A qualitative research study on aging Latino substance abusers

Socorro Maria Ruvalcaba

Lupe Ayon Perez

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A QUALITATIVE RESEARCH STUDY ON AGING
LATINO SUBSTANCE ABUSERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

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

by
Socorro Maria Ruvalcaba
Lupe Ayon Perez
June 1994
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Lupe Ayon Perez
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Approved by:

Dr. Teresa Morris, Chair of Research Sequence Date
Dr. Marjorie Hunt, Project Advisor
Jaime Piña, Agency Representative
ABSTRACT

Aging Latino substance abusers have traditionally received differential treatment and inadequate services. 41 older Latino addicts over the age of 50, were interviewed at El Centro substance Abuse Treatment Center in Los Angeles, California, from June to October 1993.

This study defines the characteristics of the older Latino addict of our study sample, such as 58% had a high school education, 46% currently lived with family members, and 98% had been incarcerated due to their drug usage. Through qualitative face to face interviews we found the particular service needs of this population were, rehabilitation services, health services, homelessness, poverty, joblessness, and the need for clinical services to address issues of loss. Implications and recommendations for program services are discussed.
ACKNOWLEDGMENTS

We are deeply grateful to our families, especially Alfredo, for his continuous support throughout the long process, and our children, Mario, Gabriel, Mayari, Agustín, Miguel, and Rene for their love and understanding.

We are also very grateful to Jaime Pina and the staff of El Centro Substance Abuse Treatment Center, for their support, cooperation, and encouragement.

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Finally, many, many thanks to our computer consultants, Juan Jimenez and John Medina.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
<tr>
<td>ASSIGNED RESPONSIBILITIES</td>
<td>viii</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>PROBLEM STATEMENT</td>
<td>1</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td>6</td>
</tr>
<tr>
<td>RESEARCH DESIGNS AND METHODS</td>
<td>11</td>
</tr>
<tr>
<td>PURPOSE OF THE STUDY</td>
<td>11</td>
</tr>
<tr>
<td>RESEARCH QUESTION</td>
<td>13</td>
</tr>
<tr>
<td>HYPOTHESIS</td>
<td>15</td>
</tr>
<tr>
<td>SAMPLE SELECTION</td>
<td>16</td>
</tr>
<tr>
<td>INSTRUMENT</td>
<td>18</td>
</tr>
<tr>
<td>DATA COLLECTION</td>
<td>19</td>
</tr>
<tr>
<td>RELIABILITY AND VALIDITY</td>
<td>23</td>
</tr>
<tr>
<td>RESULTS SECTION</td>
<td>25</td>
</tr>
<tr>
<td>DEMOGRAPHICS</td>
<td>28</td>
</tr>
<tr>
<td>FAMILY HISTORY</td>
<td>29</td>
</tr>
<tr>
<td>HEALTH HISTORY</td>
<td>29</td>
</tr>
<tr>
<td>DRUG AND ALCOHOL HISTORY</td>
<td>30</td>
</tr>
<tr>
<td>EL CENTRO S.A.T.C. QUESTIONS</td>
<td>30</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>32</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>47</td>
</tr>
</tbody>
</table>
Appendix A: TABLES.................................................. 49
APPENDIX B: RESEARCH DOCUMENTS............................ 55
  LETTER OF APPROVAL FOR RESEARCH......................... 55
  INFORMED CONSENT.............................................. 56
  PARTICIPANT DEBRIEFING STATEMENT.......................... 57
  APPLICATION TO USE HUMAN SUBJECTS IN RESEARCH......... 58
  ATTACHMENT TO APPLICATION.................................. 61
APPENDIX C: GUIDELINES FOR INTERVIEWING PARTICIPANTS.... 63
REFERENCES.......................................................... 65
**LIST OF TABLES**

| Table 1: | DEMOGRAPHIC DATA..........................49 |
| Table 2: | FAMILY HISTORY.............................51 |
| Table 3: | HEALTH HISTORY.............................52 |
| Table 4: | DRUG AND ALCOHOL HISTORY..................53 |
| Table 5: | EL CENTRO SUBSTANCE ABUSE TREATMENT CENTER QUESTIONS.............................54 |
ASSIGNED RESPONSIBILITIES

This was a group project and a team effort where authors collaborated throughout the project. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:
   Team Effort: Socorro M. Ruvalcaba & Lupe Perez

2. Data Entry and Analysis:
   Data Entry: Socorro M. Ruvalcaba
   Analysis: Lupe Perez & Socorro M. Ruvalcaba

3. Writing Report and Presentation of Findings:
   A. Introduction and Literature:
      Team Effort: Socorro M. Ruvalcaba & Lupe Perez
   B. Methods:
      Team Effort: Socorro M. Ruvalcaba & Lupe Perez
   C. Results:
      Team Effort: Lupe Perez & Socorro M. Ruvalcaba
   D. Discussion:
      Team Efforts: Socorro M. Ruvalcaba & Lupe Perez
INTRODUCTION

It is estimated that by the year 2000, Latinos will comprise the largest ethnic minority in the United States (L.A. Times 1990 P.1). The numbers of Latino elders, 65 and over, have tripled in the last two decades, making this group of older adults, the fastest growing ethnic minority group in the United States (Sotomayor 1987). California by far has the most Latinos in the United States, 6.8 million or 34% of the national total of about twenty million (L.A. Times, 1990, P.1).

In recent years, a number of researchers have identified drug and alcohol abuse as a burgeoning problem among the elderly. Yet, we have very little understanding of the social and psychological factors that foster such abuse (Brown & Chiang 1983). Available research regarding Latinos is limited, Latino scholars point to the fact that Latinos represent a relatively large minority of the population, consequently, their mental health problems are not an inconsiderable part of what science and practice of establishment mental health should address (Fabrega 1990).

PROBLEM STATEMENT

Researchers suggest that there are more older adults abusing drugs in the community who have not come to public attention (Peterson 1988). There seems to be an agreement among researchers, that the number of elderly addicts treated at methadone centers has been increasing, and that
the growth of this population will be significant in upcoming years (Peterson 1988). Currently, 600,000 to 750,000 Americans—less than three-tenths of 1% of the total population—use heroin on a regular basis (Stolberg, 1993).

In the 1950's and 1960's heroin emerged as a problem in communities throughout the United States, peaking in the 1970's (Institute for Health Policies, 1993). Another source also was in agreement that heroin abuse peaked in the 1970's, later dropping, and peaking again in the eighties (Stolberg, 1993).

During the 30's, 40's and 50's, the United States experienced a variety of experimental types of treatment modalities with respect to addicts. During the early 1920's, estimates indicate that there were a substantial population of truly addicted opiate users (King, 1989). Doctors were allowed to set up clinics in communities where there were large numbers of addicts. The doctors were allowed to prescribe freely, at times according to King, too freely (King, 1989). The U.S. government began to go after the prescribing physicians, and made it extremely difficult for physicians to prescribe to withdrawing opiate addicts. The United Kingdom at the same time was implementing a medical system where if addicts showed that physically they could not withdraw on their own, they would be placed on long term maintenance programs (King, 1989). Unlike our number of addicts in the United States, the number of
addicts in the United Kingdom became to drop and stabilize significantly. According to King (1989), the U.S. government has never wanted to acknowledge the existence of the very different approach to opiate addiction that the United Kingdom had. In August 1930, the Federal Bureau of Narcotics was established in the Treasury Department with Harry J. Anslinger as commissioner. As mentioned earlier, the Narcotics Bureau saw an increasing amount of substance abuse, especially among young hoodlums. The only way they saw to resolve the situation was to make sentences harder on drug offenders, consequently the Boggs Act required mandatory minima with no parole or probation for drug offenses, progressively up to 20 years (King, 1989).

The era of the fifties saw sentencing and judges coming down harder on drug offenders. To substantiate the Narcotics Control Act of 1956, the Daniel Subcommittee reported that half the crimes in urban areas and a quarter of all crimes in the nation were caused by addiction, prompting Congress to act again, for example, doubling the mandatory scale, such as 40 years for repeaters, and depriving youngsters of their right to the protection of the Federal Youth Correction Act (King, 1989).

A case in point is Gilbert Zaragoza 21 years old from Los Angeles, California. Zaragoza was arrested for attempting to sell heroin to a 17 year old informer addict who worked for the Narcotics bureau in Los Angeles. A
federal judge nicknamed "Maximum Mathis" gave him a no-parole life term, "to set an example for others" (King, 1989). Mr. Zaragoza’s sentence is an example of the harsh sentencing that is typical of this cohort.

The 60’s also saw a variety of treatment modalities and legislation. In 1966, Rockefeller sponsored an involuntary commitment law providing for treatment of noncriminal addicts in confinement for up to five years (King, 1989). In 1973, the New York legislature passed a slightly modified version of his "Attila the Hun" law: mandatory life imprisonment for any sales of more than a fraction of an ounce of any prohibited substance—by anyone 16 years or older; and mandatory life also for anyone convicted of even petty crime if he had ingested any drug 24 hours prior to arrest (King, 1989).

