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A needs assessment of Hispanic youth for drug abuse services

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A NEEDS ASSESSMENT OF HISPANIC YOUTH
FOR DRUG ABUSE SERVICES

A Special Project

Presented to

The Faculty of the School of Social Work
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

Marie E. Baker

May, 1985

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CHAPTER 1

Introduction

Background and Problem Formation

Drug abuse in youthful populations is a complex and frustrating problem area. In this modern age a myriad of drugs and other chemical substances are available which are significantly impacting the lives of millions. Many of these drugs which have been developed over the past few decades are invaluable for their role in control of illness and disease. Many are misused and abused because they do work so well. "Drug abuse is probably as old as the earliest civilization. Man has used great ingenuity in identifying substances that ease tensions" (Eldefonso, 1978 p. 323).

The use of licit and illicit drugs was greatly popularized by the hippie movement of the "60's" and has escalated through the years, until at the present time, it is one of the largest social problems our society has had to deal with. Not only are the fields of health, education and welfare greatly involved with these problems but also the criminal justice system. Their concerns are with

problems resulting from drug abuse, such as juvenile delinquency, alcoholism, suicide, child abuse, improper nutrition, venereal disease, school truancy, academic performance and dropping out of school. Edward Eldefonso states "The abuse of drugs is not a new problem for police. The criminal investigations files of our large cities provide ample evidence that thousands of Americans are seeking relief from stress and escape from reality with the aid of opium, morphine, heroin, cocaine, marijuana, codeine, meperidine and 'over-the-counter' and prescription sedatives. These drugs are subject to special laws and regulations." (Eldefonso, 1978, p.323).

All of these drugs listed are commonly abused. Heroin and LSD are completely outlawed, but they and the others can be obtained from underworld drug peddlers, or through dishonest methods of obtaining them from legitimate suppliers of hospital, pharmacies or physicians. In spite of the heavy impact drug law violations have on the criminal justice system, they still represent only a small part in drug abuse and crime. Drug abusers are responsible for a large percentage of property crimes and traffic violations. Eldefonso says that an attempt to escape from either physical or emotional problems is the common factor underlying drug abuse and that young people are particularly vulnerable. He states "Usually they are introduced to drugs by friends, not by 'pushers'. It is hard to resist a group when you are the only holdout. It is a well known fact that

gangs, and even otherwise amiable social groups, are often responsible for the introduction of illegal drugs".

(Eldefonso, 1978, p.329). Eldefonso describes in this same book a study conducted in 1975 surveying 130 high schools across the United States. The results indicated that before leaving high school, substantial numbers of the students have had experience with the use of illicit substances. He states, "In fact, the majority - some 55 percent - have had such experience by age eighteen." (Eldefonso, 1978, p.325).

Editors Beschner and Friedman state "Those who must plan and administer the programs of drug abuse prevention and treatment are becoming increasingly concerned about the spread and patterns of use in this population" (Beschner and Friedman, 1978, p.XXIII). Records have always indicated that the majority of serious drug problems are concentrated in the larger cities where there is too little to do, too little money and too many people. Now however, drug problems can be found everywhere from the worst city ghettos to the wealthier suburbs, large communities, middle-class and upper middle-class neighborhoods. (Beschner and Friedman, 1978, p.329).

A federal study of drug abuse treatment, both public and private, in 1977 revealed that there was a total of 260,000 treatment slots available nation-wide. Of this amount, only approximately 33,000 were under 18 years of age, or 12.7 percent. Funding for drug-abuse treatment in 1977, from both private and public sources totaled \$511.1

million.

Much literature relating to drug abuse has been published in the past few years from the early '70's to the early '80's. Marion A. Lavenhar describes the task of estimating the extent of illicit drug use, and abuse or addiction in the community as being extremely difficult. He says that because of serious reporting gaps much of the data needed for estimates is not available. Much that is available is suspect. Other factors which confound accurate estimates of the problem are (1) the large number of drugs that are being abused (2) the variable composition of illicitly produced drugs, (3) the widespread deceptions in the illegal drug market, and (4) wide range frequencies of use and dosages employed (Lavenhar, 1979, p.114). Many studies and surveys have focused on the adolescent as being the age group of highest risk in drug abuse, but little action results from these initial interests. Quoting Robert J. Hirano, AB 3121 Project Coordinator, in 1978, he states, "Historically, little focus has been placed upon youth in terms of long-range planning needs assessment and allocation of funding. The immediate realities require real changes to take place if we are to move in a positive direction with one of our most important material resources, the youth of our communities" (Bixler, 1978, p.5)

There are many gaps in services available for youth who abuse drugs and for their families and it is not unusual for a community to be completely unaware of those services that

do exist. Most services which are available are not geared to racial or ethnic differences, but are tailored to the anglo majority, and are described as being for "adolescents" or "youth". Hispanic adolescents, in particular, are frequently lost in the shuffle, especially when the survey is by race (i.e. white, black, asian). Diane Bloom and Amado Padilla found that an important factor which impacts investigations of specific ethnic populations for drug use is the fact "that ethnic minority school aged students often tend to have high rates of absenteeism from school or to drop out prior to graduation, making it difficult to get an accurate assessment of their drug use" (Bloom and Padilla, 1979, p.2). (hereafter in this paper the term Hispanic will be used interchangeably with Mexican American, Spanish Speaking and Surnamed. It will refer to persons of Mexican origin, Puerto Rican, Spanish, Latin American, and Cuban who are living in the United States). An example of the little attention given to Hispanic problems is a compilation of 23 addresses, essay and lectures entitled Youth Drug Abuse, edited by George Beschner and Alfred Friedman all relating to adolescent drug abuse. Only one focuses directly on the Hispanic adolescent, entitled "Youth Drug Abuse and Subjective Distress in a Hispanic Population" by Jose Szapocnik, Robert A. Tadner and Mercedes A. Scopeta.

The same neglect seems to exist, also, in the area of treatment for the Hispanic adolescent. The adolescent years of child development are normally stormy ones without the

addition of problems which ethnic groups such as the Hispanic have to bear. The factors which expose Hispanic children to high risk of deviant behavior and the use of drugs are, according to Szapocnik, et al, are acculturation problems which include "(1) a range of difficulties experienced in trying to adopt to a new culture, including problems with mobility (transportation), employment, and education (or lack of it), and (2) generation and family differences and conflicts resulting from differing levels of acculturation among family members. (Szapocnik, et al, 1979, p.493). The friction and conflict which these problems can produce between first generation adults and their second generation children exceed the problems normally experienced by the majority of families of the same culture. These children come to rely heavily on peer influence.

Nationwide, drug treatment for the adolescent is inadequate. This fact is reflected in most current literature. The drug treatment system is not suited to the special needs of the adolescent for several reasons, the main one being that the system was originally created by the federal government in 1971 to reach the hard-core heroin addicts who were casualties of the Hippie drug culture of the '60's. Beschner and Friedman state "Public Law 92-255 provided that a permanent National Institute on Drug Abuse (NIDA) be established in the Department of Health, Education and Welfare to manage drug-abuse treatment, rehabilitation, and research activities." (Beschner and

Friedman, 1979, p.5). Most of those programs were not and still are not structured to meet needs of adolescent drug users. They continue primarily to give priority to the heroin problem. The reasoning is that the government's limited resources should be concentrated on "problems which pose the greatest risk to society at large" (Beschner and Friedman, 1979, p.5), in this case the heroin addict. This policy is still generally adhered to across the nation at state and community levels of efforts directed toward drug abuse (Beschner and Friedman, 1979, p.5).

This same policy of directing drug treatment programs toward the needs of adult drug users holds true for Santa Clara County. In a casual, unplanned, telephone survey of the county, the writer found very little in the way of services for the adolescent drug abuser. Most available treatment was in the form of individual therapists who have expertise in child and adolescent therapy and in drug abuse treatment. There were a few adolescent therapy groups which would accept the drug-abuser but were not geared for this problem. The Community Mental Health Sub-system was included and reflected the same inadequacy. There was no treatment for the Hispanic adolescent drug-abuser in the services in general which were contacted in the county.

The Bureau of Drug Abuse Services of the Santa Clara County Health Department states in its Drug Abuse Prevention Plan, 1984-85, that the largest ethnic group entering treatment was Hispanic with 47% of admissions. The Bureau

recognizes the need of more services for adolescents. The Bureau, again states, "Some years ago the County's Juvenile Probation Department had a diversion program for juvenile drug abuse defenders. It was cut out after Proposition 13, but the need still remains". (Bureau of Drug Abuse Services, 1985, p.21).

The writer feels that the foregoing statements reflect a problem of need and are cause for concern for our youth. The problem is the population of Hispanic adolescents, ages 13 through 18 who are abusing drugs and who seem to have inadequate services to meet their needs. The purpose of this project is to assess the need and the resources available for this need.

Significance of Present Study

"Assessment is a part of mental health planning. It provides one important informational input to a much broader planning process which leads to (a) a mental health plan (b) the selection and operationalization of specific program limits and (c) the evaluation of those programs in action." (Warheit et al, 1977, p.3). Federal, State and local legislation in the past few years have mandated action by local human services agencies to plan programs to meet the needs of those living in the communities which they serve. This was explicit in the Public Law 89-749, the Comprehensive Health Planning and Public Services Amendments of 1966. Later legislation, requiring close work between

State and local agencies for its implementation is that of Public Law 93-641, the National Health Planning and Resources Development Act of 1974. Legislation which requires centers to evaluate their programs in terms of needs of the catchment areas was Public Law 94-63, the Community Mental Health Center Amendments of 1975 (Warheit, et al, 1977, p.1).

Since the earliest of these legislations there has been a growing public consciousness of the overwhelming needs of the community and an expectation that programs will be created to meet these needs (Warheit, et al, 1977, p.1). Authors Warheit, Bell and Schwab propose four main barriers which agencies meet with in those attempts to respond to community needs (1) the inertia or active resistance in both communities and organizations which militate against evaluation and change (2) the needs of those in the community are so overwhelming that the human services agencies do not have adequate resources to meet all of the "legitimate" demands being placed on them (3) the needs of those in the community are diffuse and interrelated and can be identified specifically only with difficulty and (4) communities are in a state of almost perpetual transition, needs may shift as the result of cultural demographic and social changes (Warheit, et al, 1977, p.2). These same authors feel that one of the most practical ways for the community mental health centers to overcome these barriers and meet the needs of the community is through securing

accurate information about those living in the community they serve (Warheit, et al, 1977, p.2). "Once these needs are clearly identified, an agency's priorities can be more consciously established and its service programs more rationally developed and evaluated (Warheit, et al, 1977, p.2).

