Acculturation and Drug Use Among Dually Diagnosed Hispanic Adolescents

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This study was funded by a supplement to Grant DA 11328 from the National Institute on Drug Abuse (NIDA). We gratefully acknowledge Dr. Hua Li for his assistance with data management and we thank Dr. Etiony Aldarondo and Dr. Andrew Wenger for their feedback on earlier drafts.

[Haworth co-indexing entry note]: "Acculturation and Drug Use Among Dually Diagnosed Hispanic Adolescents." Rodriguez, Rosemarie A. et al. Co-published simultaneously in Journal of Ethnicity in Substance Abuse (The Haworth Press, Inc.) Vol. 6, No. 2, 2007, pp. 97-113; and: 21st Century Research on Drugs and Ethnicity: Studies Supported by the National Institute on Drug Abuse (ed: Peter L. Myers) The Haworth Press, 2007, pp. 97-113. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST)]. E-mail address: docdelivery@haworthpress.com.

Available online at http://jesa.haworthpress.com
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doi:10.1300/J233v06n02_07
SUMMARY. With drug abuse among Hispanic youth on the rise, examining cultural factors such as acculturation may provide insight into understanding and addressing this problem. This study examined the relationship between acculturation and severity of drug use among a sample of severely impaired Hispanic adolescents referred for residential substance abuse treatment. As recent studies with clinical samples have found, it was hypothesized that lower levels of acculturation would be associated with higher levels of substance use. Results indicated that youth born outside the United States reported greater frequency of drug use at intake into treatment than those born in the United States, supporting the hypothesis. doi:10.1300/J233v06n02_07 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800- HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2007 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Hispanics, acculturation, adolescents, substance use/abuse, drug use/abuse, comorbidity

INTRODUCTION

Drug and alcohol use among Hispanic adolescents is a serious public health concern (Delva, Wallace, O’Malley, Bachman, Johnston, & Schulenberg, 2005; Gil, Wagner, & Tubman, 2004; Szapocznik et al., 1997). Whereas the use of drugs has generally declined among adolescents in recent years, this has not been the case for Hispanic youth, particularly among the youngest cohorts of adolescents (Delva et al., 2005; Johnston, O’Malley, Bachman, & Schulenberg, 2005). In fact, among American teens, Hispanic eighth graders report the highest rates of use for nearly all classes of drugs and alcohol (Johnston, O’Malley, Bachman, & Schulenberg, 2004).

The relatively high prevalence of drug use among Hispanic youths is of concern particularly in the context of recent demographic trends: (a) the Hispanic population in the United States continues to grow rapidly, recently becoming the largest racial and ethnic minority group in the United States (United States Census Bureau, 2001); (b) the Hispanic population is significantly younger than the general population, with the highest fertility rates among all racial and ethnic groups (Downs, 2003; United States Census Bureau, 2000); and (c) Hispanic youth have higher school dropout rates and a higher proportion of families living in poverty than the general population (Bishaw & Iceland, 2003; U.S. Department
of Education, 2000). Together, these substance use and sociodemographic trends indicate that a severe drug use problem may be emerging within the Hispanic population.

Examining the impact of cultural factors on substance abuse among Hispanic adolescents may provide important clinical insights about how these problems should be treated. One of the most frequently studied cultural factors associated with substance abuse among Hispanic adolescents is acculturation to the dominant American culture (Gil, Wagner, & Vega, 2000; Gfroerer & De La Rosa, 1993; Szapocznik & Kurtines, 1980). According to Marin (1992), acculturation can be broadly defined as a multidimensional psychosocial phenomenon that is reflected in psychological changes that occur in individuals as a result of their interaction with a new culture (p. 237). Although there are different approaches to conceptualizing acculturation, the consensus is that it is a powerful force shaping individuals' quality of life (Vega, Gil, & Wagner, 1998). Because of the impact of the acculturation process on youths' development, researchers have recently examined the impact of acculturation on adolescent substance use (Vega & Gil, 1999).

