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Social processes underlying acculturation: a study of drinking behavior among immigrant Latinos in the Northeast United States.Christina S. Lee, Steven Regeser Lopez, Suzanne M. Cobly, Monica Tejada, Cynthia Garcia-Coll and Marcia Smith. *Contemporary Drug Problems* 33.4 (Winter 2006): p585(25). (8058 words) Reading Level (Lexile): 1250.

Abstract:

Study Goals: To identify social processes that underlie the relationship of acculturation and heavy drinking behavior among Latinos who have immigrated to the Northeast United States of America (USA).

Method: Community-based recruitment strategies were used to identify 36 Latinos who reported heavy drinking. Participants were 48%female, 23 to 56 years of age, and were from South or Central America (39%) and the Caribbean (24%). Six focus groups were audiotaped and transcribed. Results: Content analyses indicated that the social context of drinking is different in the participants' countries of origin and in the United States. In Latin America, alcohol consumption was part of everyday living (being with friends and family). Nostalgia and isolation reflected some of the reasons for drinking in the USA. Results suggest that drinking in the Northeastern United States (US) is related to Latinos' adaptation to a new sociocultural environment. Knowledge of the shifting social contexts of drinking can inform health interventions.

KEY WORDS: Latino, alcohol consumption, acculturation, focus groups.

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Acculturation refers to the cultural and psychological processes and outcomes that result from prolonged intercultural contact between two culturally distinct groups (Berry 1997). As a framework to identify and understand patterns in drug and alcohol use, its main thesis suggests that the longer an immigrant group has been in the country, the more its behavior resembles that of the mainstream (Room 2005). Acculturation has been helpful in alcohol research to identify profiles of at-risk drinkers among Latinos who immigrate to the US. For example, increased acculturation has been associated with increased substance abuse (Cherpitel & Borges 2002; Gil, Wagner & Vega 2000), alcohol use (Gil, Wagner & Vega 2000; Polednak 1997), and problems associated with use (Cherpitel & Borges 2002; Grant, Stinson, Hasin, Dawson, Chou & Anderson 2004). In a comprehensive review, Gil and associates (2004) concluded that adults of Latino origin at "medium" to "high" acculturation levels are

more at risk for problematic alcohol use than those who are less acculturated. This acculturation finding appears to be robust in that it has been observed over time (Caetano & Clark 2003), across independent epidemiological studies (e.g. Burnam, Hough, Karno, Escobar, Timbers & Telles 1987), and in a clinical sample of patients from a hospital emergency room (Cherpitel & Borges 2002).

Though helpful, the limitations of acculturation as a model need to be addressed to better understand what about acculturation might be related to increased drinking problems (Gutmann 1999; Hunt, Schneider & Comer 2004; Room 2005). First, acculturation is typically perceived as assimilation, a uni-directional process of change whereby immigrants are assumed to shed their cultural practices and adopt the cultural norms of the host society. However, acculturation needs to be understood more broadly as a process that does not follow a single sequence. Assimilation is only one strategy to acculturation (Berry 1997; Cortes 2003). In the case of drug and alcohol use, identified as markers of ethnic identity and acculturation, it has been documented that many trajectories of drug and alcohol use are possible within a single immigrant group (Gutmann 1999; Hunt et al. 2004; Room 2005) following migration to a new country. For example, some immigrant groups practice abstention from alcohol as part of their cultural practice even after generations of living in the US (Room 2005).

A second critique of acculturation is that it needs to be more broadly studied, extending investigative analyses to peoples' social and physical worlds (Hunt et al. 2004; Gutmann 1999). Acculturative change is usually located exclusively within the individual (Gutmann 1999; see Hunt et al. 2004, for a review). In fact, external factors such as limited access to resources can also influence acculturation (Kleinman 1995; Lopez 2003; Hunt et al. 2004). For example, after immigrating to the US, Latinos may experience fewer social networks compared to being in a Latin-American country. This external structural change, not just internal cultural values (e.g. familismo) can contribute to Latino families becoming more dependent on each other. Therefore, we need to understand shifts in drinking behavior more broadly as the result of changes in peoples' social, physical, and cultural worlds. Thirdly, models of acculturation need to provide some idea of the behavior of interest in the country of origin, to explore whether changes in behavior here in the US, are attributable to living in the United States (Hunt et al. 2004; Gutmann 1999). Without discussion of the "baseline level" of the targeted behavior prior to immigration it is difficult to make statements about behavior change.