The 70’s and 80’s also saw legislation begin to focus on treatment of opiate addicts. For example, in preparation for the drug crazed Viet Nam veterans that were returning from Viet Nam, the government decided to make rehabilitation a priority, and added $100 million to the budget for that purpose (King, 1989). By 1978, 2000 federally funded clinics were established, at times far exceeding the treatment demand (King, 1989). In 1989, President Bush commenced the great war on drugs. Overall funding for substance abuse programs grew on the federal level, overall funding was at 5.996 billion. $4.144 for law enforcement. $1.087 for
education and prevention, and .735 for treatment programs, providing DEA with a personnel force of 7960 and adding $150,000,000 in grants in aid for state and local programs (King, 1989). All in all, U.S. legislative drug history seems to have a greater emphasis on law enforcement rather than on the rehabilitation of addicts.

For people of color this attitude is even of more significance, since public record information generally shows higher arrest rates among U.S. Latinos than the general population (Burnum, 1985). Also, arrest rates for Blacks in the U.S. is higher than for whites and concentrated at younger ages (Peterson, 1988). A UCLA study followed 581 male heroin addicts who between 1962 and 1964 were committed by court order to the California Civil Addict Program, a compulsory drug treatment program (Stolberg, 1993). The average age of arrest was 25, yet 80% of those arrested, were arrested by the age of 18 (Stolberg, 1993). 50% of those arrests were because of drug related charges (Stolberg, 1993). This UCLA study was conducted against the backdrop of three very different decades of drug policy in the United States.

A review of the literature found, very little research available on elderly Latino addicts. The majority of the research focused on alcohol abuse within the Latino community. Latinos tend to have higher rates of heavy drinking and alcohol-related problems. Burnam (1985) found
that one-third of Latino men over age 50 met the criteria for an alcoholic disorder. This is almost double the rate for non-Latino white men. These findings suggest that elderly Latino men may have special needs for treatment of alcohol problems (Burnam 1985).

**LITERATURE REVIEW**

It is not surprising to learn that research has demonstrated that substance abuse is concentrated among young adults (Peterson, 1988). While little research has been done with elderly substance abusers, the little research which has been done reveals that substance abuse among the elderly is primarily limited to heroin (Peterson, 1988).

Winick’s (1962) study suggested that older addicts simply burnout. He referred to this concept as simply "maturing out". He argued that narcotic addiction ceases spontaneously, resulting either from chronological age of the addict or the length of the addict’s addiction. He goes on to suggest that many addicts simply become too weak to continue in their habit and burn out, or become ill and die. Yet our study points to the fact that older addicts are frequently hidden from the public eye.

In general the elderly addict population is considerably underestimated because one, the elderly addict presents a low profile in the community, by using adaptive measures such as, only socializing with other addicts,
avoiding mainstream centers of socialization such as senior citizen centers, or isolating themselves within the community (Peterson, 1988). Second, the elderly substance abuser is the least satisfied with methadone treatment centers. Consequently, avoidance of methadone treatment centers together with an ability to manage their addiction, through interchanging with synthetic narcotics such as Dilaudid, or substituting alcohol or barbiturates, enables the elderly addict to avoid seeking treatment within the public sector (Peterson, 1988).

Efforts to determine the extent of the problem among aging substance abusers has been hampered by several issues: the lack of consensus of what really constitutes abuse, doubts about the accuracy of self-reports regarding substance abuse, stereotypes that regard the elderly as too sweet or fragile to abuse drugs, and the greater interest and success of the elderly in hiding their abuse from others (Brown and Chiang 1983).

Research indicates that some addicts in the community do not come to official attention (Peterson, 1988). If older addicts do managed to hide their addiction from the surrounding communities, this would in part account for the disparity in public records regarding older addicts seeking services (Peterson, 1988). Capel (1972) and colleagues conducted a study in New Orleans, which focused on 38 addicts between the ages of 48 and 73 who were living in the
community and who were unknown to any of the city’s drug treatment programs. Unlike the Winick study mentioned earlier, which hypothesized that addicts matured out of their addiction, this study like ours, found that older addicts were out there, and they had succeeded through a number of adaptive measures mentioned previously, in avoiding current arrest and detection (Peterson, 1988).

To exemplify this point, the literature revealed a study which focused on an outpatient substance abuse program in Florida, that specialized in geriatric substance abuse, which was underutilized relative to it’s potential capacity (Speer, Sullivan, & Schonfeld 1991). The authors speculate that case finding and engaging older substance abusers in treatment is difficult, because substance abuse services has a greater stigma than other mental health services among the elderly (Speer, Sullivan, & Schonfeld 1991).

Latinos have received differential treatment, setting them apart from the mainstream of society, this has been because of racial and cultural differences (Older Adults Task Force, 1987). Elder Latinos are not easily assimilated into the "American way of Life", because of their language and customs. Institutional racism further isolates them by identifying them as aging minority Americans (Older Adults Task Force, 1987). Consequently, our study’s assumption is that the incidence of aging Latinos hiding their substance abuse may be more prevalent.
The literature indicates that Latinos do not easily disclose cultural beliefs or of themselves to non-Latino professionals (Oppenhiemer 1992). Many issues that may prompt substance abuse among the Latino elderly may be missed by non-Latino professionals. For example, in terms of loneliness, one would have to be familiar with the role the extended family plays in the lives of Latinos, to understand why a Latino client who is happily married and has many friends in the United States, still feels very lonely (Oppeheimer 1992).

Overall the lack of empirical data, indicated a need for research on the topic of substance abuse among aging Latinos, and among Latinos in general. The need to challenge and broaden mainstream mental health’s paradigm and biases with insight and knowledge drawn from culturally sensitive Latino facts pertaining to mental health theory and practice, is seen to contribute to a truly representative cultural mental health paradigm (Fabrega 1990).

Consistent with this lack of empirical data, is the Peterson study (1988), which found that some addicts do not mature out of their addiction at an early age but continue to be part of the drug scene, using narcotics into old age. In reality, all of these older addicts are committing criminal acts, simply by the fact that they are guilty of possession of an illegal substance (Peterson, 1988). Yet the literature does not reveal much more knowledge about their
criminal activity than that (Peterson, 1988). The literature points to the fact that if we are to understand the nature and extent of criminal activity of older addicts, we need to understand more about the addicts and their lives (Peterson, 1988). Furthermore, studies indicate that elderly addicts constitute a unique addict cohort; yet, little is known of the characteristics and behaviors of these individuals.

There seems to be many unanswered questions regarding this unique cohort (Peterson, 1988). For example, how are older addicts different from younger addicts? What are the causes of their addiction? What has been the course of their addiction over time? Do some elderly turn to narcotics late in life or have most begun early, and continued their addiction throughout their older years? Have they been involved in criminal behavior to support their habits? If so, what types of criminal behavior have they been involved in, and have they been arrested for these acts?

Consequently, a variety of questions need to be answered if we are to understand the older addict. As Latino researchers, we have added the cultural component, specifically looking at the older Latino addict.

As mentioned previously, if in fact the Latino population overall is increasing in the United States, than it is safe to assume that the elderly Latino population is also increasing, and thus the number of older Latino addicts will also increase. The experts working with the
institutionalized middle-age addict tells us that we can expect future cohorts of elderly addicts to be significantly larger and more diverse (Peterson, 1988). As researchers we have chosen to define the service needs and characteristics of the older Latino addict, in the hopes that this will bring heightened awareness to individuals at the Mezzo and Macro levels of social work practice; through an increase in funding sources, expansion of direct services, increase staff capabilities, and influencing policy decisions regarding servicing addicts in the Latino community.

**RESEARCH DESIGNS AND METHODS**

**PURPOSE OF THE STUDY**

The purpose of our research study was to explore and define, the characteristics and service needs of the aging Latino substance abuser at El Centro Substance Abuse Treatment Center in East Los Angeles.

El Centro Substance Abuse Treatment Center in Los Angeles, spearheads a program for recovering aging Latino substance abusers. This program is unique because of its focus on aging Latino substance abusers. Other programs in the area cater predominantly to younger age groups. Research was needed in order to define characteristics and service needs of this target population. This will enable the staff at the center, to justify need and expansion of program services. The overall goal of our research was to bring attention to aging addicts, which as previously stated have
traditionally been ignored, or have received differential treatment. The aim was to contribute to community awareness of the problem, and stimulate community support in addressing the needs of Latino aging addicts.

The orientation which we have chosen is the post-positivist paradigm. The post-positivist paradigm lends itself well to exploring the characteristics and service needs of older Latino addicts. Since Latinos are one of the fastest growing population groups in the United States, it makes sense to assume that substance abuse among aging Latinos will also increase in proportion (L.A. Times, 1990, pg. 1). Addiction and recovery among aging Latino addicts fits in well with post-positivist criteria.

Some research problems lend themselves well to qualitative types of research, for instance, research that attempts to uncover the nature of person's experiences with phenomenon, like illness, religious conversion, or addiction (Strauss & Corbin, 1990). Our search indicates that little research has been done on aging Latino substance abusers, fortuitously, the phenomenon of addiction lends itself well to the post-positivist exploratory approach.

Within the context of social work practice, the program at the treatment center, focuses on a population that has historically received differential treatment and inadequate services. Consequently, our research helped to heighten community awareness regarding the characteristics and
service needs of older Latino addicts.

The major social work role we evaluated in this study was direct practice. The research elements that we addressed were derivation, experience, and interpretation. Within the context of derivation we focused on the organization of El Centro Substance Abuse Treatment Center, in terms of examining overall servicing of our target population. With respect to experience, we focused on the individuals being serviced, thus the older Latino addict at El Centro. Lastly, the emphasis of interpretation was defining the characteristics and service needs of these individuals, which was the overall goal of our research.