Research Objectives

The goal of the study is to determine whether or not there is a need of drug-abuse treatment in the county of Santa Clara for Hispanic adolescents. The objectives which will help to achieve this goal are (1) an assessment through content analysis of the size of the target population in the community, and (2) investigation of current Santa Clara County resources which address the needs of adolescent drug abusers, and (3) identification of factors which may increase Hispanic utilization of resources when available.

Research Questions

Questions which guided the direction of the study and aided in construction of a sample instrument for the collection of data are as follows:

- 1) How will the term "drug abuse" be defined?
- 2) What is the total number of adolescent drug abusers based on content analysis of the available data?
- 3) What portion of the total represents Hispanic adolescent drug abusers based on content analysis of data available?

- 4) Where is the largest concentration of this target population?
- 5) What resources are available in the areas of densest target population?
- 6) What factors motivate them to seek treatment?
- 7) What factors are responsible for underutilization of community mental health resources by the Hispanic youth drug abusers?

Assumptions of the Study

The design of this needs assessment is not to test an hypothesis but to assimilate information that will be of value to the agencies and the community. The study is based on the assumption that there is the possibility of a need not being met in the community. The information collected in this study can be used as guidelines by such planning units as County and State Mental Health administrators. Although there has been no prior commitment to use the collected data it is hoped that it is not a waste of energy and resources.

Major Variables

- 1) Only Hispanic adolescents ages 13 through 18 will be considered for this study.
 - (a) Operational definition - This age range and ethnic population will be indicated in sampling instruments.
- 2) Only adolescents classified as drug abusers will be the subjects of this study.

(a) Operational definition - adolescent drug abusers as defined by the courts and health professionals will be studied.

- 3) Geographical area in which this needs analysis will be carried out.

(a) Operational definition - The major proportion of the study will be done in areas of highest Hispanic population density of the community of San Jose. Some information collected will represent the entire County.

- 4) Adequacy of existing resources for adolescent Hispanic drug abusers.

(a) Operational definition - Adolescent services of the entire County will be investigated.

CHAPTER 2

Review of Literature

History of Drug Use and Abuse

There would not be a need of services and treatment if there were not first this problem of drug use and abuse by the youth in our society which spans all races and ethnicities. Because of many factors, Hispanics are of particularly high risk. The types of drugs being in popular use today and the various drug use patterns are quite different to those of forty to fifty years ago.

Documentation of Hispanics' drug use in the United States dates back to the 1920's and 1930's. Author Bruce Bullington, during his involvement with NPP (Narcotics Prevention Project) in East Los Angeles in the 1960's gathered much of what is known about the drug history of the Hispanic (Bullington, 1977, pp.93-95).

In those early days the majority of the Mexican-Americans in the United States were living in rural areas of the South and Southwest. They were mostly unskilled or semi-skilled workers in farming and mining. The earliest report of drug usage was that of marijuana

smoking by migrant workers. It was quite accessible due to the fact that hemp (from which marihuana is derived) was a commercial plant for the manufacturing of rope and other materials. It was cheaper than tobacco and was free to most of its users. It was pleasantly tranquilizing to smoke and usually left no hangover (Brenner, 1970, p.6). Its use eventually spread to the cities during the depression years, but was still being used mostly by the poor. In that same time period of the 1930's and 1940's, the predominant drug of addiction among the white middle class was the opiates, used mostly by middle-aged females living in rural areas. Changes in the pattern of drug usage from that time period to the present, according to studies that have been conducted, is the movement of highest addiction to the young, lower class male minority members living in urban areas of the North and West (Breckner, 1972, pp.3-7). The other important change since then has been the choice of drugs moving from the opiates to heroin and the barbiturates. These changes are much the result of the Harrison Act of 1911 which put controls over narcotics and criminalized the taking of narcotics without a doctor's prescription. The passage of the Act, in making drugs difficult to obtain contributed to the criminal elements, the pushers and the increase of drug abuse by the users. Black marketeers made drugs very available to the most susceptible in society, the alienated and the poor. The middle and wealthier classes either continued their drug

habits through doctors' prescriptions or switched to legal drugs such as alcohol, barbiturates and tranquilizers. Others opted to stop drug usage (Bullington, 1977, p.94). In 1937 federal legislation was passed which made the use of marijuana illegal. Users changed from a tightly-knit in-group association to a deviant sub-culture of individuals who sought to just keep an established reliable source open to them.

Heroin made its way in and became very popular within Hispanic communities in the 1940's. During the war years (WW II) opium was easy to obtain but its use was never that of heroin. The euphoric effects of heroin continue to make it the number one drug of choice among drug users, and as stated earlier, its use and abuse became a major national issue in the 1960's.

Social Attitudes of Drug Usage

The enormous impact of the drug culture of the 1960's on society can still be seen in lingering traces embedded in attitudes regarding heroin, the Hippie's favorite. Calhoun, in a study in 1975, found consistencies across both secondary school students and college students as to the "worst" drug that people can use. This was heroin. On a good-bad dimension, it was listed as more illegal, more addictive, and more dangerous than any of the other drugs. Alcohol, marijuana, and tobacco are consistently seen as significantly "better" than the other five drugs

(amphetamines, cocaine, barbiturates, hallucinogens and heroin). (Calhoun, 1975, pp.124-125).

The majority of adolescents who are involved in drugs do not view their use as a problem. Beschner and Friedman describe the attitudes of most adolescents to the use of drugs as ... "they perceive them as a new, interesting, or exciting experience to share with their friends and peers and as a way of belonging to, identifying with, and being accepted by a particular group." (Beschner and Friedman, 1978, p.9). This acceptance of drug use by youths is reflected in random statements such, as "It doesn't hurt you and it feels good, so why not?"; "It's easier to make friends getting stoned"; and "I like it, I'm funny and can really talk" (Beschner and Friedman, 1978, p.8). The usual parental response to their child's involvement in drug use such as marijuana, is to become alarmed that he will surely progress on to use of hard drug use such as heroin addiction. "In most instances lack of understanding of the problem and how it evolved. These parents tend to over-react to the situation, which leads to an unhappy progression of the underlying factors (conflict, poor communication, etc.) that initially contributed to the drug use." (Beschner and Friedman, 1978, p.10).

Definition of Drug Abuse

So often, it has been noted, the term "drug abuse" is used without the individual(s) using it giving a definition or understanding of the term. A definition taken from

Research Methods for Community Health and Welfare describes drug abuse as "...negative effects for self or others from using drug" (Bauman, 1980, p.85). The Santa Clara Bureau of Drug Abuse Services defines it as "...the use of any chemical substance to the extent that it interferes with the individual's personal, social or economic well being."

(Bureau of Drug Abuse Services, 1985, p.2). Too often the term means to people the illicit use of controlled substances such as marijuana, heroin, cocaine and PCP. In truth, the majority of drug use is legal and either medically approved or medically administered. Also involved in this definition are the terms licit and illicit, legal and illegal.

Non-medical and improper use of drugs is termed abuse. It is abuse of a drug if a physician writes a prescription knowing it will be used improperly, if the patient uses it improperly, and it is also abuse of the drug if it is purchased illegally on the street. It is the non-medical, illicit, and improper use of drugs which is the concern of this paper and that portion of the continuum in which it produces negative effects in the lives of adolescents.

These negative effects appear in the form of hospitalization for psychosis, poor academic performance, school drop-out, crime and arrests for drug offenses, incarceration, dysfunctional relationships and alienation.

Studies of Drug Abuse and Emerging Patterns

The patterns of drug use in the youth culture have

changed, and seem to still be changing. Comparison of Denise Randel's study in New York State in 1971 to later ones done in the late 1970's gives indication of much change in use and attitude. In her sample 82 percent used beer and wine, 72 percent smoked cigarettes, and 65 percent used hard liquor. Better that 1/3 or 35 percent used one or more illegal drugs and the most used illegal drug was marijuana (29 percent). Hashish users numbered 21 percent. One in eight used pills, amphetamines and barbiturates. One in twelve used LSD and psychedelics. Four percent used cocaine, heroin, 3 percent. An interesting observation in this early study was this "Use of illicit drugs tends to be experimental and sporadic rather than regular".

(Randel, 1971, p.52). Results of studies such as one conducted by E. Padilla, et al, also reflect very well the changes that have occurred over time. The area of the study was a barrio in East Los Angeles and the survey sample was 407 male and female Mexican-American children. Results indicated that: (1) male users exceeded those of female users (2) prevalence of drug use increases with age and (3) the prevalence of usage increases from inhalents to marijuana and finally to alcohol. (Padilla, et al, 1977, pp.93-95).

An emerging pattern causing much concern in the 1980's is their use of more than one drug at a time or "multiple drug use". The drugs are of a wide variety, including marijuana, barbiturates, PCP, amphetamines, inhalants, alcohol, and hallucinogens.

A study was made by Bruno and Doscher in 1979 for the purpose of describing the extent and patterns of drug use and attitudes for a sample of primarily Mexican-American high school students identified as potential dropouts. The results showed (1) widespread use of drugs; (2) marijuana was used by about the same number of students as cigarettes and hard alcohol; (3) more students are using more "social" drugs more often; and (4) that students do not think that general drug usage causes social problems, but heavy drug use may cause school problems. The drug use for this sample of Mexican-American students was higher than has been reported in other studies of potential dropouts. They also found that differences in drugs used by males and females was very complex (Bruno and Doscher, 1979, pp.8-9). Another study conducted in the same year as Bruno and Doscher and on a survey sample of high school students was that of John Paul Wilson. Data reflected what he termed a "polydrug culture" with 70% of the student body using drugs from eleven categories. These were the substances of alcohol, cigarettes, marijuana, cocaine, amphetamines, Valium, methaqualone, heroin, tranquilizers other than Valium, barbiturates other than methaqualone, and narcotics other than heroin. (Wilson, 1979, p.18).

There are 21 million adolescents under the age of nineteen and the degree to which they are involved in drugs is staggering, the Wilson study describing 70% of the students using drugs supports this fact. The National

Survey on Drug Abuse conducted in 1976-1977 produced the following information in some of its findings: marijuana had been used by more than one-fourth (28.2 percent) in ages 12 to 17; of those, one-sixth (16.1 percent) had used it in the past month. The life-time prevalence rate of adults, 18 and over, was 24.5 percent (lower than the adolescents) and current use was half that reported by adolescents (8.2 percent). The rapid growth of drug use among the youth is reflected in the increase of prevalence and current use from the year previous to that of the survey - 5.7 percent prevalence and 3.7 percent current use. Of the adolescents in the survey, one in ten used drugs stronger than marijuana. These included inhalants (9 percent), stimulants (5.2 percent), hallucinogens (4.6 percent), cocaine (4 percent), tranquilizers (3.8 percent), and sedatives (3.1 percent) (NIDA National Survey on Drug Abuse, 1977).

