

Prevention leaders offer insights into their cultures, and communities

Understanding which factors motivate special populations to abuse drugs or alcohol can help prevention efforts designed to serve them be more effective.

In the online booklet, *Substance Abuse Prevention and Special Cultural Populations*, prevention leaders from a variety of cultures answered questions about substance use unique to their particular communities, as a means of assisting those who provide prevention services to them.

Following is a sampling of the data collected regarding substance use in the African American, Cambodian, Hmong, Latino, and Native American communities and some possible implications for prevention. It is not meant to be all-inclusive.

African American community

Top substance issues: Abuse of alcohol; use of illegal drugs such as marijuana, heroin and crack/cocaine; poor access to culturally specific treatment.

What people offering prevention services need to know about the community: There is diversity within it. Providers also need to grasp the relationship among drugs, poverty, and crime in the community.

How prevention workers can best access persons in the community: Networking with existing community-based organizations that are involved in Alcohol, Tobacco, and Other Drugs services, as well as community leaders, social service agencies, and churches. Meeting places, such as corner grocery stores, movie theaters, and recreation centers are other ways.

Most common misperceptions: The belief in the demise of the black family. While it is true single-parent households have increased, what needs to be acknowledged is the support of the extended family in single-parent households. Others misperceptions include stereotypes such as that African Americans are all the same, or that all African American communities are ghettos.

Common mistakes made by others not from the African American community: Prevention workers who fail to take into account cultural differences and feel an African American client (or client of color) is the same as any other client; lack of networking with the existing community-based organizations.

Who to talk to when approaching this community: Social service agencies; African American social groups, fraternities, sororities; African Americans who are part of religious groups, i.e. Muslims, Christians, etc.; informal and formal community leaders.

Cambodian community

Top substance issues: Use of cigarettes; concern that some teens and single parents are increasing their use of marijuana and cigarettes; abuse of alcohol; post-traumatic stress disorder (PTSD), which some people try to treat themselves with alcohol, tobacco, and drugs.

What people offering prevention services need to know about the community: Cambodians have similar, but still different, cultures, experiences, and languages from other Southeast Asian ethnic groups such as Hmong, Vietnamese, and Lao; that reaching out for help with gambling/alcohol/tobacco problems brings shame.

How prevention workers can best access persons in the community: The first priority is for the prevention worker to be mature in age, knowledge, and manner. Then they can think about approaching leaders or elders in the community. Self-motivated, friendly encouragement is the best way to build a good relationship, which may take some time.

Most common misperceptions: The most common misperception is that all Asians are members of one group. In the United States, persons of Hmong, Vietnamese, and Lao cultures have their own groups, different from Cambodians. Cambodians are generally more steeped in tradition, respect, and discipline.

Common mistakes made by others not from the Cambodian community: When people from another ethnic group give advice and expect Cambodians to readily learn; making assumptions and having high expectations without guiding, educating, building relationships, and getting to know Cambodians.

Who to talk to when approaching this community: Generally, the young adults will understand both the old and young cultural norms. In talking to elders, recognize it takes time and respect to build trust and friendship. Women are very modest about revealing their personal business and problems.

Hmong community

Top substance issues: Increased use by adolescents of tobacco, marijuana, alcohol, and amphetamines, and a lack of knowledge on the part of parents regarding their children's use of these drugs; unfamiliarity of Western concepts of chemical dependency and treatment; lack of cultural competency among non-Hmong providers (which can hinder prevention work).

What people offering prevention services need to know about the community: When it is appropriate to refer to a bilingual/bicultural provider, as the language barrier is often impenetrable without bilingual/bicultural staff. It is important to ask for verbal feedback to be sure that prevention concepts are understood. Prevention workers are encouraged to learn about the pace of the culture, and that the trust of outsiders takes time to establish.

How prevention workers can best access persons in the community: Through respected Hmong leaders, and youth groups through Hmong agencies, public schools where there are large numbers of Hmong students, and articles in the Asian press.

Most common misperceptions: That Asian Pacific Islanders/Southeast Asians/Hmongs are all the same; stereotypes such as that all Hmong youth are in gangs.

Common mistakes made by others not from the Cambodian community: Believing they understand Hmong people when they don't; not realizing that Hmong often say they understand something when they really do not understand; not providing enough written materials and interpreters to handle translation issues.

Who to talk to when approaching this community: Learn about the services Hmong organizations provide and then call for help; contact leaders such as clan and family leaders.

Latino community

Top substance issues: Alcohol-related offenses; cocaine use; youth use of marijuana and alcohol; alcohol abuse among adolescents and adults.

What people offering prevention services need to know about the community: The need to understand language and cultural issues; the need to be educated about family and extended families; it's important to respect and acknowledge the person.

How prevention workers can best access persons in the community: Invite people to a dinner or some entertainment, then introduce workers or volunteers; provide bilingual information on safety and general life coping skills; take classes in Spanish and read books on the history and culture of Hispanic people.

Most common misperceptions: Stereotyping members such as drug dealers, gang members, illegal aliens, or believing that persons are not motivated to excel.

Common mistakes made by others not from the Latino community: Latinos need time to feel free to speak and have others listen carefully and ask open-ended questions; others make assumptions with no prior knowledge, which results in a lack of empowerment and self-sufficiency; lack of understanding about the culture, values, customs, and feelings.

Who to talk to when approaching this community: Latino radio stations and programs are effective in bridging language and cultural barriers; contact agencies that serve Latinos and seek out popular gathering places.

Native American community

Top substance issues: Tobacco, alcohol, and marijuana use are the most common; use of ecstasy is beginning to increase; polydrug or multiple drug use; inhalants (paint, glue, etc.) and huffing is big with youth.

What people offering prevention services need to know about the community: Prevention workers need to have a knowledge of the varied cultural backgrounds of Indian people as well as an understanding of the dynamics of dual citizenship in a tribe and of the United States.

How prevention workers can best access persons in the community: Prevention workers should do some self-education first, and show an interest in Indian issues. Non-Indians should have cultural sensitivity training pertaining to Native Americans and their beliefs before they begin work.

Most common misperceptions: Stereotyping members such as being drunks, on welfare and not paying taxes, being rich from casinos, or that their culture is vanishing.

Common mistakes made by others not from the Native American community: Thinking that all tribes are the same; asking inappropriate, disrespectful questions; not recognizing that there are over 500 federally recognized tribes in the United States, and not respecting the differences between them.

Who to talk to when approaching this community: Talk with the elders of the tribe first to make sure you are within tradition, then network with human service professionals, then move on to the target community. Talk to people who are and are not working in substance abuse.

Substance Abuse Prevention and Special Cultural Populations: A Guide for Prevention Specialists is accessible at www.ccapt.org/divbook.html.