It had to B's or better. She was very strict. Grades first, everything else second. And things like when you wanted to stay out late, you had to come in at a certain time. You couldn't break a house rule. Otherwise you got punishment like not going outside. She was pretty strict."

It should be pointed out however, that family cohesiveness does not necessarily mitigate against the use and abuse of alcohol and drugs. As indicated in numerous interview responses, family solidarity sometimes centered around substance use and abuse. This pattern was especially true for some Native American youth.

Examples of responses given by youth who mentioned either family nurturance, discipline or cohesion include the following:
(Question: Most proud of?)

African Americans

- √ "I'm glad we're all close." (0-5)
- √ "we're close. We sit down and talk problems out. We support each other." (3-4)
- √ "Family have relationship, they talk a lot, get together, respect." (6-14)
- √ "Proud to know that my family is there for me." (6-17)
- √ "The way they (family members) talk out their problems with each other, and helpful to one another." (6-19)

Whites

- √ "That everyone is open in our family--everybody talks about things." (3-2)
- √ "Friends in my family. We have a big family and I have friends in it." (5-13)
- √ "Our family is still together." (8-18)

Hispanics

- √ "How we hold each other together." (4-21)
- √ "The respect that everyone has towards each other." (4-29)
- √ "Communication that our family has." (8-13)

Native Americans

- √ "Proud of my family...no one uses drugs...no one smokes." (0-1)
- √ "Just the time we spend together..We do a lot of neat things. Everyone in our family's a real achiever and I'm proud if that." (0-15)
- √ "Talk to parents about everything, do a lot together, are close. If have a problem try to help each other." (0-20)

Asian Americans

- √ "They (family) provide a lot of help for me and support me in many ways. I feel like a true family with my relatives now." (1-15)

- ✓ "My Parents...(they) understand, help and trust." (1 - 16)
- ✓ "We stick together as a family." (2 - 3)

Summary

Blacks, Whites, Hispanics and Native Americans differ only very slightly with respect both to warning rates and proportion of users. In these four groups, the rate of use of drugs or alcohol closely parallels the rate at which respondents in those groups report being warned. Only in the Southeast Asian group is there a large gap between the issuance of warnings, 73% (N=26), and the percentage of those who have done some experimentation with, or are users of, drugs or alcohol. In our sample, only 35% reported any use at all of alcohol or drugs, primarily alcohol, and there were no apparent substance abusers.

There appears to be a stronger connection in the Southeast Asian group between being warned and not using alcohol or drugs. However, other factors, such as the structure and values of the family, distinguish this group from the others and may cause warnings to be taken seriously and heeded. An interpretation of the findings related to the low substance use rate of this group will be discussed more fully in a later portion of the study.

In general, however, warnings appear to "go in one ear and out the other". For example, the Hispanic population sampled reported being warned in 78.9 % of the cases and reported substance use 77% of the time. In the Native American community, the warning rate and the substance use rate are identical, 79%. In the African American community, the spread is not very great, -- 90% report receiving a verbal warning from family (the highest rate of any group) and 86% report some alcohol or drug use. In fact, the group with the highest rate of issuing warnings is also the one with the highest rate of overall substance use, while the group with the lowest rate of warning their children has the lowest rate of use.

It is in the family that children are socialized and nurtured so that they do not become substance abusers. It is also in the family that they are influenced to be substance abusers through negative examples, and lack of love, support, discipline or guidance. Family ties and context are critical and enduring factors for each of the cultures studied. Without a positive family environment in which adults model healthy behavior patterns that rule out substance abuse, their warnings to the young about the hazards of substance abuse are likely to fall on deaf ears.

Chapter V

The Neighborhood Context of Alcohol and Drug Use

Introduction

Young people were asked to describe their neighborhoods in terms of general quality of life and in terms of the level of alcohol and drug activity. About half felt that their neighborhood was a good one to live in. Whites expressed the most negative feelings about their neighborhoods, followed by Hispanics, while African American, Southeast Asian and Native American youth were more likely to view their as good places to live. As described in Chapter I however, positive or negative perceptions of neighborhoods were not related in a significant way to the use or abuse of drugs or alcohol among young people interviewed. For example, 52% of those reporting a favorable impression of their neighborhood identified themselves as non-users while 48% said they were users and abusers of drugs and alcohol.

Most young people (63%) saw their neighborhoods as places with either "a great many" or "quite a few" alcohol and drug users. When asked how neighborhood residents reacted to the presence of heavy alcohol and drug use, 54% of those interviewed said residents generally ignored substance use activity. They elaborated with the following types of comments:

"They ignore it. They know it's out there, but it's so common around there, it's more or less taken for granted or something. It's an everyday thing in the neighborhood. A lot of them do it."

"like I used to live upstairs from the dope house, okay. People used to come out and go on in and we didn't say anything to them."

"People are afraid and some ignore it. People in my neighborhood use drugs but the only way you know it is when the ambulance and the Fire Department comes and they take an overdose away. People just ignore it."

Fear was described as the reaction to neighborhood drug activity by 28% of the youth interviewed. Anger was noted by 20%. Gangs, crime, and open drug using and dealing were cited by many youth as primary reasons for fear and anger. The following descriptions were typical of those youth who thought their neighborhoods were not good places to live in:

"Look around. You can't even walk around without seeing beer cans, trash all over the alley. If you cross the street to the park, the cans are full, and it's been two weeks since the city has been around. And because of the gangs. When I was younger, it was a good neighborhood."

"I consider this the ghetto. I consider this where most of the drugs happen, you know, where you mostly get peer pressured. There's too much peer pressure. Everything is bad down here where we live, the drugs, the crime, the murders, everything."

"It ain't good cause you know, you got to wear your hat one way. You can't walk down the street without someone asking, 'Oh I got some caines. I got some drugs.' It ain't that good. If it was good you could walk down the street and wear your hat"

any way you want to wear. You dress how you want to dress. You say what you want to say. If you say the wrong thing you can get hurt."

When young people--many living in the same neighborhoods described above--said their neighborhoods were good places to live, it was usually because of their sense of belonging or neighborhood cohesion. The following comment is typical of those respondents:

"Mainly in my neighborhood are people like me. Different age groups, mostly black. You could call it a ghetto, people with low income...I have been around quite some time now and I have grown to know the people. I say it's a good neighborhood because they look out for me and I look out for them. I don't have to worry about someone breaking in and taking anything because there is always someone watching.

The interview instrument asked young people the following questions: "Are people afraid?" "Are they angry?" "Do they ignore it?" and "What are some other reactions?" Youth were also asked to give examples of how people respond to a lot of alcohol and drugs in their neighborhood. Several respondents pointed out that alcohol and drug use is supported by a number of residents in their neighborhoods. Of the total sample, 16% reported positive reactions to the presence of alcohol and drugs as being typical. Among Black and White respondents, 20% reported a favorable reaction, while no Southeast Asian youth did. Positive reactions had not been anticipated in the question choices, but were given in the course of the open-ended interview as these examples show:

- √ "People are happy drugs are around." (8-4)
- √ "Some of 'em ignore it, but then again, most of them are all for it, because they do it. They're involved for the money. They use it and sell it." (7-2)
- √ "People come up to me and ask me if I want to smoke or they just go and party. It doesn't really bother me." (4-5)
- √ "Most people are happy that the drugs are there and they can get their high." (6-35)
- √ "It's just one of those things they like to do. They sell it right outside on the porch, or sit on somebody else's porch and sell their drugs. There aren't any drug houses on our block. They just sit out and just run for cover when they see them coming." (6-28)
- √ "The reason I said that it doesn't fit into other categories, I'm not referring to drugs but alcohol. It's not abused in my neighborhood and it's a great social activity and they don't look unfavorably on it." (0-2)

As described above however, fear, anger, ignoring the situation, or a combination of these, characterize the majority of reactions to the presence and impact of drugs and alcohol on neighborhoods. The largest category of responses in the overall sample, 52%, told of people ignoring substance abuse. Among the 57 African American respondents, 65% cited "ignore it" as the typical reaction and below are some of their comments.

African Americans

Among the 57 African American young people interviewed, 65% cited "ignore it" when asked about the presence of drugs and alcohol in their neighborhoods. Following are examples of these types of responses:

- √ "Ignore it. Like if they see a dope house in there, they just like walk past it or maybe they'll stop and go in, buy some.... They don't report it to the police or nothin'." (6-4)
- √ "At certain places they know it's being sold by teenagers, but don't call the police, and parents know their children are involved but do nothing." (5-5)
- √ "Okay, you be selling you a ten right here, a person will walk right by as if they didn't even see it." (6-25)
- √ "Like I used to live upstairs from the dope house, okay. People used to come out and go on in and we didn't say anything to them." (6-12)
- √ "They're accepted as part of the community." (6-15)
- √ "As long as there is no violence the drug problem is ignored, but if someone is hurt or something then everyone gets involved." (6-1)

Whites

Virtually identical responses were reported by white young people.

- √ "They don't do nothing about it, they ignore it, they don't come outside." (3-16)
- √ "I think that when people see drugs they ignore it because they don't want to call the police about it or they don't report it most of the time." (6-36)
- √ "Part of everyday life." (6-34)
- √ "Nobody really cares. People's parents'll be doing it." (10-1)
- √ "I think they call the police if the person on drugs is causing violence. After that they just ignore it." (3-18)

White respondents also cited fear and anger as motives for people ignoring drug traffic and substance abusers in their neighborhoods.

- √ "People ignore it and just know they're there. Nobody says anything 'cause they don't want nothing to happen to them." (3-15)
- √ "Some are angry, but ignore it to stay out of trouble." (3-20)

Hispanics

Similar themes are repeated by Hispanic respondents. Their accounts show that people see evidence of serious problems, but ignore them.

- √ "If they see people doing drugs they just walk away." (4-16)
- √ "The lady across the street from us, she drinks a lot and she uses drugs and things, and all kinds of men are over there, and nobody ever mentions it to her. People live in the neighborhood, and they don't like it, but they never mention it to her." (5-12)
- √ "They don't want to confront the problem, especially friends and family of the addict or alcoholic." (9-7)
- √ People are afraid to admit they have a problem. They ignore it, mostly parents. They don't want to admit it's their child. (9-9)
- √ "They just ignore it. They mind their own business 'cause if they tell the police or talk then maybe they will get killed or something." (3-6)

Some Hispanic respondents emphasized a generation gap in their stories:

- √ "They are like smoking it and selling it.... Some people do [mind if there are drugs around], like the older people in my neighborhood, but not the young people." (8-19)
- √ "It depends where I'm at. Like at my house it's different, it's rejected. And when I go to school it's widely accepted. It really depends where I'm at." (9-10)

Native Americans

As with young African American, White and Hispanic youth, responses by young Native Americans interviewed repeated the same theme of ignoring and not addressing the problem of alcoholism:

- √ "They tolerate it. They ignore it. They really don't do anything about it. They probably feel it's a problem, but not anything major. Every now and then, they have in the neighborhood a party or something. And it gets kind of loud and the people they really don't say anything or do anything. They just kind of leave it go. They don't say anything about it. They just kind of take it as something that happens. They leave it alone." (0-22)

Native American respondents also tended to mention the behavior of older people more than did other respondents and to note their reactions, as the samples below illustrate.