Drug Abuse Studies in Hispanic Culture

Studies which focus on drug use by adolescents are numerous, but those which survey the problem in the Hispanic youth, only, are scarce. Diane Bloom, in A Peer Interviewer Model in Conducting Surveys Among Mexican American Youth, states her belief that there is a growing resistance to research on minority and low income communities (Bloom, 1979, p.3). These people feel they have been "overstudied by outsiders" (Josephson, 1970, pp.117-129). 1970). Padilla propose four problems which are unique to Mexican-

American neighborhoods in inhibiting drug surveys "(a) language barriers, (b) youth gangs, (c) fear of police harassment, and (d) status of illegal immigrants." (Bloom and Padilla, 1979, p.3). They state also that if entrance to the community is attained, the interviewer still has to contend "with potential bias due to the effects of differences in age, sex, ethnicity, and social status between interviewer and respondent" (Bloom and Padilla, 1979, p.5).

A different viewpoint was expressed by Vincent Myers in a report written in 1977. He recognizes that studies about drug use among minority youth are rare and that regarding the few studies which have been completed, their conclusions cannot be widely generalized. He states "We reason that it is largely true because minority and low-income youth have been bypassed in the rush to identify and to solve drug problems among the better off insiders of our society; and because most researchers, themselves white and better-off, are ill-equipped to conduct their inquiries among minority and low-income collectivities. (Myers, 1977, p.62).

Psychosocial Factors

There are many factors which, regardless of race or culture impact all adolescents alike. These relate to the "storm and stress of the adolescent developmental tasks, such as the attainment of self-identity and independence. For the Hispanic youth, this maturation process, combined

with the acculturation process which they are experiencing, interact to intensify the problems of normal adolescence (Szapocnik, Ladner and Scopetta, 1979, p.493).

"Acculturation was one of the sources of conflict and family disruption experienced by Cuban immigrants in Dade County" (Szapocnik, et al, 1979, p.496). Ismael Dieppa and Miguel Montiel state that "the stress and pressures of American society have probably had a greater impact on Hispanic families than any other segment of the population" (Dieppa and Montiel, 1978. p.1).

There is a trend in the American society toward disintegration and disorganization of the family unit as the basic institution of socialization. In Hispanic families this trend is significant because of society's majority culture pressures "to assimilate and acculturate to an environment that in many respects is alien, often hostile, contradictory and destructive" (Dieppa and Montiel, 1978, p.1).

Reflecting this same concern is John Florez who quotes from an article entitled "America's Children". "About 44 percent of the Hispanic population are under age 18, compared to 31 percent for the general population" (Florez, 1976, p.75).

During the next decade, Hispanic families will continue to experience serious social, economic, and health problems that have severe impact on our youth and children - higher mobility and mortality rates, a growing incidence of

one-parent families, higher rates of unemployment and under-employment, school dropouts, runaways, and a higher rate of substance abuse, to cite only a few" (John Florez, 1978, p.75).

The conflict of acculturation plus the conflicts between the emerging values of the adolescents and the values of the parents seem to cause family disruptions and to increase the effort of the youths to seek support networks among their peers. "These groups were influential in the young elemental family members' choice of anti-social activities which included drug abuse and other delinquent activity" (Szapocnik, et al, 1979, p.496).

Graham and Cross also described psychosocial factors as being the causative agent underlying illicit drug use by adolescents. Data from their study indicated that one of the most important differences between drug users and nonusers was the degree of separation from their parents which they felt. "Drug users felt rejected at home, that their parents did not trust them or genuinely care for them, and that there was little to talk about in common with their parents." (Graham and Cross, 1977, p.104). Not only did they feel this about their homes, but they felt their schools also had little interest or concern for them in whether they used drugs, attended class or adhered to school regulations. Another important psychosocial factor was the fear of isolation exhibited by drug users. This factor was correlated with the separation from family

factor. The authors feel that this raises the possibility that the drug users may feel separated from everyone (Graham and Cross, 1971, p.105).

Nicholas Gall studied another variable which he believed might contribute to the motivation for youths to use "mood modifying substances", that of parental influence. He found that the childrens' parents who were moderately dominant had healthier attitudes toward drugs and had lower patterns of drug use. The children of those with low dominance fell into high usage patterns. (Gall, 1974, p.37).

In the area of education drug abuse is becoming an ever increasing problem. It is believed to significantly inhibit educational performance. Adolescence is a crucial developmental period, and if interrupted with such traumatic events as failure in school, will create further disruptions. They will be unable to cope with developmental tasks such as functional autonomy and advancing age. Cohen and Santo propose that "they are therefore more prone to further drug abuse, antisocial behavior, and personal ineffectuality" (Cohen and Santo, 1979, p.229). Detection of drug use on school grounds leads to suspension and other disciplinary action. The police may be called, possession and sale of drugs are drug offenses, and arrests may occur.

Florez described alarming projections made by Franklin E. Zimmering in an unpublished paper in 1975, involving Hispanic families by the year 1990. He believed that there would be an overall decrease in delinquency, however, in

spite of this, he projected that (1) delinquency and youth crime would increase in the inner cities, (2) both will increase in racial and ethnic minority groups in particular, (3) the severity of the crimes will increase - i.e. homicide, rape, armed robbery and serious assault, and (4) other young people will largely be the victims (Florez, 1978, p.75).

Across the ethnic groups when youths are involved in crime or unlawful offenses it is believed that the Hispanic youth is the most likely to be arrested. This is thought to be due to their socio-economic background and the availability of detention facilities. Hispanics are more likely to be poor, live in urban area where detention facilities are of greatest concentration, thus greatly increasing their chances of being detained. It has also been noted that youth detained in secure facilities are more likely to be institutionalized rather than placed in familial or communal settings. (Florez, 1978, p.76).

Judith Green states in "An Overview of Adolescent Drug Use", "Juvenile delinquency based on court records proved to be a predictor of heavy drug use or addiction, and although delinquent and non-delinquent dropouts had equally elevated probabilities of drug experimentation, delinquent dropouts were at significantly greater risk of becoming heroin addicts" (Green, 1979, p.38).

Cohen describes aptly the consequences of the multiple drug abuse by youth,

"beyond threats to the physical well-being of the adolescent abuser, the psychological cost of

multiple substance abuse are very high. Adolescence, like early childhood, is an important developmental period in which demands on the individual proliferate in qualitative as well as quantitative terms. The evasion of stress through sniffing, snorting, "dropping", smoking, "shooting" and drinking - or "better living through chemistry" as suggested by those who profit from substance abuse does not coincide with the kind of life experience necessary for the development of the emotional, social, academic and practical skills required to function as a competent adult. The young multiple substance abuser may remain psychosocially immature during a period when he should be learning to deal with conflict and frustration". (Cohen, 1973, p.214).

Drug Abuse Services

The Bureau of Drug Abuse Services for Santa Clara County recognizes needs and deficits in its' service system. One of high priority, is the need for a diversion program for juvenile drug abuse offenders. The Juvenile Probation Department in this county had such a program some years ago, but it was cut out after Proposition 13 became effective. The Bureau says, also, that there is a need for a residential treatment service for adolescents (Bureau of Drug Abuse Services, 1985, p.21). The Bureau states "Treatment services are already over-utilized and have consistently been cut back over the years." (Bureau of Drug Abuse Services, 1985, p.21).

It is recognized, generally, that the drug-abuse treatment system is not meeting the special needs of youths in many ways (Beschner and Friedman, 1979, p.12).

Beschner and Friedman say also that some of these special needs involve the stigma which is attached to drug-abuse treatment. Many feel it is degrading to seek help from

drug-abuse treatment. The bureaucracy of some of these clinics give the youths the feeling of them being only extensions of parental authority (Beschner and Friedman, 1979, p.12). Padilla, et al, urge "development of ameliorative interventions for this neglected population who are victims of self-inflicted, but societally reinforced, destructive behavior" (Padilla, et al, 1977, p.19).

Summary of Literature Review

Review of the literature in this field separates generally into three issues; these are (1) the high level of acceptance of drug use and abuse, (2) that some groups are more vulnerable and disadvantaged than others, and (3) that the current methods and approach to the problem are either inadequate or ineffective.

Major efforts by the government to address the drug-abuse problems in the United States have been on-going since 1971. The strategy of these efforts was to reduce the supply of illicit drugs through law enforcement programs and international control agreements, and to reduce the demand for drugs through preventional treatment efforts. However, Beschner and Friedman state, the prevention strategy of that period was so inappropriate that the federal government imposed a moratorium on prevention campaigns for a whole year for 1973 to 1974. They actually persuaded school children to try drugs who hadn't considered their use before (Beschner and Friedman, 1979, p.6).

Through the years since then, efforts have continued along these same lines, in international control, law enforcement and prevention. This approach has had little success - at best a "band-aiding" effect. In this year, 1985, the trend which seems to be emerging from available literature is the need to pursue "primary prevention". This intervention focuses on the underlying causes of the problem within society, and the social changes that need to occur to ... "foster the development of healthy individuals" (Bureau of Drug Abuse Services, 1985, p.4)

CHAPTER 3

Methodology

Research Design

The design of this research is a combination of a content analysis and a descriptive survey. Either or both are often used in social sciences related studies involving large samples of a given population. The design is versatile enough to also be used in the immediate community such as a catchment area. Idealistically, in a descriptive survey, information is gathered from all sources which permits analysis of the spatial, socio-demographic, social behavior and well-being, and social condition of the community. Carl Bauman's definition of descriptive research aptly fits the objectives of this paper. He states that descriptive research includes "... the identification of the number of persons in need of a service." (Bauman, 1980, p.63)

It is the study's intent to utilize this design to conduct an assessment of the Hispanic adolescent drug abuser population, and the community resources available which provide treatment for them. The so called "Social Indicator

Approach" is used in the study. As described by Warheit, et al, this approach is based primarily on inferences of need which are drawn from descriptive statistics found in public records and reports. It has a flexibility, however, which allows it to also use data such as that derived from community surveys which have collected information from individuals relating to their needs and service utilization patterns (Warheit, et al, 1977, pp.30-31).

Study Sample and Procedures

In planning for health needs, such as treatment for drug abuse, an assessment program requires data from two environments; that of an agency, and then, that of the community in which it is located. The researcher first conducted a telephone survey of the entire San Jose area to establish a data base of services which were available to the total population of adolescent drug abusers.

Thereafter, the researcher concentrated on collecting much of the social indicator data for the study from available services and sources in the community of eastern San Jose. This area is often referred to as "East Valley". The Santa Clara County Health Department refers to it as the HSA's (Human Service Areas) of 6,7,8,10, and 11. The largest concentration of the Hispanic population is living in this area.