RESEARCH QUESTION

Consistent with the exploratory/descriptive and grounded theory conceptual framework of the research design, this study required a dynamic theoretical sampling method which would lead to a diverse mixture of aging Latino addicts and diversity in their life experiences as addicts.

As mentioned previously, the research question we answered with this study was, what are the characteristics and service needs of aging Latino substance abusers? The research paradigm which we chose was the post-positivist/exploratory. Some research problems naturally lend themselves more to qualitative types of research (Strauss and Corbin 1990). Furthermore, qualitative methods can be used to uncover and understand what lies behind any
phenomenon about which little is yet known (Strauss and Corbin 1990). Consequently, our research question lends itself well to the post-positivist exploratory approach, since substance abuse among aging Latinos is an area about which very little is known.

The fact that the researchers were of similar backgrounds to the population sample was helpful in answering the research question. The literature states that cultural similarity between client and therapist is a significant variable in the successful outcome of therapy (Oppenhiemer, 1992). Values, moral, and social codes, and the meaning of pathology can often only be understood within the parameters of the client's culture (Oppenhiemer, 1992). In this regard the researchers found that in conducting interviews with this sample population, that it was extremely helpful for us that the researchers were both bilingual and bicultural. The cultural similarity assisted in the cultural exploration and definition of the characteristics of the aging Latino addict.

The constructs of this paradigm required, that we study our target population within the community of East Los Angeles. Second, it helped us understand the dynamics of the role aging substance abusers play within their own community. Third, it helped us understand the current experiences and conditions under which they live. Fourth, as social work practitioners we sought to develop theory
concerning aging substance abusers. Fifth, through exploratory research, we defined the characteristics and service needs of the aging Latino substance abusers, and lastly, it allowed us the opportunity to observe directly the conditions under which they live and survive (Strauss and Corbin 1990).

HYPOTHESIS

Following post-positivist point of view, it seems that research over the past few decades, indicates that scientific theories are underdetermined by nature; or in other words, whatever evidence is available or could possibly be available about nature, it is not advisable to rule out the possibility that a much better theory might be devised to account for the phenomena that present accepted theories also explains (Phillips, 1987). Similarly, a variety of rival theories or hypothesis can always be constructed that would be compatible or augment whatever finite body of evidence is currently available (Phillips, 1987).

With this in mind our Hypothesis prior to the actual commencement of the study was that we believed that addiction exists among older individuals and that it consequently exists among older Latinos. We hoped that our findings in this area would contribute to the existing body of evidence regarding addiction among older individuals, and in particular to increase the body of knowledge regarding
older Latinos.

**SAMPLE SELECTION**

The convenience sample we studied was obtained through our working relationship with the administration at El Centro Substance Abuse Treatment Center in East Los Angeles; whose catchment area is primarily composed of a large and diverse Latino population. At this center, there is a support group for older substance abusers called the "Old Timers". The majority of the persons that attend this group are Latino heroin addicts. Although the number of persons who participated in the program fluctuated, due to relapse, there were always a steady number of participants who could be interviewed.

The goal was to interview between 30 to 50 participants. We managed to interview 41 individuals over the age of 50, during the months of June to October of 1993. Since this population has historically kept a low profile, we decided on a convenience sample, by interviewing any person attending the group over the age of 50, that was willing to participate in our study. Prior to commencement of the actual interviewing process, our focus was on establishing trust and clear lines of communication with potential interviewees, which we accomplished by attending the weekly support meetings and by providing the group participants with the opportunity to get to know the research team.
The group leaders of the 12 step support group, "Old Timers", introduced the research team to the group at one of the first meetings. One of the researchers had previously worked on staff, and was known to some of the group participants. Both researchers presented their objectives to the group, and requested their cooperation in the study. The participants questioned the overall goals of the study, and were especially interested in the long term benefits to El Centro program services. It appeared that many of the group members decided to participate from a sense of loyalty to program staff, and in the hopes that the study would contribute to expansion or at the very least continuance of program services.

Due to the lack of available treatment centers specifically targeted for older addicts in East Los Angeles, we found it difficult to otherwise identify and interview this somewhat "hidden population". Consequently, we chose to focus on this already identified population group at El Centro, where we received the support and cooperation of the administrative staff. The administrative staff was equally interested in developing a body of evidence regarding the characteristics and service needs of this particular population, in order to maintain and hopefully expand their program services. Thus, the reciprocal relationship proved beneficial to both researchers and El Centro Substance Abuse Treatment Center staff.
Since we were working as a team on this research project, we needed an instrument whereby we could obtain similar results. The purpose of the guideline questionnaire was to have an instrument that would help us develop a body of evidence, descriptive of the characteristics and service needs of the older Latino addicts. Consequently, we opted to use an eight page guideline questionnaire which we developed ourselves. The following major categories were included in the questionnaire: demographics, family history, health history, drug and alcohol history, and a category specifically on El Centro program services. The demographic section contains an extensive set of questions, including questions on age, sex, marital status, family size, recent deaths, residential patterns, education, occupation, both legitimate and illegitimate, ethnic background, as well as language of choice. Some questions evolved out of the previous interviews, thus keeping to the evolving theory.

This guideline which we used to interview the participants had a total of 52 questions, and each interview took approximately 90 to 120 minutes to complete. Since both interviewers were bilingual, the participants had the choice of either being interviewed in Spanish or in English. As bicultural researchers as well, we sought to make the instrument culturally sensitive, and at all times sought to maintain a balance between cultural sensitivity, and the
necessity to generate needed information. Questions regarding client's sexuality were always worded in the most discreet manner, as well as the fact, that the age difference necessitated maintaining the differential respect due to elders in our community.

In accordance with the exploratory grounded theory method, our guideline questionnaire evolved with each completed interview. As we proceeded, each interviewer not only developed their own style of interviewing, but as a team agreed to eliminate redundant questions, or add additional questions that seemed important. As qualitative researchers we strived to maintain an accurate assessment of what the participant was sharing with us, as well as tried in all instances to interpret it from the client’s point of view. For example, some clients considered living together akin to marriage, and thus was documented by researchers as married.

DATA COLLECTION

We collected the data, through face to face interviews. The overall questions were guided by the evolving theory. The evolving theory guides what you look for, where you go and find it, and what you look for in the data (Strauss and Corbin 1990). Each interview was unique, and each interview contributed a slightly different perspective, and thus increased the growing body of information descriptive of aging Latino addicts.
Eventually, our evolving theory led us to identifying service needs and characteristics of aging Latino substance abusers.

The data collection process took approximately five months and was conducted by our team, which consisted of a female and male, who were both bilingual and bicultural. Having a gender and culturally sensitive team, assisted us in obtaining more in depth information from the participants. All participants were asked to sign an informed consent prior to the commencement of the interview. Each participant was prepared prior to the interview on the purpose, length, and intended goals of the study. Cal State University San Bernardino was identified as the authorizing institution.

Some individuals were reluctant to participate, and others refused outright due to issues of privacy, which is typical for this particular population of opiate addicts. It must be emphasized that former or active heroin users are not particularly anxious to be studied, primarily because they are afraid of revealing incriminating or otherwise sensitive autobiographical material (Jorquez, 1980). By definition, all of these older abusers of narcotics are committing criminal acts to maintain their addiction since possession of illegal drugs, is itself a crime (Peterson, 1988). Thus, participating in this type of study is quite difficult for these clients who worry about the legality.
associated with disclosure of sensitive biographical information. Any persons willing to participate in the study, were interviewed in private rooms. Refreshments and snacks were provided during the actual interviews and support group meetings. The actual process of interviewing took longer than expected, due to the fact that the interviews themselves were quite lengthy, and that the interviews were conducted around the participant’s schedules. The traveling distance from San Bernardino county to Los Angeles, was also a factor. Nevertheless, all interviews were conducted face to face, and all of the participants were quite cooperative.

The client’s interest in participating in the study was helpful to the researchers. Men and women from the 12 step support group and the homeless program at El Centro were selected using a snowball sampling technique. Initial contacts were made through El Centro staff and volunteers. Additional participants were obtained via contacts through initial participants, that is, each participant was asked to contact one or two other individuals that may be willing to participate in the study. Overall, researchers received tremendous support and cooperation from the participants.

One of the strengths associated with doing qualitative interviews, is that it allows for a more personal approach. For example, if the questions were not clear, the researchers were able to assist in clarifying the questions.
for the participants. Insightful information was obtained by letting the participants tell their story in depth. This process also allowed the interviewer to explore issues in detail. The overall weaknesses with this approach were that interviewing the individuals was very time consuming and expensive. In our case the interviews took between 90 to 120 minutes, and the traveling expenses associated with conducting the interviews in Los Angeles were considerable. Also, due to time constraints associated with our work and school responsibilities, our sample size was limited to 30 to 50 interviews, of which we felt fortunate to complete 41 interviews.

Starting with the initial meetings with the administrative staff of El Centro Substance Abuse Treatment Center, we received tremendous cooperation and support. As mentioned previously, the staff at El Centro was very interested in learning what made their program work. No one up until this date had done a study on this particular population, which appears to be underserved in Los Angeles city and county. Thus defining the characteristics and service needs of this particular population was helpful in providing a research base for continued or expansion of funds for program services.