Direct relationships between acculturation and drug use have been established in studies conducted with community samples of adolescents. The majority of researchers have found that as Hispanics become more acculturated and their families lose some of their ties to traditional Hispanic cultural mores, frequency of substance use typically increases (Epstein, Botvin, & Diaz, 2000, 2001; Epstein, Margaret, & Botvin, 2003; Khoury, Warheit, Zimmerman, Vega, & Gil, 1996; Lovato, Litrownik, Elder, Nunez-Liriano, Suarez, & Talavera, 1994). These studies suggest that acculturation to dominant American culture may serve as a conduit through which Hispanic youth are placed at risk for substance use through a diminishment of important Hispanic cultural values such as familism (i.e., a strong identification with and loyalty to members of the extended family; Marin, 1993; Vega, 1995). However, the link between acculturation and drug use among clinical samples of Hispanic adolescents has been relatively unexamined. Those few studies that have been conducted have indicated that less acculturated adolescents report more severe drug use problems (Garcia, 1999; Gil, Wagner, & Tubman, 2004), exactly the opposite of what has been observed with community samples. Gil et al. (2004) explain these discrepant findings by suggesting that these teens experience more significant life traumas, more intrafamilial stress, and higher prevalence of comorbid disorders, potentially complicating the acculturation process. More research is needed to fully understand the
role of acculturation in substance abuse among clinical samples of Hispanic teens in the United States.

The current study addresses gaps in the research base by examining the relationship between acculturation and severity of drug abuse among a sample of severely impaired adolescents referred for residential substance abuse treatment. In order to examine the possibility that comorbidity helps to explain the inverse relationship between substance abuse and acculturation in clinical samples, the current study was conducted with a sample of substance-abusing teens with comorbid psychiatric disorders. It was hypothesized that among this clinical sample of dually diagnosed Hispanic adolescents, lower levels of acculturation would be positively associated with higher levels of substance use. The potential contributions of the current study include providing more data from clinical samples of Hispanic adolescents with identified substance use disorders (SUD) and testing the generalizability of existing research on clinical samples to those meeting criteria for comorbid psychiatric disorders. Understanding important cultural processes more fully may provide direction for the refinement of existing research-based interventions, extending the current research to dually diagnosed adolescents (i.e., those meeting diagnostic criteria for SUD and other psychiatric disorders).

METHOD

All participants had been clinically referred for residential treatment for substance abuse and recruited into a randomized clinical trial. The study focused on the relationship between acculturation and substance use upon entry into treatment and was conducted exclusively with the Hispanic participants.

PARTICIPANTS

Participants consisted of 76 Hispanic male and female adolescents, between the ages of 13 and 17 ($M = 15.3, SD = 1.1$), who met DSM-IV criteria for substance dependence, with problems of sufficient severity to be referred for residential treatment, and who met criteria for at least one comorbid psychiatric condition. Participants were primarily referred from a local adolescent detoxification and stabilization facility (68%, many of whom were referred to this facility from the juvenile justice system), and the juvenile justice system (17%). Current local standards for placement in residential treatment are meeting 6 of the
following 8 criteria: (1) substance dependence, (2) family history of addiction, (3) positive toxicology screen at assessment, (4) history of high risk behaviors (e.g., serious violations of parental or school rules, aggressive behavior, destruction of property), (5) lack of family stability (i.e., the family provided insufficient structure to prevent the adolescent from running away or meeting probation conditions), (6) low motivation for treatment (i.e., it is perceived that adolescents are highly unlikely to complete a full course of outpatient treatment), (7) drug related arrests or substance-induced psychiatric symptoms, and (8) a history of at least one failed treatment episode. Please see Table 1 for the demographic and clinical characteristics of the study participants.

MEASURES

Demographic Variables

Participants were administered a demographic and background questionnaire. From this interview, gender, age, family income, mother's education, juvenile justice involvement, and parental substance abuse problems were used as covariates in the study analyses.

Substance Use Measures

Timeline Follow-Back Method (TLFB). The TLFB method obtains retrospective reports of daily substance use by using a calendar and other memory prompts to stimulate recall (Dennis, Funk, Godley, & Waldron, 2004). It gathers daily information on specific substances used and amount of use (number of drinks, hits, rocks, etc). It yields consistently high test-retest correlations over periods up to 1 year (Carey, 1997; Maisto & Connors, 1992), and has been shown to correlate with other self-reports as well as with collateral reports (Sobell & Sobell, 1992). Adolescents reported on their use of several categories of drugs over the previous 30-day period.