The researcher selected a sample of seven agencies in the area to interview and collect data from. The sample

instrument was a standardized questionnaire which the researcher developed and used for interviewing each agency. Three of the agencies were Santa Clara County Community Mental Health Centers, one was a Juvenile Probation referral service for drug offenders, one was the Mexican-American Council on Alcoholism (MACA), and the last was a community, non-profit, private multi-service counseling center.

All of the eastern portion of San Jose is contained within one school district, the East Side Union High district. There are eleven secondary schools in the district and one large administrative complex. The writer developed a second questionnaire for interviewing the schools, however, due to the time element involved and the difficulty of obtaining interviews with school principals or vice-principals, the writer opted to use the mail system.

Development of the Instruments

The questions of both the school instrument and the agency instrument were developed with the purpose of each giving information from four different areas that would support the assumptions that there is a drug abuse problem and that there is a need for services.

The first two questions dealt with subjective judgments as to whether a problem exists in the community, and if so, how large they consider it to be and which drugs are the adolescents most involved with. The second area of questioning attempted to establish how drugs are

contributing to or causing personal problems. The third area dealt with response to these problems; how the school responds when it encounters a drug problem, does it have particular services for referral; and how the agency responds to requests for drug abuse treatment, do they have programs set up for such requests. The fourth area, through a request for statistics was an effort to establish whether or not there was one ethnic group more involved in drug use and more in need of services.

There were 12 questions in each instrument. Both the agency and school questionnaires consisted of yes and no choice and multiple choice questions. In each several questions contained an added "please specify, open ended, requirement. In the school instrument one question was completely open ended.

The majority of the questions were designed to give fixed alternative responses in order to perform basic tabulations, frequency counts, and percentages. After the survey was completed, the data was coded and tabulated, then analyzed through the use of descriptive statistical methods, such as percentages, means and frequency distributions.

Sources of Data

Sources of data, besides the agencies and schools, which the researcher chose to best reflect the scope of the drug abuse problem were from public reports and records. Some of

these descriptive statistics were found in libraries, some in law enforcement agencies and some in County Administration offices. These sources included (1) the Juvenile Court and Probation, (2) the U.S. Bureau of Census Reports, (3) the Dept. of Health, Education and Welfare (DHEW) reports and publications (Bureau of Criminal Statistics and Special Services), (4) California State Dept. of Health Services, (5) Santa Clara County Dept. of Health, (6) Santa Clara County Bureau of Drug Abuse, (7) Santa Clara County Office of Budget Analysis, and (8) California Department of Youth Authority.

Data Analysis

After the survey was completed, the data was separated into the three different categories from which it was collected, records and reports contents, schools, and agencies, and was discussed in separate sections.

The four different areas which the school and agency instruments each dealt with in certain questions, were discussed and analyzed separately. Descriptive statistical methods were used to analyze the data where possible and tables were constructed to display findings where appropriate.

Data collected from the content analysis of reports and records were transferred first to work sheets, then analyzed by descriptive statistical methods. The findings, as were those of schools and agencies, were displayed in tables and

histograms for better visualization.

Research Constraints and Limitations

There are dangers and disadvantages involved in the content analysis design of data collection - or the analysis of social indicators. The major one being that social indicators are only indirect measures of the needs they are supposed to represent, and there is reason to question the validity of some of them. Warheit, et al, give as example; "divorce, separation, and illegitimacy rates may be a valid index of lack of family stability and security for many groups in our society, but for other groups they may be invalid" (Warheit, et al, 1977, p.37). Another example, described by Polansky, is statistical data indicating a rise in admissions to mental hospitals; does it reflect an increase in "social breakdown", an increase in the adequacy of hospital facilities or a change in public attitude toward the use of psychiatric services? (Polansky, 1975, p.118).

Many researchers settle for existing, available data in the interest of time and money. It is costly to do epidemiological surveys or similar studies for data collection. When they do choose to use available data they do so with the knowledge that the data will yield only approximate answers. The writer was constrained by both time and money, and the analysis of a number of carefully selected social indicators seemed ideally suited to the purposes of this project.

Two factors which restricted and limited the study were (1) poor statistical recording and (2) inaccessible records. Record keeping is costly in manhours and statistics accumulation is considered as a useless, unrewarding chore in many agencies and institutions. This is especially true where higher technological methods of data storage cannot be purchased as yet. The researcher was confronted in several instances with the problem of no statistics and no access to records due to the Right to Privacy act.

CHAPTER 4

Major Findings

Demographic Data

The demographics of the county, as a whole, and of the city, relative to those of the county, give a rough but fairly accurate thumbnail sketch of the Hispanic community.

Analysis of the 1980 Census of Population and Housing, published by the Bureau of the Census, produced these pertinent facts: Out of a total of 1,295,071 persons in the county of Santa Clara, approximately 3/4 are Anglo, 226,611 or 18% are of Spanish Origin, while Asians represent 8%. The median age is 29.1 years. The city of San Jose has a total population of 629,442 persons and 140,529 of these are of Spanish Origin. These statistics are reflected below, in Table I. There are 175,871 children and adolescents between ages of 10 and 19 years old in San Jose. Of this number, 47,353 are of "Spanish Origin", Hispanic, as the researcher refers to them in this paper. A study of census tracts of San Jose reveals Hispanics living in clusters throughout the city, ranging in numbers from below 100 to over 4000.

The more sparse clusters are in west and north

TABLE I

AREA POPULATION (1980 CENSUS)

AREA	TOTAL	HISPANIC	PERCENT
Santa Clara County	1,295,071	226,611	18
San Jose	629,442	140,529	22

Source: Bureau of the Census - 1980 Census of Population and Housing, Santa Clara, California.

San Jose. The tracts containing the heaviest densities of Hispanics lie in the eastern and southeastern portions of San Jose and are mostly to the east of the 101 Bayshore freeway. A few lie directly to the west of 101 south of the downtown area. The area east of 101 Bayshore is known as the "Mayfair district" and is the site of the original barrios which were settled by Mexican-Americans after the Anglo conquest of 1846.

In 1979 the total labor force of Hispanics in San Jose was 89,677 and the number of unemployed was 9,435. The percentage of Hispanic families classified as being below poverty level rose as high as 20.4 percent in the tracts or

barrios of highest density, i.e. 3,000 to 4,000 persons. Female householders, with no husband present and having children under 18 were consistently in the lowest income bracket with yearly incomes ranging from just above \$2,000 to \$21,000. In the high density tracts, the occupation of the majority of the labor force was that of "operators, fabricators and laborers". The next highest percentage of workers in the majority of the census tracts was listed as having occupations of technical sales, and administrative support including clerical.

Of the total Hispanic population in San Jose, 140,529, only 26,253 listed themselves as having completed four years of high school. In 1980 there were, 18,959 Hispanic adolescents enrolled in high schools in the entire county, and of these, 11,627 were in San Jose high schools. The census listed 5,192 Hispanic adolescents, 16-19 years old, in San Jose as not being enrolled.

This data gives credibility to the remark often heard in connection with the Hispanic community, "Under educated and under employed."

Data Related to Schools

One large district of secondary schools, the East Side Union High School District, encompasses almost all of the eastern half of San Jose. Table II shows a calculated value of 5,629 Hispanic adolescents in East Side Union based on the percentage of Hispanic adolescents in the entire city

of San Jose. There are eleven high schools within its boundaries and it lists a total enrollment of 20,847 students, 14 to 18 years old. It was assumed that 27% of them were Hispanic. That assumption was based on the preceding statistic, 27% of all adolescents in San Jose are Hispanic. Table II also shows that there is a greater concentration of Hispanic adolescents in San Jose and, by

TABLE II
TARGET POPULATION (1980 CENSUS)

CHILDREN-ADOLESCENTS (10 TO 19)	TOTAL	HISPANIC	PERCENT (%)
San Jose	175,871	47,353	27
East Side Union	20,847	5,629*	27+

* calculated + assumed

Source: Bureau of the Census - 1980 Census of Population and Housing, Santa Clara, California.

deduction, in the East Side Union School District. The researcher used all schools for the sample but there was only a 50% response to the questionnaires which had been mailed to them. The poor response rate of mailed questionnaires is a quite common, major problem and some recent surveys have had response rates as low as 35 percent.

A response as low as this seriously affects the validity and reliability of the answers received. Warheit, et al, state that, "Consequently, the findings can be interpreted only in a very circumscribed fashion and judgements about needs and services based on them are tentative at best". (Warheit et al, 1977, p.4).

The researcher believed it was most important to include schools in this study because of the potential of the findings to indicate the extent of the drug abuse problem among adolescents. Cohen and Santo state that there is abundant empirical and clinical evidence of an association between drug use and poor academic performance or attendance. (Cohen and Santo, 1979, p.230).

The questions of the school questionnaires were worded to elicit data from four different areas. These were: (1) subjective views of the size of the problem and the drugs most involved, (2) problems related to drug abuse, (3) school response to drug abuse problems, (4) statistics. An analysis of the data from all school responses, integrated question by question, reflect the following findings:

Area number one included questions one, two and three and dealt with subjective views of the existence of the drug abuse problem.

To question number one, there was unanimous agreement among the respondents on the existence of a drug problem among adolescents in the 13 to 18 year old age group in their school. All respondents answered yes.

Eighty-three percent cited marijuana in response to the request, in question two, to describe the extent of the drug problem.

In separate comments, the respondents stated 1) averages 4 to 5 incidents per month 2) The types of drugs range from marijuana and PCP to a few isolated cases of cocaine and various pills. 3) The use crosses the socio-economic spectrum and seems to be equally prevalent with regard to sex and ethnicity. 4) When drugs are used, it is usually more than one individual involved. 5) Too often students walking or driving to school have a drink or a joint. 6) Very little on campus, but we occasionally have an incident.

Question number three asked to rate each of eight common classes of drugs on a scale of 1 (least used) to 8 (most used), the respondents gave the average ratings shown in the histogram below:

TABLE III

MOST USED DRUGS (SCHOOLS)

S C A L E	7.0	6.4							
		***	6.2						
6.0	***	***							
	***	***							
	***	***							
5.0	***	***							
	***	***							
	***	***							
4.0	***	***	4.0	4.0					
	***	***	***	***	3.6	3.6			
	***	***	***	***	***	***			
3.0	***	***	***	***	***	***			
	***	***	***	***	***	***	2.6		
	***	***	***	***	***	***	***		
2.0	***	***	***	***	***	***	***		
	***	***	***	***	***	***	***	1.8	
	***	***	***	***	***	***	***	***	
1.0	***	***	***	***	***	***	***	***	
	***	***	***	***	***	***	***	***	
	***	***	***	***	***	***	***	***	

MAR ALC PCP AMP COC GLU BAR HER

DIFFERENT KINDS OF DRUGS

The drugs were marijuana, alcohol, PCP, amphetamines, cocaine, glue, barbiturates, and heroin, respectively, in decreasing order. It is significant that all schools acknowledged that the members of the target population are using at least eight different drugs. The order of usage is also important. These ratings of relative usage are repeatedly encountered for a variety of reasons to be discussed later (see also Tables V, VI, VII, X, and XI).

