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H. Westley Clark

Terry Michael McClanahan

Karen L. Sees

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CULTURAL ASPECTS OF ADOLESCENT ADDICTION & TREATMENT

H. WESTLEY CLARK, M.D., J.D., M.P.H.,*
TERRY MICHAEL McCLANAHAN, M.A.**
& KAREN L. SEES, D.O.***

I. INTRODUCTION

In this penultimate period of the Twentieth Century, a tremendous opportunity exists to address the prevention and treatment needs of adolescent substance users and abusers. Resources, both public and private, have to be mobilized to address these issues in a rational and effective manner. It is insufficient to simply use the current thrust toward instrumental approaches to solve the continuing problem of adolescent substance use. Drug testing high school athletes,¹ drug testing applicants for driver's licenses,² zero tolerance alcohol laws for teenage drivers³ and drug testing for teenagers prior to getting their driver licenses⁴ do not address the critical clinical issue of inadequate treatment programs or of insufficient treatment slots for adolescents who have substance abuse problems.

* Associate Clinical Professor of Psychiatry, University of California, San Francisco. This paper was supported in part by NIDA Center Grant 1P50-DA09253 (Sharon Hall, PI).

** Public Policy Analyst, University of California, San Francisco.

*** Assistant Clinical Professor of Psychiatry, University of California, San Francisco.

1. The United States Supreme Court has upheld random drug testing for high school athletes. *Vernonia Sch. Dist. 47J v. Acton*, 115 S. Ct. 2386 (1995). See also Erwin Chemerinsky, *Supreme Court Review: Race and the Supreme Court.*, TRIAL, Oct. 1995, at 86-88.

2. Judith Wagner DeCew, *Drug Testing: Balancing Privacy and Public Safety*, HASTINGS CENTER REP., Mar.-Apr. 1994, at 17-23.

3. President Clinton has stated that he wants Congress to encourage "zero tolerance" for minors who drink and drive. Mr. Clinton wants Congress to add either enough new incentives or impose sufficient funding restrictions to coax all 50 states into adopting zero tolerance laws.

Twenty-four states and the District of Columbia have enacted laws making .02% (in most states .10% blood alcohol content is the standard) blood alcohol content the drunken-driving standard for teens. Kathy Lewis, *'Zero-tolerance' Laws for Minor Drivers Urged*, DALLAS MORNING NEWS, June 11, 1995, at A1. See also Carolyn Poirot, *Too Much, Too Fast*, ST. PETERSBURG TIMES, Aug. 2, 1992, at 3F.

4. Steven Thomma, *Clinton Wants Drug Testing for Teen Drivers*, SEATTLE TIMES, Oct. 20, 1996, at A1; Jill Dellamalba, *Drug Testing for Driver's Licenses: Clinton's Unfair Proposal*, ARIZONA DAILY WILDCAT (Nov. 1, 1996) <http://w3.arizona.edu/~wildcat/papers/90/52/04_1.html>; *Clinton Seeks License to Drug-Test Teen Drivers*, ACLU NEWS WIRE (Oct. 21, 1996) <<http://www.aclu.org/news/w1022196b.html>>.

Drastic changes in treatment financing,⁵ an increased focus on managed behavioral health care,⁶ capitation,⁷ financial incentives not to treat,⁸ insufficient resources for research into cost-effectiveness models of care,⁹ and

5. Two separate treatment systems operate within American society. A private system for the insured who also happen to be employed and relatively financially stable, and a public system for disadvantaged patients. Mary E. McCaul & Janice Furst, *Alcoholism Treatment in the United States*, 18 ALCOHOL HEALTH & RES. WORLD 253, 253-60 (1994).

Decisions regarding treatment for those in the private system are strongly influenced by pragmatic insurance companies who are more concerned with the "bottom line" than with providing treatment: the industry also operates with few standards to assure quality care. Kurt Eichenwald, *Mismanaged Care—the Perils of Dialysis: Making Incentives Work in Kidney Patients' Favor*, N.Y. TIMES, Dec. 6, 1995, at A1.

In a multi-billion dollar class action lawsuit, filed by a group of psychiatrists, psychologists and clinical social workers, mental health professionals are finally attempting to change the limitations and obstacles which have been installed by the managed care industry. In a statement by the plaintiffs' attorney, Joseph R. Sahid, the action taken by the plaintiffs is designed against a managed care conspiracy to profit from the misery and suffering of patients. The action was filed in District Court for the Southern District of New York (Docket #96 CIV 7790). *Mental Health Plaintiffs Seek Allies in Multi-Billion Antitrust Case*, CLINICAL UPDATE (California Society for Clinical Social Work, Sacramento, Ca.), Dec. 1996, at 1-2.