Psychiatric Diagnoses

Youth Self Report (YSR). The YSR (Achenbach & Edelbrock, 1979, 1983) measures an array of adolescent behavioral problems and social competencies and was used as a report of internalizing and externalizing symptoms. The YSR is a well-known instrument with excellent reliability and validity with minority populations (Achenbach & Edelbrock, 1983),
TABLE 1. Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n (%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>15.3 (1.10)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>56 (74)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20 (26)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity / Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuban</td>
<td>35 (46)</td>
<td></td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>10 (13)</td>
<td></td>
</tr>
<tr>
<td>Colombian</td>
<td>9 (12)</td>
<td></td>
</tr>
<tr>
<td>Nicaraguan</td>
<td>9 (12)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>13 (17)</td>
<td></td>
</tr>
<tr>
<td>Birthplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>56 (74)</td>
<td></td>
</tr>
<tr>
<td>Outside United States</td>
<td>20 (26)</td>
<td></td>
</tr>
<tr>
<td>Years Living in United States</td>
<td></td>
<td>14.5 (2.56)</td>
</tr>
<tr>
<td>Family Income</td>
<td></td>
<td>$23,275 ($16,688)</td>
</tr>
<tr>
<td>Mother Education</td>
<td></td>
<td>Median = $18,300</td>
</tr>
<tr>
<td>&lt;High School</td>
<td>30 (40)</td>
<td></td>
</tr>
<tr>
<td>High School Graduate</td>
<td>20 (27)</td>
<td></td>
</tr>
<tr>
<td>Some College/Post High School</td>
<td>15 (20)</td>
<td></td>
</tr>
<tr>
<td>College Graduate</td>
<td>5 (7)</td>
<td></td>
</tr>
<tr>
<td>Graduate / Professional Degree</td>
<td>3 (4)</td>
<td></td>
</tr>
<tr>
<td>Adolescent on Probation</td>
<td>40 (52)</td>
<td></td>
</tr>
<tr>
<td>Adolescent Pending Adjudication</td>
<td>29 (38)</td>
<td></td>
</tr>
<tr>
<td>Family Structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Parent</td>
<td>27 (35)</td>
<td></td>
</tr>
<tr>
<td>Two Parent</td>
<td>19 (25)</td>
<td></td>
</tr>
<tr>
<td>Blended</td>
<td>19 (25)</td>
<td></td>
</tr>
<tr>
<td>Extended</td>
<td>11 (15)</td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis Dependence</td>
<td>61 (80)</td>
<td></td>
</tr>
<tr>
<td>Cocaine Dependence</td>
<td>14 (19)</td>
<td></td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>10 (13)</td>
<td></td>
</tr>
<tr>
<td>Polysubstance Dependence</td>
<td>10 (13)</td>
<td></td>
</tr>
</tbody>
</table>
and has proven useful for assessing changes in the behavior of conduct-disordered adolescents following therapy (Kazdin, 1990).

Revised Child Behavior Checklist (CBCL). The CBCL (Achenbach & Edelbrock, 1979, 1983) is a parent-report instrument that measures an array of child behavioral problems and social competencies. The CBCL is a well-known instrument that has demonstrated excellent reliability and validity. The CBCL was used as a collateral report of adolescent internalizing and externalizing symptoms.

Level of Acculturation

In order to evaluate level of acculturation of adolescents and their primary caregivers, acculturation proxies included in the assessment battery of the parent project were utilized, consisting of birthplace (U.S. vs. other), number of years living in the United States, and language preference. The acculturation proxies were administered to both adolescents and their parents. A formal measure of acculturation was not administered in the parent project; however, these proxies have been used in several previous studies of adolescent behavior problems and substance abuse (Coatsworth, Pantin, McBride, Briones, Kurtines, & Szapocznik, 2000; Norris, Ford, & Bova, 1996). Utilizing proxies can be advantageous because they are easily added to data collection tools, and they are often present in data sets used for secondary data analysis (Driscoll, Biggs, Brindis, & Yankah, 2001). Further, existing measures of acculturation have been criticized for questionable construct validity (i.e., questions still exist as to the most accurate way to measure acculturation; Norris et al., 1996) as well as inadequate content validity (i.e., the measures may not adequately sample all that is relevant to acculturation; Zane & Mak, 2003).