- √ "It depends on who you're talking to. People my age or people older. People my age just accept it. Older people are sort of angry about it." (0-10)

- √ "They really don't bother with it. They don't go outside as much as they normally do. They're trying to keep out of trouble. The older people do that." (0-11)
- √ "The older people were like really down on it when they see teenagers drinking and stuff. But when they see older people drink, they just mind their own business." (0-18)

Southeast Asians

Respondents from the Southeast Asian community also said that problems are ignored in their neighborhoods, and they emphasized fear of consequences to their families as the motive for not becoming involved. The following comments relate how the Southeast Asian community reacts to the presence of drugs and alcohol.

- √ "They don't want to be embarrassed by the public themselves. They don't want their family to be humiliated or embarrassed by other people. They don't think it's a big problem. It's all right to drink as long as you don't die from it. I don't know any Laotians who use that [marijuana or cocaine]. I know there's not much use of that because they know it's illegal and most of them stay away from that. The only thing they'll try to do is maybe drink and gamble, but other than that they don't do anything else with drugs." (2-15)
- √ "They respond silently because it is not their business. They are afraid of the revenge." (2-1)
- √ "They ignore it because they are scared. They don't want to get involved. They don't want to get their family in trouble." (2-13)

The concern for family was also apparent in responses elicited from Southeast Asian youth:

- √ "They don't want drugs and people who deal drugs to come closer to their neighbor or their families." (2-3)
- √ "They talked to the kids' parents that their kids used drugs and alcohol." (2-4)
- √ "I hope it doesn't happen to my kids." (2-5)

Fear and anger were reported by young people in each of the five cultural groups in the study. Examples below illustrate feelings of fear and anger on the part of African American youth:

African Americans

- √ "They're angry, but there ain't nothing they can do about it, so they just live their life." (6-29)
- √ "Some ignore it, but the majority of them are afraid. A lot of people are scared of drugs in their neighborhood because of the activities. People

walk around late at night with firearms and this and that, maybe high, don't know how they're going to react to the drug, stuff like that. But the few that stay to themselves, they don't want to be involved because they're scared. They don't want people comin' to their house saying, 'You said I sell drugs', and all that. They just stay to themselves, just try to ignore it." (6-6)

√ "On that question I would say that it's like a combination of all. You got a lot of people who are afraid that their mamas might get hooked on it, and you got a lot of people who are angry about the drugs being in their community. You do get a lot of people who care. Then you got a lot of people who ignore it. Then you got a lot of people that's on it. So it's like a combination." (6-30)

√ "They are pretty angry. They are angry because their children when they move in the neighborhood don't do drugs. And they start hanging around children who do use drugs; then they do it. Then their parents catch them doing it and they get mad at the people they hang around with. And they go tell their parents, but their mother don't care because they haven't caught their children." (6-33)

Whites

White respondents reported the following reactions from their neighborhoods to the presence of drugs and alcohol:

√ "Nobody says anything 'cause they don't want nothing to happen to them." (3-15)

√ "People are afraid. They're also angry. There's a lot going on on our street. And people are afraid to go out on the street. People might be on something. They might be jumped, or something like that. (4-27)

Hispanics

Hispanic interviewees also spoke of fear and anger.

√ "Because people who have relationships with their parents who do drugs, it causes a lot of fights so the children are afraid." (4-11)

√ "Mad, because children are involved." (9-3)

√ "Well, of course, I'm scared of people who use drugs. There's a lot of people who use drugs out on the street. Then you can't walk out on the streets in peace because you know people are on drugs and coke and everything." (8-2)

√ "Some do drugs and some don't. Some people are scared and some people like to do drugs." (8-23)

√ "I just get angry when people try to offer me drugs. I just say that I don't do drugs." (3-5)

Native Americans

Native American reactions were similar in terms of fear and anger being present. Several respondents noted a casual acceptance of alcohol and talked about its social use.

- √ "Only one person gets angry in the neighborhood. The rest are content. It's a way of life in the neighborhood. The ones who ignore it outnumber those who are angry." (0-9)
- √ "They're afraid because people are taking from each other to do the drugs.... You're scared to walk down the street, you know, because someone might just rob you or grab something, like your jacket or whatever you're wearing so they can get more drugs." (0-14)
- √ "In our neighborhood everyone is a window watcher. You can see people bringing alcohol into their houses. Like for example, there's a young couple next door to my house, upstairs and they sometimes have a party. Like they had one last week because the weather was so nice. They had a pool in the back, friends over, music, plenty of beer. So it's visible in our neighborhood. I've lived in my house for ten years so I know a lot of the people and many of them are regular users of alcohol. But it's social...They don't go overboard at all. They just drink beer, soda or iced tea." (0-23)
- √ It's [alcohol] not abused in my neighborhood and it's a great social activity and they don't look unfavorably on it." (0-2)

Questions asked about neighborhood reactions to drugs and alcohol reveal a widely shared feeling that these are "accepted as part of the community." Even though people in each cultural group have a particular concern about how substance abuse affects children, in the main people ignore their neighbors' using and dealing activities. Fear is a common motive for just looking the other way. There is broad tolerance for the social uses of alcohol and other drugs. The widespread presence of alcohol and drugs, coupled with the problems and disruptions this engenders, causes some to be angry, but most respondents felt that people's indifference, fear, or acceptance, outweighed their anger. Police intervention usually is not sought until an AODA-related situation gets out of hand. Organized responses to the problems associated with substance abuse in neighborhoods are few.

Overall perceptions of Neighborhood

The interview instrument also elicited young people's perceptions about their neighborhoods. When asked if they thought their neighborhood was a good one in which to live, slightly more than half (52%) replied "Yes". Just over 81% of the interviews were conducted with youth who lived within the six zip code target area (53204, 05, 06, 08, 10, and 12). Nearly all of the others were from a few contiguous zip code areas (53233, 53207, 09, 14, 15, and 16). Fewer than half of the respondents residing in the target area thought their neighborhood a good one to live in. Youth living outside the target area, in or toward the suburbs, were almost twice as likely as those living inside to have positive feelings about their neighborhoods.

Whites expressed the most negative feelings toward their neighborhoods, followed by Hispanics, while African Americans, Southeast Asians, and Native Americans tended with greater frequency to see their neighborhoods as good. Demographically, Native Americans are more spread out from the inner city and live in suburban areas. In contrast, African Americans are highly concentrated in urban areas, and particularly the inner city. Southeast Asians made several references to the aspiration to move out of the city into the country.

The reasons most often cited for negative feelings about the neighborhood were related to drugs, crime, and gangs. Interestingly, many who cited the presence of drugs as a reason why they viewed their neighborhood as bad had themselves had experiences with drugs or were currently using them. Many who replied "Yes" to "Do you consider your neighborhood a good one to live in" went on to qualify their response by talking about negative features as well. Hence, beyond the mere "Yes" or "No" response, there was a fair amount of consensus about how to characterize many neighborhoods. The reasons most often given for positive feelings toward their neighborhoods were that they thought it was safe and that people look out for one another. Although such positive responses are not entirely lacking within the target area, they are more likely to be encountered as one moves outward toward suburban areas.

White respondents, predominantly from the south side, often mentioned gangs, drugs, crime, and violence. Examples of these responses follow below. (The "Yes" or "No" preceding the response refers to the answer to "Do you consider your neighborhood a good one to live in?" The respondent's zip code area is identified right after the interview number in the comments that follow.)

Whites

- √ No. "There are too many people that are in gangs that live on my block and they have gang parties down by my house. They get robbed all the time. Once in a while I feel safe going out. Depends on what night it is and what's going on." (3-15; 53204)
- √ No. "Cause there's a lot of drugs around there, especially cocaine.... Yesterday, the lady -- some guy broke in her house, crawled in through the window and started beating her." (10-1; 53215)
- √ No. "I don't feel safe because I got jumped on at one time. I'm just scared someone is going to jump me." (3-18; 53204)
- √ No. "Because there's people that deal with drugs, there are gang members. Because my brother and sister have got in a lot of trouble with drugs and alcohol." (4-26; 53204)
- √ No. "Because last summer two people got shot down there. The cops always tell us our neighborhood is called a red zone because they find stolen cars and all kinds of stuff down there. So it's not a good neighborhood at all." (4-23; 53204)
- √ No. "They stole our van and the kids always pick on my little sister." (5-11; 53208)

White white respondents had the most negative perceptions of their neighborhoods, there were a few unqualified positive responses:

- √ Yes. "There's not much crime that goes on over there. It's like if you want to go out and sit on your porch. I see little kids like six or seven riding their bikes around the block around ten. It's really good, not many things are going to happen." (3-12; 53215)
- √ Yes. "It's a really good community. We all get to know each other real well. Everybody can talk to each other." (4-7; 53208)

White youth often qualified their initial positive assessments of neighborhoods:

- √ Yes. "Honestly, I don't see anything wrong with our neighborhood. But I understand that you can't walk out the house at twelve o'clock at night with your hat turned the wrong way or something and expect nothing to happen, so I would say that it's real good, but you have to take certain precautions, like you would anywhere." (4-6; 53208)
- √ Yes and No. "It seems like one half of the street is good and the other half is bad. I know it's weird, especially on 7th and Rogers toward 7th and Maple." (5-10; 53204)
- √ Yes. "It's not bad like on the east side, and the ghetto and stuff. It's not as good as the suburbs, but it's not as bad as the ghetto." (3-2; 53208)

Hispanics

Among Hispanic young people, about one third had positive responses to the question about their neighborhood, saying it was quiet, calm, and safe, that there is hardly any crime and that people don't bother you.

- √ Yes. "It's safe." (4-22; 53204)
- √ Yes. "There's no noise. Nobody bothers other people." (4-11; 53204)
- √ Yes. "It's clean and there's hardly any crime." (8-8; 53215)
- √ Yes. "Cause I never get beat up in my neighborhood." (8-17; 53204)
- √ Yes. "Because I grew up there and nothing that bad has really happened there." (4-8; 53212)

Yet more than half of this group registered negative reactions, citing the presence of gangs, drugs, and crime. These responses were typical.