6. *Mental Health Plaintiffs Seek Allies in Multi-Billion Antitrust Case*, CLINICAL UPDATE (California Society for Clinical Social Work, Sacramento, Ca.), Dec. 1996, at 1-2.

7. Capitation, under managed care, means that providers are "paid a fixed amount regardless of the work performed [capitation], thereby creating incentives toward economy." M. Stanton Evans et al., *What's Behind the Sales Pitch: The Trouble with HMOs*, CONSUMER'S RES., July 1995, at 10. Physicians "paid this way have strong reasons to be frugal, since cost overruns occur at their expense. . . ." *Id.* This creates some obvious incentives for care denial.

Florida newspaper exposés in the Florida Sun-Sentinel, of Medicaid-HMO abuse caused the state to freeze enrollments in the program. *Id.* at 11. "Tennessee, where the whole Medicaid population was put in HMOs almost overnight, has been rife with problems, as HMOs refused to pay bills for patients who showed up at emergency rooms. . . ." *Id.* Problematic situations have also developed in New York state. *Id.*

Another area where there are financial incentives not to treat are in HMOs that employ a withhold or bonus system. A certain amount of money is set aside, to be disbursed to doctors who are judged the most cost-effective. "According to the Physician Payment Review Commission, some two-thirds of HMOs surveyed use some version of these incentives." *Id.*

Physicians, as well as patients, have legitimate concerns over the HMO debacle. Uniformly, physicians agree that the incentives created by the managed care system pose serious ethical problems. The traditional role of the physician is to be an advocate for the patient. Under managed care, this physician-patient relationship is turned upside down. The managed care companies, through financial incentives and gag orders, have placed the physician at the crux of ethical dilemmas. *Id.* at 34-35.

8. *Id.* at 10.

9. *Id.* at 11.

punitive visions of substance use¹⁰ have created a situation where adolescents are suffering under a larger public policy that pretends to have their best interests at heart. Moreover, there exists great disparities in the view of the adolescent substance user from a cultural perspective.

II. THE CULTURE OF ADOLESCENCE

The experience of adolescence is defined by race, culture, subculture, economics, language, religion, sexual orientation, physical status, psychiatric status, and the relationship between a given ethnic group and other ethnic groups.¹¹ The broad categories of ethnic groups from which adolescents come include African Americans, Asian and Pacific Islander Americans, Hispanic Americans, and Native Americans.

The categories of ethnic groups are not monolithic; African Americans may come from any number of areas, such as Michigan, the Caribbean, California, New York, Africa or Latin American countries. The same can be said for Hispanics, who can come from, for example, Mexico, Los Angeles, Puerto Rico, Florida, El Salvador, Cuba, or Costa Rica. Asian and Pacific Islander groups may include a broad spectrum of individuals from such countries as China, Japan, Vietnam, Cambodia, Guam, Laos, the Philippines, Thailand, or India. Native Americans may be from such tribes as the Navajo, Sioux, Kickapoo, Nez Perce, Paiute-Shoshone, Pueblo, Seminole, Suquamish, or Winnebago. Caucasians also have a spectrum of origins. All whites do not simply view themselves as generic Americans. There are, for example, Irish Americans, English Americans, German Americans, French Americans, and Cajun Americans.

There is, of course, a broad spectrum of religious groups in the United States. For example, there are Catholics, Baptists, Jews, Moslems, Buddhists, Hindus, Mormons and Episcopalians. To assume, then, that all African Americans or all Catholics are the same is to ignore very basic and important differences. These differences influence the use and abuse of drugs as well the cessation of drug use and abuse.

Furthermore, cultural aspects of substance abuse cannot be adequately addressed without considering the cultural experiences of substance abusers.

10. Drug testing high school athletes, drug testing applicants for driver's licenses, and "zero tolerance" laws for teenage drivers are but a relative small sample of society's punitive view of how to deal with substance abuse among adolescents.

11. H. Westley Clark & Joan E. Zweben, *Dual Diagnosis, Minority Populations, and Women*, in *TREATING COEXISTING PSYCHIATRIC AND ADDICTIVE DISORDERS* 111, 113 (Norman Miller ed., 1994).