Qualitative methodologies have the potential to shed some light on what about acculturation might be related to increased drinking problems. Such an approach can provide a broader assessment of acculturation processes (not simply language) to capture the multiple social and cultural processes associated with drinking and related problems. Qualitative studies are particularly good at identifying how the social world contributes to health and health related behaviors (Garro 2003; Kleinman 1995; Hunt et al. 2004). Of particular interest would be to examine the "baseline level" of Latinos' drinking in their home country and how it compares with their drinking in the United States. Doing so could provide a window in the presumed culture change thought to take place after immigrating to the US (Gutmann 1999; Hunt et al. 2004).

We carried out a qualitative study to provide a broader perspective of acculturative processes that addressed the concerns mentioned above. It was hoped that by taking a more open-ended approach relative to survey format we would be able to capture richer information from the participants, including descriptions of their social worlds. A qualitative approach was appropriate for the exploratory nature of the study. Study goals were to better understand participants' experiences of being in a new country and how/whether that influenced their drinking behavior.

We queried participants about their social worlds (e.g., social networks and work) to examine its role as it related to their drinking behaviors. We also compared Latinos' health behavior of interest (alcohol consumption) in their home countries and in the United States. Our intent was to obtain our participants' "baseline" alcohol consumption behaviors prior to immigration to the US so that we could identify possible changes. Lastly, we considered whether to use a homogenous (one Latino group only) or heterogeneous (individuals of different nationalities) sample.

We recognize that the category "Latino" is a term that reflects a grouping together of individuals from very diverse cultures of origin (Room 2005). Findings from multinational epidemiological studies (Obot & Room 2005), and ethnographies of individual ethnic groups in the Northeast (Gordon 1978; Gordon 1986), illustrate the diversity of alcohol-related norms across Latino sub-groups. However, we were not interested in examining the cultural differences between sub-ethnic groups. Our main interest was to examine the social experiences and drinking behaviors of Latino immigrants in the Northeastern part of the United States. Using this approach made it possible to identify thematic elements that could be common to a diverse group of Latinos. Second, as the study constituted the first phase of a program of research designed to tailor standard alcohol interventions to the particular needs of Latino heavy drinkers, it was important that the present study was comprised of that target sample.

Given the disproportionately higher number of Latinos who suffer from health problems related to late-stage alcoholism (Singh & Hoyert 2000; Stinson, Grant & Dufour 2001), it was of public health interest to investigate this question with respect to Latinos who drink frequently and at high levels of alcohol consumption. We decided to include Latinos who were comfortable speaking English as well as Spanish because research suggests that more highly acculturated (typically measured as more frequent use of English) Latinos experience more drinking-related problems (e.g., Caetano & Clark 2003). The resulting sample of participants was all foreign-born, spoke Spanish and some English, and met criteria for frequent heavy drinking. An innovation of the study is its focus on Latinos groups in the Northeast. With some exceptions, (Gordon 1978; Gordon 1985; Polednak 1997), the majority of alcohol research has sampled Mexican-Americans in the Southwest or California (Zayas, Rojas & Malgady 1998). This study will contribute to increasing knowledge about South American and Caribbean Latinos, groups that are well represented in Rhode Island and throughout the Northeast region. Research questions guiding the study included: 1) A comparison of the quality and conditions of lives in the country of origin and in the US 2) A comparison of drinking customs/behavior in the native country and the US 3) The

documentation of changes in drinking behavior since immigration to the US.

Method

Overview of design

Six different focus groups of four to eight individuals were conducted with Latinos from different ethnic groups in the Providence, RI area. Each focus group met on a single occasion for 2-3 hours. Because Latino women drink at lower levels than Latino men, and there tends to be greater prohibitions against women drinking in the Latino culture (Colon 1998; De La Rosa 1998), groups were separated by gender, resulting in 3 male and 3 female groups. Groups were moderated by the principal researcher. Although participants were English proficient, it was anticipated that participants would experience difficulty translating some of their thoughts into English. Therefore, a bi-lingual and bi-cultural research assistant was also present to provide translation as needed. Focus groups were audiotaped and transcribed.