PROCEDURE

Research staff trained in the protection of human subjects contacted parents and youth to describe study procedures and purpose, and to obtain
written informed consent (and assent with the youth), prior to the
assessment session. It was emphasized that participation was voluntary
and that parents and youth had the right to discontinue participation at
any time. A research assessment which took approximately two hours to
complete was conducted by research staff within one week of families
providing consent to participate in the study. Parents and teens were in-
terviewed separately to encourage open and honest answers.

ANALYSES

Multiple regression procedures were conducted to determine whether
level of acculturation was associated with adolescent substance abuse and
severity of psychiatric symptoms at entry into treatment. Prior to testing
the study hypothesis, diagnostic procedures were employed to assess for
multivariate outliers as well as the linearity and normality of the dependent
measures (Tabachnick & Fidell, 2001). These analyses yielded no multi-
variate outliers, and the normality and linearity of the data were found to be
within permissible limits. Regression models first adjusted for the effect
of the background variables of gender, age, family income, mother’s edu-
cation, juvenile justice involvement, and history of family drug use by adding
them as covariates in a hierarchical entry procedure. The background
variables were entered as a block, followed by adolescent acculturation.

Separate regressions were conducted for each criterion variable: fre-
cuency of substance use, internalizing and externalizing symptoms. Lan-
guage preference was not included as a predictor, as the adolescents all
reported that they preferred communicating in English. In addition, given
the large proportion of the sample that was born in the United States
(consistent with other studies of acculturation and drug use among clinical
samples; Gil et al., 2004), years living in the United States was highly
correlated with age, which was already included as a covariate and
therefore was not included as a predictor variable.

RESULTS

Descriptive Statistics

As shown in Table 1, the average age of the participants was approxi-
mately 15 years ($SD = 1.10$), and 74% were born in the United States.
On average, participants had lived in the United States an average of
approximately 14.5 years ($SD = 2.56$). Seventy-four percent of the
participants were male and 26% were female. All participants were Hispanics, but they represented several different Hispanic ethnic backgrounds (46% Cuban, 13% Puerto Rican, 12% Colombian, 12% Nicaraguan, and 17% other Hispanic ethnicities). Consistent with their referrals for residential treatment, they had severe substance abuse problems, with 80% meeting diagnostic criteria for cannabis dependence, 19% for cocaine dependence, 13% for alcohol dependence, and 13% for polysubstance dependence at intake. Ninety-five percent of the participants reported using drugs at least weekly, with 34% using them daily, and 30% reporting more than one drug use episode a day. Seventy-six percent reported at least one failed treatment episode. For study inclusion, all adolescents met criteria for at least one comorbid psychiatric disorder. The most common psychiatric disorders were conduct disorder (75% meeting criteria), attention-deficit/hyperactivity disorder (25%), major depressive disorder (22%), and post-traumatic stress disorder (16%). They also had extensive involvement in the juvenile justice system (i.e., 52% were on community control/probation and 38% were pending adjudication). Finally, the participants also came from homes with extensive family dysfunction. Only 25% were from two-parent families, 57% had family members with alcohol or drug abuse problems, 51% had family members with mental health problems, and 53% had family members involved in the criminal justice system. Median annual family income was approximately $23,000.

**ACCULTURATION AND DRUG USE**

To assess the association between acculturation of Hispanic adolescents and their substance use, a regression model incorporated the acculturation proxy birthplace as a predictor of drug use. A hierarchical entry procedure was utilized in which age, gender, total family income, and mother’s level of education and dichotomous variables representing presence/absence of juvenile justice involvement and family involvement in drug use were entered as covariates in the first step, and birthplace in the second. As shown in Table 2, the covariates accounted for approximately 3% of the variance in intake drug use \( F(4, 68) = .429, p = .787 \]. Birthplace was found to be a significant predictor of drug use having adjusted for the background covariates, accounting for an additional 6% of the variance \( F(1, 64) = 4.262, p = .043 \), indicating that those youth born outside the United States reported more substance use.
TABLE 2. Hierarchical Regression Analysis of Birthplace Predicting Substance Use