Age, gender, physical status, and sexual orientation, however, are often omitted from a discussion of the cultural aspects of substance abusers; these aspects are essential elements of the discourse. For adolescent substance abusers, these issues are often unaddressed or underaddressed. Unfortunately, we cannot give great detail to all cultural elements in this short paper.

We believe that there is a culture of adolescence, a cultural experience that is filtered and contextualized by other factors, such as race, ethnicity, sexual orientation,¹² gender, physical status,¹³ home environments, neighborhood environments and other factors. Since this adolescent culture is easily misunderstood, efforts to dictate and to control the lives of adolescents often result. Adults subsequently seek to define adolescents in more orthodox adult cultural paradigms. Hence, the instrumental efforts mentioned above—using technology via toxicology screens or privileges via driver's licenses are adult paradigms applied to adolescent experiences, missing the mark on adolescent safety and substance use.

Treatment and prevention models based on adult interpretations of adolescent assumptions often fail because the assumptions are misplaced. Thus, programs with a lot of media appeal or intuitive adult appeal may have little impact on the children and adolescents for whom they are targeted.¹⁴ Hence, there is a lack of cultural competence in the prevention and treatment services for adolescents. Even concern for HIV disease, a major issue for all youths using psychoactive substances and for gay youths struggling with societal acceptance of their sexual orientation, is not enough to contain the social explorations of young men and women. A young African American or Hispanic male struggling with issues of race, community, economics, and world view may not respond to a uniform social policy of interdiction and incarceration.

12. See, e.g., T. Richard Sullivan, *The Challenge of HIV Prevention Among High-Risk Adolescents*, 21 HEALTH & SOC. WORK 58 (1996); Anna-Barbara Moscicki et al., *Risks of Human Immunodeficiency Virus Infection Among Adolescents Attending Three Diverse Clinics*, 122 J. PEDIATRICS 813 (1993); William F. Skinner & Melanie D. Otis, *Drug and Alcohol Use Among Lesbian and Gay People in a Southern U.S. Sample: Epidemiological, Comparative, and Methodological Findings from the Trilogy Project*, 30 J. HOMOSEXUALITY 59 (1996).

13. See Christiana N. Motet-Grigoras & Marc A. Schuckit, *Depression and Substance Abuse in Handicapped Young Men*, 47 J. CLINICAL PSYCHIATRY 234 (1986). See also Stephen French Gilson et al., *Illicit Drug Use by Persons with Disabilities: Insights from the National Household Survey on Drug Abuse*, 86 AM. J. PUB. HEALTH 1613 (1996).

14. See Susan T. Ennett et al., *How Effective Is Drug Abuse Resistance Education? A Meta-Analysis of Project DARE Outcome Evaluations*, 84 AM. J. PUB. HEALTH 1394 (1994). Project DARE (Drug Abuse Resistance Education) was created in 1983 by the Los Angeles Police Department and the Los Angeles Unified School District. It has expanded nationwide. It uses specially trained law enforcement officers to teach drug use prevention in public schools: elementary, junior and senior high schools. The DARE program has had little effect. *Id.* at 1398.

A young woman in a barrio, ghetto or hollow, who finds herself subjected to sexual demands from older men, role restrictions by the community, or other types of abuse and neglect, may not respond to a policy that immoralizes her behavior with respect to substance use and stigmatizes her existence. The cultural pressures on adolescent women must be understood in a constructive manner. The adolescent woman who uses psychoactive substances or who is pregnant and uses psychoactive substances must be understood developmentally and contextually.¹⁵

III. CURRENT DRUG USE TRENDS

In 1996, the preliminary estimates from the 1995 National Household Survey on Drug Abuse were published.¹⁶ These data revealed continued increases in the use of illicit drugs among youths between the ages of twelve and seventeen. Since 1992, the rate of use among youths has more than doubled. The increase in marijuana use, for example, was evident among white, African American and Hispanic boys and girls in different geographic regions, and in both metropolitan and non-metropolitan areas.

Among youths, the rates of illicit drug use are about the same for whites, African Americans, and Hispanics. However, among all age groups, the rate of current illicit drug use is higher for African Americans (7.9%) than for whites (6.0%) and Hispanics (5.1%).¹⁷ Nevertheless, over all age groups, most current illicit drug users remain white: 75% of all users are white (9.6 million individuals); 15% of all current users are African American (1.9 million individuals); and 8% of all current users are Hispanic (1.0 million individuals).¹⁸

In 1995, the rate of cocaine use was 1.1% for African Americans, 0.7% for Hispanics, and 0.6% for whites. This represented no change from 1994. It is critical to note that the highest rate of cocaine use occurred among those eighteen to twenty-five years of age (1.3%). The rate for youths age twelve to seventeen was 0.8% in 1995. The past month cocaine use prevalence rate for

15. The rates of drug use for women are highest in the first trimester. In fact, many adolescents and young women may not even know or recognize that they are pregnant until well into the first trimester. Shame, guilt, and denial are undoubtedly operating. However, the prevailing view is that pregnant women who use drugs are "evil" and should be punished. See *infra* note 22 and accompanying text.