Recruitment

Tailoring recruitment strategies to the needs of the target population was a priority in this research. Therefore, recruitment efforts were community-based. Passive recruitment strategies included posting flyers in the community and in the hospital, and advertisements in the local Spanish newspaper and Spanish radio stations. Active recruitment strategies included: Use of community informants to identify community agencies and churches with a large Latino population, and on-site recruitment at grocery markets known to have a large Latino clientele. A "brokering" strategy (Preloran, Browner & Lieber 2001) was also used, in which eligible participants were told that if they told an acquaintance about the study and the acquaintance contacted the person and was eligible, they were given a small bonus payment. "Word-of-mouth" approaches may be particularly effective in working with minority residents, who tend to be suspicious of research involvement (Corbie-Smith, Thomas, Williams & Moody-Ayers 1999) and are more likely to rely on social networks, for information. A weekly radio talk-show interview was also conducted to provide information and to answer potential questions about the study that were not in the recruitment flyers. Use of the talk show made an effective recruiting format, as it is more interactive and social (personalismo), valued qualities in the Latino community. All recruitment and study procedures were reviewed and approved by the Institutional Review Boards at the study site.

Eligible study participants were: (a) Between the ages of 18-65 (b) Orally English-proficient (c) Up to second generation (d) Frequent heavy drinkers defined as [greater than or equal to] 6 drinks/occasion for males, or [greater than or equal to] 4 drinks/occasion for females, more than once a week. People were excluded if they evidenced psychotic symptoms or cognitive impairment. At the time of screening participants were not informed of whether/not they met drinking criteria to qualify for the study.

Participants

Seventy-one percent (n=36) of eligible participants completed the study. Participants ranged from 23-56 years of age, and 48% were female. The countries of origin included: Colombia 39%; Bolivia, Dominican Republic and Puerto Rico (12%), Peru (9%), Ecuador and Mexico (6%), and Guatemala (3%). Three respondents did not indicate their nationality. A brief bidimensional measure of acculturation (Marin & Gamba 1996) was administered to the study sample. All of the female groups scored in the bicultural range (high scores on both Spanish and English). Results for the male groups were less consistent. One group indicated a preference for the Spanish domain, a second group indicated a preference for the English domain, and the third group's average score indicated biculturalism. The majority of participants (84%) were of first generation status (born in native country and immigrated to US between 12 years' adulthood), and 9% were of 1.5 generation (born in native country, immigrate to US in years prior to adolescence) (Rumbaut 1996).

Structure and conduct of the focus groups

All focus groups followed a common core moderator's guide of questions developed for the study (Krueger 1998; Billson 2003). Groups began with a "study induction phase" in which participants were welcomed to the focus groups and refreshments provided. The purpose was to create a friendly atmosphere to build rapport. Emphasizing social relations in conducting research may be particularly effective for Latinos, for whom "simpatia" has been identified as a cultural value, and who may regard research activities with greater skepticism than non-Latinos (Madriz 2000). Thus, spending 15 minutes prior to the focus groups was time well invested. During this time, the bilingual research assistant (RA) described the study again, including risks/benefits, nature of participation, and Privacy Rule. At this time participants were asked to give their written informed consent and completed questionnaires. As a further confidentiality safeguard, participants were given the option to create name cards for themselves using fictitious names (Billson 2003). In focus group discussions, participants addressed each other using the fictitious names. Transportation and childcare was offered to all participants, and they were given a gift certificate to a local store for participation.

Following the study induction phase, focus groups followed the same structure: Introduction, discussion of questions, and conclusion. As part of the introduction, participants were asked to answer questions about their lives (e.g., where are you from? How do you identify yourself?). Taking this approach provided information that was valuable in interpreting and contextualizing participants' contributions in the focus group, yielding more informative data. Discussion then focused on questions grouped under the research aims.

Data coding and analytic procedures

All focus group proceedings were later transcribed from audio tapes and were checked for accuracy in

English and in Spanish. The research team reviewed transcripts together and discussed the meanings of translated data. For example, in one instance the RA explained that the meaning of the word "papas" used in one focus group refers to fathers or parents, depending on the context.

The focus group moderator guide, listing the research questions, played a key role in data analysis. Following procedures outlined in Billson (2003), these research questions were turned into topic headings for purposes of data analysis, which included: Reasons for drinking in the US and in one's home country, and things that change after coming to the US. Participant responses to each question were grouped under these headings; this data was then independently coded by each research team member. Three doctoral-level judges who were not involved in implementing the focus groups were given the list of headers and were instructed to code the responses under each header independently.