- √ No. "Not for a growing child. There's a lot going on. Where I live, there's one hard gang right there, so you never know when another gang could just come in." (4-21; 53204)
- √ No. "Because it's like the ghetto. There's a lot of Latin Kings there. There's always shooting, fighting." (8-23; 53204)

- √ No. "Too much trouble. Drugs. People's houses getting broken into." (8-14; 53204)
- √ No. "It's crazy. There's crimes. There's gangs at all times, everywhere. Always, always you see drugs, dealers. You see all the time this going on." (9-3; 53204)
- √ No. "Because there's a lot of drive-by shootings." (9-9; 53204)
- √ No. "There's a lot of gang activity; shootings, drug dealing, graffiti. It's terrible." (9-7; 53204)
- √ No. "Mostly everybody in the neighborhood uses drugs." (8-6; 53204)
- √ No. "Look around. You can't even walk around without seeing beer cans, trash all over the alley. If you cross the street to the park the cans are full, and it's been two weeks since the city has been around. And because of the gangs. When I was younger it was a good neighborhood." (4-13; 53204)
- √ No. "I consider this the ghetto, I consider this where most of the drugs happen, you know, where you mostly get peer pressured. There's too much peer pressure. Everything is bad down here where we live, the drugs, the crime, the murders, everything." (8-2; 53204)

There were several qualified or mixed responses indicating some people felt the neighborhood was demarcated into safe and not so safe areas. Some youth said it is safe on the turf where you are known, but perhaps not down the block:

- √ Yes. "It's calmed down now because there's a lot of old people there. There's been some bad things happening. It could be worse." (4-5; 53204)
- √ Yes. "As long as you know one another they won't mess with you; it's the people outside of your neighborhood that do." (9-8; 53204)

Southeast Asians

The Laotian experience with Milwaukee's central city neighborhoods is varied. About half of the responses were positive with people especially appreciating a quiet neighborhood and helpful neighbors. The respondents also indicated their dissatisfaction with crime and reported being victimized by robberies. A few people talked about wanting to move outside the city.

- √ Yes. "Quietness. This is what I like most." (1-6; 53206)
- √ Yes. "There is this one Spanish family who liked us very much. He doesn't want us to move because he said he is afraid that other bad family might move into the neighborhood close to him....There was a time when someone broke into cars and took something out, but this was long ago." (1-3; 53204)

- √ Yes. "Because we bought a house there." (1-4; 53206)
- √ Yes. "The crime rate is not that high over here. I feel safe when I go out at night. Very friendly neighbors and there is not much problems." (2-15; 53204)
- √ Yes. "Quiet, but I would like to move out to the outside city. It is much better out there." (1-8; 53204)
- √ "Yes. But I would like to move out to the country side. Here there are too many kids who play too much. Kids usually play a" night during the summer, playing football in the streets, throwing L at our cars. I don't like this idea at all." (1-10; 53206)
- √ "There was a time someone broke into my car." (1-4; 53206)
- √ No. "My uncle got robbed. TV, VCR, video games, and many other things were taken. The door was smashed.... Soon after my uncle got robbed, my other neighbor then got robbed, too. I think these people do that for a living. It is beginning to be a big problem in my neighborhood. It must have something to do with drugs and alcohol, too. I remember there was also a shoot-out one time. And about 5 years ago, my uncle's car got stolen, and it was then found in Chicago. And about 4 years ago, my brother's car was broken into an things were stolen. His really nice car stereo was stolen, too. Things were really bad around here." (1-5; 53204)
- √ No. "Everyone must cooperate, watch, and report anything suspicious." (2-2; 53210)
- √ No. "My car got stolen and some shooting here too." (2-4; 53208)
- √ No. "Too loud, a lot of fighting, shooting, and stealing." (2-13; 53208)
- √ No. "A lot of vandalism. Cars have been broken in and sides of houses vandalized 'cause there are a lot of gangs there. But it's really simmered down now. These days there's hardly anything going on 'cause some of the gang members have been put in jail." (1-16 & 1-17; 53204)

Native Americans

Slightly over one half of the Native Americans interviewed lived within the target area. The rest resided outside it, mostly in 53214 and 53215. Responses of Native Americans echo those of the other groups that were interviewed in terms of deploring the crime, drugs and alcohol abuse infesting their neighborhoods. These problems surfaced mainly during interviews with those in the central city. Feelings of safety and of satisfaction with the neighborhood appear to increase with distance from the central city. Almost twice as many people outside of the target area as within it had a positive perception of their neighborhood quality. Fewer than half, 45%, within the target area said their neighborhood a good one to live in compared to 82% of those residing outside the six inner city zip code areas that are the focus of this study.

The following comments were made by Native Americans who live outside of the six-digit zip code target area:

- ✓ Yes. "Because it's a suburb. You can walk down the street at night and not worry...." (0-3; 53221)
- ✓ Yes. "It's quiet, nice and clean. People are not mean." (0-8; 53223)
- ✓ Yes. "There's a lot to do. There's a park in the middle, -the hangout. Anytime during the day you can find something to do." (0-15; 53214)
- ✓ Yes. "Everyone's like everyone's mother. There's some good interaction in the neighborhood." (0-19; 53215)
- ✓ Yes. "No drugs are around my neighborhood. There are a lot of older people who live there. There's no violence, no gangs, no problems. It's very quiet." (2-10; 53214)
- ✓ Yes. "Because of the reaction you have when you drive down my street. There's kids playing out in the front yard and there's people walking around and there's just a lot of people outside having fun and you get a good feeling. Other places you go into a neighborhood and there's people breaking into your house. There aren't any robberies where I live. ...I have a great neighborhood and very friendly neighbors." (2-9; 53005)

The following comments, made by youth who live in the central city, stand in marked contrast to those made by Native American youth who reside outside this area:

- ✓ No. "Because of violence, dope house, drug addicts. I walk to work and you can see the dope houses around the neighborhood around here.... it's easy to come by. It's like going to get a pack of cigarettes.... There's a lot of young gangs and a bunch of little punks.... A lot of young people are drug users now and get their friends into using them, because it's the people you hang around with mostly and all these people are using drugs, a lot more than they used to." (0-1; 53208)
- ✓ No. "Because a lot of people make it bad. Adults kill each other because of alcohol or drugs. Before we never used to have killings. In this past year there's been two people got stabbed, or killed by my house. That's scary. So I don't think it's good." (0-18; 53208)
- ✓ No. "Because the shootings are getting closer, the gangs are getting closer. I almost got killed once when I was very little.... The bullet had missed me and my mom came in screaming and crying because she thought I got hit by the bullet." (0-21; 53205)
- ✓ No. "Too many bars, drunks, gangs." (2-6; 53204)
- ✓ Yes. "Good mix of middle class, low crime, neighborhood feeling." (0-2; 53208)

- √ "I don't consider my neighborhood good. There is too much fighting, pollution. Nobody cares, nobody cares about each other. I don't feel safe even in daytime.... People don't care. If they're angry, they just do drugs, thinking it will solve their problems. They get upset without taking them.... I know a few people. Well, not close friends, but I know them. There are certain people in the family I trust, but others I try to keep away from them. We only know one person next door to us, so we don't really associate with others because they are all families involved with drugs and alcohol, always fighting. So we keep to ourselves." (3-17; 53204)

The dynamics between inner city and suburbs is conveyed as this young Indian woman relates her experience before and after moving. (0-20; 53214)

- √ Yes. "Because it's usually nice and quiet except on the weekends. The kids can go outside by themselves.... I used to live on 60th and Green Tree. This lady got stabbed when she was eight and a half months pregnant, about two and a half years ago. That was a block away from my house. I just wanted to get out of here.... I couldn't handle that.... I used to drive a bus. I've seen kids come on my bus with needles, that their parents have used. I had a little kid come and hand me a point, an injection needle that his parents had used. I couldn't deal with that. This was two and a half years ago. My neighborhood was going downhill, a lot of drugs, alcohol, and gangs.... I wasn't brought up in that atmosphere.... Just recently the bus came out there [Wauwatosa] and the crime rate went up. My parent's house got broke into a year ago, and they lived there for 23 years. There have been some gang fights because of that busing with the kids in Wauwatosa. Because the other kids don't want to be there and they got attitudes and the kids in Wauwatosa got attitudes.... I'm real scared. I will not send my daughter to a Milwaukee Public School because they're so bad. I'll drive her out to Waukesha.... I used to drive for MPS. I drove for them for two years. I've had experiences where a kid jumped on my fiancee's bus and pointed a .44 to his head and said he was going to shoot him. They did nothing about it. I've been punched by kids. They fight with knives. They don't do anything about it. The driver is helpless. He can't strike the kids, but they're going to punch you in the face. Bakney. You know, like getting the gun pointed to your head. You know, when that happened, now that's so nething serious, okay. When that happened they sent somebody following my boyfriend for one day. One day. Now what would they have done if he got shot in the head?"

African Americans

Accounts of African American youth are similar to those given by other young people about their neighborhoods. The drugs and violence threaten the stability and security of many central city neighborhoods. Following are some of the perceptions of youth living in these neighborhoods:

- √ No. "Too much violence for a young person to grow up in." (5-8; 53208)

- √ No. "Too many guns in that area and, did you hear about that lady that just got stabbed? That was right on the corner of my street." (3-7; 53210)
- √ No. "The newest cops is even scared to come over there. Police don't even come through there every once in a while, just a treacherous neighborhood." (6-4; 53208)
- √ No. "Because it's set up that way. Ever since I can remember it's set up for the inner city to be populated more with Blacks. It's always crime, drugs, frequently every day, every day. It's not a day that goes by I don't hear no ambulance, and when the summertime comes, there it is." (6-15; 53208)
- √ No. "Because it's rotting, dope everywhere, whiskey bottles everywhere, young guys hang around on the corner, just hanging out. Sometimes I do it. That's what's happening, that's what people are doing.... [About the people in the neighborhood] 'We're not friends, but we're associates. We get high together. I'd say it like that.'" (6-16; 53233)
- √ No. "It's a bunch of drugs over there. It's not good for the kids. They can't even play out there 'cause it's always shootings. I mean when we were little, we used to stay out to ten or eleven o'clock, but right now when it gets dark everybody has to go in the house because you know ain't telling who going to drive by there and shoot." (6-24; 53206)
- √ No. "It ain't good 'cause you know, you got to wear your hat one way. You can't walk down the street without someone asking, 'Oh, I got some caines. I got some drugs'. It ain't that good. If it was good you could walk down the street and wear your hat any way you want to wear. You dress how you want to dress. You say what you want to say. If you say the wrong thing you can get hurt." (6-33; 53208)
- √ No. "I don't like it at all. The young men, they stand on the corner, just meddle with each other. You can't walk through the store, 'cause they're all in front of the stores. They'd be selling drugs and the kids are running around seeing all of this. They're just wild. It's just wild over there. Yesterday the police was over there chasing them, the gang squad and all that. Terrible. Some people got shot over there. It's not a place for a child, or anyone." (7-2; 53208)
- √ No. "Gangs are present. It ain't no neighborhood good when 13 and 14 year old kids got guns." (6-32; 53208)
- √ No. "Violent man. It's the ghetto, man. It's the ghetto, you know. I don't consider the ghetto no good place for nobody to live in." (6-30; 53206)

There are other more positive perceptions co-existing with the negative ones cited here. Some of these are hedged in various and subtle ways.