**RELIABILITY AND VALIDITY**

Due to the fact that we were following the exploratory
grounded theory approach, it is difficult to assess the exact validity of the participant's commentaries and answers. It is possible that some of the participants may have exaggerated their stories in an attempt to fool or impress the researchers. There were no foolproof or practical ways to determine the reliability of all accounts. However, one perspective that seemed relatively successful was to have the participant retell the story from a different perspective, by asking the question in a slightly different way. If the retelling complemented the participant's previous story, this satisfied the researchers that the original data was somewhat accurate.

Systematic methodological attempts also were made to increase the likelihood of getting accurate life-history accounts, for example behavioral type of questions were asked, such as "What did you do?"; and "How did you do it?". Another method used was asking questions related to specific events, such as the question we used in our guideline questionnaire, "How old were you the first time you used heroin?" or "How much time in total were you incarcerated?" Cross checking was another method that we used, cross checking is the technique of asking participants to describe an incident or event that overlaps with another account. For example, comparing their stories of raising their children with their account of how much time they were actually married and living at home. At times external checks were
helpful, for example clients showing their clean arms, as a sign of abstinence from heroin.

This was a convenience sample, in that for time and economical reasons, we interviewed all willing and available persons for this study. We as researchers were not allowed the opportunity to select sample participants. Overall, with this type of "Theoretical sampling" one must keep in mind that the data cannot be used for making quantitative statistical inferences about other addict populations. Given the exploratory grounded theory, the information obtained is considered as valid and reliable as possible, only for the 41 individuals interviewed, and not to actual statistical realities in the outer world.

Referencing the literature helped also to verify the accuracy of our findings. We found that our overall findings were consistent with the existing body of evidence regarding older addicts (Winick, 1962, Capel, 1971, Jorquez, 1980, Brody, 1981, Ruben, 1986, & Peterson, 1988). In fact, we feel that our findings augment the body of evidence with regards to older Latino addicts.

In order to maintain confidentiality and anonymity of the participants in our study, we initiated the following procedures. We obtained a letter of authorization from the center (see appendix B), granting us permission to conduct the study. Second, each participant signed an informed consent to be interviewed, the form indicated that they were
informed about the study and were willing to participate (see appendix B). Third, all participants were given debriefing statements, upon completion of the interview. A copy of the debriefing form is also included (see appendix B).

RESULTS SECTION

The primary intent of our research study was to define the characteristics and service needs of the older Latino addict serviced at El Centro Substance Abuse Treatment Center. In the process of attempting to uncover the extent of their psychosocial commonalities, we covered the following areas; demographics, family history, health history, drug and alcohol history, and as well as a complete section on the services currently being provided by El Centro staff. The enclosed tables also reflect our findings. Our study followed 41 older addicts, over the age of 50, whose primary addiction was to heroin. The study was conducted from June to October 1993 at El Centro Substance Abuse Treatment Center in East Los Angeles.

The qualitative procedure we utilized to define the characteristics and service needs of the aging Latino substance abuser, was the grounded theory procedures and techniques, which are aimed at identifying, developing, and relating concepts (Strauss and Corbin 1990). The relating of major categories to subcategories is accomplished by means of the paradigm—conditions, context, strategies, and
overall consequences.

The focus remained on developing the emerging theory regarding the characteristics and service needs of the older Latino addicts. Prior to the commencement of the interviews the focus and theory was not clear, yet this goes along with the post-positivist paradigm, which indicates a lack of structure and assumptions about the subject matter. The theory and categorizing of the information evolved with the coding of the data.

We conducted interviews with any willing participant from the 12 step group for older addicts over the age of 50. Open coding was completed after each interview, which allowed us to begin to develop categories right away. The short term goal was to obtain between 30 to 50 completed interviews over the summer of 1993. Instead, because of the time constraints involved in completing these interviews, the study extended itself into October 1993. Since the theoretical orientation had not been clearly established at this stage, it was important to obtain a wide range of data, in order to uncover potentially relevant data.

The interviews were conducted in a nonstructured manner, allowing for exploratory discovery. This accounts in part for the lengthiness of the interviews. Researchers attended the 12 step support group once per week, and scheduled appointments with group participants, for the same day or the following week. Completing the interviews on the
day of the support group was much more efficient than scheduling for the following week, since many times the participants did not show up for their scheduled appointments. As was mentioned previously, the snowball sampling method was effective, because the already interviewed participants encouraged other group members to participate in our study.

The Center gave us private rooms in which to complete our interviews. The participants were offered refreshments as well as light snacks. The staff of El Centro was consistently supportive in our endeavors to obtain a sufficient pool of interviewees. The staff even went out of their way to make sure we would have people to interview on the scheduled days the researchers came into the office. We are sure that the study would not have been as successful without the help of the El Centro staff.

The operational refinements process was accomplished by indexing the information obtained from the interviews, into various categories and subcategories. The basic task of categorizing is to bring together into provisional categories, that information that apparently relate to the same content and can be used to develop and justify evolving categories. According to Guba and Lincoln, filling in patterns is accomplished through extension or building on obtained information, second, by bridging disconnected units of information, and third, by hypothesis formation (Guba &
Thus, consistent with the open coding process, we began to categorize. Some of the major categories that arose from the preliminary analysis were, demographics, family history, health history, drug and alcohol history, and service needs. In axial coding our focus was on specifying the major categories with subcategories such as, age, gender, years using drugs, time spent in prison, significant relationships, service needs, and suggestions for the El Centro program. The purpose of these subcategories was to give the major categories precision, thus the context of each category was explored in detail. As depicted in the enclosed tables the following significant findings which define the characteristics and service needs of this population are explained below.

**DEMOGRAPHICS**

The following are important findings from the demographic table (refer to table one), 88% of the participants of the study were male, 50% were between the ages of 50 to 59, 85% were raised in Los Angeles City or County, 58% of the participants had completed High School, 83% were Latino, 56% preferred English as the primary language, 74% of the participants were born in California, 66% were divorced or had never married, 78% were nonveterans, 46% of the participants lived
with family, 32% of the sample supported themselves with SSI, and 60% of the participants had worked legitimate forms of employment such as warehouse, construction, painting, and carpentry.

**FAMILY HISTORY**

The important findings from the family history table are (refer to table two): 54% of the participants stated that their family was their primary source of support, 85% of the participants admitted to having had a significant relationship, 37% were involved with their significant others between 5 and 10 years, 56% admitted that their relationship ended because of drugs or alcohol, 63% admitted that they were lonely, 43% of the participants had between 1 to 3 children, 93% denied mental illness in themselves or family members, 71% were raised by both parents, 44% had between 0 to 3 siblings, 61% denied physical abuse as children, 51% admitted to having experienced emotional abuse as children, 76% admitted to experiencing sexual abuse as children, and 66% suffered neglect as children.

**HEALTH HISTORY**

The important findings from the health history table are (refer to table three); 61% of the participants stated being in poor health, 100% of the population sample stated they had some AIDS awareness, 100% denied being HIV positive, 56% admitted to
suicidal ideation, 63% admitted to homicidal ideation, 83% of the participants had received outpatient drug treatment services, and 80% had received inpatient drug treatment services.

**DRUG AND ALCOHOL HISTORY**

The important findings from the alcohol and drug history table are (refer to table four); 89% of the participants stated that their primary drug of choice was heroin, 35% of the participants stated that their secondary drug of choice was alcohol, 58% used drugs 31 to 40 years, 66% of the clients were between the ages of 11 to 15 when they used drugs for the first time, 98% of the participants had spent time in prison due to their drug usage, 27% of the participants spent 16 to 20 years in prison, 24% spent 1 to 10 years in prison, and another 15% spent 26 to 30 years in prison, 83% of the participants stated that at the time of the interview they were drug free, 47% of the participants had been drug free for 1 to 5 years, 63% had exchanged sex for money or drugs, and lastly 71% of the participants stated that their greatest personal loss due to drugs was the sense of not being connected to their families.

**EL CENTRO S.A.T.C. QUESTIONS**

The important findings from the El Centro questions table are (Refer to table 5); 80% of the participants came to the center out of a need for friendship and fellowship, 85% of the participants sought services because either they
wanted recovery for themselves or received encouragement from friends, 56% of the participants had been receiving services at El Centro between 1 to 3 years, 92% of the participants heard about program services through friends, 90% remained interested because of the N.A. Fellowship, 52% of the clients were involved in various 12 step programs, 46% of the clients needed services in the area of financial aid and job referrals, and 58% suggested that El Centro increase it's staff, program services, and specific services targeted for the older addict.

When we initially proposed our research study, we speculated on some of the implications of the study such as, that treatment should be specifically geared towards the aging Latino addict, that the aging Latino addict tends to respond more effectively to treatment when there are peer counselors available, that within the Latino culture they are a distinct and isolated subgroup, that aging Latino addicts hide their addiction and are consequently very difficult to treat, that loneliness is a key issue, that a support group with structured activities is needed, that detoxification services specifically sensitive for the older addict are needed, that HIV testing and education should be routine, that older Latino addicts are not accepted by "normal" older Latinos, and consequently do not receive support from mainstream services for older people such as Senior citizen centers, that health and nutrition are
important areas of education for older Latino addicts, and
lastly that there may be an emotional need that is not met
by the overall services of the program. These were our
speculations prior to commencement our study, the following
discussion section explores the significance and
implications of our findings.

**DISCUSSION**

Merton (1957), depicts the older male addict as
withdrawn, anomic loners in society. Our sample study showed
that 30% lived alone, and 63% felt lonely. Since our sample
is predominantly Latino, it was interesting to discover that
although they have led deviant social lives, 46% of the
participants continued to live with family members. In this
sense, we as researchers sought to uncover characteristics
and service needs of this particular cultural population,
which would set them apart from other population groups.
Historically, in terms of drug policy issues our study
involved individuals whose lives spanned the decades of the
30’s through the 90’s. These men have experienced tremendous
changes in drug policy and social milieu.