A primary analysis task was to identify important themes observed across focus groups (Luke, Allen, Arian, Crawford, Headen, Spigner, Tassler & Ureda 2001). Shared themes, or statements that helped to make sense of the data, were characteristically observed across groups and advanced understanding about acculturative processes and drinking behavior among Latinos (Luke et al. 2001). To identify a theme, coders were instructed to note impressions and statements as they reviewed their codes and as they read the transcripts. Research team meetings focused on comparing codes, noting similarities and dissimilarities, clarifying of concepts described by the participants, such as nostalgia versus sombria (sadness), and discussing interpretations of the data.

Results

Consistent themes are presented under each research area of interest. "Theme consistency" occurred when themes were expressed by multiple participants across a number of focus groups (Luke et al. 2001). The following section presents each theme along with selected quotes.

Changing social worlds

Nearly all of the participants immigrated for better job opportunities and to give their families a better life. Despite the advantages of living in the US, participants missed much about their native countries. The sense of tradeoff was the first distinct and consistent theme, identified by all of the focus groups (100%). Consistent with participants' expectations, the US provided superior health care and education for their children as well as stable economic and legal systems that enabled them to obtain jobs and to prosper. Participants noted it was difficult to get work in their native countries unless they were politically connected and that often they were not paid for their work. Other barriers to advancement included: Corrupt law enforcement, danger due to guerilla activity, unreliable utilities, and few laws governing daily living. Despite being employed or having an education, prosperity was not possible in their native countries, compared to being in the US.

* My country (Peru) is so poor that no matter how hard you work, how many hours you work, how many jobs you get, what your degree was, we didn't see no progress, there was no savings account, let's put it that way. (Fiona)

It was also noted that the types of jobs that participants were able to get in the US were not jobs they would have considered in their native countries. Thus, although it was easier to find work and to buy things in the US, other needs and priorities went unfulfilled:

* ... I can make more money cleaning bathrooms than I can make in my country doing a professional job. But maybe I feel better like person, with myself there, but here, the money is the most important thing. (Betty)

In the US, participants emphasized they missed daily contact with family and friends, social interactions that characterized life in their countries of origin. The extended family was perceived to be a close and important source of support, companionship, and caretaking. Unlike the US nuclear family model (husband, wife, children), the extended family model is multigenerational, not defined by a single peer group, and is not segregated by age (Garcia-Coll 2004). It was also noted that the family took care of the elderly at home.

* I refer to social life as far as in the US the concept of family does not exist as it does in our country. It is very different When you become old here you end up in a nursing home in a wheelchair, looking out the window, watching the snow. (Gus)

In Latin American countries, participants enjoyed constant contact with friends and neighbors and a more leisurely pace of life that included shorter work weeks and frequent holidays. Life in the US was perceived to be more hectic, regulated by routine and obligations. Participants claimed it was possible to avoid paying monthly bills in their home countries; this was not the case in the US. As a result, there was less opportunity to spend time with friends or family. This change was experienced as alienating:

* Here you work all day, eight hours, you go home you have to take care of the kids, cook, so there is no time for social life, not much. Like over there, people work from 8 to 12. We go home, we take lunch, and go over for nap, take a siesta, and you come back to work at 2 and work from 2 to 5 or 6. Because over there, it is 8, 9 at night and the sun is still out. Your day is longer, the day is warmer, so everybody is out. So you see your neighbors more often. (Wanda)

* I've seen people here that do very well here, but then you see them and they are sad, they are really sad ... once you get it you don't want it anymore. And they say, 'you know what, I don't want to be here anymore, I don't want to live this life, I am always going to work, home, work home,' and they do a crazy thing and pack everything up, sell everything, and they go back. Because they miss going to the clubs, they miss the comradely of a friend. Of having the freedom of knocking on your neighbor's door, 'What

are you cooking today, can I have some'. Stuff like that, they miss that, they miss the affection, the love, the warmth, and they go back to that. Because they miss it. (Mary)

In sum, although participants enjoyed the material benefits of living in the US, they recalled their old lives with affection and nostalgia. The main trade-off for their increased material standard of living was diminished social networks.