- √ Yes. "Because it's safe and somewhat friendly." (6-1; 53210)

- √ Yes. "Where I live I hardly see people drinking or taking drugs." (4-10; 53206)
- √ "Yes, there's no crime over here, it's nice. You don't have to worry about going outside and ducking from a bullet." (5-3; 53208)
- √ Yes. "Been living here for a long time and it's not that bad. A lot of children live around here." (5-4; 53208)
- √ Yes. "Because people over here, they usually mind their own business.... My neighborhood is peaceful. It's a lot of children, more children, than adults." (6-10; 53206)
- √ Yes. "So far there hasn't been any violence in the neighborhood." (7-1; 53209)
- √ Yes. "I like it now because it's quiet. I like it because I can go and chill, you know. When I really want to get high, I can just go in my room, just go to sleep, or eat something." (6-13; 53209)
- √ Yes. "I grew up in it and know who the people are." (5-7; 53206)
- √ Yes. "If you can't afford nothing better." (6-26; 53208)

Differences in areas or blocks, with some turf being more dangerous and problem-ridden than others, were also uncovered during the interviews:

- √ Yes. "It's better than some. Some blocks are so bad you can't even walk around at night." (4-20; 53204)
- √ Yes. "Nothing really happens. It's really quiet. They're good people who hang around our neighborhood. It's all quiet and stuff. A lot of people live around there. But it's like in the backyard, in the projects over there across the street, that's where all the stuff be happening.... Our neighborhood, it was in the newspaper, it was raised as the number one neighborhood that's nice and all quiet and everything. But across the street in the projects that's where all the experience go. Because all that stuff going on: shooting, drugs. And I say that all these people going there from our neighborhood to that neighborhood then that's easy for them to get hooked on to drugs, alcohol, selling drugs." (0-7; 53205)
- √ "Well, it's about two or three dope houses around there, and a block away from me is West Lawn and there a lot of gangs over there. I live on 58th and Hampton and it's really not that bad over there." (6-22; 53208)
- √ Yes. "There's not a lot of fighting and shooting in my neighborhood. But if you go down on 35th, that's where the shooting is." (3-1; 53216)
- √ "If you divide the street up one side where Kentucky Fried Chicken is, that side is a good side, that's where I live. But on the other side of the apartment building is a few people over there who don't have no money to move; they are on welfare or something." (5-6; 53212)

- √ No. "Like I said the drug activity makes everybody scared. They stay away from each other. They don't come outside. If you walk down the street and say 'Hi', they'll give you a strange look like, 'You stay down there at that end where they sell dope', or if you walk down this way, and you say 'Hi', they look at you, -'You sell dope on that end'. It's a mixture of attitudes. Every attitude doesn't fit with each other. So, there's a lot of hostility. Everyone notices me 'cause I sit out on the porch and play music and just sit there and look around. They'll speak to me -'Hi, how you're doing?' I say 'Hi'. I guess they figure I'm probably one of the good guys in the neighborhood, but there's a couple of houses on the block where 12 or 13 guys are stayin' in it. You know, they're selling dope. So, there's a mixture of attitudes in the area." (6-6; 53206)

A sense of human solidarity emerges in a positive and striking way from many of the interviews. Quite a few respondents pointed out how people in their neighborhood look out for one another and try to help each other.

- √ Yes. "Everybody watches out for everybody else. If somebody is new and doesn't belong there, they let you know." (3-10; 53216)
- √ "The neighborhood watch program. They used to have a meeting every Tuesday. Me and my mother used to come.... I am doing my part trying to help clean up the neighborhood." (6-31; 53206)
- √ Yes. "Because there is a lot, there is a few that are real friendly, and they try to get to know their neighbors, instead of, you know, one staying on this side and one on that side. They try to get to know each other, in case something do happen, somebody else in the neighborhood they do see it, they would be able to tell it. We have a pretty good neighborhood for watching out for each other. When there's a problem in the neighborhood, like there's a burglary, somebody in that neighborhood may see it and report it to the police." (3-4; 53208)
- √ Yes. "It's a nice neighborhood, a friendly one. I don't feel safe going out at night. I don't go anywhere unless I have a ride somewhere. My grandmother doesn't let me.... People on my block steal and break into houses. They'll do the regular things that people on drugs will do to you." (3-11; 53216)
- √ Yes. "Mainly it depends on who you know. Yes. I've lived there all my life. Everybody around there know each other and the youth all go to the same school [North Division]. So I think it's an okay neighborhood. They all have both ups and downs about them." (5-2; 53206)
- √ Yes. "With me we have some people in our neighborhood that watch over us and the parents are not at home they'll take care of you themselves." (5-5; 53212)
- √ Yes. "Mainly in my neighborhood are people like me. Different age groups, mainly black. You could call it a ghetto, people with low income.... I have been around for quite some time now and I have grown to know the people. I say it's a good neighborhood because they look out for

me and I look out for them. I don't have to worry about someone breaking in and taking anything because there is always someone watching."
(6-17; 53233)

The sense of community within the neighborhood illustrated by the remarks above, nevertheless, has very much with which to contend as these descriptions show.

- √ "I live over by Capitol Court. There isn't very much that goes on around there except in the summer time. We just bought a house over there and about three months after we moved over there...we were in the alley about to get out of the car. Some people were just shooting and the police was shooting back at them. They came flying down the alley and then they told my mother that they were going to kill her if she say something. And then she got out of the car and she was coming toward the house, and she saw where they were going and they turned the corner. The police was speeding past trying to find them." (6-3; 53216)
- √ "Gangbanging, drugs, thieves....alcohol from stores. It's like mostly gangbanging a lot, buying and selling bodies, prostitution an all that." (6-4; 53208)
- √ "Well, I live in two different neighborhoods. Sometimes I stay over my aunties house and sometimes I stay over my grandmother's house. I know both the neighborhoods. They are kind of the same. It's some good people in the neighborhood and some bad. The ones I hang around are sort of bad. They sell weed, sell dope, fight, you know. I used to be in that when I was young, but I learned from my mistakes. They sell dope. I used to sell dope until I got caught and I paid. I smoked weed. I still smoke weed now. Every time I wake up I say to myself, 'I am going to stop smoking weed. I am going to stop doing this'. The neighborhood is like, you can't go out of it. Once you go from one neighborhood to another one, it's the same thing. It's just different how they are doing. Some sell drugs on the street and some sell drugs in the house." (6-33; 53208)
- √ "The neighborhood I lived in was like a whole country block. Everybody does the same thing every day. The man next door had his truck. He would go on his route. His women and her family, they all out on the porch getting drunk. Everybody on that block were jealous of us because they saw us. I used to live with my aunty. And they saw us getting up going to work, going to school, and nine times out of ten the little kids around there were always at home when they were supposed to be in school...." (6-24; 53206)
- √ "The neighborhood that I live in now is made up of basically drug dealers, and the younger kids around there they see that as if they are role models to them. And what they need around there is more positive role models, you know, as far as seeing people that's going to work every day. They see them going to work every day, and the cars that they have. You know, they see that and they want it, and they do it the fast way. They do it buying and selling drugs." (6-26; 53208)
- √ "There's a lot of killin' and stuff goin' on, you know, it's the ghetto. Like the other day, a brother got shot in the head, right on the corner, over there.... It's rough in the ghetto, man, you know, because it don't give

people a chance, man. You understand? There ain't too many chances out there for us. Because they only see what is specifically going on in the ghetto and not what's going on out in the world. You know what I'm saying? Then they always tell you to go out and get a job. How are they going to go out and get a job when they ain't got no money, and all they see all day is this man selling drugs and all this violence, you know what I'm saying? That's what they see all day. So that's naturally what they are going to adapt to. You adapt to the type of environment that you are in. Like me, I just got through doing two and a half years in the penitentiary."
(6-30; 53206)

Summary

In many ways, the accounts given by young people above speak for themselves and need no clarification. They reveal central city youth struggling to survive and adapt to an unstable and deteriorating environment. Of course, many reported positive experiences in their neighborhoods such as friendship, mutual support, and caring. But the ever present, drugs, violence and instability present an environment that shapes young people's perceptions and behavior. The following patterns were identified as youth spoke about their neighborhoods as contexts for alcohol and drug abuse:

- No significant link was identified between respondents' perception of their neighborhoods and use and abuse of drugs or alcohol.
- Most young people (63%) saw their neighborhoods as places with "quite a few" or a "great many" alcohol and drugs abusers.
- Twenty-eight percent of youth interviewed described fear as the reaction to drug activity in the neighborhood.
- Anger was mentioned as a reaction to drugs in the neighborhood by 20% of those interviewed.
- Slightly more than half (52%) of those interviewed said their neighborhood was a good one in which to live.
- White youth expressed the most negative feelings towards their neighborhoods
- Reasons most commonly cited for negative feelings about the neighborhood were related to drugs, crime and gangs.

Chapter VI Perception of Community Messages

Introduction

Community messages aimed at reducing substance abuse among young people in Milwaukee received "mixed reviews" among those interviewed. Although many felt that messages like those in the Hang Tough Milwaukee campaign were visible, only a quarter of the respondents felt enthusiastic about their effectiveness. Most felt, for a variety of reasons, that messages were not effective.

It should also be pointed out that use and abuse of alcohol and drugs were found not to be related in a significant way to the perception of community messages. Community messages were found to have neither a positive nor a negative impact on youth behavior in this regard.

However, a variety of positive suggestions for improving messages were elicited from youth during the interviews. Among these are:

- Have these messages deal with reality and real consequences
- Utilize a peer and group orientation more in the messages
- Promote family involvement through these messages
- Make alternative activities to substance use more widely available to youth

The evidence suggests that substance use and abuse often occur when there are few alternatives, such as organized and institutional community activities. Substance use and abuse become activities of choice among young people by default. Community messages that warn of substance abuse must target a number of age groups among young people and must be appropriate in their messages and message deliverers. But, perhaps more importantly, the community must make available opportunities for healthy social and recreational activities that youth say they need.

Community messages aimed at deterring youth from substance abuse have emerged in recent years as a response to the growing alcohol and drug problem. While not addressing the problem of a lack of alternative activities for youth, these messages nonetheless have attempted to communicate warnings to young people in Milwaukee about the real perils of substance abuse. The most recent campaign, "Hang Tough Milwaukee", is an example of this type of community message approach. By looking at community messages "through the eyes of young people" we hoped to see their impact at the local level and better understand what is needed to reach them with messages about substance use and abuse.