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>S.E</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-2.156</td>
<td>1.813</td>
<td>-0.153</td>
<td>-1.189</td>
<td>.239</td>
</tr>
<tr>
<td>Patient Gender</td>
<td>.400</td>
<td>4.636</td>
<td>.011</td>
<td>.086</td>
<td>.931</td>
</tr>
<tr>
<td>Total Family Income</td>
<td>-1.73E-05</td>
<td>.000</td>
<td>-0.019</td>
<td>-0.152</td>
<td>.880</td>
</tr>
<tr>
<td>Mother's Highest Level of Education</td>
<td>.227</td>
<td>1.690</td>
<td>.017</td>
<td>.134</td>
<td>.894</td>
</tr>
<tr>
<td>Number of Lifetime Arrests</td>
<td>-1.181</td>
<td>.487</td>
<td>-0.048</td>
<td>-0.371</td>
<td>.712</td>
</tr>
<tr>
<td>Family Prior Drug Use Problems</td>
<td>3.937</td>
<td>4.028</td>
<td>.128</td>
<td>.977</td>
<td>.332</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birthplace</td>
<td>-9.136</td>
<td>4.425</td>
<td>-0.269</td>
<td>-2.065</td>
<td>.043</td>
</tr>
</tbody>
</table>

$R = .299, R^2 = .089 (N = 71)$

**ACCULTURATION AND INTERNALIZING AND EXTERNALIZING BEHAVIORS**

Separate regression models were conducted for adolescent- and parent-reported internalizing and externalizing behaviors. The same covariates were used as the above analysis, and birthplace again served as the predictor. Together the covariates showed a marginal trend toward predicting the extent of internalizing problems [$F(4, 68) = 1.93, p = .12, R^2 = .10$], with females reporting more internalizing than males ($t = 2.77, p = .007$). However, birthplace was not a significant predictor, contributing very little to the prediction of internalizing problems to what was accounted for by the covariates [$F(1, 66) = .862, p = .427, R^2 = .13$]. With respect to adolescent-reported externalizing behaviors, birthplace was not a significant predictor above and beyond the covariates [$F(1, 66) = .037, p = .964$]. However, as with internalizing behavior, gender was a significant predictor ($t = 3.18, p = .002$), such that males reported more externalizing behaviors. Parent reports of adolescent internalizing and externalizing symptoms duplicated the same pattern (i.e., birthplace was not a significant predictor of either internalizing or externalizing behavior, and gender was a significant predictor of both).
DISCUSSION

The findings support the importance of acculturation as it relates to drug use in clinical samples of Hispanic adolescents. Contrary to studies from community samples, the findings indicated that less acculturated adolescents had more severe drug problems at entry into treatment than more acculturated adolescents (Epstein et al., 2000, 2001, 2003; Khoury et al., 1996; Lovato et al., 1994). However, the results are consistent with Gil et al. (2004), which utilized a clinical sample of adolescents referred for outpatient substance abuse treatment and demonstrated that less acculturated adolescents had higher rates of substance abuse. The current study extends previous research by replicating Gil’s findings with a sample of severely impaired, dually diagnosed adolescents referred for residential substance abuse treatment. Consistent with the type of treatment the adolescents received, the sample for the current study had more pervasive drug abuse and psychiatric problems than Gil et al.’s sample and a similar proportion of youth born in the United States (74% vs. 65%). Because all participants met criteria for at least one comorbid psychiatric diagnosis at intake, the findings support Gil et al.’s proposition that the higher prevalence of comorbidity among clinical samples may in part have explained the discrepancy from previous research conducted with community samples. The process of acculturation has been identified as a crucial factor contributing to psychological distress in immigrant populations (Rivera-Sinclair, 1997). Hence, Hispanic adolescents coping with the stress of acculturating to a new country may be at higher risk for drug use, particularly when the adolescents have other psychiatric problems.