Drinking contexts in Latin America and the United States

Participants described different social contexts for alcohol consumption ("drinking contexts") in their native countries compared with the US. This was a second distinct and consistent theme expressed by all (100%) of the focus groups. Drinking contexts in the US were observed to be more controlled than in Latin America. For one, laws governing alcohol consumption and its consequences, such as drunk driving, are enforced in the US but not in Latin America. Participants reported that even when laws existed, they were rarely enforced by police officers, who accepted bribes to overlook the offense. Although participants noted there was a drinking age in most Latin American countries, few participants knew what it was and reported drinking alcohol at young ages. Public displays of drunkenness, partying in the streets, and loud music, were tolerated in Latin American countries but were perceived as strictly controlled here in the US. Participants had a mixed response to the US social controls. They attributed the benefits of quieter and safer living to US laws but felt restricted in daily life:

* ... They call this country a free country, but sometimes I think it is not. Because it is not free, in our country we do a lot more things that we can not do here. Like in our countries, if you want to play in the streets, you can play in the streets. If you have a beer in the streets (US), you open it up, the cops drive by and make you dump it out or they are going to arrest you. In our countries, you can sit in the sidewalk and have a drink. (Joe)

Alcohol consumption in Latin American countries was described to be a part of the culture, present at social and business interactions, celebrations, and sporting events. Specific occasions, or contexts, were not cited as reasons for alcohol consumption. Alcoholic beverages are sold in many locations in Latin American countries as a household staple; underage youth were able to purchase alcohol for their parents if needed. It is worthy to note that many participants believed their countries did not have laws governing alcohol consumption (e.g., drinking age), or if they existed, were not enforced.

* All the events in Colombia involve drinking. For example if you are buying a house you already have your beer for after you sign the papers ... After I signed the paper and closed the deal (US) I wanted to go drink some beers with the guy that sold it to me, and you can't do that. I asked him, he was an American, and noooooo, no. (Gus).

Participants reported there was easier access to alcohol in their home countries because of greater

availability, less external pressure to pay monthly bills (e.g., because they owned the house or could delay payments), or because someone else provided alcohol for them. In the US, where laws regulating public behavior such as drunk driving were enforced, and participants reported pressure to pay bills, it was noted that the range of drinking contexts was more circumscribed, limited to specific social events or to the weekends. Compared with drinking in their native countries, participants were less likely to drink during the week and were more likely to drink on the weekends or when there was a special event. Compared with drinking in their native countries, where going to clubs or bars to drink was common, participants preferred to drink at home in the US because it was safer, cheaper, and more pleasant. (It was noted that bars in Latin American countries facilitated greater social interaction than US bars, which seemed designed only for drinking and/or smoking.) Further, participants preferred to drink in bars in Latin American countries because they were more likely to see someone they knew there than in US bars.

Reasons for drinking in the US

As the drinking contexts changed, so did the reasons for drinking. Distinctly different reasons for drinking in the US compared with their native countries, comprised a third important and consistent theme, expressed by all the focus groups (100%). In their native countries, participants drank for fun, to be part of a group, and at social events. In contrast, participants indicated that immigrating to the US influenced their drinking behavior. Because they are away from their extended families and social networks are not replaced in the US, participants reported feeling socially isolated. Other factors influencing drinking behavior included: The language barrier, boredom, and cold weather. People reported feeling "boxed in" because they couldn't do many activities that they took for granted in their home countries, due to lack of money, information, or English-speaking ability.

* In my country I was not rich, but I could do many things. Coming to this country everything changed, little money, bad work ... and because of the language I could not get a job similar to the one I left in my country. With all that, you feel that everything is falling on top of you, because you have to pay the rent every month, and that requires money. (Jennifer).

* A lot of my friends when they drink (in the US) they get together, there is nothing to do. If you are here, and your whole family is down there in your country, all you do is get together with people from your culture because you miss it, and what do you do when you get together? You throw a party and you drink, every weekend you know. (Stan)

In response to these life changes participants reported feeling lonely, depressed, stressed, sad, and nostalgic. In the US, participants were also more likely to drink alone than in their native countries. Drinking alone was usually associated with negative emotional states and was most commonly reported by participants who had immigrated by themselves and did not know many people in the US.

* Here (US), one feels empty, one feels that you are missing something but you don't know what it is ... If you have a job, good car, good house, but you have your emptiness. So, it is not the economic.... Even if I have everything and you feel your emptiness. And I at least feel that alcohol dissipates that emptiness, it cheers up the heart. Despite having everything, I feel my emptiness, and alcohol makes me happy. (Tina).