The average age of the participants was between the
ages of 50 to 59 years of age. The majority of the
participants were male, most of the 12 step meetings we
attended were composed of mostly men. The researchers found
that the group studied at El Centro is a particular cohort.
This cohort was characterized by factors such as being from
the same neighborhood, time spent in prison, use of drugs only with other men, reluctance to involve their wives or family members in their lifestyle, and overall they did not accept other addicted women as spouses or long term companions. All of these factors contributed to the intimate friendships being with other men.

Older addicted women have not been studied well. The women we studied seemed to have attempted to juggle the demands of marriage, children, with a drug lifestyle. While the men in the sample just walked away from the responsibilities of raising their children or maintaining a relationship; the women were more likely to attempt to raise their children. From our study it seems that women were more likely to have been involved in long term relationships than men. The failure rate of relationships seems to have been the same for both genders. Women were more likely to have been involved in prostitution, than were the men. The women in our sample were imprisoned at equal rates as the men, but not for the same length of time. It seems that the women were routinely arrested for less significant charges, for example, prostitution for the woman vs. armed robbery for the men. Women also engaged in what they described as conwork, and some of the participants claimed to be quite adept at their chosen work. Overall, addicted women seem to surface far less in social circles, they seem for reasons of dignity and family pride to keep their addiction hidden,
which is consistent with the literature.

Most of the men viewed differently the women they socialized with in their drug lifestyle, and the women they chose to marry. Most of the men were quite proud to state that their wives had never used drugs or alcohol, even though they themselves led very deviant drug lifestyles. 61 percent of the population sample had been married. Out of that figure, 39 percent were currently divorced. The reasons they attributed to divorce were prolonged absences due to imprisonment and drug impairment.

The lifestyles of the participants were quite diverse, we had participants ranging from an MSW from USC, to substance abuse counselors, to "grifters". The grifters were made up of a special class of men, who according to the participants, were very much admired in the 30's and 40's, always well dressed, never using profane language, and making it clear that guns were never used to kill but to intimidate. Some of the participants spoke disparagingly of the current gang life style. They seemed to look down upon the younger generation's indiscriminate violent behavior, whose lack of respect for family, community, or themselves they found distasteful. Maintaining a certain level of class was always important to these participants. They had, according to the participants, an unspoken code of ethics, such as one-on-one fighting, respect of the enemy's family, and never involving family members in the "business". Sixty-
three percent of the men admitted to homicidal ideation. Two
of the men interviewed actually admitted to having taken
someone's life accidentally or in self defense.

Forty percent of these individuals made their
livelihood from a variety of illegal careers, such as
running all night speakeasies, gambling, drug sales,
prostitution, and as professional conmen. One of the men
interviewed admitted to having lived an extravagant
lifestyle for most of his life, without ever having worked a
legitimate form of employment. His wife and children were
never told about the manner in which he made his money. It
seems that this group of men were admired for their skill,
manner of dress, demeanor, and ability to outwit the police.
Some of the men described themselves as commercial burglars,
reminiscing about the days before electronic alarm systems.

Seventy-eight percent of the men were nonveterans, but
not by choice. The majority of these men were rejected due
to previous arrests records, or because the drafting
officers found evidence of drug usage, such as tracks on
their arms. These men were given the code of 4F, which meant
that the person was Persona non gratis. Interestingly, most
of these men claim to have attempted to volunteer for WWII,
the Korean conflict, and the Viet Nam war, but were
rejected. One of the participants claimed that the rejection
from the military was a causal factor in his entering the
world of heroin addiction. Another participant stated that
he wanted to join the military to get away from his drug lifestyle, but was rejected due to the tracks on his arm.

Most of the men seemed to have tremendous loyalty to the United States, and wanted to serve their country. Some of the veterans spoke of the bitterness they felt upon returning from WWII, and being once again treated like secondhand citizens. The participants stated that they had felt hopeful that serving in the army would give them the chance to be treated respectfully, but instead found the level of racism against Latinos to be the same.

Two of the participants spoke of the "Zoot Suit Riots", and of the tremendous tragedy that it represented for the Latinos of that era. The Zoot Suit Riots was the name given to the mobbing incident of white service men against men and women dressed as Zoot Suitors, which was the fashion statement among some young Latinos of the time. The consequence of the mobbing incident, was the indiscriminate beating of Latino men and raping of young Latina women as well.

Some of the participants stated that Latino veterans were never given their due. One participant is the recipient of the Purple Heart medal, for combat injuries sustained in the Korean War Conflict. The participant stated that due to his war injuries he was in a coma for six months. This is the same individual that later pursued his MSW at USC with his G.I. bill. This participant was adamant about calling
attention to Latino war heros, who he feels have never received just recognition.

The participants expressed much sentiment about their children. Seventy-eight percent of the participants, regardless of their drug lifestyle, had children. The majority of the male participants were not actively involved in the raising of their children. Yet, many of them seem to express deep regrets that now that they were older, they did not have a better relationship with their adult children or grandchildren. Interestingly, many of the clients stated feeling afraid of reaching out to their children, for fear that they would be rejected as a consequence of their own past irresponsible behavior. Many of the men stayed away from their children due to their heroin addiction, not wanting to adversely affect their children. Consequently, many did not really know their children. Twenty-two percent never had children.

Although the women were more involved with their children than the men, they nevertheless expressed feelings of regrets and guilt. Many of the women expressed feelings of guilt about the way they treated their children as they were growing up. Many of the women admitted to having neglected the children due to their substance abuse. Another woman spoke of giving up her child for adoption, and that this had been a causal factor for her addiction. Another woman admitted that her children had spent years in foster
care, and that she had been unable to get them out of the system due to her addiction. Overall, for both genders there appeared to be much sadness, regret, and guilt with regards to their children.

The families of these participants seem to have been characterized by emotional distance, violence in varying degrees, and substance abuse. Sixty-one of the participants denied physical violence, but it appears that many of the individuals from this era viewed corporal punishment as the accepted norm. Seventy-one percent of the participants were raised by both parents, but most of the participants described the relationship of their parents as tumultuous. If there was substance abuse among the parents, it seem to be predominantly limited to alcoholism.

Ninety-three percent of the participants denied any history of mental illness in themselves or in their families. Many of the participants recalled being hospitalized in sanitariums, due to their addiction. Many recalled that prior to the 1960’s, there weren’t any established treatment models for addiction, so they were hospitalized along with the other mentally ill patients. One woman recalled that she was hospitalized and submitted to weeks of electric shock treatments, because the physicians of the time firmly believed that this would cure her addiction to heroin. Although Alcoholics Anonymous was already established, the 12 step model had not crossed over
into the other addictions. Consequently, the other addictions were poorly understood. Many of the participants were also hospitalized at Metropolitan State Hospital for the mentally ill in Norwalk, California for their drug addiction, but at times their addiction was misdiagnosed. This type of misdiagnosis was common among Latino patients in the 40's and 50's (L.A.County Dept. of Mental Health, 1987). Several of the clients interviewed however, were considered dual diagnosis in that they had been diagnosed as having mental illness such as schizophrenia and addiction to heroin.

Fifty-four percent of the participants identified family as their main source of support. Usually this meant older parents, aunts, uncles, siblings, and adult children. This is in marked contrast to Merton (1957), who found that the majority of older addicts were anomalous loners. Older Latino addicts in our sample seem to make it a point to maintain ties with immediate and extended families. Those that did not site family as their support system, identified the Narcotic’s Anonymous fellowship and church as their supportive network. Nevertheless, in accordance with Merton (1957), 17% of our population sample stated that they did not have a support system, and 63% of the participants stated feeling lonely. Loneliness seemed to be a significant issue among these older addicts.

Eighty-five percent of the participants reported that
they had experienced a significant relationship during their lifetime. Most of the participants have a history of failed, unstable relationships. Many of them expressed regrets at not having maintained relationships, but admitted that at the time they felt the drugs were more important than anything else. Thus the loneliness seems to be self inflicted.

Sixty-one percent of the participants were in poor health, many of them suffered from liver problems, high blood pressure, heart problems, respiratory problems, back problems, and arthritis. As researchers we were surprised that their health conditions were not worse than presented. After decades of abusing heroin, their health complications were not more severe than the average complaints from nonaddicted cohorts.

One hundred percent of the participants reported that they had an awareness about AIDS, 100% denied being HIV positive. Researchers were surprised that none of the clients admitted to being HIV positive, based on the literature review and the high risk behaviors which characterize their lives, we expected a certain percentage to be HIV positive. Many of the participants admitted knowing someone that had died of AIDS, but denied being infected themselves. There is a good possibility, that due to the stigma still associated with AIDS, that the participants were not completely honest. Many of the
participants were still engaging in high risk behaviors, such as sharing needles with other addicts. Many of the participants had been engaged by the AIDS outreach teams, and seemed to be well informed. Some of the clients specifically mentioned POPS, which is the El Centro AIDS outreach program.

Violence did characterize this population. 63% stated that they had engaged in homicidal ideation. A few actually admitted to having taken someone else’s life in self defense or by accident. Some admitted that due to the fact that they were incarcerated in maximum security prisons such as San Quentin, Folsom, Soledad, and Tracy, homicidality was a necessity of survival. In addition, 56% stated that they had frequently had suicidal thoughts.

