

DRUGS

IN HISPANIC COMMUNITIES

RONALD GLICK & JOAN MOORE

E D I T O R S

Drugs in Hispanic Communities

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Drugs in Hispanic Communities

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Introduction

Ronald Glick and Joan Moore

Every few years, the United States is swept by waves of fear and outrage about drugs. Within the past few decades, one president after another has declared a "war on drugs," with little or no real effect. Historically, most of the panics were associated with drug-using minorities—sinister Chinese in their opium dens, cocaine-snorting Blacks, marijuana-smoking Mexicans, and heroin-dealing Italian Mafioso (cf. Helmer 1975). In the 1960s, the outrage was directed at hippies, the flower children of the American middle class.

In the 1980s, the fear turned again—back to the minorities. America may be concerned about, or titillated by, cocaine in Hollywood and on Wall Street; it may be concerned by drug problems of middle-class youth, but it is afraid of crack—the easily processed, comparatively cheap, smokable form of cocaine. Crack dealing and its associated violence is portrayed in national news media in the most lurid terms (see, for example, Morgenthau 1988). And, of course, crack is associated in the public view with minorities—primarily Blacks. A new set of folk devils has been added to the pantheon—the crack-dealing ghetto kid.

It is difficult in this kind of sensationalist milieu to establish a perspective on any drugs in any minority community. But that is what we try to do in this volume. There is very little research on the use of drugs or drug treatment in any minority population (cf. Trimble et al. 1987). Media presentations and public policy relating to drug problems and solutions are usually simplistic: "Just say no" is typical, as is urging increased spending on law enforcement.

The chapters in this volume explore the complex web of factors that form the social context for drug problems among Hispanics. Among these factors are racism and increasing poverty; others stem

from the processes of migration and acculturation and the impact of the larger culture of the United States on the Hispanic family.

Most public discussion of drug problems is ahistoric in that it looks only at the crisis of the moment. Furthermore, most discussion focuses on individual behavior. By contrast, this volume features community studies that demonstrate the historic evolution of drug problems in response to changing circumstances. As these chapters recognize, the individual is embedded in the family and in the larger community. Drug problems are influenced by social factors, and such factors also must be addressed in their solution.

Public concern about drugs in minority communities is often generated by panic over the potential impact on the broader social system. These chapters are concerned with the Hispanic communities themselves. The point of view that emerges is different from the polarizing "them versus us" stance that characterizes so much public discussion of minority drug problems. The mainstream reaction is to create distance from the communities and their problems. Our perspective includes the hope that these studies will be useful to the communities themselves in reducing their drug problems.

HISPANICS: SOME BACKGROUND

Most Americans know comparatively little about Hispanics. Most of what we say, therefore, will be better understood if we look at some of the significant features of this diverse population.

Hispanics in the United States are from distinct cultures and distinct histories. The principal populations came originally from Mexico, Cuba, Puerto Rico, and from Central and South America. They were united by a common history of colonization by Spain, by their Catholic heritage, and by the Spanish language (even though many U.S.-born Hispanics prefer to speak English). Each group brings a rich and unique national history, and each group has experienced migration patterns—and problems—unique to its particular situation.

For example, although the majority of Mexican-Americans were born in the United States, a significant fraction of the recent immi-

grants from Mexico are here without legal permission. For obvious reasons, they have a special reluctance to seek help from social service and health providers who they fear will report them to immigration authorities. By contrast, Puerto Ricans are citizens who can make use of the social welfare system. But most Puerto Ricans live in a part of the mainland where job opportunities for poorly educated people are limited, and where severe racial and economic barriers exist. Citizens they may be, but they are second-class citizens.

The first refugees from Castro's revolutionary Cuba came from the upper strata of Cuban society, but later waves were from poorer and poorer classes. The Cuban enclave in Miami is one of the most successful of all immigrant communities, but the most recent arrivals, the Marielitos, continue to be poor and ill-adjusted to American society. In recent years, increasing numbers of Central Americans have been coming to this country under very different circumstances. Salvadorans and Guatemalans may be fleeing for their lives from repressive regimes. They live in fear of deportation. The Dominican community includes a complex mixture of documented and undocumented immigrants.