Respondents were asked, "Are you aware of any of the community messages warning kids about drugs and alcohol, like Hang Tough or others?" This question was intended to elicit information about youth awareness of community messages that specifically warn about drugs and alcohol. Ninety-two percent (92 %) answered affirmatively. They were then asked if they felt these messages were effective or ineffective and if they kept young people away from drugs. Young people also had a

chance to share what they felt about the community messages, how they would make them more effective and what type of message would have a greater impact.

Youth perceptions of the effectiveness of community messages can be divided into three categories of responses: effective, not effective, and somewhat effective. On average, one quarter of the respondents found community messages effective and nearly one quarter took the opposite position and thought them ineffective. Blacks and Whites had a slightly greater tendency to see the messages as ineffective than the other three groups. Relatively few in these two groups felt that messages were effective while more felt that they were not effective. Figures for judgements about ineffectiveness by cultural group are as follows:

- √ Asian Americans 19%
- √ Native Americans 18%
- √ Hispanics 15%
- √ African Americans 28%
- √ Whites 32%

Message Effectiveness

Many young people gave only a conditional assessment of effectiveness. Among these respondents, about half thought message effectiveness depended on age and the rest said that it depended on various other factors. Many of those interviewed made good suggestions for improving existing community messages or programs.

On the whole, respondents were aware of messages from the Hang Tough and D.A.R.E. programs through such formats as television, billboards, brochures, and community programs. They felt messages were effective for a variety of reasons including personal relevance, perceived target audience and positive reinforcement. Several of the respondents remarked on how they have made a difference in the lives of some young children, who identify with the messages when message deliverers are their ages. Some with a positive view thought community messages, through television, were reaching children and creating a general awareness of today's drug and alcohol climate. Responses that address the effectiveness of messages include the following:

- √ "They do help with the little kids because they watch so much T.V."
(4-28, Hispanic)
- √ "But the little kids who are innocent, they see kids on T.V. in those commercials saying 'Hang Tough. Stay off of drugs'. You know, people almost their age. So that's nice. I think it should be effective. Don't think you can do too much better than the Hang Tough commercial. That's probably the best one I have seen.... Just work with the younger kids and bring 'em up, getting 'em more aware of what drugs can do to you, how horrible they are, and that they shouldn't indulge. You have to start with the younger kids." (6-6, African-American)
- √ "I like Hang Tough. If I could meet the ones that did it, I would tell her or him that it is working, 'cause I know a whole bunch of little kids.... They

watched the commercial once, and they liked it, and they are learning too." (3-13, White)

- √ "I think the commercials are good. They help the little kids know what to do and what not to do in those situations, when they're with friends, who are trying to influence them into doing things." (7-1, African American)

One 15 year old respondent said message effectiveness could only be determined on an individual basis, yet had also personalized the message through her family's experience with the Hang Tough program:

- √ "It depends on the person. My sister, I think Hang Tough helped her and local community centers. I know it's helped her a lot and they've talked to her about it, because she was depressed one day and she needed someone to talk to. My mom told her if she can't go to her, she can go to somebody else. She did and it helped her a lot." (5-12, Hispanic)

Another respondent, a 13 year old girl with no history of substance use and no AODA in her family wanted to become active in the Hang Tough program.

- √ "We watch the shows and commercials and some of the people that do drugs watch and their role models are in there. Hang Tough, because everyone in my neighborhood is talking about it. That's why we came here today to get the phone number, because we all want to join it. (5-6, African-American)

One youth described a specific situation in which actual community messages were cited in a substance use situation:

- √ "I know from experience they work because one day there was this little boy and we were messing with him and my buddy said, 'Drink that beer', and he said, 'I don't do that stuff. I hang tough'. So they work, and we liked that in him because we wasn't going to give it to him. We just wanted to see what his response would be. We tell him don't do stuff just because we are doing it." (6-25, African-American)

Many of those who assessed the anti-drug messages as somewhat effective saw service presentations as vehicles for messages aimed at "younger children" and thought their effectiveness was limited in that other, older groups of youth paid less attention to them. (By "younger children," some respondents meant 10 or 11 year olds, some were referring to children in grade school, and some included high school age youth.)

Examples of comments reflecting these concerns include the following:

- √ "Does send a message to the young, not old. I think they send the message out to the young people." (0-5, African-American)
- √ "For the younger kids probably, but not the teenager and the older ones. They're kind of effective, but teenagers, if they wanted to get drunk or high, they can find anybody to do it with them.... If the teenager wants to mess up his or her life, then they'll find some way." (0-18, Native American)

Some youth noted distinct differences in responses based on an individual's use of alcohol or drugs. They felt non-users would be more receptive to messages, while users would not pay attention to them. Because of this, many youth felt there is a limit or point at which messages reach their peak of effectiveness. For example:

- √ "But people that are on drugs, I don't think it will affect them.... But the people who aren't on drugs, maybe it will affect them. It'll make them think twice about using the drug or not. I know that it won't affect the people who're already on drugs: they're badly on it." (9-4, Hispanic)
- √ "[Messages are effective] Probably for those who have never used drugs. I think they're good. Have to have more than T.V. commercials to get people to stop using drugs. Over Easter vacation they had us at those Hang Tough Centers. Kids need places like that to go." (0-4, African-American)
- √ "It is effective for me, but for those who have already gotten involved with drugs and alcohol, I don't think it is effective." (1-6, Southeast Asian)

The idea that messages work only for younger kids emerged often with respondents. Others felt that a number of factors are involved in making a message effective, such as the message's design, it's ability to address AODA problems in the home, neighborhood characteristics, and individual differences.

- √ "It's easier to say something to somebody, but you got to go out when you're talking about something personal. It looks nice and sounds nice, but I don't think it has too much effect. Because if you got a house with drugs and alcohol, young kids, and they see that on T.V., Hang Tough or Just Say No. But it don't come in and try and help the family at where it's at. The core at where the problem is. It's up to the individual. It's all right for the younger kids." (0-23, Native American)
- √ "...I guess we need something more that we can relate to, because it's harder for us, because it's right there on our streets and in our neighborhood." (6-19, African-American)
- √ "Hang Tough I'm familiar with 'cause it's on T.V. and I know the UCC has little groups that go around talking to little kids, 'cause I worked with them. They gotta' hit the right age. Where you live depends...If you're 12 and you live in this neighborhood, chances are you've already tried drugs. If you go in a rich neighborhood, if you're 15, the chances are you might have come across them, but not necessarily tried them. So, around here, they're trying to hit them at ages 5,6, and 7.... I remember 5,6,and 7. People were warning me about mushrooms, and I'm like, 'Mushrooms? - what is a mushroom going to do?' 'Well, it's...got LSD in it'. And I'm going, 'Well, what's LSD?' They're trying to hit 'em too young 'cause they're not sure what age they're actually starting." (4-24, White)

Family conditions, AODA experience, role models, personal background, and neighborhood environment were all mentioned as influencing receptiveness to anti-drug messages. According to several respondents, it is hard for a message to have personal relevance if the recipient must contend with alcohol or drug problems in the home or in

the neighborhood. If the community is at risk, the message has less chance of affecting behavior. But if a community is stable, it may be received more readily. Young people also stressed that messages need to include specific problems in order to have an impact. Examples of these include the following:

- √ "They work for people who aren't on it. But if they're on it, it doesn't work. If your mom is turning tricks to get money to buy coke, and someone is telling you to Hang Tough, it isn't going to put food on the table. Yeah, I think they're effective. My sisters listen to them. They make a difference, to certain people." (4-9, White)
- √ "Some kids they do [help]. But if you're in the neighborhood with a lot of drug dealers and stuff, you know, that's all they see. They be outside most of the time... or sitting there watching TV every night. They see this. It depends on the person and their parents, what's going on in their household." (7-2, African-American)
- √ "To little kids, yeah, but in a way they're not also, because a lot of little kids and older people, they see other people have nice cars, nice clothes, money and things. So that kind of beats the whole idea. When you see the message, --'Oh, yeah, we'll never do drugs.' But when they go out of the house and they see all these nice things and everything that other kids have, the message just disappears. I think it's sometimes effective." (2-15, Southeast Asian)

Several young people expressed the view that messages would be more effective if they showed the consequences of drug or alcohol use. They wanted messages to be stronger so they might have a greater impact on behavior. The effectiveness of the messages depends on the person, according to still other respondents, who believe the individual shapes the interpretation of the message. An individual's motivation or personality will determine whether he or she takes the messages seriously. Examples of these views include:

- √ "I don't think a lot of us respond to any of them. I see them, I say, okay because some of us know what drugs have done to other people. So we don't really have to watch the ads....I know it already, that it's bad and everything. So it's not really effective to me and other Laotian kids my age. They more or less take it as a joke. It's become a joke now. It's not effective any more.... I think we need tougher messages. With those Hang Tough messages, it's easy to say it. It's easy to see it and say, 'Well, that's what I'll do.' But we don't have any concrete hard examples." (2-15 Southeast Asian)
- √ "The physical danger and how it gets really out of hand. To present the extreme negative parts of it. There's this one commercial that I really thought about. It's this chick laying on the beach. She'd been in trouble with coke and she's a fatality because she's with this guy. And then it's an AIDS commercial. When you think about it, you're at a party and you're all high and feeling good. You meet this guy and he's cute. To think you could get AIDS from him." (4-9, White)
- √ "They are effective. But it really depends on the person. There are a lot of people that say, 'When I grow up I'll never use drugs'. But you see them a couple years later and they're drug addicts.... We have to show

them [young people] literally, specifically, what happens to you when you use drugs and alcohol. Like on that show, 'Scared Straight,' where they showed the guy who goes to jail after he gets busted. That scared people a lot. It shows what happens when you're in jail." (4-1, Hispanic)

- √ "It's up to individual to make up their own mind. If they don't care about it, the messages won't mean much to them." (1-4, Southeast Asian)

Message deliverers were also considered important by youth and were addressed in the interviews. Young people wanted to see "older, more respected" individuals or at least more positive role models deliver the messages and give them more validity.