* I have had drinking experiences here that I drank for sadness, thinking about Colombia. That is why I had a stage here during my first two years when I drank a lot. (Gus)

* ... When I came (to US) at the beginning of the first year, I start to drink more. Usually every day because I was living alone, the difference was I was waiting around. Working and living alone. Sometimes I feel alone, I did not have too much friends and I started to drink alone too. (Peter)

Nostalgia, defined as missing one's native country, friends, or loved ones, was a major reason for drinking, expressed by all (100%) of the focus groups. Drinking alcohol was a way to recreate happier times of being with friends and family in their native countries.

* Nostalgia means missing your country, and how you live there, and your mother, your father, your sister, your brother. So you have one drink for your mom, one for your sister, etc. (Joe)

* You can be calm in your home or someone else's home, and you remember your family, your kids.... I remember them at work and think, when I get home I am going to have a drink to remember them. I hear music and I have them with me, I have my drinks and I already have them in my mind. (David)

On another note, participants identified respect for elders, or "respeto" as a factor influencing their drinking behavior. All of the female groups consistently expressed this theme. Data from the female groups indicated that being drunk, or drinking in front of someone older, was an act of disrespect, even when the participants were adults. In contrast, only one male group mentioned "respeto" as a factor that would discourage drinking, and it was linked to being an adolescent. It was not clear whether, as adults, Latin American male drinkers would be influenced by respeto. Men described respect for one's elders as a cultural value, but did not associate it with drinking behavior. For example:

* My father is coming next weekend. He drinks now and I still show respect that I have for him, so I won't drink in front of him. (Helen)

* I would say something else about our people, when we are being raised we have more respect for older people. Another characteristic of the Latinos is that we have a little more respect in the way we were brought up, towards old people, your parents. You don't swear at your parents, if you do, you are going to get smacked. Right here, I think kids don't have respect, you see kids at the store swearing at

their parents. We look up to our elders when we are kids, we open the door to an older person, to a woman, I think some values are lost here. (Stan).

Definitions of "problem drinking"

In the course of the focus group, participants discussed at what point drinking became a problem that needed help. Participants described a high threshold of severity (Schmidt, Room, Bennett, Blaine, Campillo, Chandrashekar, et al. 1999) for drinking problems. In other words, things had to be pretty serious before an individual was identified as needing assistance. Their criteria for drinking-related problems that merited intervention were more characteristic of alcohol dependence as defined by the ICD-10 or DSM IV, than of at-risk, harmful, or hazardous drinking. They included: Being out of control, falling down drunk in the street, becoming violent, hurting the family, or not caring for your children or family.

* It causes a problem when you are an alcoholic. Cause there is alcoholics there too. These are people that drink alcohol every day all the time ... I remember the next door neighbor used to drink every day. This guy was like a grape every day, because he was always drunk. Yeah! In fact, he even lost his job because he was drinking every day. The guy was really good at his job, but he was drinking all the time. So he lost his jobs because of that. And that is the thing, some people do it to party, some do it mostly on weekends, but others that are alcoholics do it every day and that is when it is a problem (Wanda).

Differences in drinking contexts and in cultural norms around drinking contributes to how drinking is problemized (Schmidt et al. 1999). In "wet" societies where alcohol is part of the culture, it is likely that alcohol-related consequences are tolerated as part of the social context (Schmidt et al. 1999):

* In Colombia, in Ecuador, you drink in the streets. Everybody drinking. Not a problem (Abelardo).

* In my country that is normal. To see a drunk in the street. It is normal when your son is taking you home with your hand in his neck carrying you, it is normal. Here (US), "Oh my God, look at this!" (Cirilo)

* If your son or between brothers you see two drunks walking around. Right here (US), no. If you are going to drink some beer you have to be inside. (Luis)

These quotes reveal the participants' awareness of shifting social norms with regard to public alcohol consumption. In the US, where public alcohol consumption is prohibited, public displays of drunkenness may be perceived more negatively than in Latin America, where it is allowed. We see that exposure to different social norms around drinking in their home countries may influence participants' definition of what constitutes a drinking problem in the United States. Indeed, it has been noted that immigrants frequently bring drinking customs from their home countries to their new countries (Room 2005).

