DISCUSSION

Understanding racial and ethnic differences in the prevalence of substance use is increasingly important to policy as the percentage of the US population in racial/ethnic minority groups continues to increase. Substance abusers face substantial health risks, risks of criminal behavior, and detrimental effects on life chances and prospects for socioeconomic achievement. Understanding racial/ethnic patterns in substance use is necessary if resources for substance abuse prevention programs are to be utilized to their greatest advantage and efficiency.

Much of the literature on adolescent racial/ethnic differences in substance use has been based on national surveys that have reported on drug use prevalence among three broad racial/ethnic groups - Hispanics, non-Hispanic blacks, and non-Hispanic whites. The figures also suggest that when assessing risk for adolescent substance use, it is important to consider the racial/ethnic composition of the area. Alcohol, the most commonly used substance, was more prevalent in homogeneous districts regardless of racial/ethnic group. This finding indicates that alcohol use is a more important issue for all students in predominantly Caucasian schools. Hispanics were more likely to be current smokers in homogeneous schools, while the reverse was true for whites and blacks.

Prevention planning should be adapted to these different situations. Therefore, in order to develop effective prevention programs for adolescents, it is important to consider the racial/ethnic composition of the area. Although this study has intriguing implications and raises more questions than it answers, it is only an initial foray into this area and not without some limitations. The questionnaire used to collect racial/ethnic demographic information utilized closed-ended response categories that were designed to be consistent with state and federal guidelines. The response categories were broad in design to ensure accurate representation of subgroup differences. The second limitation posed by this study is that the sample included in this study was not representative of all students in the state.

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In conclusion, this study found that the prevalence of substance use among whites, black, and Hispanics differed by substance type and school district racial/ethnic composition. Patterns of use mirrored those of the dominant racial/ethnic group in the district and was generally an issue for younger students. Twice as many black and Hispanic students used inhalants in the homogeneous white districts than in the heterogeneous mixed racial/ethnic districts. Prevention planning should be adapted to these different situations. Therefore, in order to develop effective prevention programs for adolescents, it is important to consider the racial/ethnic composition of the area. Although this study has intriguing implications and raises more questions than it answers, it is only an initial foray into this area and not without some limitations. The questionnaire used to collect racial/ethnic demographic information utilized closed-ended response categories that were designed to be consistent with state and federal guidelines. The response categories were broad in design to ensure accurate representation of subgroup differences. The second limitation posed by this study is that the sample included in this study was not representative of all students in the state.