- √ "It'll reach some kids. But they're gonna have to do more than that. I don't know. Have a little more Milwaukee-oriented heroes, like basketball players, baseball players, who kids look up to. I don't know how they would respond." (9-10, Hispanic)
- √ "They are somewhat effective. They are making it too "yuppie." The way for them to be effective would be to have members of that group who were heavily into drugs and turned themselves around." (4-2, Hispanic)
- √ "But you have to get certain artists that kids like, like all the kids love Hammer. So if he makes something like he makes to help children, they'll probably listen to it." (6-6, African-American)

One Southeast Asian, a 19-year old Laotian, remarked on a significant factor in message delivery that is extremely important for his cultural group: the ability of a deliverer to speak in the same language. The Southeast Asian group was also the only one to refer to gender differences. One respondent felt that messages would be more effective if they addressed male and female groups separately:

- √ "Some kids I know don't know how to speak English yet and that doesn't help when you see it on TV. It's just a mumble jumble thing they see." (2-15, Southeast Asian)
- √ "Most of the girls are passive. They don't do this alcohol stuff. We're talking about teenage people now. Most of the guys would pick it up from the girls because the girls would go, 'No thanks,' and things like that. They'd serve as examples." (2-15, Southeast Asian)

The one quarter of respondents who felt community anti-alcohol and anti-drug messages are ineffective had a number of reasons for this view. Some felt these messages did not really change long term AODA behavior. Other youth said that messages simply do not work as a positive reinforcement and prevention tool. Young people also said that no one paid attention to messages or took them seriously. Finally, many youth stated that they had no identification with the message deliverers. Examples follow by those who answered community messages are ineffective:

- √ "I don't think they're effective at all, because they're showing little kids on T.V. . Little kids might see it, but the older one won't. They'll just ignore it because they're already hooked on it. They'll think, 'Well, it's doing okay for me'. 'Cause either they'll sell it and they'll make money from it, or they'll smoke it and get high and have fun. I tried it once to

help my friend get off drugs. I took all his pipes and threw them in the sewers. That's the only thing I thought would help him, but nothing else helped him." (4-23, White)

- √ "People who've been on drugs and all that too long, it ain't going to work. Gangs, it ain't going to work. They're used to it." (0-7, African-American)
- √ "Makes no difference. The only way to help solve these problems is to make more strict rules about the use of drugs and alcohol. Instead of just telling our children not to get involved with these things, why can't we just cut off the source where they are coming from? Since we can get involved with someone else's war like Kuwait, the one we currently saw. The source, we should find it and we must stop it from existing, because this is what makes problems for our children. This is the root of everything and our children are like the leaves on the tree. We cannot just tell our children to keep away from drugs and alcohol. And we cannot just keep on raking the leaves because we would get tired. The solution is to cut away the tree. This is an example of how we can solve these problems. There is no other way besides getting rid of these sources." (1-10, Southeast Asian)
- √ "You could say 'Hang Tough, Milwaukee', 'Say No to Dope', but who is there sayin' 'Say no' when you're sitting at the crib, ain't no food to eat, you're depressed, you know, this and that, ain't nothing to do, and somebody come in with some weed and they say 'Smoke this'. F--- that 'Say no'....So it's like, all fun. But people don't see that. They say, 'Say no'. And you're like saying no and you're like missing out.... You're supposed to say no. But then there ain't nothing else to do. It's like what the f--- to do, there ain't nothing to do. Let's go get high, f--- it, let's go get geeked up." (6-13, African-American)
- √ "I was in that D.A.R.E. thing. Do you think it works? No, I was in school with this one kid who didn't take drugs before that D.A.R.E. stuff. He was a part of the D.A.R.E. stuff and he came up to me and said, 'Hey, I just started getting into drugs, you want to go do some weed?' I said, 'Get out of my face'. I told him he was stupid." (4-18, White)
- √ "I just think they are ineffective. People who are on drugs and alcohol don't really take the time to read. They need people sitting there telling them, because they don't take the time to read." (6-35, White)
- √ "Nobody ever listens to them...because it's just a board, just a billboard, just writing." (8-12, Hispanic)
- √ "Kids just laugh at them or yell or whatever." (8-18, White)
- √ [Messages might be effective if delivered by] "a person that's on their level....that's been where they've been. They've got to see a person who's made something out of themselves other than drugs. 'Cause what they see now is somebody they used to hang with, who's now somebody big-time, because they're making two, three thousand dollars, you know what I'm saying, a day, an hour, from cocaine. He's getting rich off the community.

That's mostly what they see now, so you know, you never really get a chance." (6-30, African-American)

- √ "When you live in the inner city, tough communities, like gang communities and all that, you're going to watch one of those commercials and say, 'Yeah right'. You know, those people must be rich or something. There's so much going on that you cannot stay away from it." (4-29, Hispanic)

Youth Suggestions

Young people volunteered many interesting suggestions for enhancing the effectiveness of community messages. Four major categories of suggestions emerged from the interviews. These included:

- commercials and public service messages should deal with reality and real consequences
- Peer and group orientations should be utilized more widely
- Family involvement must be promoted through messages
- alternative activities to substance use must be promoted

Following are examples of suggestions made by young people concerning messages about the reality of substance abuse and its consequences.

- √ "Come out with a message about my own experience, things that have happened to people close to me. If you can relate to it, then it becomes much more realistic, therefore more meaningful." (0-22, Native American)
- √ "I would stick to that Hang Tough kind of thing. I think that's really good. I think too what a cocaine baby looks like and show how kids have died from AIDS, or smoke, because of pregnant women smoking. Or what a liver looks like after drinking for several years or whatever." (0-3, Native American)
- √ "What scares me the most, which is why I never tried cocaine is how ...the first time a person tried cocaine...they could die. Show that and I know that scares a lot of people. Like my friends, that's why they never take cocaine.... We had watched this one movie, I don't remember what it was called, but it showed a lot of drug addicts doing drugs.... They were on withdrawal and they were screaming and they couldn't have it. This first time user, she vomited and went to the bathroom all over herself and she was just shaking and stuff. That's scary! [Interviewer asks, 'Is this the main thing that's kept you away from drugs?'] Yeah." (0-18, Native American)
- √ "I think it would take too much for us to change. It took me being in St. Charles and it took my buddy being killed in a car accident for me to stop. They were trying to get me off, but I just didn't." (6-5, African-American)

- √ "My counselor...is going to take us to a morgue to see some of the people who were on drugs, and some of the dope dealers. I think that nowadays you have to scare them into reality." (6-7, African-American)
- √ "I'd show a dope dealer and then I'll show his future. I'd show a dope dealer like now, all dressed up, suited up. Then I'd show his future.... two commercials; but one would be him high class,... then I'd show the other part,... he's all cuffed in jail." (3-9, African-American)
- √ "Experienced people, people who actually know what they're talking about. A lot of people can come and say 'Don't do drugs', but it should be someone who has a story to tell and can share their experience." (4-24, White)
- √ "I would have like people in there who used to be on drugs, that knows what its like, to talk to the people who want to get off. So that the people who are on drugs can have someone to relate with." (6-7, African-American)
- √ "Someone coming to talk to us, like the heavy-hitters, like a recovering drug addict. Listening to them makes you think." (0-6, African-American)
- √ "A lot of the kids at the high schools I talk to, I ask if they have any goals or dreams or anything and nobody says anything. I know they do. I just put out a message that, don't let anything get in the way of it. Because I did and now I'm going to be postponed from it." (0-15, Native American)

Young people also made a number of suggestions about using peer and other group approaches to making messages more effective:

- √ "I'd make them [community messages] more widespread, frequent. I would use peer sessions in the schools." (0-2, Native American)
- √ "Group meeting like AA, but one just for drugs. I would have to say not only get the parents, relatives involved, but get their friends there... See, you get their friends there and the friend thinks, 'Wow, my friends going through the same thing'." (4-3, Native American)
- √ "When I was in a group home, we made up a group called 'Pepsi'. It was like a group where people talk and express how they feel and get stuff off their chest and try to get ideas or something. It was fun. I think it's good for people to talk their problems out." (6-5, African-American)
- √ "It would be a place where, something like a disco. They can come there, they could have fun, but its just teenagers there. No adults, no children, just teenagers sitting around expressing their feeling and talking, and getting them to know each other. It would be something like a disco. You have your little orange juice, or your non-alcoholic drinks, and just let them look at themselves. I would let them get a good look at themselves." (6-24, African-American)

- √ "I would use a different approach such as the buddy system. An addict or alcoholic can't stay away from it on his own. One drink or one hit and they're gone. I think they need someone who could be there with them 24 hours a day to support them. Like if they walk by a crack house and want to go in, this 'buddy' is there to help them." (9-2, **Hispanic**)
- √ "I probably would try to reach as many children personally, in a one-to-one level as mentors or just as their friends, trying to understand them and they understanding you." (0-12, **Native American**)

Youth also suggested centering community messages around the family:

- √ "People need to start caring more, not only people on the outside, but the families too. Then it would help them feel better about themselves. Family care would help kids stay away from drugs." (3-17, **Native American**)
- √ "Parents must watch out to their children and ask others to help watch them. Because these kids do things without parents knowing anything about it." (2-5, **Southeast Asian**)
- √ "Tell them about the problems they'll have and the problems their family will have and if their families even deserve to be put through stuff like that." (4-8, **Hispanic**)

Activities that are alternatives to alcohol and drug use were mentioned many times by youth as being a necessary part of community messages. Examples of these comments include the following:

- √ "Just a lot of things to do, structured in a manner that didn't seem real overpowering and I don't know, just things to keep people busy, to keep their minds off it. Just let them know that there's other things to do than use drugs. Like we had horses, motorcycles and softball and basketball. Just all kinds of stuff, picnics and swimming and boating." (0-15, **Native American**)
- √ "I would have a lot of activities that appeal to young people.... And if I got them to come one time, I would try to get them to keep on coming back. Tell them not to use drugs on the street. I would try to keep them off the street with activities like field trips, dances, football, basketball, and soccer. I'd try to have everything. I would try to say get into as many activities as you can so that people won't have time to mess with your ego or put you down and make you start using drugs." (0-4, **African-American**)
- √ "I would put more after-school recreation things to keep them off the street like swimming, volleyball. Just something they can do for fun." (0-5, **African-American**)
- √ "Have a big community center and have them come there and do something, or help them find jobs or something they really want to do. Help them find their dreams." (6-24, **African-American**)

- √ "I would talk about activities and stuff and counseling, if they wanted it to talk. Yeah, like for girls, swimming, basketball, game rooms, music, and somewhere you can dance." (3-1, White)
- √ So they should start making some more community centers, some more centers where kids could go play basketball, that are heavily supervised. Right now people are paying a lot of taxes. My parents be paying a lot. It should be spent on more realistic activities rather than on Summerfest." (4-29, Hispanic)
- √ "Have more things at community centers, like dances, basketball games, contests for the young. Having more things for the young people to do after school. If there was more things for them to do they wouldn't have time to think about drugs." (4-4, Hispanic)

The interview data show that youth had mixed reviews about the effectiveness of community messages aimed at young people about the dangers of drug use and abuse. While some messages reach certain segments of young people in Milwaukee, others were lost and many were felt to be not appropriate for specific sub-groups. Yet, it is clear that community messages have considerable potential as part of a multifaceted approach to eliminating drug use and abuse among youth in Milwaukee. As revealed above through open-ended interviews, many youth had recommendations about ways in which the effectiveness of community messages can be improved.