Gender differences: Preliminary findings

Although it was not a primary goal of the study to investigate gender differences in drinking behavior, some noteworthy findings emerged. Men reported higher levels of alcohol consumption than women. Women in the study, who were generally more highly acculturated than males, reported drinking more in the US because they experienced fewer social controls (e.g., no parental supervision, fewer family responsibilities) or had more money and access to alcohol. This finding supports the likelihood that a release from traditional cultural sanctions against drinking by Latino women (Caetano 1987a) contributes to increased drinking for women. This pattern is also in line with research documenting that the pattern of Latinas' drinking in the US (Caetano 1987a; Caetano & Clark 2003; Randolph, Stroup-Benham, Black & Markides 1998) and in Latin America (see Obot & Room 2005) increases with acculturation and begins to resemble patterns for non-Latino women. Men's drinking appeared to differ from women's drinking in important ways: Men drank more with peers than in an extended family context, the objective of drinking for men was to get drunk, and it is possible that for men, drinking is part of a developmental process (e.g., that the ability to drink is part of becoming a man). Notably, research has documented that in later generations and with acculturation, Latinos drink alcohol at higher levels (Caetano 1987b; Caetano & Clark 2003; Gil et al. 2000). Further, while both men and women worked, men were more likely to cite work responsibilities as a reason to stop drinking. They expressed concern about losing their chance at the American Dream. Women did not express this concern and were more likely to cite their concern over losing relationships as a reason to stop drinking. Further research is needed to investigate to what extent these differences are influenced by gender or by cultural values.

Discussion

Extending the inquiry of drinking behavior to focus on social processes yields informative insights concerning the issue of acculturation and changes in Latino drinking behavior. First, immigration has a major economic basis. Nearly all study participants immigrated to the US to make a "better life" for their families. Working long hours to pay bills in the US and to send money home to their families, was therefore a major priority. Indeed, the lure of the "American Dream", and the trade-offs of living in the US compared to Latin America, was a central theme. Although they appreciated the opportunity to work toward their financial goals, they reported feeling more socially isolated in the United States than in their home countries.

Data revealed how changes in lifestyle here in the US might be related to changes in drinking behavior. Participants reported that the prevalence and timing of their drinking changed in the US. In Latin American countries, drinking occurred in an integrated social world (e.g., weekday gatherings, family get-togethers and important occasions, such as purchasing a home), where socializing is the primary focus (and alcohol is in the background). In the US, where the social context for drinking was more circumscribed, drinking alcohol was the primary focus. In the US, participants were less likely to drink

during the week and were more likely to drink at special events. In this respect, participant drinking began to resemble that of non-Latino drinkers, a pattern that has been reported in epidemiological studies (Caetano & Clark 2003).

An association between changes in lifestyle in the US and reasons for alcohol consumption was noted among participants. A central theme was the importance of family and how participants reacted to the loss of important social networks in the US, especially their family. In the US, participants emphasized they missed daily contact with family and friends, social interactions that characterized life in their countries of origin. Life in the US was perceived to be more hectic, characterized by routine and monetary obligations. Women reported working outside of the home in the US; this changed the family structure. In the US, structural changes in family networks, increased priority on individual achievement and prosperity, and too little time with friends or family, were reported to have negative influence on their lives. Because extended familial networks, which they enjoyed in their native countries, were not replaced in the US, participants drank at times while longing for those social connections, and drank to reproduce happier times, sometimes alone. In this way participants attempted to recreate their social contexts, either through imagination or through weekend gatherings with other immigrants, but their recreations were weak imitations of their social worlds. Study results suggest that participants drank alcohol for reasons (e.g., nostalgia, social isolation) that may be uniquely linked to the challenges of living in a new environment.

Increasing the scope of inquiry to the social level provided a rich and informative perspective of factors related to the drinking behavior of Latinos residing in Rhode Island. Study findings highlight the importance of broadening our understanding of acculturation as a social process that occurs in the context of other concurrent processes, such as migration (Grant et al. 2004). Latinos living in Rhode Island point out that prolonged cultural contact and change in a host society contributes to their increased use of alcohol. Participants state that they are coping with, and adapting to, changes they encounter living in the US. There is a significant cost to immigration, as many participants left behind well-connected social lives and continue to long for these connections. Longer work days, the challenges of a new language, and cultural shifts, constitute stressors in day-to-day living. Some participants reported drinking to reconnect with families and friends, or to think about loved ones when having a drink. Although there is no general relationship of migration to alcohol use or misuse (Room 2005), findings of the study suggest that changes in drinking behavior were associated with the stressors of living in a new social context. Participants associated their drinking with feeling socially isolated, depressed, challenged by the language barrier, and working in menial jobs; this pattern suggests that alcohol use and/or misuse may be an approach to deal with stresses experienced by immigrants in a host society (Cortes 2003:197; Gil, Wagner & Vega 2000; Grant et al. 2004).