16. Joseph Gfroerer et al., PRELIMINARY ESTIMATES FROM THE 1995 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE (Substance Abuse and Mental Health Serv. Admin. Advance Report No. 18, 1996).

17. *Id.* at 14.

18. *Id.*

youths age twelve to seventeen increased from 0.3% in 1994 to 0.8% in 1995.¹⁹

Looking at women between the ages of fifteen and forty-four, the normative child bearing ages, about 4.3 million women (or 7.3%) are current users of illicit drugs.²⁰ Of these 4.3 million women, over 1.6 million had children living with them, and an estimated 400,000 had a child under two years of age.²¹ Pregnant women were much less likely to be current users of illicit drugs or alcohol.²² However, over one-fifth of pregnant women between the ages of fifteen and forty-four admitted smoking cigarettes. Although often minimized as a serious drug problem during pregnancy, smoking is recognized by experts as the second most common cause of perinatal morbidity and the most common cause of fetal death.

The marital status of pregnant women is also related to the use of illicit drugs, with almost four times as many unmarried pregnant women using illicit drugs as married women.²³ The racial makeup of the pregnant women who were current users of illicit drugs is about the same for African American and white women, with about 25% fewer Hispanic pregnant women using illicit substances.²⁴

Data on the substance use patterns of American Indian youth and Asian and Pacific Islander youth are often scarce. In fact, American Indians (including Alaskan Natives) and Asian and Pacific Islander youth are often lumped together as "others."²⁵ However, available data indicate that American Indian youth are at high risk for alcohol and drug use.²⁶ Others believe that stereotypes and misperceptions of Asian Americans obscure the true patterns of substance use

19. *Id.* at 17-18.

20. *Id.* at 28. The rate for men age 15 to 44 was 11.6%. *Id.*

21. *Id.* Among women between the ages of 15 to 44 who had no children and who were not pregnant, 9.3% were current drug users. *Id.*

22. *Id.* at 29. Only 2.3% of pregnant women admitted using illicit drugs and only 2.9% admitted binge drinking. *Id.* Indeed, rates of illicit drug use were highest in the first trimester. *Id.* They were also about twice as high among pregnant women ages 15 to 25 than for pregnant women 26 to 44 years of age. *Id.* Hence, young pregnant women and pregnant adolescents are at greater risk for substance abuse problems than older pregnant women.

23. *Id.*

24. *Id.*

25. *See id.* at 7.

26. *See* Frederick Beauvais, *Trends in Drug Use Among American Indian Students and Dropouts, 1975 to 1994*, 86 AM. J. PUB. HEALTH 1594 (1996). Beauvais points out that the drug use problem for American Indian youth is underestimated in most studies because of the lack of data on drug use of school dropouts. *Id.* at 1597. He notes that the dropout rates of American Indian youth average 50%, and that rates of drug use are higher among dropouts. *Id.*

and, therefore, the true needs for substance abuse prevention and treatment efforts in this population.²⁷

Drug abuse is a problem across ethnic lines. It is a major problem for society. The impact of drug abuse is felt by all Americans. The institutional response to drug abuse, however, is felt disproportionately among the poor and among African Americans and Hispanics.

IV. A CULTURALLY INCOMPETENT APPROACH

Rather than pursuing culturally competent interventions in prevention and treatment, resources have been diverted for a culturally incompetent punitive approach. Hence, disproportionate arrests and sentencing are experienced by African Americans and Hispanics when compared to whites.²⁸ Substance abuse treatment becomes available to African American, Hispanic, and Native American youth as an afterthought to jail. Furthermore, the needs of women, gays and lesbians, the developmentally delayed, and the physically challenged are even more minimally addressed. Finally, the needs of Asian and Pacific Islander youth are barely a blip on the radar scope of prevention and treatment.

The economic and violent ramifications of drug economies on poor and ethnic communities in America have been eloquently addressed.²⁹ In addition, we are now struggling with an increase in racism in America. The people of

27. See Davis Y. Ja & Bart Aoki, *Substance Abuse Treatment: Cultural Barriers in the Asian-American Community*, 25 J. PSYCHOACTIVE DRUGS 61 (1993).