Collectively, these studies (along with Garcia, 1999) suggest that opposed to community populations, among Hispanic adolescents referred for drug abuse treatment, less acculturated adolescents may experience more substance use problems (Gil et al., 2004). However, the process by which this occurs, as well as the explanation for the discrepancies from community populations, is less clear. In addition to increased prevalence of psychiatric comorbidity, other possible explanations include increased familial stress and disruption of family interactions resulting from parent-child acculturation differences (Szapocznik, Santisteban, Kurtines, Perez-Vidal, & Hervis, 1984); however, Lau and colleagues [2005] did not find more extensive substance use among families high in differential acculturation), as well as immigration-related parent-child separations (Santisteban, Muir-Malcolm, Mitrani, & Szapocznik, 2002).
Traumatic immigration experiences may also play a role. If the migration experience to a new country has involved loss, trauma or abuse, traumatic stress may develop (Falicov, 1998). If the adolescent has not developed strong coping skills and if he/she does not have access to appropriate social/mental health services, he/she may cope with the distressful emotions by abusing alcohol and drugs. Recall that over 15% of the sample met criteria for PTSD, and anecdotally, many of the participants in this study experienced highly stressful immigration experiences (e.g., families that had fled Cuba as “rafters”). A third possible explanation is peer induction into drug use (Falicov, 1998; Gil, Tubman, & Wagner, 2001). One way minority teens may feel less isolated and gain a sense of belonging is by making attempts to affiliate with an acculturated peer group. If families live in impoverished neighborhoods in which drugs are readily available, and if delinquency and drug use are common among these peers from the dominant culture, less acculturated adolescents may affiliate with these peers as a way to not be viewed as outsiders (Canino & Spurlock, 1994), and thus be inducted into the drug-using lifestyle. Hence, these less acculturated teens may be more susceptible specifically because they are trying to fit into a dominant culture where drug use is the norm.

LIMITATIONS

The findings from this study should be interpreted in light of some limitations. First, the sample was fairly homogeneous, consisting of 46% Cuban adolescents. It was not a representative sample of Hispanics nationally, which may limit the generalizability of the findings. Future research is needed to determine if the findings generalize to other Hispanic ethnicities living in other regions of the United States. Second, acculturation proxies were used rather than a formal measure of acculturation. Although the use of proxies to measure level of acculturation has been accomplished in several previous studies (e.g., Coatsworth et al., 2000; Norris et al., 1996) perhaps a formal measure of acculturation may have yielded different results. However, it should be noted that existing measures of acculturation have their own limitations (i.e., content validity and adequately representing acculturation as an important psychological construct; Driscoll et al., 2001; Norris et al., 1996; Zane & Mak, 2003). Perhaps more data-intensive methodologies such as qualitative inquiry and video-taped observation methods are needed to provide a richer conceptualization of acculturation and its impact on drug use and
therapeutic change (Jackson-Gilfort, Liddle, Tejeda, & Dakof, 2001; Liddle, Jackson-Gilfort, & Marvel, 2006). Finally, our sample size was fairly small, limiting the power to detect statistically significant differences.

**CLINICAL IMPLICATIONS**

Despite these limitations, the findings from this study have important implications for understanding substance use among Hispanic youth. First, they support the relevance of acculturation as it relates to drug use. Given the success of family-based treatments for adolescent substance abuse (Liddle, 2004), clinical interventions designed to address the process of acculturation in the context of the family are in order, such as addressing possible traumatic experiences and eliciting the family’s immigration story, which has been found to be an inroad to further, more challenging work with families (Falicov, 1998). It is promising that well-designed, culturally-sensitive interventions are being developed and receiving empirical support (Gil et al., 2001; Santisteban, Mena, & Suarez-Morales, 2006). Second, these findings underscore the importance of targeted outreach and early intervention strategies designed to intervene with youth before their substance use becomes more firmly established (Liddle, Rowe, Henderson, Dakof, & Ungaro, 2004). However, the findings also suggest that outreach targeting less acculturated Hispanics is needed. This may entail interventions designed to reach less acculturated adolescents in schools (e.g., ESOL programs), in the court system (e.g., juvenile justice, immigration), and in the neighborhoods in which these families live. Along this line, Spence (2005) has highlighted the potential of training “promotores(as)” (a subset of a larger group of health workers known as community health workers [CHWs]) in substance use screening, assessment, and referral.

**CONCLUSIONS**

Acculturation was examined in a unique and distinct clinical sample. This study calls attention to the fact that acculturation is but one piece of a very complex puzzle with this sample of distressed children and families. The findings warrant additional study with clinical samples, possibly including methods such as qualitative inquiry and longitudinal follow-up, to further explore the relationships between ethnicity, cultural differences, and substance abuse in Hispanic adolescents.
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doi:10.1300/J233v06n02_07