In sum, the following trends were identified in the analysis of youth perceptions of community messages:

- Young people had both positive and negative responses to community messages concerning alcohol and drug use and abuse.
- Twenty-five percent of youth felt that community messages about drugs and alcohol were effective while another 25% felt that they were ineffective.
- Family conditions, AODA experience, role models, personal background, and neighborhood environment were all mentioned as influencing receptiveness to anti-drug messages.
- Many youth felt that current community messages were relevant only for younger children.
- Young people interviewed gave a wide variety of suggestions for improving the effectiveness of community messages.
- Little evidence was found to substantiate a relationship between community messages and substance use and abuse among young people

Chapter VII

Community Alternatives and Substance Abuse

Introduction

Youth who are regularly involved in some form of organized community, sports, or church activity are less likely to be engaged in regular substance abuse cycles. Data supporting this pattern were found in each of the five cultural groups. Many respondents in the African-American, Hispanic, Native American, and Southeast Asian groups reported a strong sense of identification with a racial or an ethnic community. As the most recent immigrant group to arrive in Milwaukee, most Lao and Hmong youth still have strong cultural ties to their respective ethnic groups.

This identification is matched by activities that center around their respective communities. Several Asian respondents also expressed commitment and loyalty to their new home, Milwaukee, and to America. Ethnic identification was also very strong among Native American youth, where it tended to include the issue of substance abuse as a community problem. Interviews showed that some Native American youth recognized community patterns of substance abuse and understood that recovery also involved support from the Native American community. Identification with their ethnic community was strong among Hispanic respondents, sometimes achieved through the Catholic Church. Individuals in all cultural groups spoke of volunteer work, church and community activities, and various types of community participation, whether directly affiliated with an ethnic group or not.

The importance of community participation is underscored in many of the comments that follow. Notions of community were addressed among young people by asking them a series of questions about two broad areas, identification with community and participation in community activities. Youth were asked open-ended questions about their identification with neighborhood, ethnic, religious, racial and other groups. They were also asked about the kinds of activities they engage in -essentially how they spend their time.

Of frequent users of alcohol and other drugs, 75% stated that they identified with a community, while 75% of non-problem users said that they felt part of a community. Comparable findings were also uncovered for young people who used alcohol and those who did not. Almost 70 percent of youth who used alcohol frequently reported that they felt part of the local community. Yet, 69% of youth who did not drink also reported that they felt part of a community. Young people who use marijuana daily however, reported a lower rate of feeling integrated into a community, -61%,- than non-users, 76% of whom responded that they felt linked to a community.

Respondents were asked several questions closely related in meaning. Questions about frequency of use were broached in different ways. For example, 75% of young people who identified themselves as frequent users of drugs said that they spent their time "hanging out," "doing nothing," "partying," or "chilling out." Twenty-five percent indicated that they spent their time playing sports, watching television, going to the movies, and in other activities. Similarly, two-thirds of the youth who said they used drugs on a daily basis essentially spent their time hanging out, partying and chilling out. In contrast, the other third of self-reported daily drug users indicated that they spent their time playing sports, watching television, going to the movies or in other activities.

When patterns of specific substances were examined, the results are not much different. Of those using marijuana a minimum of a few times a week, nearly two thirds indicated they spent their time primarily hanging out, chilling, or partying. The remainder said they spent their time playing sports and other activities. A similar breakdown of how leisure time is spent was found in the case of those youth who reported using cocaine a few times a month or more. Findings for leisure activities and alcohol abuse among young people were even more striking. Of young people who identified themselves as frequent users of alcohol, 82% spent much of their time in unorganized, unstructured activities. In contrast, 18% of frequent users of alcohol said that they typically spent time in a variety of other activities.

When asked what they did for fun, 82% of youth who identified themselves as frequent users of substances said that they used alcohol and other drugs, while 19% of frequent users of substances said they engaged in recreational activities that did not involve using substances. A similar pattern emerged when frequent users of specific substances were asked what they did for fun. Nearly two thirds of young people who reported using marijuana a few times a week or more responded that they engaged in substance use for fun and about one third mentioned recreational activities that did not include substance use. In addition, three quarters of the young people who used cocaine a few times a month or more said they engaged in alcohol or drug-related activities for fun, while only a quarter of those using cocaine at that level mentioned other recreational activities. This ratio was very similar among youth who indicated they used alcohol frequently: 74% said their spare time activities included the consumption of alcohol and other drugs.

Among those young people who reported they did nothing, hung out, chilled, or partyed in their spare time, 90.8 % said they used alcohol or other drugs. Yet among those who spent their spare time playing sports, only 62% reported using substances.

This broad association between substance use and spare time or fun activities also includes a relationship between youth participation in organized activities and differing rates of substance use and abuse. For example, among young people who regularly or often visited community centers, 68% said that they used alcohol and other drugs. This frequency may appear high. Yet among those who rarely or never visited community centers, 81% indicated that they used alcohol and other drugs. A similar pattern was found with participation in religious services. Among those youth who regularly attended religious services, 40% indicated that they used substances. In contrast, 78% of young people who said they never attended religious services indicated they used alcohol and other drugs.

Clearly, these findings support the idea that substance use and abuse often occur when there are few alternatives, such as might be provided by organized and institutional community activities. Substance use and abuse become activities of choice among young people by default.

Qualitative interview data also support the finding that a lack of organized, planned and otherwise structured activities for youth is linked to substance abuse. While many youth did identify with their neighborhoods, communities, or with ethnic or racial groups, merely identifying, without appropriate physical and social outlets, does not appear to be associated with lower rates of substance abuse. The examples below illustrate the sense of community, or lack of it, among central city youth:

Hispanics

A significant portion of the Hispanic youth interviewed indicated that they identified closely with their ethnic community and mentioned a variety of specific ways in which they acted upon this identification. This often meant identification with church and neighborhood as well as participating in volunteer and recreational activities:

- √ "Catholic..and most of us in the neighborhood are Hispanic. Most of us have the same thoughts. We go to Mexican dances a lot. I volunteer at where my mom works." (4-1)
- √ "Here at the [community] center...I lift weights and play outside. I help clean up the neighborhood." (4-14)
- √ [participates in] "Bowling, church and non-drug activities." (9-4)
- √ "I go to church...United Community Center and help the little kids." (4-28)

For some Hispanic youth, community has come to mean support in recovery from substance abuse.

- √ "To help people get off of drugs, people need to get involved with these activities, the person who's addicted. That's what will keep a person out of it. That's how I got out. I got into Boxing." (9-6)
- √ [Turned for support] "I'm in and out of my meetings for my prayer group and socializing with them." (9-10)

For too many young Hispanic people, however, large amounts of unstructured and spare time meant hanging out on the streets, in the homes of friends, and shopping malls. When asked about their spare time and recreational activities, far too many youth responded in the following manner:

- √ "Party sometimes, listen to music and talk with friends and hang around together." (8-3)
- √ "Doing drugs, sleeping, eating, having fun and having sex." (8-15)
- √ "Be with friends mostly all of the time...looking for girls or cruising...just try to find something that's fun, or just sit around and listen to music." (8-2)
- √ "Drink, smoke and date guys." (9-3)
- √ "Getting in trouble, dealing drugs, looking for chicks and whatever came up." (8-14)
- √ "Hang around with friends and go to the mall." (8-7)

Whites

Fewer white youth identified with a specific ethnic group, yet many said they identified with their neighborhoods and churches. In other ways, the responses of white

youth closely paralleled those of Hispanic young people in terms of how they spent their free time. Following are examples of references made to neighborhood and church activities:

- √ "Neighbors are around and I feel a part of them because they are friends and I've seen them." (3-21)
- √ "Helped out at bake sales at church, helped with neighborhood cleaning." (5-11)
- √ "I've done volunteer work at church like helping out at fish fries and church activities." (5-13)

Many white youth described sports activities in their local community as part of how they spend their free time. References to sports included both spontaneous and organized activities:

- √ "I go out and play football, baseball, basketball, stuff like that." (10-1)
- √ "Go to the Boys Club to play basketball or to go to the pool." (3-16)
- √ "Our group plays baseball down at the park and we have skate races." (3-15)

Like their Hispanic counterparts however, many white youth spent much of their time hanging out, cruising, chilling out and basically passing the time. As with other youth, this meant spending time getting high on alcohol and other drugs. References to these types of activities made by white youth include the following:

- √ "Hang out with friends, some boy, partying or whatever...sometimes hang out around the house, drive around the Southside, go to dance clubs, partying." (8-18)
- √ "Hang out in streets, malls...walk around and talk, go look at other friends, cause trouble." (3-19)
- √ "Walk around town, go shopping." (5-13)
- √ "Ain't nothing to do, just to get high and walk around." (10-1)

In short, two main types of activities emerged from interviews with white youth; sports and church related activities and hanging out/cruising/partying activities. Again, interviews show that among white youth, abundant free time with little or nothing to do often provided the settings for substance abuse.

African Americans

Regarding identification with community, African American youth were similar to Hispanic young people in that they often cited church, and ethnic/racial criteria when describing their communities. They were similar to white youth, because they often described participation in sports and hanging out in their neighborhoods. In terms of identifying with their communities, young African Americans made the following comments:

- √ [Identifies with] "Part of the central city community of Blacks that are trying to make it today. It's hard for the majority of Black people to make it nowadays." (5-2)
- √ [Identifies with] "Afro-American Blacks, and the reason I feel that way is because I'm Black. All I hardly ever see is Blacks. I live around Blacks but I work with whites." (5-15)
- √ [Identifies with] "School community, because I go full time. Church community, because I go often." (0-5)

African American youth were also involved in numerous volunteer activities in their local communities. As with other youth, some of these activities were church related while others were centered in the neighborhood and were sponsored by other organizations. References to these types of activities made by youth include the following:

- √ "I volunteered overnight. I volunteered in the Hillside clean-up. I also volunteered in the Washington Park clean-up...did a lot of volunteer work at New Concepts." (6-4)
- √ "Cleaned up around the neighborhood." (6-23)
- √ "Worked at the Food Pantry where people come in, I used to package food up." (6-5)

Many African American youth mentioned sports as part of what they do with their time. As with White and Hispanic youth, sports activities typically include spontaneous and informal games of basketball and other games played in a variety of settings. References to sports activities include the following:

- √ "We go to the King Center and play basketball and pool." (6-20)
- √ "Sometimes we get together and play basketball...playing pool and basketball." (5-7)
- √ "I play basketball and hang out with friends." (3-10)

As in the case of White and Hispanic youth, African American young people often described hanging out with friends when asked what they did in their free time or what they did for fun. Many African American youth described settings in which there was "nothing to do" except "chill out". Examples of these kinds of activities include the following:

- √ [Spends time] "On the phone...or kicking it out roaming the streets." (6-30)
- √ "Just chill back, drinking a forty, listening to music." (6-25)
- √ "Most likely just going over to a friend's house, and chilling out, going over to a girl's house." (6-4)

- √ "We just sit around and play records or tape songs or we just ride around and find something to get into or whatever." (5 - 2)
- √ "Spend time with friends, talk to friends, ladies, sleep and parties." (0 - 7)

Many young African Americans identified with their communities and participated in community or neighborhood activities including volunteer work, church events and sports. Yet, far too many had time on their hands with no planned or organized activities available to them. The result of this was that much of this time was spent getting high on alcohol and other drugs.