28. Dorothy K. Hatsukami & Marian W. Fischman, *Crack Cocaine and Cocaine Hydrochloride—Are the Differences Myth or Reality*, 276 JAMA 1580 (1996). This article discusses the disparities in sentencing and the lack of scientific justification for the grossly disproportionate treatment of cocaine hydrochloride and crack cocaine. Because most offenders for crack have been black, the disparity (in sentencing, 100 to 1) has been attacked along racial issues. *Id.* at 1581. In 1993, 88% of federal defendants convicted of selling crack were black. *Id.* By contrast, blacks accounted for only 27% of those convicted of selling powdered cocaine (cocaine hydrochloride). *Id.* See also Paul Simon & Dave Kopel, *Restore Flexibility to U.S. Sentences*, NAT'L L.J., Dec. 16, 1996, at A15. In this opinion opposing inflexible mandatory minimum sentences, Senator Simon and Mr. Kopel state: "No sensible judge would send a young person to prison for five years without parole for a first offense involving possession of a small quantity of drugs. Judges can make the distinction between a person who makes a solitary mistake and a person who directs a major criminal enterprise." *Id.*

29. See David A. Sklansky, *Cocaine, Race and Equal Protection*, 47 STAN. L. REV. 1283 (1995); Michael Isikoff, *Crack, Coke and Race*, NEWSWEEK, Nov. 6, 1995, at 77; Robert Marquand, *One Crime, Two Sentences: Blacks See Bias Over Cocaine; Lighter Sentences for Whites Lead to Criminal Case at Supreme Court*, CHRISTIAN SCI. MONITOR, Nov. 3, 1995, at 3; Jerome H. Skolnick, *Racial Bias Is Built into the Law: It Takes 100 Times the Amount of Powder Cocaine to Trigger the Typical Sentence for a Street Seller of Crack*, L.A. TIMES, June 13, 1995, at B7; Ron Harris, *Blacks Feel Brunt of Drug War; About 80% of Users Are White, Experts Say, But the Majority of Those Arrested Are Black*, L.A. TIMES, Apr. 22, 1990, at A1.

the State of California recently passed Proposition 209,³⁰ officially signaling the beginning for some of a new post-reconstruction period in America, and Proposition 187,³¹ officially reversing an immigration policy that welcomed the contributions of immigrant ethnic groups. Treatment providers are now caught in a quandary of how to address the policy of the multifactorially-caused substance abuse problems of youth of color.

While California's Proposition 209 appears "fair on its face," poor African American and Hispanic adolescents are confronted with a paradox: if they are unfairly entering the educational and employment systems of the state, why are so few of them in the higher educational systems or occupying higher levels of the job market? This paradox also contains the meta-message that society has little use for adolescents or adults of color. Those who hold the reigns of power to decide the very criteria for entrance into the educational systems and the very criteria for public sector employment are perceived as easily defining people of color out of participation in mainstream society.³²

30. Text of Proposition 209:

Prohibition Against Discrimination or Preferential Treatment by State and Other Public Entities. Initiative Constitutional Amendment. Prohibits the state, local governments, districts, public universities, colleges, and schools, and other government instrumentalities from discriminating against or giving preferential treatment to any individual or group in public employment, public education, or public contracting on the basis of race, sex, color, ethnicity, or national origin. Does not prohibit reasonably necessary, bona fide qualifications based on sex and actions necessary for receipt of federal funds. Mandates enforcement to extent permitted by federal law. Requires uniform remedies for violations. Provides for severability of provisions if invalid.

CAL. SECRETARY OF STATE, CAL. VOTER INFO. (Gen. Election, 1996). The Official Title and Summary was prepared by Attorney General Dan Lungren.

31. Text of Proposition 187:

Illegal Aliens. Makes illegal aliens ineligible for public social services, public health care services (unless emergency under federal law), and public school education at elementary, secondary, and post-secondary levels. Requires various state and local agencies to report persons who are suspected illegal aliens to the California Attorney General and the United States Immigration and Naturalization Service. Mandates California Attorney General to transmit reports to Immigration and Naturalization Service and maintain records of such reports. Makes it a felony to manufacture, distribute, sell or use false citizenship or residence documents.

CAL. SECRETARY OF STATE, CAL. VOTER INFO. (Gen. Election, 1996).

