

Methodological and Conceptual Issues in Understanding Female Hispanic Drug Users ¹

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INTRODUCTION

This chapter has two main objectives. First, it briefly describes the methodological limitations evidenced in the research on female Hispanic drug users. Second, it proposes a conceptual framework that stimulates the discussion of constructs needed to understand drug use behavior and its consequences among Latinas. An attempt is made to examine multivariate influences on drug use and related problem behaviors for Latinas based on the work of our colleagues. The emphasis is on including constructs that focus on gender and minority status and capture the diverse levels of interrelationships (e.g., familial, friends and peers, neighborhood, institutional) that may help in understanding Latinas' drug behavior and its negative consequences.

METHODOLOGICAL ISSUES

In 1986 the Anti-Drug Abuse Act emphasized the need to examine drug abuse in minority groups, including Hispanics. Although interest in studying minorities increased, many of these studies on drug abuse and its sequelae included only a small proportion of Hispanics in their samples, making it impossible to estimate with reasonable confidence substance use prevalence among Hispanic females and males (Caetano 1990). Furthermore, the uncertainty of what the categorization of Hispanic or Latino really stood for created difficulties in the interpretation of data (Booth et al. 1990). Ethnic group membership could have been formulated on a variety of attributes, such as country of origin, language preference, self-identified ethnic status, and others. Using the Hispanic categorization to represent one or more sampled populations may have diffused significant aspects of culture and muddled distinct

patterns of drug use for particular ethnic subgroups. The use of broad ethnic descriptors in drug use research could have introduced external validity problems and hindered replication of results (Trimble 1991).

Results for the Hispanic Health and Nutrition Examination Survey (Amaro et al. 1990) support the argument that use of illicit drugs varies widely among and within the three major Hispanic groups: Mexican-Americans, Puerto Ricans, and Cubans. Mainland Puerto Ricans have the highest rates of drug use in comparison with other ethnic or Hispanic groups (Amaro et al. 1990). In addition, the correlates of drug use appear to vary significantly by ethnicity (Kleinman and Lukoff 1978; Vega et al. 1993). Other studies suggest an apparent heterogeneity in the choice of drugs among different Hispanic groups. For example, Puerto Ricans and Chicanos are overrepresented in the heroin-using population (Newman et al. 1974) compared with Cubans. The absence of population-based probability samples representative of the broad spectrum of drug users also precludes the opportunity to understand whether ethnic differences in drug behavior observed in clinic samples could be explained by cultural or situational contextual factors.

Unfortunately, studies of substance use and abuse in Hispanic populations have typically omitted gender differences as a focus of interest. National data on substance abuse from the National Institute on Drug Abuse (1989) start to examine gender differences by providing descriptive information on Hispanic women's drug use. Findings depicted in table 1 suggest that Hispanic women are as likely as Anglo women to have used any form of cocaine and as likely as African-American women to have used crack or alcohol. Hispanic women are less likely than African-Americans and Anglos to have ever used cigarettes or marijuana. However, these data aggregate heterogeneous Hispanic groups under one umbrella category. Different formulas for combining factors may be needed not only to explain drug use among women in contrast to men but also to explain drug use among Mexican-American women in comparison with women from other Hispanic groups. As a result, the field lacks an indepth examination of the characteristics, strengths, and problems that are shared by and that differentiate various Hispanic women with drug problems.

Added to these methodological limitations to understanding drug use among Hispanic women is the fact that women with increased risk for drug use are excluded from the sampling frames, including sex

TABLE 1. *Women's drug use by ethnic status (percent)*

Ever Used	Anglo	African-American	Hispanic
Cigarettes	72.8	62.9	51.8
Alcohol	83.3	71.7	72.1
Marijuana	31.2	26.5	21.7
Cocaine	8.9	5.9	8.1
Crack	0.9	1.5	1.3
Stimulants	7.5	3.3	4.8

SOURCE: National Institute on Drug Abuse 1989

workers (women who exchange sexual relations for money, drugs, or other material items as part of their livelihood) and incarcerated women. There is also the possible underreporting of substance use by Hispanic women because of the fear of losing custodial rights of their children and because of the use of self-administered questionnaires among women with low literacy levels. An additional methodological pitfall is the use of instruments that have not been developed for or validated with Hispanic women.