Eighty-nine percent stated that heroin was their drug of choice. We as Latino researchers, were honored that these individuals were able to openly talk about their addiction to us. We believe that the established mindset for most of the participants was to not reveal or talk about their addiction with anyone other than the persons with whom they used drugs. As mentioned earlier, many of the normal supportive avenues for addicted people were closed to heroin addicts. Places such as A.A. meetings within the Latino community are by and large not understanding of heroin addiction. Participants stated that they felt they did not have much in common with alcoholics, felt uncomfortable at
senior citizen centers, and felt rejected by older "Normies". Overall, they reported that they did not have a place where they could feel supported, respected, and helped until they came to El Centro. The simple fact that heroin is illegal and alcohol legal, distinguishes the two addictions immensely. When heroin was not available, most of the participants admitted to turning to alcohol as a secondary drug.

Fifty-eight percent of the participants used heroin on an average of 31 to 45 years. Sixty-six percent of the participants started using drugs between the ages of 11 and 15. Most of the participants spoke about their first use of heroin as being a very important date. There appeared to be some ritual associated with the first usage. The participants described it as a significant life event that forever distinguished them from the rest of the population. Many of the participants who started using drugs right after WWII, spoke of drugs being plentiful during that time. Many attributed their decision to use drugs based on the influence of their friends, and secondarily to curiosity.

History of incarceration was a common factor among this population. Ninety-eight percent of the sample study had been incarcerated due to their drug usage. Most of these men were young during a time when the laws were very harsh against drug users, and treatment modalities were limited. Several of the participants from our sample, were confined
during the 60’s in Camarillo State Hospital, and submitted to electric shock treatments to cure them of their opiate addiction. Heroin addicts were viewed as societal deviants who could not be rehabilitated without harsh treatment methods or being imprisoned.

Some of the participants mentioned being imprisoned for charges that today would earn one a $100.00 fine, such as being incarcerated several years for the possession of less than an ounce of marijuana. The participants stated that in those years, society viewed prison as the only cure for drug addiction. Most of the men were arrested for charges associated with their drug life-style such as gambling, prostitution, drug sales, burglaries, and theft. Most of the men served long prison sentences in maximum security prisons such as San Quentin, Soledad, Folsom, and Chino where they were often surrounded by murderers and other more dangerous convicts. The result being that often time the participants of our study became more hardened by prison life but not drug rehabilitated. In fact, several of the participants mentioned that throughout their time in prison they continued to have access to their drug of choice.

The participant’s life-style of drugs and continual imprisonment seems to have contributed to their experience of a strong sense of personal loss. Many of the participants expressed sadness at having missed out on the opportunity to have raised a family, or having had the opportunity to help
raise their children. Many regretted all the time lost because of time spent in prison and the use of drugs. Seventy-one percent specifically stated regretting being older and not feeling connected to their family, or never having had family. All the participants stated having multiple losses associated with their drug usage.

At the time of interview, 83% of the participants stated being drug free. Forty-seven percent of the participants stated having between 1-5 years of sobriety. The majority of them attributed their sobriety to the services they received at El Centro Substance Abuse Treatment center. Among all the participants there seemed to be a strong sense of loyalty and respect towards the staff and program of El Centro.

When the clients were asked about why they came to El Centro, 80% stated that they came out of a sense of friendship and support. Interestingly enough, after years of not feeling connected or accepted, they seem to have found acceptance at El Centro. The staff at El Centro, some of whom are recovering heroin addicts, seem very supportive and enthusiastic about providing services to older addicts. Ninety-three percent of the participants stated that they heard about the program through friends and word of mouth. El Centro seems to be one of the few programs in Los Angeles that specifically caters to older addicts. This is an important element since heroin addicts seem to be a closed
subgroup, and that trust is a crucial element in establishing rapport with these individuals.

Ninety percent of the participants stated that a sense of fellowship kept them coming to El Centro. As researchers we were able to experience a strong sense of trust among the older addicts towards El Centro. In fact one of the most persuasive factors in obtaining their cooperation in this study was telling them that their participation would hopefully contribute to the augmentation and refinement of program services for older addicts. There was among all the participants a tremendous sense of loyalty towards El Centro.

Although the majority of the participants stated that they were satisfied with the current level of services, they nevertheless made several suggestions in terms of what improvements in program services would help meet their own personal needs. Forty-six percent of the participants stated that they needed financial aid in terms of case management services for aid programs such as SSI, general relief, and social security. Job training and referrals were also cited as very important for many of the participants. Many of them spoke of the need to have greater access to emergency housing, since because of their age and addiction many would often find themselves alone and homeless.

Many of the participants spoke of the need to have the program services specifically designed for older addicts.
For example instead of adding the older addict to the waiting list for DETOX referral, the participants suggested having an immediate referral list for older addicts, who for health reasons often cannot wait weeks for a referral into in a detoxification hospital. Many of the participants also requested more prepared meals and structured activities for group members.

Their suggestions for El Centro were also interesting. Thirty-four percent of the participants stated that they wanted El Centro to have more employees, 24% suggested an expansion of program services for older addicts, in the area of food, shelter, and rehabilitation services.

It seems at this point that having a position at El Centro specifically targeted for case management would be highly beneficial for the staff as well as the clients. The responsibilities of the case manager would entail help with filling out forms, establishing linkages with other programs, direct referrals to contact persons at aid programs, obtaining emergency housing, obtaining job referrals, helping with job preparation, obtaining emergency food, referrals to emergency medical care, and management of detox referrals. The majority of our sample was a very needy group who needed a variety of services, not all directly related to treatment.

In terms of treatment services, it seems important to hire licensed clinical staff that would work specifically
with the older addicts. As mentioned previously, many of these addicts were dealing with considerable personal losses and regrets, not to mention the fact that the majority of these men were at a point in their lives where they are starting to lose many of their cohorts. Depression, loneliness, and suicidal ideation seem to be important clinical considerations for this population. Many of the participants expressed a desire for individual therapy to help work our personal issues. Thus the clinicians could provide individual therapy, group therapy, family therapy, and crisis intervention. This would be in addition to the paraprofessional staff, that is currently providing what appears to be optimal services given the constraints of the budget.

Overall, the clients expressed a tremendous sense of loyalty towards El Centro. It seems that what kept the clients interested and sober, was that they felt well received by El Centro staff. This program seems to foster a sense of respect and most of all dignity for these clients.

**CONCLUSION**

Overall, our impressions with the problems of the older addict are that they are multiple. The problems of the older Latino addict do not necessarily confine themselves to treatment issues, but instead are whole person problems. The characteristics of the majority of our participants was that they came from disadvantaged backgrounds, where violence,
familial instability, criminality, and alcoholism were commonplace. Consequently, the service needs of this population that El Centro must address are multiple. El Centro has the responsibility of treating not only the person’s addiction, but all the manifestations of his disadvantaged background as well. These manifestations include; homelessness, joblessness, lack of food, and clinical issues such as loneliness, depression, isolation, and suicidal ideation.

It is our recommendations as researchers that program services at El Centro Substance Abuse Treatment Center be augmented, and that this program be used as a model for other agencies to develop their own treatment program for older addicts. The tremendous increase in substance abuse among younger age groups indicates that the problems of the aging addict will be increasingly important in the decades to come.
## APPENDIX A: TABLES

### TABLE 1

**DEMOGRAPHIC DATA**

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**WORK HISTORY**

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<tr>
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<td>Illegitimate</td>
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TABLE 2

FAMILY HISTORY

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<td>1-3</td>
<td>43</td>
<td>18</td>
</tr>
<tr>
<td>4-6</td>
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<td>12</td>
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<tr>
<td>No Children</td>
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<tr>
<td>6 or more</td>
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HISTORY OF PERSONAL OR FAMILY MENTAL ILLNESS

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<tr>
<td>No Hx. of Mental Illness</td>
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PARENTAL

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<tr>
<td>Raised by Both Parents</td>
<td>71</td>
<td>29</td>
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<td>Raised by Father</td>
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<tr>
<td>Raised by Extended Family</td>
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SIBLING

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<td>4-6</td>
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<td>6 or more</td>
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HISTORY OF FAMILY VIOLENCE

PHYSICAL ABUSE

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<td>25</td>
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<tr>
<td>Yes Severe Physical Abuse</td>
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EMOTIONAL ABUSE

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<td>No</td>
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SEXUAL ABUSE

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NEGLIGENCE

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<td>27</td>
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<tr>
<td>No</td>
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REASONS FOR MARITAL SEPARATION

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<tr>
<td>Incarceration</td>
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<td>10</td>
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<tr>
<td>Death</td>
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<td>4</td>
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<tr>
<td>Not Separated</td>
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<td>3</td>
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<td>Illness</td>
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LONELY

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### TABLE 3

#### HEALTH HISTORY

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<td>No</td>
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<td>18</td>
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<td>15</td>
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<td>TREATMENT HISTORY</td>
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<tr>
<td>Yes</td>
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<td>34</td>
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### TABLE 4

**DRUG AND ALCOHOL HISTORY**

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<tr>
<td>Heroin</td>
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<td>36</td>
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<tr>
<td>Alcohol</td>
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<tr>
<td>Cocaine</td>
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**SECONDARY DRUG**