32. The discussion of merit can be found elsewhere. The defense of the abolition of affirmative action has been well discussed. What is not adequately discussed is the notion of the rational relationship between the measures used to assess merit for entry into higher education and the end product. If the criteria chosen are selected to perpetuate the hegemony of the status quo, many people who differ from the status quo will be excluded.

This situation becomes obvious to ethnic minorities. Some adapt, but many do not or cannot. Oddly enough, as corporate downsizing and the push toward primary care in medical education are demonstrating, what the open market wants today may differ tomorrow. Thus, many people deemed meritorious yesterday are treated like so much flotsam tomorrow. Accordingly, Affirmative Action is not simply about fairness and justice. It is about an equal opportunity to succeed or fail without

The psychology of addiction prevention and treatment looks at family and community as elements contributing to both the etiology of addiction and the solution to addiction. Family support for any individual is important. Clearly, for pre-teens, teens, and young adults, family support is an essential element. Family abandonment often occurs when alcohol, drugs, mental illness or extreme poverty plague the mothers and/or fathers of the adolescents. Hence, the teenagers either pursue independence to contribute to their families or are forced into independence by abuses and neglect extant in the families.

Racism and discrimination only serve to magnify the process of addiction and romanticize the use of addicting substances in an us-versus-them paradigm. Although racism and discrimination are not merely economically-based, many of the problems of people of color stem directly from poverty. Poverty creates a group effect, an effect reinforced by an environment that is linked directly to that poverty. For instance, impaired housing stock, diminished city services, higher density of alcohol outlets,³³ open air drug markets, fewer legitimate businesses, higher crime, and schools with fewer resources are common in poor communities. Adolescents living in these poor neighborhoods or who are assimilating an American culture that differs from first generation parents, confront a major conflict of values and norms.

Young African American and Hispanic men already feel victimized by one of the most orthodox systems of American society—the police.³⁴ Treatment providers who are not culturally competent or who must operate within a compulsory system of care (e.g., drug diversion and drug courts) will find it even more difficult to succeed in their interventions when the larger American society continues to devalue the worth and meaning of African Americans, Hispanics, Native Americans and other people of color.

arbitrary obstacles thrown in one's way.

If the criteria for merit are too complex to deconstruct developmentally, then Affirmative Action is a next best social policy. Affirmative Action actually absolves society of the obligation to dissect the components of higher education and the components of the subsequent jobs that depend on that education to guarantee that there is a rational relationship.

33. See Richard A. Scribner et al., *The Risk of Assaultive Violence and Alcohol Availability in Los Angeles County*, 85 AM. J. PUB. HEALTH 335 (1995). These authors conclude that higher levels of alcohol outlet density are geographically associated with higher rates of assaultive violence. *Id.* at 338.

34. See Eric Williams, *Police vs. Blacks in Nebraska*, *Progressive*, Jan. 1994, at 15; Dennis Hayes, *Police Brutality: What We Can Do!*, *CRISIS*, Aug.-Sept. 1993, at 42; Scott Minerbrook, *A Different Reality for Us*, *U.S. NEWS & WORLD REP.*, May 11, 1992, at 36.

As long as paragons of corporate America (e.g., Texaco)³⁵ and public America (e.g., California)³⁶ are allowed to continue to be refuges of silent but malignant racism, culturally competent substance abuse treatment will be more difficult to pursue.³⁷ Legitimate paranoia and fear interfere with treatment and prevention for both the recipients and providers. Furthermore, it will be increasingly difficult to recruit and retain treatment providers who have a vested interest in the outcome of the interventions and in the communities where those interventions must be successful.

35. Federal charges had been filed against Texaco executives for tampering with documents at the crux of the civil race discrimination lawsuit. S.F. CHRON., Nov. 20, 1996, at A3. These same executives, in a tape-recording, used racial insults against African Americans and Jewish people. *Id.*

The civil lawsuit was settled during the second week of November, 1996, for \$176.1 million, which was the largest settlement recorded for a racial discrimination lawsuit: "Although the lawsuit against Texaco was filed more than two years ago, company officials did not settle the claim until 11 days after the tape recordings were published." *Id.* This settlement also coincided with a brief national boycott of Texaco. *Id.*

36. CRIMINAL JUSTICE INFORMATION SERVICE, U.S. DEP'T OF JUSTICE, UNIFORM CRIME REPORTS: HATE CRIME-1995 (1996). California reported over 22% of the total reported hate crimes in America for 1995, and a full 207% over New York, which had the second highest rate. *Id.* at 1. Of all incidents, based on race, anti-African American incidents accounted for 62% of the total. *Id.* at 2. Of all incidents which were based on ethnicity, anti-Latino incidents accounted for 63% of the total. *Id.* Of all incidents which were based on religion, anti-Jewish incidents accounted for 83% of the total. *Id.* Analysis of all incidents, which were racially, ethnically, or religiously based, showed African Americans, Latinos, and Jewish people accounted for 66% of the victims of all hate crimes. *Id.* Whites accounted for 60% of the known perpetrators of reported hate crimes. *Id.* at 3.