Furthermore, use of cross-sectional designs has also been posited as a limitation to understanding the changing trajectories of drug-using Hispanic women. Most studies examining drug use behavior among Latinas (Anglin et al. 1987a, 1987b; Moore and Devitt 1989; Moore and Mata 1981) have been developed and examined with cross-sectional data. They cannot offer much information about the process leading to the entry, experimental use, or continuation of drug use by Latino women. The absence of studies with a longitudinal design limits the ability to examine the developmental course of drug use, the help-seeking process to deal with drug problems, the consequences of drug use, and the impact of treatment. The lack of longitudinal data also limits the possibility of discriminating the antecedents from the consequences of drug use.

In addition to methodological limitations, there is a lack of conceptual models with which to understand the drug use behaviors of Latino women and the relevant correlates that may help explain such behaviors. Basic decisions with regard to policy, intervention programs, and strategies aimed toward women have been reached based on conceptual models that respond to men's needs and lifestyles.

The need for conceptual models explaining Hispanic female drug use is imperative, given that the pathways and factors associated with drug use appear to vary by gender. Women have been found to be more likely than men to be exposed to drugs by their sexual partners (Rosenbaum 1981; Stenbacka et al. 1992; Bresnahan et al. 1992). Women's use of drugs has been explained as a coping strategy to deal with stress (Sutker 1987, pp. 25-51; Rhoads 1983), sexual abuse (Rohsenow et al. 1988; Inciardi et al. 1993), or treatment for an illness (Marsh and Miller 1993).

The research literature also fails to bring attention to the differential consequences of drug use in women in contrast to men. There is an expectation that drug abuse will have more serious consequences among women than among men because of women's social roles (Rosenbaum 1981; Gomberg 1982). These findings explain the urgency of building conceptual models dealing with Hispanic women's drug use.

To be successful in model-building for Latino women, there is a need to go beyond constructs that focus on the individual (e.g., biological/genetic, personality, life events) to interpersonal, neighborhood, and institutional constructs. Although individuals are expected to change behaviors such as illicit drug use, risky sexual practices, and delinquency, these changes are often minuscule and unsustained because interpersonal, neighborhood, and institutional variables have not been altered to reinforce personal changes.

New paradigms are needed that go beyond understanding substance abuse as a compendium of behaviors generated by an individual under a rationally focused perspective. Particularly inadequate are the deficit models. Deficit models, pervasive in treatment interventions, emphasize the individual's loss of control, maladaptive habits, and weak affect management as the culprits for drug use. An explanatory framework of drug use necessitates evaluating the external attachments of Latino women. These external attachments are assumed to give meaning and mold women's lives and actions. They include the interpersonal relationships to family, lovers, and friends; the neighborhood context, with its norms, constraints, and opportunities; and the interaction with institutional systems that serve Latino women and their families. It is only through the analysis of these components that drug use by Latinas and the consequences of such behavior can be fully understood.

CONCEPTUAL FRAMEWORK

Several problems have impinged on the ability to generate conceptual models that explain drug use and problem behaviors among Latinas. Most conceptual models used to guide research efforts on drug abuse and other problem behaviors have been largely developed for men (Copeland et al. 1993). These models assume that the same constructs explain both male and female behaviors. However, research efforts with females have demonstrated many differences between male and female problem behaviors. In addition, there is consensus among researchers that drug use and other problem behaviors (e.g., criminal activity) cannot be understood solely on the basis of a single theory (Kaplan et al. 1986).