It is important to consider the findings in relation to the geographical context. Participants spoke at length about feeling isolated and when describing their drinking. Review of the Census Data (2000) indicates that Latinos comprise 12.5% of the population. Of this group, more than 75% of Latinos live in

the West or South regions of the nation (US Census Bureau, 2000). 8.7% of inhabitants in Rhode Island are Latino, compared to states with greater Latino representation, such as California or Texas (both at 32%) (US Census Bureau, 2000). It is possible that participants' feelings of isolation or disconnection are exacerbated by the fact that Latino communities are smaller in the Northeast, compared with states with larger, well-connected minority communities. Further, the inclement weather characteristic of the Northeast may contribute to feelings of isolation relative to living in the warmer climates of Latin America.

As part of a larger study designed to tailor alcohol treatments to the needs of a Latino community, one objective was to illustrate methods and approaches to adapting alcohol treatment to the needs of a minority group. The first step was to enhance recruitment and retention by connecting with the community. Although not an original study goal, a "cultural script" was developed and used during recruitment. "Cultural scripts" is an approach to an interaction that increases the comfort level of the recipient, by recasting an unfamiliar relationship (research) into a more familiar one (friendship) (Preloran et al. 2001:1839). We developed an approach that we called "socialismo" (social ties), in which the importance of social networking and reciprocal social relations, was emphasized in recruitment. In calls to the participant, the researcher expressed interest in their lives, developing a friendly and informal relationship. With repeated calls, a relationship developed in which the participant felt they "knew" the researcher and thus may have felt more obligated to attend the group.

Results from the study provide some interesting leads on how the data can inform the cultural adaptation of treatments. The physical effects of heavy drinking were rarely discussed. Future interventions could start at the basic level of providing such information. Gender differences in drinking were identified in this study. For example, women were more likely to cite respeto as a barrier to their drinking. This pattern was not found among men. Efforts to strengthen the protective factors of respeto in family relations may be useful in interventions for women in particular. Recent research (Obot & Room 2005) has delineated gender differences in drinking in some Latin American countries. Further analyses of potential gender differences in drinking following immigration to the US need to be conducted.

Limitations of the study

To minimize bias in reporting, participants were not told whether they met the criteria for frequent heavy drinking to be study eligible. We also did not ask whether they had sought help for their drinking, as that was not the focus of the study. Therefore, it is of interest that although participants were quite heavy drinkers, they were not an alcohol treatment-seeking group. Because we did not make any assumptions about whether people sought help, we did not know whether in fact participants did seek help or not, at some point in their drinking careers. Secondly, as participants were not aware of the drinking study eligibility criteria, the likelihood that they made comments to exculpate themselves from their levels of alcohol consumption was addressed. On the other hand, the participants' awareness of participating in a

study may have influenced the quality of their responses. For example, it is possible that participants emphasized more of the positive aspects of drinking in Latin America, and more of the negative aspects of drinking in the United States.

As an initial, exploratory study of social processes that are associated with drinking behavior changes among Latino immigrants in the Northeast United States, we did not set out to describe cultural processes. Using a diverse ethnic sample limited our ability to infer cultural patterns in the migrant group in this study. To clarify cultural processes that influence substance use and misuse in a single ethnic group, future researchers could focus on factors such as migration history, politics, and legal policies governing the use of alcohol (Room 2005). Also, it was beyond the scope of our study to directly assess how immigrants were received by the host society. Although we made reference to the relative geographical isolation compared to other parts of the US, and participants spoke of their experiences as newcomers to the state, they were not directly asked about how they felt received as immigrants, nor was it possible to obtain evidence (e.g., jobs participants worked in, their income level) to corroborate their statements. Therefore, our observations about stress and its association with alcohol consumption among this group need to be further verified. Other circumstances unmeasured in this study, such as cultural patterns in the immigrant group and responses of the host society to the immigrant group, may influence this association (Room 2005).

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