The second area, question number, pertains to the drug related problems.

To the question "How do the drug(s) pose a problem for the adolescent?", 100% cited truancy and suspension from school and 83% also cited poor academic scores and arrests. Separate comments also cited 1) alienation in family relationships 2) becoming involved in criminal activity and associations, and 3) off campus problems.

Area number three collects data from questions five, six, seven and eight regarding the school's drug incident policy and their possible responses to such incidents.

All of the respondents stated that their school has a policy regarding drug usage.

In response to a secondary question "what is this particular drug-related policy?" 83% mentioned suspension, and 83% mentioned reporting the student to the police - with possible arrest. 50% cited possible expulsion from school. 33% cited possible transfer to another school, and only 17% mentioned counseling. All schools had multiple responses, and therefore the total is greater than 100%. This data is shown in Table IV.

TABLE IV

Drug Use Policy (Schools)

(School Responses To Drug Problems)

School Response	Utilization Of Response	
	Percent Utilizing	Percent Not Utilizing
Suspension	83	17
Police Report	83	17
Expulsion	50	50
Possible Transfer	33	67
Counsel	17	73

It can be inferred that the basic policy is to get the problem out of the schools, four of the five responses accomplish just that. The most desirable response from a social viewpoint, counseling the individual, is the least used.

Question number six asked for their response when they encountered a problem, 100% stated they counseled the student, suspended him/her, and summoned the police.

One response also stated the school officials contact the parents and try to set up a conference.

When asked, in question seven, if they referred them to

any type of therapy in the community, 66% said yes, and 44% said no.

Question number eight dealt with agencies children could be referred to, when this response was chosen.

Eighty-three percent named Alum Rock, and 17% said the police made these referrals. Other agencies mentioned were Kaiser, Adult and Child Guidance Clinic, MACA, and Alateens.

The last area, number four, included questions nine, ten, eleven, and twelve. It requested statistics for the purpose of circumscribing the size of the drug abuse problem among adolescents. Moreover, it was to reflect the involvement of Hispanic adolescents in drug abuse.

Fifty percent of the respondents stated they kept records which reflected the numbers of adolescents with drug related problems, 50% stated they did not.

When asked for how long the records were kept, 17% said 10 years, 34% said 5 years, 34% said 1 year, and the remainder did not respond.

There was no response to the question on the ethnic group most involved in drugs.

There was no response to a request for actual statistics over the last five years. However, one respondent stated that in 1981-2 there was a 2.1% suspension rate for drug related incidents and 5 - 6% suspension for alcohol.

From the response, it is apparent that some records are kept, it is also apparent that for some reason, they will not be shared with the public. One school district

representative with whom the researcher talked, listed fear of public response to a school's admission of drug problems as a possible reason to withhold statistical information.

Data Related to Juvenile Justice System

This area was chosen for sampling because of the high potential to give statistics regarding the incidence and prevalence of adolescents involved in drug abuse. Drug abuse has immediate legal aspects because the drugs most commonly abused have been completely outlawed, such as heroin and LSD. They may have been obtained illegally on the streets from peddlers or diverted in some manner from legitimate supplies under the control of hospitals, physicians or pharmacies. It is a law enforcement problem, and young drug abusers may come in contact with the enforcement agencies in several ways. They can be arrested if observed buying, selling, in possession of drugs, use of drugs, drunk, drunk driving, liquor laws offense, and glue sniffing. Police records have been a major source of drug-related data for various purposes, even though the records represent only the visible or known drug abuser, these are the ones cited and taken to police stations or Juvenile Hall. The records give no indication of those who never have contact with law enforcement agencies, or if they do, are, for some reason released without citation. Local community police records data are pooled at county and state levels and used in numerous reports and

statistical packages published at county, state, and national levels. A national register of drug addicts is maintained by the U.S. Bureau of Narcotics and Dangerous Drugs. It is dependent on the contributions of law enforcement agencies and therefore is only as reliable as local record keeping is reliable.

The researcher examined several publications containing juvenile drug-related statistics as reported by Santa Clara County and the State of California in college campus libraries. Reports which contained pertinent and useful data for this project were prepared by: (1) The Office of Budget and Analysis of Santa Clara County, (2) The Bureau of Criminal Statistics and Special Services, (3) The Probation Department of the County of Santa Clara, (4) The Department of Youth Authority, and (5) Santa Clara County Health Department, Bureau of Drug Abuse Services.

The researcher was able to make personal contact with the Juvenile Probation Department and collected more current data, that of fiscal years 1982-83, 1983-84, on juvenile drug offenses. They had compiled statistics in five categories of offenses but had kept no records as to numbers of male, female, age range or ethnicity. The statistics and categories of those two years are listed for comparison in Table V. All of these offenses are violations of laws and are criminal offenses. Table VI gives similar data for the preceding two years.

TABLE V

Juvenile Hall Admissions For Drug Violations
(Fiscal Years 1982-83 and 1983-84)

Drug	1982-83		1983-84	
	(No.)	(% of Total)	(No.)	(% of Total)
Narcotics	23	0.3	62	0.9
Marijuana	175	2.6	189	2.7
Dangerous Drugs	178	2.7	294	4.2
Liquor Laws	357	5.4	346	4.9
Subtotal	733	11.0	891	12.8

1982-83: Total number for all offenses was 6669.

1983-84: Total number for all offenses was 6970.

- Notes: 1. 500/year released, not on probation.
2. Liquor Law violations include drunk driving.

Source: Interview with Juvenile Hall official.

Besides total admissions the table also shows that in FY 1982-83 liquor law violations were almost as high as all the rest combined, 5.4% compared to 5.6%. This may be attributed to the relative ease with which alcohol can be obtained. The relative percentage was lower in FY 1983-84 but still higher than the rest.

The total percentage of admissions for violations for marijuana and dangerous drugs (5.3%) was just under that for

alcohol. Admissions for narcotics were relatively small (0.3% in FY 1982-83 and 0.9% in FY 1983-84). That is probably explainable by their high cost relative to such drugs as marijuana and PCP.

TABLE VI

Juvenile Hall Admissions For Drug Violations
(Fiscal Years 1980-81 and 1981-82)

DRUG	1980-81		1981-82	
	Total	(% of Total)	Total	(% of Total)
Narcotics	12	0.1	17	0.2
Marijuana	295	3.5	217	2.8
Dangerous Drugs	210	2.5	189	2.5
Liquor Laws	799	9.4	521	6.8
Glue	69	0.8	30	0.4
Subtotal	1385	16.2	974	12.8

1980-81: Total number for all offenses was 8540

1981-82: Total number for all offenses was 7635

Note: Liquor Law violations include drunk driving.

Source: Probation Department County of Santa Clara, Annual Report FY 1981-82, "Juvenile Hall Admissions" by Robert M. Weizle, Chief Probation Officer.

Both tables indicated that a significant portion of Juvenile Hall admissions are for drug violations. The data

also indicate decreasing percentages of admissions to Juvenile Hall for drug violations. This should not be interpreted as decreasing drug usage. As noted under Table V, 500/year are released without being placed on probation, i.e. not admitted. Although comparable data is not available for Fiscal Years 1980-81 and 1981-82 a separate source, "Social Trends of Santa Clara County 1960 - 1990" prepared by the Office of Budget and Analysis, County of Santa Clara, January, 1984, stated "During the past eight years juvenile arrests [for all causes] have decreased by 4% per year. This change is due to decreasing crimes by juveniles, declining demographic trends for 14 to 18 year olds, and the use of various alternatives to arrest such as community based programs".

TABLE VII

Referrals To Youth Services Bureau

Quarter Reported	Total Referrals (All Offenses)	Drug Referrals (All Causes)	Types of Drugs (% Tot. Referrals)		
			Alc.	Mar.	PCP
3Q83	352	64	6.5	9.6	1.9
4Q83	398	109	8.5	18.3	0.5
1Q84	318	65	6.6	13.2	0.6
2Q84	365	74	6.8	12.0	1.4
Total	1433	312	7.2	13.5	1.1

Table VII indicates that the highest drug usage is marijuana, followed closely by alcohol. This is consistent with the findings from schools (Table III) and from agencies (Table XIII). The table also indicates the severity of the drug problem relative to all other reasons for referral to the Youth Services Bureau. Nearly 22% of all referrals were for drug problems.

TABLE VIII

Ethnicity of Adolescent Referrals to Alum Rock

Ethnicity	Percent of Total
Anglo	42
Black	9
Spanish Origin	42
Asian, Pacific Islander	5
American Indian & Aleutian	1
Portuguese	1
Total	100

Total number of Child-Adolescent referrals (0-18 years) was 1,787 for FY 1983-84.

Table VIII shows the magnitude of the ethnicity factor. Just as many Hispanic adolescents (42%) were referred to Alum Rock Counseling Center as were Anglos (42%). Considering that the Hispanic adolescent population is only 27% of the total youth population of the East Side Union School District (see Table II) this is a very significant statistic. It implies that the magnitude of the drug problem among Hispanic youths is nearly twice that of others.

TABLE IX

Percentage of Juvenile Felony Arrests For Drug Law
Violations, 1981-83

Year	Narcotics		Marijuana		Dangerous Drugs	
	<u>Total</u>	<u>% Juv.</u>	<u>Total</u>	<u>% Juv</u>	<u>Total</u>	<u>% Juv.</u>
1983	31,588	3.8	19,920	14.3	25,302	7.2
1982	25,540	5.0	20,737	15.5	21,005	7.2
1981	26,090	5.3	20,771	17.5	18,900	7.6

Juvenile = 10 - 19 years old
Total = 10 and older for all arrests.

Source: Abstracted from Table 20c, p.96, Crime and Delinquency in California. Reported by Division of Law Enforcement - Criminal Identification and Information Branch, Bureau of Criminal Statistics and Special Services.

Table IX shows an increasing number of felony arrests but a decreasing percentage of juvenile arrests. The latter fact is attributable to an increasing number of diversionary programs, as discussed previously.

TABLE X

Juvenile Misdemeanor Arrests for Alcohol and Drug Law
Violations, 1981-83

Year	Alcohol Related			Drug Related		
	Total	Juvenile	Percent	Total	Juvenile	Percent
1983	573,773	11,752	2.0	106,458	13,879	13.0
1982	569,375	13,464	2.4	82,612	12,694	15.4
1981	571,297	15,161	2.7	72,101	12,654	17.6

Juvenile = 10 - 19 Years old

Total = 10 and older for
all arrests.