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<tr>
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<td>Cocaine</td>
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<td>No Secondary Drug</td>
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<tr>
<td>Marijuana</td>
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<td>3</td>
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<td>Heroin</td>
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**LENGTH OF DRUG USAGE**

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<td>41-45</td>
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<td>31-35</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>46-50</td>
<td>10</td>
<td>4</td>
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<td>26-30</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>21-25</td>
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<tr>
<td>10-15</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>51-55</td>
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<td>16-20</td>
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**AGE OF CLIENT AT FIRST USAGE**

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<td>16-20</td>
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<td>5-10</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>40 yrs. old</td>
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<td>4 yrs. old</td>
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**INCARCERATION DUE TO DRUGS**

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<td>48</td>
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**LENGTH OF INCARCERATION BY YEARS**

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<th>PERCENT</th>
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<td>27</td>
<td>11</td>
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<tr>
<td>1-10</td>
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<td>26-30</td>
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<td>31-35</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>36-40</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>21-25</td>
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<td>3</td>
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<tr>
<td>11-15</td>
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**DRUG FREE**

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<td>Yes</td>
<td>83</td>
<td>34</td>
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<tr>
<td>No</td>
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### TABLE 5

**EL CENTRO SUBSTANCE ABUSE TREATMENT CENTER QUESTIONS**

<table>
<thead>
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<th>WHY DID CLIENT COME TO THE CENTER</th>
<th>PERCENT</th>
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<tbody>
<tr>
<td>Friendship and Support</td>
<td>80</td>
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<tr>
<td>N.A. Fellowship</td>
<td>10</td>
<td>4</td>
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<tr>
<td>Word of Mouth</td>
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<table>
<thead>
<tr>
<th>LENGTH OF TIME ATTENDING CENTER</th>
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</thead>
<tbody>
<tr>
<td>1-3 Years</td>
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<tr>
<td>1-11 Months</td>
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<td>4-8 Years</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>1-30 days</td>
<td>5</td>
<td>2</td>
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<tr>
<td>10 Years</td>
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<table>
<thead>
<tr>
<th>HOW ADDICTS HEARD ABOUT THE PROGRAM</th>
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<tbody>
<tr>
<td>Friends</td>
<td>92</td>
<td>38</td>
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<tr>
<td>Recovery Homes and Meetings</td>
<td>5</td>
<td>2</td>
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<tr>
<td>Self-Referred</td>
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<table>
<thead>
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<th>WHAT KEEPS ADDICTS INTERESTED IN PROGRAM SERVICES</th>
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<tbody>
<tr>
<td>N.A. Fellowship</td>
<td>90</td>
<td>37</td>
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<tr>
<td>Non-Judgmental Attitude by Staff</td>
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<td>Homeless Services</td>
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<table>
<thead>
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<th>CLIENT INVOLVEMENT IN OTHER SERVICES</th>
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<tr>
<td>12 Step Programs</td>
<td>52</td>
<td>21</td>
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<td>Center Services Only</td>
<td>38</td>
<td>16</td>
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<td>Residential Drug Tx Facilities</td>
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<td>Methadone Program</td>
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<table>
<thead>
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<th>WHAT MADE CLIENT SEEK SERVICES</th>
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<tr>
<td>Desiring Recovery</td>
<td>51</td>
<td>21</td>
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<tr>
<td>Friendship</td>
<td>34</td>
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<tr>
<td>Fear of Incarceration</td>
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<td>Homeless Situation</td>
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<td>POPS (El Centro Aids Outreach Program)</td>
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<th>WHAT SERVICES ARE NEEDED BY CLIENT</th>
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<tr>
<td>Financial Aid/Jobs</td>
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<td>Emergency Housing</td>
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<td>7</td>
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<tr>
<td>Shorter Detox List for Older Addicts</td>
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<td>5</td>
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<td>More Prepared Meals</td>
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<td>More Center Activities</td>
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<td>4</td>
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<table>
<thead>
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<th>SUGGESTIONS FOR EL CENTRO</th>
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<tr>
<td>More Employees</td>
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<td>No Suggestions</td>
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<td>Expansion of Services for Older Addicts</td>
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<td>10</td>
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<tr>
<td>Job Referral/Training</td>
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</tr>
<tr>
<td>Educational/Recreational</td>
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</tbody>
</table>
TO: Institutional Review Board (IRB), California State University, San Bernardino

SUBJECT: El Centro Substance Abuse Treatment Center, Letter of Approval for Research

I Jaime Pina, as director of El Centro Substance Abuse Treatment Center, authorize Socorro M. Ruvalcaba and Lupe A. Perez to do a Research Study on the target population served by the center, specifically the homeless program. This study is being conducted under the auspices of California State University, San Bernardino.

The purpose of the research study is to explore and define, the characteristics and service needs of the aging Latino substance abusers at the center. I understand that the study will entail face to face interviews with consenting clients. The interviews will be conducted over a three month period of time, through the summer of 1993. I further understand that prior to the finished research study (June 1994), I may be contacted for follow-up.

It is my hope that the completed research will assist in identifying and defining the characteristics and service needs of the aging Latino substance abusers at our center.

Jaime Pina
Program Director

5/24/93

El Centro Human Services Corporation
Substance Abuse Program
1972 E 58th Street • Los Angeles, California 90033 • (213) 264-9228
INFORMED CONSENT

I consent to participate in the Research study for the purpose to explore and define the characteristics and service needs of the Latino substance abuser at El Centro Substance Abuse Treatment Center, in Los Angeles. This study is being conducted by Socorro M. Ruvalcaba and Lupe A. Perez, under the auspices of California State University, San Bernardino.

I understand that my involvement will consist of a face to face interview with Socorro M. Ruvalcaba and/or Lupe A. Perez. I also understand that this interview may be tape recorded.

I also hereby authorize El Centro Treatment Center in Los Angeles to release any information regarding services provided to me and to the research team of Socorro M. Ruvalcaba and/or Lupe A. Perez. I also grant them permission to examine my center file for purposes of this research.

I understand that my participation is voluntary and that all information is confidential and that my identity will not be revealed. I am free to withdraw consent and to discontinue participation in the project at any time. Any questions I have will be answered by the researchers named below.

California State University, San Bernardino, and the researchers named below have responsibility for insuring that the participants in research projects conducted under University auspices are safe-guarded from injury or harm resulting from such participation. If appropriate, the person named below may be contacted for remedy or assistance for any possible consequences from such action.

Based on the above statement, I agree to participate in this research.

Participants Signature ___________________________ Date ___________________________

Researcher(s) ___________________________ Date ___________________________

Researchers

Lupe A. Perez and Socorro M. Ruvalcaba
P.O. Box 1088
Rancho Cucamonga, Ca 91730
Work Phone (909) 945-3855
PARTICIPANT DEBRIEFING STATEMENT

TO: PARTICIPANT
FROM: Socorro M. Ruvalcaba and Lupe A. Perez

We want to thank you for volunteering to participate in the research study at El Centro. Please be assured that any information you provide will be held in strict confidence by the researchers. At the conclusion of this study, you may receive a report of the results.

The reason for your participation in this research study is to assist in identifying characteristics and service needs of clients such as yourself and others at El Centro. These findings will assist the center in improving and providing better services that are important to you and others being served at the treatment center.

If you would like to obtain general results of the study or, if you have any questions or concerns you can contact either of the two researchers at their respective address and phone numbers shown below.

Again, thank you for your willingness to participate in this research study.

Socorro M. Ruvalcaba and Lupe A. Perez
9638 Archibald Ave.
Rancho Cucamonga, Ca. 91703
(909) 945-3855

Dr. Marjorie Hunt
California State University,
San Bernardino
(909) 880-5501

If you have any questions regarding El Centro Treatment Program, you may contact:

Ronnie Macias at (213) 265-9228.
INSTITUTIONAL REVIEW BOARD
CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Application to Use Human Subjects in Research

This form is provided for CSUSB investigators who require institutional endorsement for research involving human subjects. Information concerning the procedures for review of such research can be obtained at the Office of the Dean of Graduate Studies (AD 127) or from the Sponsored Programs Office (AD 128). In addition, assistance is available from any member of the Institutional Review Board (IRB), and a listing of current members can be obtained from the Faculty Senate Office (AD 109). For a research proposal to receive review by the IRB, submit to the Chair of the IRB two (2) copies of this form (and all supporting materials) if your study is qualified for Expedited Review. Submit eight (8) copies of this form (and all supporting materials) to the IRB Chair if full board review is required. This form may be duplicated, or additional copies are available from the Chair of the IRB, the Office of the Dean of Graduate Studies, or the Sponsored Programs Office.

1. INVESTIGATOR(S) NAME Socorro M. Ruvalcaba and Lupe A. Perez
   Department Department of Social Work Phone (909) 945-3855 (work)
   If you are a student, please provide the following:
   This research is for () Thesis () Honors Project () Independent Study
   () Course __________________ ( ) Other Research Study
   Advisor's Name Dr. Marjorie Hunt Campus Phone (909) 880-5051

2. PROJECT TITLE A Qualitative Reasearch Study on Aging Latino Substance Abusers

3. PROJECT REVIEW ☑ New Project (ID# will be assigned by the IRB)
   ( ) Revised Project (Give ID#)

4. DESCRIPTION OF SUBJECTS (Give approx. no. of subjects and categories that apply)
   Gender ☑ Female (☑ Male Number 30-50
   ( ) CSUSB Students ( ) Children (17 or younger) ( ) Child Development Center
   ( ) Prisoners ( ) Patients in institutions ( ) Other Clients of a ____________
   substance abuse treatment center in Los Angeles.