Native Americans

Patterns of young Native American identification with their community were similar to Hispanic and African American youth in some respects. Yet they were also different in some ways. While almost all Native American youth said they identified with their community, this identification often included a recognition of both substance abuse and recovery from substance abuse in the community. Native American young people resembled youth in other cultural groups in that they engaged in community work and sports. As with the other cultural groups, Native American youth also had ample free time on their hands, a situation that is linked directly to substance use and abuse. Regarding identification with the community, Native American youth had the following to say:

- √ [Identifies] "Yes. Indian, I do a lot of stuff with the community, -Pow Wows." (0-21)
- √ [Identifies] "Yes. Native American community, Native American Pow Wow community, because I always go." (0-16)
- √ "Indian -when I go to Pow Wows, I see people I know, more than if I walk down my street." (0-3)
- √ [Identifies] "Yes. Indian, we do a lot. I feel more comfortable around them." (0-20)

Ethnic identification was very strong among Native American respondents. Perhaps more than other cultural groups, these young people reported that they participated in many community oriented events. This participation often included events and activities at Native American community centers. References to these activities included the following:

- √ "I served food for elderly people, helped with bingo, helped with fundraisers, car wash...helped prepare for the parade and festival." (2 - 10)
- √ "I took care of old men on the streets for three years...[also] fundraisers, Pow Wows ...helped with cooking." (0 - 13)
- √ "I donate time to elderly and United Indian Center...mostly cooking, artwork, and set up bingos." (2 - 10)

Many Native American youth also mentioned participation in sports as part of community activities. Basketball, bowling, boxing and other recreational activities, often played at community centers, were mentioned during the interviews.

Interview responses by Native American youth were distinctive in that they referred to substance abuse recovery and rehabilitation in the context of their community. For some Native Americans, identification with the community was connected to patterns of substance use, abuse and recovery among family and friends. They spoke of support they received from others in the Native American community while coping with substance abuse. This finding not only adds a new dimension to the notion of community that young people described in the interviews, but has implications for approaches to alleviating substance abuse among young people in general. Examples of these references include:

- √ "Recovering alcoholics do a lot of things, conferences, dances, participation in the Indian community...do a lot in the area, go to Pow-Wows...I know a lot of people in the community." (0-15)
- √ "My uncle noticed I was drinking more and more everyday. He told me to go to Milwaukee County to see what they could do. I still go to AA meetings to find out how other people are dealing with it." (4-3)
- √ "Well, right now I haven't been using drugs for the last five months because I'm on drug rehabilitation...I'm doing community services." (0-14)

The historical experiences of Native Americans, coupled with cultural community values, may shape the response of this group to AODA problems. While substance abuse problems are widespread, interview data seem to indicate that these problems are viewed as community problems rather than solely as individual problems. However, like other respondents, many Native American young people referred to using and abusing alcohol and other drugs during times when they were essentially hanging out and doing nothing. Like other youth, they indicated they had considerable free time and did not participate in organized, structured activities. When asked what they did with their time and what they did for fun, many Native American youth responded as follows:

- √ "Hang out with friends and go to the movies and malls." (0-13)
- √ "Then I started taking it and started doing it every day...for about three or four months. They did it on the rez [reservation] up north and it's just a daily thing for all my aunts, uncles, and my mom and my dad and my brother and sister and me." (0-3)
- √ "Go to malls, talk, listen to music, go shopping." (0-19)
- √ "Go party, hang out and go all over the place." (0-23)
- √ "Go to my friend's house, hang out with the gang." (2-8)

Southeast Asians

Many Southeast Asian youth expressed a strong sense of identification with their ethnic communities. Typically, these young people mentioned Hmong or Lao groups when

asked about this identification. For many Southeast Asians interviewed, feeling part of a community was reflected in participation in a range of family, church and local community-based activities. As the most recent immigrants to arrive in Milwaukee, Hmong and Lao groups still maintain cultural ties that shape and define a sense of community. These cultural factors, standing in contrast to the wider community, reinforce these patterns of identity and participation. In addition, interview responses showed identification with local neighborhoods, the city, and their newly adopted country. When asked about identifying with a community, Southeast Asian youth commented as follows:

- √ "I feel I am part of the Laotian community... and I feel I am also part of the American community. I do try to help other Laotians out." (2 - 15)
- √ [Identifies with] "Hmong community in Milwaukee." (1-9)
- √ "Yes, I feel that I belong to this community and the City of Milwaukee." (2 - 1)

Identification with community among Southeast Asian young people is reflected in the range and types of activities in which they participate. These include church, volunteer, and sports activities. When asked about what activities they like and what they do with their time, many Southeast Asian youth replied as follows:

- √ "I am a youth secretary at church, and I joined a soccer organization located on Forest Home." (1-3)
- √ "Volleyball, basketball...we would go to South Division High School on Wednesday and Thursday night because they have community night there." (1-2)
- √ "Sing, call up friends, church activities...mostly church activities... go to movies, volleyball." (1-5)
- √ "I tutor kids, Bible teaching for kids and some adults." (1-8)
- √ "Volunteer as a coach, teaching volleyball for a youth organization." (1 - 6)

Two patterns appear from the interview responses of young Southeast Asians that involve identification with community. First, a large proportion of Southeast Asian youth seem to be involved in a variety of local community, sports, and church activities. Also, paying visits to relatives as a family activity was mentioned several times. Of those interviewed, 56 % indicated that they were involved in these types of activities. Second, of those interviewed, far fewer reported "hanging out" or "doing nothing" as the principal ways of spending their time than did individuals in other cultural groups.

Summary

A number of patterns emerged when we examined community alternative activities and substance abuse among young people. These trends include the following:

- Use and abuse of alcohol and drugs often occur when there are few alternative activities for youth.
- Many youth who were involved in structured community activities also identified closely with their ethnic heritage.
- Identification with community among Native American youth often meant recognition of both substance abuse and recovery from abuse.
- Southeast Asian youth were found to be more involved in community activities than members of other cultural groups.

It is clear that for those interviewed, time spent "doing nothing," "hanging out," "chilling out," "partying," and "cruising" are very frequently associated with substance abuse. These activities provide the context in which substance abuse becomes a default activity to fill the time. This pattern was found to be extensive among all cultural groups except Southeast Asians. As mentioned elsewhere however, assimilation into mainstream American society may well mean the expansion of this pattern among this group.

Summary

This study was conducted to assist Fighting Back in Milwaukee develop more effective alcohol and drug prevention and intervention programs for youth. Several important findings were identified in this study which are directly relevant to future program development. These include:

1. A significant proportion of youth interviewed have abused alcohol and drugs. Twenty-seven percent of those interviewed identified themselves as abusers of alcohol while 24% said they abused drugs. Fifty-one percent of those interviewed said they used drugs or alcohol with some frequency. Twenty-two percent of young people interviewed said they had never tried drugs or alcohol.
2. Very little alcohol and drug use and virtually no abuse was reported among Southeast Asian youth. Interview and cultural factors may have influenced this finding however. Because interviewers were members of the Southeast Asian community, candor may have been reduced among respondents. As members of the most recently arrived immigrant group to arrive in Milwaukee, Southeast Asian youth may be at the earliest stages of assimilation into American culture.
3. Alcohol is the primary drug of choice for all cultural groups except Hispanics, who use alcohol and marijuana at the same rate. Alcohol and marijuana use is higher among males than females. Cocaine use is about the same for men and women in this group. The use of other drugs (LSD, speed, inhalents, etc.) was minimal among young people in this group.
4. Alcohol and drug use occurred primarily in social setting such as parties and other types of informal gatherings. Young people in this sample did not generally use alcohol and drugs alone but preferred the company of friends. "Hanging out", "chilling" and "cruising" with friends were the primary recreational activities for many young people.
5. Almost all young people felt peer pressure to use drugs. This peer pressure involved elements of a broad youth subculture as well as strong and immediate pressure to conform at parties and other social situations where drugs and alcohol were being used. The main elements of peer pressure included: acceptance by friends, strong verbal pressure, put-downs and name calling, entry into in-groups, and the promise of a pleasant and harmless experience. Eighty percent of young people interviewed acknowledged peer pressure as part of youth experiences with drugs and alcohol.
6. Warnings about using drugs and alcohol by family members have minimal impact on youth. Users and non-users reported the same frequency and type of anti-drug and alcohol warnings from parents and family members. Yet, the warnings did not alter the behavior of young people in terms of using and abusing drugs and alcohol.

7. Examples of alcohol and drug use in the family were very influential in shaping the substance use and abuse behavior of young people. Young people who reported the presence of an alcohol abuser in the family were much more likely to abuse alcohol and drugs than those who did not describe this situation. Almost 60% of youth who said there was an alcohol abuser in their family were identified as users and abusers themselves. Among youth who reported an alcohol abuser in their family, 56% were identified as abuser and users of marijuana.
8. Families are very important to young people. Most youth interviewed saw their families as the most influential people in their lives. Consistent emotional support from parents was mentioned often by those interviewed. For some youth however, emotional support was also bound up with alcohol and drug abuse and recovery from abuse. A number of Native American youth mentioned drug and alcohol abuse and recovery as part of a family system of cohesion.
9. Most young people said that "quite a few" or "a great many" alcohol and drug abusers were present in their neighborhoods. Fear and anger were mentioned often by youth as responses to drugs and alcohol in the neighborhood. The presence of drugs, crime and gangs were consistently mentioned as the most serious problems in neighborhoods. Half of those interviewed felt that their neighborhood was a good one in which to live.
10. Youth had mixed reactions to the effectiveness of community messages that warned against drugs and alcohol. About one-fourth of those interviewed felt these messages were ineffective while one-fourth said they had a positive impact. Family conditions, AODA experience, role models, personal background, and neighborhoods were seen as "filtering" the effectiveness of community anti-drug messages. Young People had a wide variety of suggestions to improve community messages such as target specific age sub-groups. No significant link was found between community messages and alcohol and drug consumption behavior.
11. Drug and alcohol use and abuse is often a "default" activity. Youth who do not participate in organized community activities and who have considerable time on their hands, are more likely to use and abuse alcohol and drugs. Those youth who reported that they participated in community activities also identified strongly with an ethnic or cultural group. Southeast Asian youth were more active in structured community activities than were youth in the other cultural groups studied.