A recent study shows that the number of hate crimes dramatically increased in the Los Angeles School District from 1989 to 1992. L.A. COUNTY OFFICE OF EDUCATION, HATE-CRIME REPORTS IN LOS ANGELES COUNTY PUBLIC SCHOOLS INCREASE MORE THAN 50% IN THREE YEARS (Feb. 15, 1995). There was a 53% increase in hate crimes in the school system, and a 95% increase in the general community during the same three year period. *Id.* at 2. The results follow the national trends which were reported by the FBI, with African Americans and Latinos more likely than any group to be the victims of the crimes. *Id.* African Americans and Latinos were twice as likely as Asians and 25 to 30 times more likely than Native Americans to be the victims of hate crimes. *Id.*

See also Marcos Breton et al., *Coming to Sacramento: Capital's Ethnic, Cultural Landscape Reshaped*, SACRAMENTO BEE, Sept. 17, 1995, at A1; James B. Jacobs, *Hate Crime Legislation: Challenging Intolerance*, CURRENT, Sept. 1992, at 15; Jack Levin & Jack McDevitt, *Landmark Study Reveals Hate Crimes Vary Significantly by Offender Motivation*, KLANWATCH INTELLIGENCE REP., Aug. 1995, at 7; Gerald Volgenau & Charles Mitchell, *Immigration: Hate & Hope*, DETROIT FREE PRESS, Nov. 28, 1993, at 1H.

37. Clark & Zweben, *supra* note 11, at 122. The authors note that ethnicity, culture, and gender play major roles in the care and treatment of patients. *Id.* Furthermore, substance abuse treatment providers must be aware of their own inclination to avoid an examination of their own ethnicity, culture, sexual orientation and gender issues, as well as those characteristics that influence life experiences, roles and attitudes, and hierarchical views of the patients. *Id.* These observations are especially applicable to adolescents, who must struggle with the power and demands of adults in their quest for individuation and definition. *Id.*

Our society is at a watershed. The "war on drugs" continues to be the preferred metaphor for intervention. The drug problem is a public health problem. It requires public health solutions. It requires public investment. It has become a race problem, with the African American and Hispanic communities inappropriately stigmatized as the causes of the problem or "the enemy," and as the areas where the problem is most virulent. Thus, the battleground where the problem is being "fought" must be eliminated. It is appalling that America is willing to accept a "war" metaphor that is becoming a "race war" metaphor.

In the meantime, young white adolescents join adolescents of color in the struggle to avoid and to recover from the ravages of drug abuse.³⁸ The initiation process for tobacco, alcohol, marijuana, methamphetamine, LSD, cocaine, PCP, heroin, pills, and other drugs is faced by white adolescents as well as adolescents of color, by straight adolescents as well as gay adolescents, by male adolescents as well as female adolescents, and adolescents without physical limitations as well as those with physical limitations.

Only when America is willing to understand the drug problem in the context of public health and is willing to save all of its children will it perhaps recognize the cultural aspects of the drug problem in public health terms rather than simple criminal justice terms. When larger numbers of white adolescents line up for incarceration, as disproportionately large numbers of African American and Hispanic adolescents are doing, then perhaps treatment will receive the emphasis it deserves.

Prevention and treatment efforts must recognize that the felonization of young males of color only creates fodder for prisons, boot camps, and jails. Young men and women who have been labeled felons by the time they reach eighteen often find themselves on the criminal career track. It is difficult to