Hispanics are divided by generation. The immigrant generation tends to continue living in the old culture. The immigrants without legal papers are easily exploited by employers in the sweat shops, restaurants, and farms where they work long hours and for substandard wages, with fewer rights than any other group in the country. All immigrants face a transition from a culture that values family unity and subordination of the individual to the welfare of the group to a highly individualistic culture. Succeeding generations increasingly adopt values of U.S. society. The stresses and strains are enormous and the supports are often meager, particularly for those who have left behind their extended family support system and who are unconnected to the church.

In sheer numbers, Hispanics are growing so fast that they soon may be the nation's largest minority. In 1980, the U.S. Department of Commerce, Bureau of the Census (1981) counted 14.6 million Hispanics, an increase of 61 percent over the previous ten years. (The total growth in the United States population since 1970 was only 11 percent.) By 1987, there were more than nineteen million, an increase of more than 30 percent from 1980. Both immigration

and high fertility spur this growth. In 1987, there were nearly twelve million Mexican-Americans, two-and-a-half million Puerto Ricans, almost a million Cubans, and more than two million Central and South Americans in the United States. Regardless of origin, Hispanics congregate in cities more than any other ethnic group. Puerto Ricans, in particular, live almost entirely in cities.

Hispanic groups are widely dispersed throughout the United States. Mexican-Americans live mainly in the states of the Southwest. The largest Chicano concentrations are in southern California and south Texas, but there is a sizable settlement in the Middle West. Most Puerto Ricans live in New York and northern New Jersey, with some significant dispersal to large Midwestern cities. The great majority of Cubans live in Florida, primarily in the Miami area. Dominicans live primarily in the East; Guatemalans and Salvadorans in California and Texas. Only in the Midwest it is possible to find substantial numbers from all groups, particularly in cities such as Chicago.

Except for Cubans, Hispanics are extremely young, by virtue of both high fertility and the continuous immigration that brings large numbers of young men and young women of child-bearing age to the United States. Thus, the median age of Hispanics in 1987 was a low twenty-five years compared to thirty-two years for the total population (U.S. Bureau of the Census 1988). Hispanics have a larger percentage of school-aged children than any other group in the United States, and quite generally they are not receiving the education they need to succeed in an increasingly technological U.S. society. In 1980, the median number of years of school completed by Hispanics over the age of twenty-five was only 10.3—a poor showing compared to 12.5 years for Anglos and 11.9 years for Blacks (Moore and Pachon 1985). By 1987, Puerto Ricans and Cubans were doing better, with a median closer to that of the rest of the population; but Mexicans, with a large number of poorly educated immigrants, still had only 10.8 years of school on the average (U.S. Bureau of the Census 1988).

With the exception of much of the Cuban community, Hispanics are twice as likely as other Americans to be poor, and they are getting poorer. Almost 30 percent of Mexican-Americans and 40 percent of Puerto Ricans lived below the poverty line in 1987 (Cen-

ter on Budget and Policy Priorities 1988). In 1972, the median income for Hispanics was only 71 percent of the median income for Whites, but by 1987 it was only 63 percent. In the Northeast, where Puerto Ricans are concentrated, it was only 47 percent of the median income for Whites. Also, though some Hispanics are blonde and blue-eyed, many more are Indian or African in color and features, and suffer varying degrees of racism in a highly color-conscious society.

Poverty and the absence of economic opportunity have had a devastating effect on family structure in the Puerto Rican segment of the Hispanic population: in 1987, 43 percent were headed by a woman with no husband present. (The total for all Americans was 16 percent.) By contrast with the Puerto Ricans, Mexican-American and Cuban families were not much more likely than the rest of American families to have had a woman as head of the household (U.S. Bureau of the Census 1988). Puerto Rican families headed by females are particularly poor. This is due in part to the concentration of Puerto Ricans in economically declining areas and the consequent difficulties that women have in finding work.

