

- the traditional emphasis on family versus individualism;
- the more restrictive definition of the female role; and
- the predominant belief systems—Confucianism and Taoism stress and advocate the concept of moderation.¹⁶¹

For example, in a study of 125 female Koreans in Los Angeles, only one woman was classified as a heavy drinker, and 75 percent reported being abstainers.¹⁶² However, as Sun notes, the low prevalence rates “could very well be due to the low reporting of alcohol and drug use or the low utilization of professional mental health and social services among Asian American women.”¹⁶³ Moreover, the length of time that an individual Asian American has been in the U.S. and that there has been a wave of immigration from the country of origin, (e.g., Chinese vs. Cambodian patterns of immigration) has not been addressed in the research. Neither the NHSDA nor the NIDA-sponsored High School Survey—the two most important sources of national population data on alcohol and other drug use—present data for Asian American populations because the sample size was insufficient to do so.

2.4.10 Hispanic/Latina Women

Because most of the data regarding this ethnic group refers to “Hispanics” rather than Latinas, the former term is used in this chapter, which presents primarily epidemiological data. In the remainder of the manual, the term Hispanics/Latina is used to account for the full range of populations of Hispanic and Latin origin. As with other populations (including female Caucasians), it is important to note that:

...the population is not a unitary ethnic group. On the contrary, this group is quite heterogeneous, composed of “subgroups that vary by Latin American national origin, [race], generational status in the United States, and socio-

economic level.” The second is that, “although there are commonalities that have been well summarized in the literature ... many of these cultural attributes are continually undergoing modification as a result of acculturation.”¹⁶⁴

Hispanic Americans are among the fastest growing ethnic groups in the United States. From 1980 to 1990, their numbers increased 53 percent, compared to an increase of 9.8 percent for the rest of the population.¹⁶⁵ In 1990, just under 11 million Hispanic/Latina women lived in the United States, 4.4 percent of the total population.¹⁶⁶ The largest defined subgroup of Americans is Mexican American (54 percent), and the second largest subgroup is Puerto Rican (35 percent).¹⁶⁷ The total population of Hispanics/Latinas was 22 million or 9 percent of the total population. Importantly, the Hispanic/Latina population is one of the United States’ youngest: 38.7 percent of this ethnic group were age 19 or under in 1990, compared with 26.7 percent of Caucasians and 32.2 percent of Asian Americans. Only American Indians in general were a younger population, with 39.3 percent 19 or younger.¹⁶⁸

According to data derived from the NHSDA, Hispanic Americans were slightly more likely to have reported the use of illicit drugs in the month before the survey than were Caucasian women (5.0 percent versus 4.7 percent). They were much more likely to have used cocaine specifically (1.2 percent versus 0.4 percent). However, Hispanic women were less likely to have consumed alcohol once a week or more than were their Caucasian counterparts: 9.2 percent versus 14.4 percent.¹⁶⁹ Reported use of inhalants by Hispanic/Latina women increased from .3 percent of respondents in 1988 to .5 percent in 1992, from an estimated 25,000 to 39,000. The increase for Caucasian women was smaller (.2 percent to .3 percent).¹⁷⁰

Although Hispanic women do not have the same disproportionately high rates of infant mortality or low birthweight babies as African American and American Indian women, they do have high rates of diabetes. This condition, which is also a complicating factor with alcohol abuse, contributes to infant morbidity, including developmental disabilities.

According to the Center for Substance Abuse Prevention (CSAP), there are important differences among Hispanic American adolescents by subgroup. Although these data are not disaggregated by gender, they are important to consider in the treatment of adolescent Hispanic girls. "In the NHSDA [National Household Survey on Drug Abuse] data, Hispanics/Latinos in this [12 - 17] age bracket had rates of lifetime use of cocaine higher than those for white or Blacks; these rates were highest among Puerto Ricans and Cubans, while Mexican Americans' use rate was lower than all other groups. Regarding marijuana use, Mexican Americans had higher rates than Puerto Ricans; in comparing Hispanic-subHANES (Health and Nutrition Examination Survey) to NHSDA data specifically on marijuana use, it appears that the rate for Mexican Americans surpasses that for non-whites."¹⁷¹

Although Hispanic women do not have the same disproportionately high rates of infant mortality or low birthweight babies as African American and American Indian women, they do have high rates of diabetes.

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