38. William A. Vega et al., *Risk Factors for Early Adolescent Drug Use in Four Ethnic and Racial Groups*, 83 AM. J. PUB. HEALTH 185 (1993). Their sample consisted of 6760 boys from sixth and seventh grade classes in the greater Miami area. *Id.* at 185. They found that African American youths in his sample had the consistently lowest levels of use of alcohol, cigarettes, inhalants and illicit drugs. *Id.* at 187. However, white non-Hispanics revealed more alcohol, cigarette and inhalant use. *Id.* Hispanics (Cubans and others) reported slightly higher levels of illicit drug use. *Id.* What is telling is that 48% of white youth had used alcohol (compared to 25% for African Americans and 41% of Cuban Hispanics), 26.8% of white youth had used cigarettes (compared to 12.4% African Americans and 20.5% Cuban Hispanics), 5% of the white youth had used inhalants (compared to 2.6% of African Americans and 4.8% Cuban Hispanics), and 4.8% of the white youth had used illicit drugs (compared to 3.7% of African American youth and 5.1% of Cuban Hispanics). *Id.* The authors looked at ten risk factors in the sample. *Id.* They found that risk factors were related to alcohol and illicit drug use in their sample of adolescent boys. *Id.* at 188. They further found that African American youth had the highest mean number of risk factors, while white non-Hispanic youth were more likely to have seven or more. *Id.*

secure education or employment. The felonization process may be contributing to the violence and decay of communities where poverty is a dominant social force. By removing large numbers of individuals, primarily males of color, and incarcerating them at a critical time of their lives, our society may actually be creating a perpetual motion machine, cycling and recycling the poor in order to provide resources to hire lawyers, judges, social workers, guards, construction workers for new prisons and jails, and police—a great many of whom are not people of color.

The felonization process is a cultural process that now begins with our nation's young and ends when many achieve as adults the state of incorrigibility. It is a process that pits a generation of middle class adult, most often white, Americans against poor, most often people of color, adolescent Americans. This generational conflict will undoubtedly play a role in the next century when baby boomers reach retirement age and find insufficient workers generating income to support an over-burdened Social Security system.

The felonization process requires the corruption of the prevailing cultural context of adolescents, causing them to abandon the cultural norms of their community, their town or their city. Drug abuse, alcohol abuse, and violence are conditions that become inextricably bound to the felonization process and a culture of poverty. Prevention and treatment efforts are subverted by this felonization process.

V. CONCLUSION

Clinicians, public health workers, policy makers, lawyers and judges must recognize that many adolescents are doing more than experimenting with psychoactive substances. The use of psychoactive substances may compensate for personal trauma, which includes witnessing or experiencing physical abuse, sexual abuse, domestic violence, school violence, street violence, and emotional neglect. The adolescent victims of the clash of cultures to which they are subjected must be understood in this context. When cultural differences exist between those with the power to determine the disposition and fates of adolescents, care must be exercised. Barbara Wallace writes of cross-cultural counseling with substance abusers in terms of preparing for service delivery within a culture of violence.³⁹ No other age group can claim a greater spectrum of traumatic history than those in adolescence. The victims of violence often become the perpetrators of violence—either directed towards self or directed towards others. Thus, Wallace's constructs and advice applies to all

39. Barbara C. Wallace, *Cross-Cultural Counseling with the Chemically Dependent: Preparing for Service Delivery Within a Culture of Violence*, 25 J. PSYCHOACTIVE DRUGS 9 (1993).

providers who would do cross-cultural counseling. Morrison and others discuss the complications associated with substance abuse treatment for adolescents.⁴⁰ They contend that a major goal in adolescent drug-dependence treatment is to help the adolescent achieve abstinence from all mind-altering drugs in order to achieve recovery. They further believe that this requires the adolescent to make "a fundamental identity shift from one who needs to use drugs in order to have a good time, relieve boredom or overcome fear, to one who can enjoy life and deal with its struggles without the need for drugs."⁴¹ No fundamental shift in identity is possible, however, unless all parties concerned, including the adolescent substance user, take culture into consideration.

Substance abuse prevention and treatment for adolescents is a complex phenomenon. Adolescent culture is heavily influenced by age, gender, race, sexual orientation, physical and mental status, and ethnicity. Our society has persisted in sustaining a "war on drugs" that threatens to become a "race war," sending messages to young whites that their use of drugs is permissible, to young African American and Hispanics that their use of drugs is the pretext for incarcerating large numbers of them, and to young Asians and Native Americans and Pacific Islanders that they are largely irrelevant to any public policy on substance abuse.

Substance abuse treatment and prevention must recognize the importance of all America's children, of all the circumstances in which those children function, and of the importance of all those children to the future of this country. Criminalizing children of color and patronizing white children will only erode the effectiveness of substance abuse treatment efforts and compromise substance abuse prevention campaigns.

40. Martha A. Morrison et al., *At War in the Fields of Play: Current Perspectives on the Nature and Treatment of Adolescent Chemical Dependency*, 25 J. PSYCHOACTIVE DRUGS 321 (1993).

41. *Id.* at 325.