No matter how disorganized, Hispanic families—especially among poorer people—tend to espouse especially traditional values. Freedom is granted to boys and men whereas substantial restrictions are placed on girls and women. In low-income communities the centrality and social conservatism of the family are reinforced by the daily arrival of poor immigrants with traditional values.

Among these social realities, it is quite possible that the youthfulness of the Hispanics is the most critical factor contributing to high levels of drug abuse. Young people of any poor, highly urbanized, and ill-educated group are almost certain to be overrepresented in law enforcement arrests and convictions, including those relating to drugs.

THE LACK OF RESEARCH

In most of America's largest cities, Hispanics are the most rapidly growing segment of the inner-city poor. For a very long time,

they have been substantially overrepresented among the men and women who go to prison for drug offenses. Yet, drug use and marketing in Hispanic communities has not been studied very much.

Why should this be? One reason is, quite simply, that until recently few researchers have viewed Hispanics as a "real" national urban minority (cf. Moore and Pachon 1985). Rather, most researchers interested in urban minorities studied Blacks. Those who studied Hispanics tended to focus on specific national origin groups, and on their concentrations in restricted areas of the nation. Stereotypically, there are Mexican-Americans in the Southwest, Puerto Ricans in the East, a cluster of Cubans in Miami, and a bewildering array of Central and South American immigrant enclaves in half a dozen other cities. Each of these major subpopulations has its research specialists, but Hispanics are so diverse that we are only beginning to see researchers who can trace the commonalities as well as the differences among the various Hispanic groups. For example, the fact that Puerto Ricans as well as Chicanos have been overrepresented among heroin users has not been well understood. Most Chicano communities are geographically separate from Puerto Rican settlements, with no actual links between the populations, yet they have had similar patterns of drug use. Similarly, drug programming for each Hispanic community has been highly localized and is not very likely to draw on research or insights about other Hispanic populations.

This problem is compounded by the limited number of Hispanic and Hispanic-oriented researchers and treatment professionals who address community problems, including drug abuse. Only in the late 1960s did Hispanics in the helping professions (most notably, social workers and priests) begin to coordinate culturally sensitive programs on a national basis. But there are important issues, like education, that affect the well-being of the population and absorb a good deal of research attention. Thus, problems associated with drugs have assumed a very low priority in the research agendas of most Hispanic-oriented researchers.

Other factors also have inhibited research on Hispanic drug use. One such problem may be more apparent than real: it is the belief that access to Hispanic drug abusers is very difficult. Hispanic drug users are supposed to be very different, culturally, from Anglos or

Blacks (cf. Casavantes 1976). Potential researchers have often seen such differences (especially the language) as a barrier to study, rather than a challenge. Ethnographers who study drug users may also overlook Hispanics because they are more ethnically exclusive than Anglo or Black users. Ethnic exclusiveness is more characteristic of sprawling cities like Los Angeles than of the more concentrated metropolises like New York. A researcher must enter Chicano communities of Los Angeles in order to understand their drug users—and for many researchers, this outreach to the community may pose yet another problem.

A final and perhaps the most important inhibition is the stigma of drug use within Hispanic communities. Class differences within these neighborhoods and populations have always tended to be quite sharp. Studies of Black communities have documented the overriding emphasis among middle- and stable working-class persons on respectability and their consequent rejection of disreputable members, including drug users and street people. This emphasis on ethnic decency is at least as strong among Hispanics—and especially among those with comparatively recent roots in the old country. Thus, there is a strong tendency for middle-class Hispanics who act as spokespersons to decry studies of drug users as stigmatizing and stereotyping Hispanics in general. Anglo society is quick enough to stereotype Hispanics without help from researchers (cf. Moore 1985). To a generation of scholars, the danger of confirming racism was always very real. When this disincentive is combined with problems of access, the difficulties become overpowering.