Source: Abstracted from Table 21, p.97, Crime and
Delinquency in California.

This table shows a decreasing percentage of Juvenile arrests for both alcohol and drug related violations while the total number of alcohol arrests remained essentially flat and drug related arrests increased significantly.

TABLE XI

Juvenile Felony Arrests (1983) For Drug Law Violations

<u>Ethnicity</u>	<u>Narcotics</u>			<u>Marijuana</u>			<u>Dangerous Drugs</u>		
	<u>Tot.</u>	<u>%M</u>	<u>%F</u>	<u>Tot.</u>	<u>%M</u>	<u>%F</u>	<u>Tot.</u>	<u>%M</u>	<u>%F</u>
White	1969	73	27	2233	87	13	2008	71	29
Hispanic	1019	84	16	1468	93	7	1457	82	18
Black	617	85	15	1722	94	6	874	90	10
Other	73	77	23	99	94	6	74	80	20

Note: M = Male, F = Female

Source: Abstracted from Table 30c, p.108, Crime and Delinquency in California.

Table XI shows an extremely high ethnic proportion of arrests for Hispanics, as did Table VIII. It also shows, as did other tables, that marijuana is the most used drug and narcotics the least. Also shown are male/female percentages. For Hispanics the highest female percentage is 18%, while for White non-Hispanic the comparable percentage is 29%. The White female arrests are consistently higher than Hispanic females for the other types of drugs. This is probably attributable to cultural aspects. Similar percentages are reflected in Table XII which pertains to misdemeanor arrests.

TABLE XII

3

Juvenile Misdemeanor Arrests (1983) For Alcohol and Drug
Related Violations

Ethnicity	Drug Related			Alcohol Related		
	<u>Tot.</u>	<u>%Male</u>	<u>%Female</u>	<u>Tot.</u>	<u>%Male</u>	<u>%Female</u>
White	22,761	84	16	46,234	83	17
Hispanic	14,061	87	13	19,206	93	7
Black	5,722	89	11	2,593	87	13
Other	1,005	88	12	1,671	84	16

Source: Abstracted from Table 34a, p.113, Crime and Delinquency in California.

Data Related To Services

(County and Greater San Jose)

A county wide search by telephone was conducted to locate drug treatment programs for adolescents. A Drug Abuse Directory which is published annually by the Bureau of Drug Abuse Services in Santa Clara County listed fourteen different services. Of these, two stated they were treatment programs for adolescents. One was the Pathway Center which is a diversion program, i.e. the youth is ordered by the court to attend this program rather than

be held in detention. The researcher was informed that the program consisted of an instructional group one time a week for seven weeks. Counseling was also offered to individual adolescents and/or their families. This service is located in Santa Clara.

The other program of the two listed for adolescents is located in Gilroy. It is South County Alternatives and eligibility is to be a resident of the South Santa Clara County. It also is a diversion program offering drug education classes and other programs such as individual and marriage and family counseling.

Eleven of the remaining twelve programs listed in the directory served only 18 year old people and older. These programs included four methadone clinics and one heroin detoxification unit. There were three which offered residential treatment and three with out-patient services which provided counseling and instructional workshops. Description of these services bears out the earlier findings that the majority of State and Federal funding is still directed at the adult drug abuser, and primarily those addicted to heroin. The last one of the directory programs was for women only, 16 years old and older. It focuses primarily on addiction to prescription drugs, but also addresses the issue of poly drug usage and addictions. At the time the researcher called, there were four under eighteen years in the program. The interviewees had no statistics, but stated that

there was no one ethnic group consistently represented in the program.

A second directory which the researcher was able to locate, listed agencies and services for youth and families in Santa Clara County. It covered a wide variety of services including crisis intervention, counseling, informational hot lines, crisis resolution group homes, long term residential programs, employment and training services, legal services, health care services, and services for parents. Two services for drug abuse and alcohol counseling were offered. One was the Black Council on Alcoholism, the other the Mexican-American Council on Alcoholism. The latter one, being located in east San Jose, the researcher chose to interview personally. Telephone contact was made with the counseling and residential services located in San Jose city limits. None had programs dealing specifically with youth drug abusers. A few spoke of having the skills to counsel problems which were related to drug abuse. There is no doubt that many of the parent-child problems and conflicts which have caused them to seek family help, have their origins in drug use and abuse. What seems to be in extremely short supply are therapists who are skilled in drug counseling and programs in which these adolescents can find peers who relate to and support them in their drug problems. This pertains to the entire adolescent population, much less to added cultural needs of the Hispanic and other ethnic group youth.

East San Jose Area

This portion of San Jose is serviced by two Santa Clara County mental health centers and five agencies who accept adolescents for counseling or have services specifically for adolescents. The researcher obtained appointments with representatives (directors or assistant directors) of each of the agencies and conducted interviews with the questionnaires she had constructed for agencies. Besides reflecting the agency's capacity to deal with Hispanic adolescent drug abuse the questionnaire was also designed to elicit information regarding the size of the drug abuse problem and the types of related problems.

The two community mental Health Centers interviewed were:

(1) East Valley Mental Health located at 1991 McKee Road. It offers outpatient services in the form of individual, group and family therapy, medications, home visits, and screening and referral. One of its groups is for teens only. It meets one time weekly and focuses on problems which are a result of the developmental tasks of adolescence in conflict with their environment, i.e. their families, schools, the criminal justice system, and society at large.

(2) Josephine Narvaez Mental Health Center located at 614 Tully Road. It provides individual, family and group therapy, medications, screening and referral, crisis

intervention and home visits. Narvaez has within it a program entitled "La Prima Vera". Eligibility for admission to the program is to have a primary problem with alcohol, however, poly drug usage is a common problem and therapy is in the form of groups, family and individuals. Much of the case load consists of clients court mandated to treatment for problems with alcohol and alcohol related crimes. There is one group for adolescents 14 to 18 years old consisting of either self referral or Juvenile Probation referral for problems and offenses related to alcohol.

The other five agencies which provide services in various forms to adolescents in east San Jose are as follows:

(1) Centro de Bienestar located at 361 Willow Street. It provides outpatient counseling for individuals and families, with its focus more on the family. Eighty percent of the agency's case load are Spanish speaking. There is no special emphasis on adolescents or drug abuse.

(2) MACA - Mexican-American Council on Alcoholism. It is located at 1575 E. Santa Clara St. Spanish speaking staff provide individual counseling primarily for alcohol problems. Much of their focus is drug education in the schools, or primary prevention. They have workshops in elementary classes 4th, through 6th, and then in junior high in the 7th and 8th grades. Many of their clients are referrals from Juvenile Probation Department, however, the agency has no structured in-house program for adolescents.

(3) Youth Services Bureau. This agency, located at 1668 E. Santa Clara St. is run by the Juvenile Probation Department of San Jose. It is a diversionary type of service for adolescents who are not placed on probation after being detained for various offenses. Individual counseling is available and educational workshops or groups are organized as the need arises. An example is a substance abuse program presented usually one night once a month.

(4) Eastside Youth Center at 2100 Story Road, Suite C, provides services of recreation social activities, independent study program, job placement assistance, drug education and prevention in high school, and has a counselor for those in need of individual counseling. There is no program for drug abuse. They do have a referral service for such problems.

(5) Alum Rock Counseling Center. This agency located at 5038 Hyland Ave., is listed as the first choice of referral by many. The schools, MACA, the Youth Bureau, Juvenile Probation, and other agencies without therapists skilled in drug use refer to this center. Its services include family therapy, group therapy, individual therapy, screening and referral, assisting in return of runaways, and emergency foster home placement. The modality of treatment used most is family therapy. Groups are formed infrequently. The agency does not claim to provide drug abuse treatment although adolescent drug abusers are referred there. The agency representative says they accept

clients with drug related problems as reflected in family conflict, runaways, school truancy, etc. Some of the agency's staff have skills in counseling the drug abuse problem itself.

The researcher found that these seven agencies were the only ones currently providing services for adolescents. Several which were listed in the directories published in 1978 are no longer in existence. Except for agencies providing mental health and public health for Hispanics, services are few.

Data Related to Questionnaires to Agencies

An analysis of the integration of data from the seven agency questionnaires, question by question, reflects the findings which follow. As stated in the Chapter on Methodology, the questions were worded to gather data in four areas. These areas are, the size of the drug problem, drug related problems, agency services and statistics.

Questions one, two and three dealt with the subjective opinions as to the existence of the drug abuse problem.

To question number one, there was unanimous agreement among the respondents on the existence of a drug problem among adolescents in the 13 to 18 year old age group in their community. All respondents answered yes.

Eighty-six percent of the respondents to question two described the problem as "large", 14% described it as "medium". No one assessed the problem as "small".

Question three asked to rate each of eight common classes of drugs on a scale of 1 (least used) to 8 (most used), the respondents gave the average ratings shown in the histogram below:

TABLE XIII

Most Used Drugs (Agencies)

S C A L E	8.0	7.7							

O F	7.0	***	7.1						
		***	***						
D R U G	6.0	***	***	6.3					
		***	***	***					
U S A G E	5.0	***	***	***					
		***	***	***					
	4.0	***	***	***	3.9				
		***	***	***	***				
	3.0	***	***	***	***	3.1			
		***	***	***	***	***			
	2.0	***	***	***	***	***	2.1		
		***	***	***	***	***	***	2.0	
	1.0	***	***	***	***	***	***	***	1.1
		***	***	***	***	***	***	***	***
		***	***	***	***	***	***	***	***

ALC , MAR PCP COC AMP GLU BAR HER

DIFFERENT KINDS OF DRUGS

The drugs used were alcohol, marijuana, PCP, cocaine, amphetamines, glue, barbiturates and heroin.

The fourth question elicited data for the second area, drug related problems. Eighty-six percent of the agencies

responded to the question "How do they pose a problem for the adolescent?" Thirty-three percent cited law enforcement problems, 67% cited both family and school problems, and 33% cited all three.

A space was provided at the end of this question for additional comments. Other problems cited were (1) harm to self (2) runaways (3) depression (4) inadequate feelings, and (5) being referred by Juvenile Probation. Some agencies responded more at length to this question than others. One agency's comments almost filled an extra page of paper. There was much concern for the problems in the family caused by drug abuse. Breakdown of communication and trust was listed as a more frequently occurring problem and one causing the most disruption and damage. Family values and cultural values were endangered by these drug-related family problems.

Drug abuse tends to come as a greater shock to the value system of Hispanic families. Their children have a stricter, more sheltered upbringing, thus causing more bewilderment when their children become involved with drugs.