58
Please retype the headings for questions 5 through 8 and use as many separate sheets of paper as you need to respond fully. Attach the appropriate forms as requested in 9 and 10.

5. SUBJECT RECRUITMENT. Describe the sources of potential subjects, how they will be selected, and how and where you will contact them. Describe all relevant characteristics of the subjects with regard to age, race, sex, institutional status (i.e., patients or prisoners), and their general state of mental and physical health.

6. PROJECT DESCRIPTION. Briefly describe the methodology and objectives of your research, the data collection procedures, and any features of the research design that involve special conditions or procedures for subjects.

7. CONFIDENTIALITY OF DATA. What procedures will be used to safeguard identifiable records of individuals? If this is not possible, state why.

8. RISKS AND BENEFITS. Describe in detail the immediate or long-range risks to subjects, if any, that may arise from the procedures used in this study. Risks may be physical, psychological, social, legal, or economic. Indicate any precautions that will be taken to minimize these risks. Also describe the anticipated benefits to subjects and to society from the knowledge that may be obtained from this study.

9. INFORMED CONSENT. Informed consent can be in either written or oral format. If you request waiver of written informed consent, please state your justifications. If an oral consent is planned, attach a copy of the text of the statement. The consent should include identification of the researcher(s), explanation of the nature and purpose of the study and the research method, duration of research participation, a description of how confidentiality/anonymity will be maintained, mention of subjects’ right to withdraw their participation and their data from the study at any time without penalty, information about the reasonably foreseeable risks and benefits, the voluntary nature of his or her participation, and who to contact regarding questions about subjects’ rights or injuries.

10. DEBRIEFING STATEMENT. The two major goals of debriefing are dehoaxing and desensitizing. The subjects should be debriefed about any deception that was used in the study. The subjects also should be debriefed about their behavioral response(s) to the study. Any undesirable influence that the study may have had on them should be minimized or eliminated. In the debriefing statement describe the reason(s) for conducting the research, the way to obtain the general results of the study, and the person(s) and/or professional resources to contact if the subject has any questions or concerns as a result of his/her participation. (If subjects are provided with the predicted results of the study, be sure to state the predictions in a nondirectional manner so the subject will not have unnecessary negative feelings as a result of self-identification with one of the predicted outcomes.) Moreover, for methodological purposes, you may wish to include a statement requesting the subjects not to reveal the nature of the study to other potential subjects.
11. REVIEW CATEGORY. Certain types of research involving no more than minimal risk to subjects can be approved for "expedited review." Under these circumstances, only the Chair of the IRB and one other board member need review the application. If you desire expedited review, check the appropriate category below. If not, proceed to part 12.

(x) Yes, I wish to apply for expedited review, based on the following category:

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<th>Category</th>
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<tr>
<td>() Collection of hair, nail clippings, teeth in a nondisfiguring manner.</td>
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<tr>
<td>() Collection of excretal and/or external secretions.</td>
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<tr>
<td>() Recording of data from adults using noninvasive procedures.</td>
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<tr>
<td>() Collection of moderate levels of blood samples from adults in good health.</td>
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<tr>
<td>() Collection of supra- and subgingival dental plaque and calculus.</td>
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<tr>
<td>() Voice recordings made for research purposes.</td>
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<tr>
<td>() Moderate exercise by healthy volunteers.</td>
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<tr>
<td>() Study of existing data, documents, records, or pathological or diagnostic specimens.</td>
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<tr>
<td>(x) Nonmanipulative, nonstressful research on group or individual behavior.</td>
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12. ATTACHMENTS. I have included copies of all relevant project materials and documents, including (check all that reply):

<table>
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<tr>
<th>Attachment</th>
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<tr>
<td>(x) Surveys, questionnaires, or interview instruments.</td>
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<td>(x) Informed consent form.</td>
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<tr>
<td>(x) Letters of approval from cooperative agencies, schools, or education boards.</td>
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<tr>
<td>(x) Debriefing statements or explanation sheet.</td>
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13. AFFIRMATION OF COMPLIANCE:

I agree to follow the procedures outlined in the summary description and any attachments to ensure that the rights and welfare of human subjects in my project are properly protected. I understand that the study will not commence until I have received approval of these procedures from the IRB and have complied with any required modifications in connection with that approval. I further understand that additions to or changes in the procedures involving human subjects or any problems with the rights or welfare of the human subjects must be promptly reported to the IRB.

Signature of Investigator

Date

APPROVAL OF FACULTY ADVISOR (Required of all students)

Signature of Advisor

Date
ATTACHMENT TO APPLICATION

5. Subject Recruitment:

The potential subjects are participants who attend the treatment center in East Los Angeles. The participants will be recruited on a voluntary basis. The volunteers will be recruited from the homeless program, that the center serves. The age population that the study is targeting are individuals from the age of fifty and older. The ethnic background of the majority of participants are Latino males, although female participants will be interviewed, if they volunteer. The participants are outpatient substance abuse clients of the center.

6. Project Description:

The purpose of our research study is to explore and define the characteristics and service needs of the aging Latino substance abuser at the substance abuse center in East Los Angeles.

The research will involve interviewing clients at the center or if necessary in their home. The role played by substance abusers in their community will be explored. We will also try to understand their current experiences and conditions under which they live, last as social work practitioners we will help to develop theory concerning aging Latino substance abusers.

Our goal is to interview between thirty to fifty participants. Face to face interviews will take place to gather the data. A questionnaire guideline will be used, the manner in which we plan to conceptualize the data, is the system of open, axial and selective coding.

7. Confidentiality:

Confidentiality of records will be maintained at all times, whereby the only persons who will have access to the records will be the center staff and the team of researchers.

8. Risks and Benefits:

There is no known immediate or long-range risks to the study of participants. Confidentiality of any collected data, records and data obtained in interviews will be strictly confidential at all times. Anticipated benefits will be that the researchers will assist in identifying the characteristics and service needs of the aging Latino substance abuser.
This will help the center better serve this target population. It will further help the community and society become aware of the important needs of this population that is at risk. It is hoped that this research study will also help emerge other studies as well.

9. Informed Consent:

A signed informed consent will be requested by all participants in the study (Appendix C attached).

10. Debriefing Statement:

Results of the study will be shared to the participants by means of an outline statement at the end of the study (similar to a fact sheet). In the outline, the goals of the study will be stated and where participants can get more general information of the study will be noted on this statement. The names of the professional or researchers will also be stated on the debriefing statement for any questions or concerns regarding the study (See example of statement attached, Appendix E).
APPENDIX A: GUIDELINES FOR INTERVIEWING PARTICIPANTS

1. DEMOGRAPHIC INFORMATION

   a. Interview Number
   b. birthdate/age
   c. # of years of education
   d. Ethnic Background
      1. Latino
      2. Caucasian
      3. African-American
      4. Asian-American
      5. Native-American
      6. Other
   e. Income
      1. G.R.
      2. social security
      3. disability
      4. Retirement pension
      5. other
   f. Occupation/ Work History
   g. Person with whom client lives
   h. Place of birth
   i. Where they were raised
   j. Language of choice
   k. Military history
   l. Marital status

2. FAMILY HISTORY

   a. Support system
   b. Significant relationships
   c. Number of children
   d. Length of time in a relationship
   e. Reason for separation
   f. Reasons for not having been in a long term relationship
   g. Does client live alone?
   h. Is client lonely?
   i. HX of mental illness
   j. Parental information
   k. Sibling information
   l. HX of family violence
      1. physical
      2. emotional
      3. sexual
      4. neglect
3. HEALTH HISTORY
   a. Suicide ideation
   b. Homicide ideation
   c. Treatment history
      1. outpatient
      2. Inpatient
   d. Aids Awareness
   e. Physical health

4. DRUG AND ALCOHOL HISTORY
   a. Drug of choice
   b. Secondary drug
   c. Length of drug usage
   d. Age of client at first usage of drug
   e. Has client ever been incarcerated because of drug?
   f. Has client ever been drug free, if so how long?
   g. Ever exchange sex for drugs or money?
   h. What made client seek services?
   i. What services are needed by client?
   j. What made client come to the center?
   k. Is client involved in other programs?
   j. Describe personal losses due to drug usage

5. CENTER QUESTIONS
   a. Why did client come to the center?
   b. How long has client been coming to the center?
   c. How did client hear about the program?
   d. What keeps client interested in the program?
   e. What suggestions does client have to improve the program?
   f. What services are needed that are not offered?
REFERENCES


Burnam, Audrey (1985) Prevalence of Alcohol Abuse and Dependence Among Mexican Americans and NonHispanic Whites in the Community. 163 M. Research Monograph-18 Department of Health and Human Services (ADMHA)


Los Angeles County Department of Mental Health, Older Adults Task Force: The Mental Health Needs of Ethnic Minority Older Adults Second Annual Report December 1987

Petersen, David M. (1988) Substance Abuse, Criminal Behavior and Older People Generations Vol. 12, No. 4, Pg. 63-67

Phillips, D.C. (1987) Post-Positivistic Science: Myths and Realities Pg. 31-44


Speer, David C., O'Sullivan, Michael, & Schonfeld, Lawrence (1991) Dual Diagnosis among Older Adults: A New Array of Policy and Planning Problems Journal of Mental Health Administration Vol. 18, No. 1, pg. 43-50