The experiences of William Julius Wilson, a prominent Black researcher who in the 1980s began to study and speak about the Black underclass, may be illustrative. He argued that liberal scholars began avoiding any research that might be “construed as unflattering or stigmatizing to particular racial minorities” (1988:4) shortly after a vehement controversy over one such study made headlines in the mid-1960s. Though Wilson did not explicitly study drug use, he was concerned about the kinds of economic and social forces that so drain inner-city Black neighborhoods of resources that street problems can overwhelm the residents. It is clear that street problems are signs of weakened incentives for young people to assume conventional roles. If there are no good job opportunities in a community, illegal and

welfare economies will begin to dominate. Drug marketing is part of this underclass problem, and so is much drug use. But, when Wilson began to call attention to some of these underlying forces, he became the target of charges that his approach to the underclass was further stigmatizing an already vulnerable population.

Failure to address drug problems is costly, however. Drug use is unlike many other social problems: drug users are not considered legitimate and rarely arouse sympathy. Nonetheless, they usually create difficulties for their families and for the community as a whole. The need to consider drug problems has intensified with the advent of AIDS; the problem of inner-city drug use has now assumed enormous proportions.

WHAT THIS VOLUME OFFERS

This volume presents significant research on Hispanic drug problems, emphasizing the evolution of drug use in various Hispanic communities. Our work is directed toward several audiences. First, there are the practitioners who work with drug users and their families, and who can benefit from an expanded perspective as well as from specific references to culturally sensitive drug abuse treatment and prevention. Second, there are students and researchers. For these readers, the chapters in this book offer diverse conceptualization and demonstrate diverse research tactics used to gain access to and understand a difficult-to-reach population. Third, there are policy makers—local and national. For them, we hope that this book presents a more convincing case for meeting the need of Hispanics for community-sensitive research, policy, and programs.

This book is divided into four parts. The first part offers a general and topical context for drug problems in Hispanic communities. It includes an overview of previous research on drug use among Hispanics. It also provides information on two pressing current drug problems confronted by many low-income Hispanic communities: the increased incidence of AIDS associated with intravenous drug use and the increased importance of cocaine, especially in the form of crack.

We believe that the second part of the book is the most illuminating. It includes five ethnographic accounts that relate the histories of drug use and dealing in widely varying communities—Puerto Ricans in Chicago and New York, Chicanos and Chicanas in Los Angeles, and Cubans in Miami. These chapters may comprise the beginning of a comparative study of Hispanic drug use.

Drug problems generate prevention and treatment programs, and the third part of this book offers two chapters that address the need for ample, effective, and culturally sensitive treatment for Hispanic drug users and their families.

The final part provides a historical context for viewing drug problems of Hispanic communities. The widely publicized association of Mexicans with marijuana problems in the 1930s calls attention to the issue of stigmatization. Associating the nation's drug problems with racial minorities persists. Stigmatization of Hispanics continues to influence the larger society's understanding of and response to the drug problems of Hispanic communities.

Part One: Context

In the first of three chapters in Part One, Mary Booth, Felipe Castro, and M. Douglas Anglin examine national survey data on substance use in Hispanic groups. They also describe research that focuses on Hispanic drug use in relation to gender, acculturation, social class, urban and rural settings, and selected psychosocial variables.

Booth, Castro, and Anglin cite national surveys indicating that Hispanics, taken as a whole, use most drugs less than Whites or Blacks. Hispanics appear to be the greatest users of cocaine, the most damaging drug in inner-city communities today, however. The national surveys do not report on heroin, the other illicit drug that has posed major problems in many inner-city Hispanic communities. Reviewing studies on Hispanic intravenous drug use and the spread of AIDS, the authors stress the magnitude of the problem among Hispanics and draw special attention to the high incidence of Hispanic pediatric AIDS cases. The authors note that gender differences in drug use are greater among Hispanics than among Whites or Blacks.