One agency believes that problems in schools related to drugs are worsening. There are many problems with truancy and dropping out of school. There is much cutting of classes due to attention problems caused by drugs. Dropping out and expulsion from school are leading to lack of education and becoming unemployable.

In area number three, questions 5,6,7,8, and 9 gathered

data regarding the agency's means of drug abuse treatment, or lack of it.

Eighty-six percent of the respondents stated they provide services for adolescents having drug problems.

Questions number 6 and 7 were attempted to document past problems with initiating drug treatment programs, or if started, keeping it going and funded.

None had ever discontinued a service once started.

The findings of questions number 8 and 9 regarding services provided, are listed in Table XIV. Individual therapy headed the list with 100% response. This reflects the observation mentioned earlier, that agencies have little in the way of drug-abuse treatment except for therapists here and there who have skill in drug-abuse counseling.

TABLE XIV

Services Provided by Agencies

Type of Service	Percent Of Agencies	
	Providing Service	Not Providing Service
Individual Therapy	100	0
Screening and Referrals	86	14
Family Therapy	71	29
Group Therapy	56	44

Because of this fact, there is a high percentage of

screening and referral - 86% "refer out". Family therapy is used by 71% of the agencies. Most felt that unless the family became involved there was little chance for successful treatment. Group therapy, listed at 56%, did not in most cases, mean drug-abuse targeted group therapy. Only one group, that to which Juvenile Probation referred frequently, was for drug-abuse and primarily alcohol related problems.

Separate comments also cited 1. Emergency foster home placement 2. Assisting return of runaways 3. Educational programs with schools 4. Substance abuse program 5. Crisis intervention 6. Home visits 7. Prevention workshops, and 8. Prima Vera.

In response to the question "Which treatment modality/services is used the most?" 43% cited Family Therapy, 29% mentioned Individual Therapy, 14% cited Referral, and 14% did not respond.

The last area, number four, included questions 10, 11, and 12. It was a request for statistics to aid in establishing the size of the problem in the adolescent population in the target area of east San Jose. It was to also show the extent to which Hispanic adolescents are involved in drug abuse. Response in this area was disappointing. Only two agencies had made any attempt to compile statistics. This is understandable, however, when considering the expense of using manhours to compute such figures by hand, or the expense of investing in

sophisticated technology to computerize the data.

Only 28% had statistics reflecting the adolescents who received their services in 1983.

Despite the answers to question 10, 71% of the respondents stated that the Spanish Origin ethnic group is most involved in drugs.

43% responded to the second part of question 11 which asked for the ratio of males to females. All said more males, and the average ratio was 5.5 to 1.

There were no responses to question 12 which asked for statistics of male, female, and median age for the years 1980 through 1983. Table VIII reflects the compiled statistics of the Alum Rock Counseling center for F.Y. 1983-1984. Table VII gives statistics for the same year for the Youth Services Bureau.

Summary of Findings

Demographic data as recorded by the Census Bureau in the 1980 Census describes the Hispanic population of San Jose as being the second largest ethnic group with a population of 140,529. The largest part of this number live in the east portion of San Jose. This is an ethnic group at risk. Their poverty level is high (20.4 percent in some areas), unemployment is high (6 percent), and the majority cannot afford better than low cost housing. They are poorly educated (26,252 out of 140,529 have completed four years of high school), and of a total of 47,303 Hispanic adolescents

5,192 of ages 16 to 19 were not enrolled in school.

East San Jose is an area of much poverty. It is the scene of major crime, violence, and drug trafficking. Over twenty thousand adolescents are enrolled in eleven secondary schools in the east side area. Over five thousand of this number are Hispanic youths. The data from school questionnaires support the assumption that there is a drug abuse problem in the 14 to 18 year old age group. Of drug related problems in school, truancy and suspension were largest with 100% of the schools acknowledging the problem. Poor academic scores and arrests scored at 83%. The drug most frequently observed to be involved was marijuana, with a rating of 6.4 out of 8. Ratings in descending order after marijuana were alcohol (6.2), PCP (4.0), amphetamines (4.0), cocaine (3.6), glue (3.6), barbiturates (2.6) and heroin (1.8).

In drug incidents at school, 83% listed that their policy was to call the police and suspend the students. Arrests are made for drug offenses of sale, possession, and use. Fifty percent listed that they would expel them, and thirty three percent would transfer them.

When asked if they referred these adolescents to any type of therapy in the community, 66% answered "yes". Alum Rock Counseling Center was the agency of choice for 83%. Seventeen percent said the police made these referrals.

The request for statistics of drug related incidents and the ethnic group most involved was non-productive. Even

though 50% stated that they kept records, they did not list them.

Data concerning agencies in the County and in San Jose, itself, revealed few services which deal directly with adolescent drug abuse. The Bureau of Drug Abuse Services located in the Health Department were found to be the group most concerned with treatment and rehabilitation. Twelve of the fourteen services listed, which are funded and operated by the County, are limited to adults only, 18 years of age and over. Only two dealt specifically with adolescents. Both were diversionary programs and instructional. One also provided services of individual and/or family counseling. However, this program is located in the far southern end of the county. The Juvenile Probation Department uses several mental health and counseling agencies scattered throughout the county for diversion purposes to refer to.

An assessment of east San Jose revealed that there were a total of two County mental health centers and five non-profit agencies servicing that area. Personal interviews with all of those agencies revealed that one of the County mental health centers has an on-going group for adolescents involved in alcohol and is a probation diversion program for alcohol problems and alcohol related offenses. Its main focus is alcohol, but poly-drug usage is addressed. One other agency, only, was found to deal specifically with adolescents and included drug abuse education and a small amount of counseling into the structure of its program.

This agency was the same County diversionary program for adolescents listed in the County drug abuse treatment programs listed earlier. All agencies employed Spanish speaking staff or therapists in varying numbers. There appeared to be only a few therapists in the entire area skilled in drug abuse counseling. With the exception of the two described, the agencies providing counseling therapy described the therapy as being for drug related problems rather than drug abuse.

Questionnaires used in the interviews with the agencies produced data that added to the verification of the drug-abuse problem. There was unanimous agreement that a drug problem exists in the 13 to 18 year old age group. Eighty-six percent responded that it is a large problem, but 14% described it as being only medium sized.

They listed alcohol as being used the most at a rating of 7.7 on a scale of 8. After alcohol, in descending order were marijuana (7.1), PCP (6.3), cocaine (3.9), amphetamines (3.1), glue (2.1), barbiturates (2.0), and heroin (1.1).

The response to the question regarding drug related problems was 86% of the total agencies. Thirty-three percent cited law enforcement, 67% cited both family and school, and 33% cited all three.

Answers to the questions regarding services for drug related problems indicated that 86% provide services in some form. One hundred percent listed individual counseling, 86% listed screening and referral, 71 percent offer family

therapy, 56% provide group therapy. Family therapy was used most by 43%, 29 percent listed individual therapy, 14% cited "referral" and 14% did not respond.

Only two agencies had made any attempt to compile statistics. Seventy-one percent of the agencies stated that the Spanish origin ethnic group is the most involved in drugs.

Data obtained from the Juvenile Probation Department of the Criminal Justice System, from criminal statistic reports and other publications found on reserve in the University library, contributed the most to establishing the actual size of the drug abuse problem.

The tables on pages 48 and 49 of this paper indicate that a significant portion of Juvenile Hall admissions are for drug violations. In 1980-81, 16.2% arrests of a total of 8540 were for drug offenses, 12.8% in 1981-82 of a total of 7635, 11% of a total of 6669 in 1982-83 and 1983-84 12.8% of 6970 were for drug offenses. The statistics indicate that juvenile crime arrests are decreasing approximately 4% per year.

The decrease that is reflected, as stated earlier, is believed to be due to decreasing crimes by juveniles, declining demographic trends for 14 to 18 year olds and the use of other alternatives besides arrests such as diversion to programs in the community. A Juvenile Hall official whom the researcher interviewed noted that approximately 500/year were released and not placed on

probation.

Juvenile Hall statistics for fiscal report 1982-83 show that "liquor law" violations were almost as high as all the rest combined, 5.4% to 5.6%. This may be attributed to the relative ease with which alcohol can be obtained. Admissions for narcotics were relatively small (0.3% in fiscal year 1982-83 and 0.9% in fiscal year 1983-84). That is probably explainable by their high cost relative to such drugs as marijuana and PCP.

In comparison, statistics of drugs most used, as reflected by school questionnaires indicated that marijuana is the drug of highest usage followed closely by alcohol. Agency questionnaires concurred with Juvenile Probation statistics, that alcohol usage was highest at a rating of 7.7 of a possible 8.0. Statistics abstracted from a report by the state Bureau of Criminal Statistics and Special Services for Santa Clara County in 1983 reflects the amount of adolescent involvement in drug offenses of the different ethnic groups. Table XI on page 55 indicates an extremely high proportion of felony arrests for Hispanics (1019-narcotics, 1468-marijuana, and 1457-dangerous drugs) with only White (non-Hispanic) being higher (1969-narcotics, 2233-marijuana, and 2008-dangerous drugs). In this report the percentages of male and female involvement were consistently higher for the male of each ethnicity. Hispanic percentages for narcotics were: male 84%, female 16%, compared to White (non-Hispanic), 73% and 27%.

Marijuana percentages for Hispanics were male 93% and female 7% as compared to White 87% and 13%. Dangerous drug usage by Hispanics was 82% male and 18% female as compared to White (non-Hispanic) 71% and 29%. The high percentages of Hispanic males is, in most cases, attributable to cultural differences in male and female societal roles. Statistics of misdemeanor drug offense arrests for this same year reflect similar percentages, however, the total number of arrests was higher. Drug related arrests for Hispanics were 14,061 compared to 22,761 for White non-Hispanics. Alcohol related arrests numbered 19,120 for Hispanics and 46,234 for White non-Hispanic.

CHAPTER 5

Conclusions and Implications

Hispanic Adolescent Drug Involvement

Analysis of the data of this study reflected findings which appear to support the assumption that there is a problem of drug abuse in San Jose in the target population of Hispanic youth. It is a large problem in the entire San Jose adolescent population including all ethnicities. Content analysis of records showed that the greatest densities of Hispanics reside in east San Jose, and that there is a greater percentage of Hispanic adolescents in this area than in the county in general (27% compared to 18% - Table I). The severity of the Hispanic drug problem in this area is indicated by the number of drug related referrals of adolescents to treatment, that of Anglo, 42%, and of Spanish Origin, 42%. It implies that the magnitude of the drug problem among Hispanic youths is nearly twice that of others.

The Santa Clara County Bureau of Drug Abuse Services statistics also indicate a high representation of Hispanics

involved in drug abuse. They were the largest ethnic group entering treatment in Fiscal Year 1983-84 with 47% of the admissions. Anglos, or non-Hispanic whites, were 45.6% of admissions. This was an increase from 40% last year. Blacks represented 5.3% of the admissions.

From examining these particular statistics, it appears that for all ages, although Hispanics represent only 22% of the population of San Jose, their drug abuse problem is as large or larger than that of the majority population.

All of the collected data seem to indicate that there is poly-drug usage with marijuana and alcohol competing for being most used at ratings of 6.4 and 6.2 , respectively, on a scale of 8. The schools acknowledged that all ethnicities use all of the drugs listed, at varying ratings. Heroin was the least used of all of the drugs. One reason speculated as to the low usage of heroin was the higher cost of the drug and the difficulty in getting it. A study by Calhoun, in 1975, cited earlier in this paper found that heroin was considered the more "worst" drug. It was more illegal, more addictive, and more dangerous than any of the other drugs.

Implications of Juvenile Probation and School Statistics

Data from the Criminal Justice System of Santa Clara County added significantly to the verification of the drug problem. Twelve percent of all admissions to Juvenile Hall (6970 in 1983-84) were for drug offenses (Table V).

Statistics received from a diversion program run by the Juvenile Probation Department for youths not detained at Juvenile Hall added to the total picture. Referrals for drug involvements totaled 312 out of 1433 for the year 1983-84, or nearly 22%.

Besides emphasizing the size of the drug problem, data from the Juvenile Probation Department, and from the schools gives another implication. This is that the major drug abuse intervention seems to be the responsibility of the Criminal Justice System. The school system indicates that, besides suspension, summoning police is the most common response to drug problems (83% suspend and 83% call the police). In this question, only 17% counseled the students. The most desirable response from a social viewpoint is the least used. It seems clear that the basic policy is to get the problem out of the schools, and that they avoid responsibility for its solution.

Adolescent Drug Abuse Services

Sixty-six percent of the schools did respond that they referred those students to therapy in the community. The majority of these, 83%, referred them to one agency in the area. This is commendable, however, the reality is that this agency has no program for drug abuse but deals with drug related problems through mostly family and individual therapy. A small number of counselors at the agency are skilled in drug abuse counseling.

The study revealed that a few agencies in the community have implemented programs which include some services for adolescents. However, these either do not focus specifically on drug abuse, or, are not funded well enough to sustain drug abuse treatment of adequate amount or duration.

The study of Santa Clara County agencies revealed that there is a severe lack of services for adolescents in this area also. For the most part, they refer youths out to the meager supply of community agencies for most of their counseling and diversionary needs. The County Bureau of Drug Abuse Services acknowledges the lack of treatment for adolescents, but defend themselves saying that funds are very limited and are directed to those programs of highest priority.

Drug Abuse Services For Hispanic Adolescents

A conclusion which seems self-evident here is that most public monies ear-marked for drug treatment by the State are still budgeted for treatment of adults, also, concentrating mostly on the treatment and rehabilitation of heroin abusers as it has been since initiated in 1971.

One obvious conclusion resulting from study of the resources is that there is very little attention directed toward Hispanic youth and their problems with drug abuse. The Mexican-American Council on Alcoholism was dedicated to the problem, and one, other agency had implemented a group therapy specifically for adolescent Hispanics but with the

primary focus on alcohol related problems. As the study has indicated, the problem of drug abuse seems to be greater than that of the Anglos and far greater than any other ethnic group. One major reason for this may be the conflict and family disruption brought about by the process of acculturation. This particular area was discussed earlier in this study (p.21) using writings of Szapocnik, et al, which support this line of thought. The Hispanic adolescents are more at risk than any other group. Szapocnik, et al, state, "As an outgrowth of the family conflict, there was an increased tendency for youngsters to participate in social networks involved in anti-social and drug-using behavior. These groups were influential in the young alienated family member's choice of anti-social activities, which included drug abuse and other delinquent activity" (Szapocnik, et al, 1979, p.496).

Implications For Future Treatment

The study reveals clearly that there is a critical need for drug abuse services for intervention right now to treat those who are involved in drugs but are not yet having residual disability due to drug abuse. In the medical model this is called "secondary prevention". There is also critical need for rehabilitation services for those who have significant residual disability as a consequence of drug use involvement. This is tertiary prevention. A realization that has gradually formed as the researcher has interviewed

and gathered data for this study is the fact that even though secondary and tertiary interventions are sorely needed, they are going to have little effect on the problem in general. The approach which seems most rational is one of primary prevention intervention. It is prevention which focuses on the underlying causes of drug abuse and on social development which will remove the potentiality of the problem. Calhoun states "adolescents who use drugs do so for a variety of reasons and intrinsic factors; the personality and emotional disorders, as well as environmental factors including peer pressure, alienation, poor family life, and escape, have all been identified as contributors to drug taking behaviors" (Calhoun, 1975, p.37). The issue of drug abuse treatment for adolescents cannot be examined separately from the society from the problem arises.

Summary of Research

The purpose of this study was to conduct an assessment of the community regarding existing drug abuse services for Hispanic adolescents. The design of the research was a combination of a content analysis and a descriptive survey. The design was not to test an hypothesis but to assimilate information that would be of value to the agencies of the community. It was based on the assumption that there was a critical need in the community which was not being met.

The study sample consisted of seven agencies and eleven schools in east San Jose, the area having highest densities of the Hispanic population. Content analyses were made of

the most recent surveys, reports, and records pertaining to adolescent involvement in drugs and the extent to which the different ethnic groups were involved.

The findings indicated that the drug abuse problem in the target population of Hispanic adolescents is large. Referral to treatment of Spanish Origins was 42% and Anglo 42%, implying that the magnitude of the problem among Hispanics is almost twice that of others. The assessment of the community agencies revealed a critical shortage of drug abuse services, that drug abuse problems are approached mostly through family and individual counseling.

Recommendations For Future Research

This study was limited by non-response of a portion of the school sample to the questionnaires. The responses from the mailed questionnaires are notoriously low. This is normally due to the fact that in every population there will be a large number of people who are not capable of answering any but the most simple questions. This would not seem to be true in the case of school representatives, so the reasons must lie elsewhere. One possibility may be that they may feel "over-studied" and "over-surveyed". One school representative, whom the researcher was able to interview face-to-face, expressed the belief that participating in such studies is a waste of time because they never seem to produce tangible assistance or improvements. If time permits, face-to-face interviewing is the method of choice.

The study was also limited by lack of statistical compilations in schools and agencies, and a reluctance to share them with the public. Community planners and policy makers must have information of local drug-abuse incidence, prevalence and patterns of use in order to allocate funding and implement appropriate programs. Lavenhar states, "However, at the present time we have no reliable means of estimating the number of people who use or misuse various drugs and their drug-using behavior patterns" (Lavenhar, 1979, p.114).

Research indicates that the survey is the most used means of estimating the incidence and prevalence of drug abuse in given populations. Lavenhar says "Surveys tend to be more comprehensive and frequently elicit information about knowledge and attitude toward drugs in addition to drug-using behavior" (Lavenhar, 1979, p.117). It is suggested by the researcher that for future studies involving the assessment of epidemiological problems, that content analyses not be relied on for the sole source of information. A combination of the survey with the content analysis would tend to give a more complete assessment.

APPENDIX

Questionnaire For Schools

1. Have you encountered drug problems in your school?
Yes _____, No _____

2. If yes, can you briefly describe the extent of this
drug related problem?

If no, why do you feel it is not a problem?

3. If there is a problem with drugs, to the best of
your knowledge, which of the following drugs are involved
the most ? (list least used to most used by numbers
from (1) to (8)). Alcohol _____, Marijuana _____,
Cocaine _____, Heroin _____, PCP _____, Amphetamines
(uppers) _____, Barbiturates (downers) _____,
Glue _____.

4. How do the drug(s) pose a problem for the adolescent ?
Truancy _____, Poor academic scores _____, School
suspension for drug related misconduct _____, Arrests
for possession and selling drugs _____. Other
(specify) _____

5. Does your school have a policy regarding drug
usage?
Yes _____, No _____
If yes, what is this particular drug-related policy?
6. When you encounter a problem, what is your
response? Do you
summon police _____, suspend them from school _____
counsel them _____, Other responses (specify)
7. Do you refer them to any type of therapy in the
community?
Yes _____, No _____.
8. Are there agencies to whom you refer these children?

Yes _____, No _____

If yes, name them

If no, do you think there is a need for such an agency?

9. Do you keep records which reflect the numbers of adolescents

with drug related problems? Yes _____, No _____.

10. How far back? (year) _____

11. If you do keep records, which ethnic group is most involved in drugs? (check only one ethnic group)

Anglo _____, Black _____, Spanish Origin _____, Asian and Pacific Islander _____, American Indian and Aleutians _____.

Approximate ratio of males to females _____.

12. If records have been kept of students with drug related problems for the past few years please give figures for years

1980 Male _____, Female _____, Median age _____

1981 Male _____, Female _____, Median age _____

1982 Male _____, Female _____, Median age _____

1983 Male _____, Female _____, Median age _____

Questionnaire For Agencies

1. Have you encountered, in the adolescent age group of 13 to 18, a drug problem in this community?
Yes _____, No _____

2. In your judgement, is this problem large _____, medium _____, small _____?

3. To the best of your knowledge which of the following drugs are involved the most? (List least to most used by numbers from (1) to (8)) Alcohol _____, Marijuana _____, Cocaine _____, Heroin, PCP _____, Amphetamine (uppers) _____
Barbituates (downers) _____, Glue _____.

4. How do they pose a problem for the adolescent? Law enforcement problems _____, Family problems _____.
School problems _____, Other (specify) _____

5. Do you provide services of any type for adolescents having drug related problems? Yes _____, No _____.

6. Has your agency ever provided services such as these that have since been discontinued? Yes _____, No _____.

7. If yes, for what reason? Financing_____, No
apparent need for these services _____, Other _____
8. Which of the following services do you provide?
Family therapy _____, Individual therapy _____, Group
therapy _____, Screening and referral _____, Other
(specify) _____

9. Which treatment modality/services is used the most?
Specify only one category) _____
10. If you do provide services do you have statistics
which reflect the adolescents who received these
services in 1983? Yes ____, No ____.
11. If you do keep records, which ethnic group is most
involved in drugs? (check only one ethnic group)
Anglo_____, Black_____, Spanish Origin_____, Asian
and Pacific Islander_____, American Indian and
Aleutians_____ 4
Approximate ratio of males to females_____.
12. If records have been kept of students with drug related
problems for the past few years please give figures for
years

1980 Male_____, Female_____, Median age _____

1981 Male_____, Female_____, Median age _____

1982 Male_____, Female_____, Median age _____

1983 Male_____, Female_____, Median age _____

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