The proposed conceptual framework (table 2) combines elements from several theoretical perspectives: the stress-vulnerability model (Pearlin et al. 1981), the family interactional model (Brook et al. 1988, 1990), and the social learning theory (Akers et al. 1979). These models complement one another by incorporating several possible factors that explain drug use and problem behaviors. The stress-vulnerability model posits a clear relationship among stress exposure and increased likelihood of drug use and problem behaviors. There is considerable evidence suggesting that differences in stress exposure and lack of resources (e.g., institutional and social supports) contribute to place women at risk of drug use. The presence of vulnerabilities, such as childhood victimization (Miller 1993, pp. 315-323) and psychological distress (Deykin et al. 1987), is conceptualized as an important factor that, together with life and role strains, is associated with drug use. For the proposed model, stress is defined broadly to include circumstances such as life stresses (e.g., divorce, death of spouse) as well as role strains (e.g., burdens in parental, occupational, and housekeeping responsibilities). Levels of stress exposure are also expected to vary across sociodemographic characteristics. Interpersonal, neighborhood, and institutional factors are seen as particularly significant to the stress-vulnerability relationship (Aneshensel 1992; Pearlin 1989).

Individual Domain

The conceptual framework presented in the box on the following page includes the individual/personal, interpersonal, neighborhood, and institutional domains as those influencing drug use and related negative

Conceptual Framework of Hispanic Women's Drug Use and Consequences of Drug Use

Individual/Personal Factors	Interpersonal Factors	Neighborhood Factors	Institutional Factors	Outcomes
Sociodemographics Age Education Employment status Marital status Income/purchasing power Family composition	Family Interaction Family affiliative values Family support Intrafamilial conflict Family attitudes toward deviance Family integration/isolation Marital/partner satisfaction Parenting satisfaction	Neighborhood Characteristics (Census Data) Urban/rural setting Size of neighborhood Average neighborhood income Average neighborhood house value	Institutional Resources Public system dependence/independence Integration with community services Availability of health facilities	Problem Behavior Drug use Drug relapse Criminal behaviors High-risk sexual activity Partner violence
Biologic/Genetic Family/other drug/alcohol history Craving for drugs Physical illness	Friend Integration Friend support Friend attitudes toward deviance Friend integration/isolation	Neighborhood Norms Perceived acceptance of alcohol/other drug use Neighborhood cohesion/integration Social control	Incarceration Experience Drug Treatment Barriers/Participation Access to treatment Types of services received Perceived helpfulness of services Social support within treatment program Medication Satisfaction with drug services providers Differential treatment based on gender Time in treatment History of relapse Quality of therapeutic alliance	Health Human immunodeficiency virus/other sexually transmitted diseases Functional Impairment Productivity
Psychoemotional Psychological distress Depressive symptomatology Personal attitudes toward deviance Readiness and eagerness for drug treatment		Neighborhood Opportunities Educational opportunities Occupational opportunities Residential arrangements and stability		
Experiential Negative life circumstances Stressors Traumas		Neighborhood Risks Physical environment (crime, unemployment, gangs) Availability of drugs Geographical closeness to "copping" area		
Cultural Ethnic identification Acculturative status				

consequences. The sociodemographic characteristics of age, education, employment status, and marital status that define the women's background and developmental stage in the life cycle are encompassed under the individual/personal domain. Income and, more specifically, purchasing power (Staats and Poole 1979) are seen as personal resources that orient behavior. Family composition characterizes the structural constraints and attachments of the women's actual situations.

Biologic and genetic constructs related to the risk of drug use and relapse (e.g., craving) are also considered part of the individual/personal domain. Parting from the dominant approach of treatment programs, the authors hypothesize an underlying genetic predisposition (Crabbe et al. 1985, pp. 13-64) that may increase the risk of developing physical dependency or drug-addictive behaviors. Craving is assumed to be a subjective state that is believed to have a biological as well as an environmental basis and is associated with drug dependence (Pickens and Johanson 1992). Because of its possible usefulness in understanding relapse and treatment experience, this construct was incorporated into the model. Physical illness has also been identified as a major reason for nonuse by abstainers of drugs (Winfrey et al. 1981).

The psychoemotional component of the individual/personal domain represents the attitudinal, motivational, mood, and distress dimensions expected to influence drug use behaviors. The psychoemotional profile of the person has been strongly implicated in the risk for drug use (Lavouvine and McGee 1986; Anthony and Helzer 1991, pp. 116-154). Feelings of powerlessness/hopelessness (Brooks-Gunn and Furstenberg 1989; Lavouvine and McGee 1986; Nyamathi and Vásquez 1988) have been posited as precursors to drug use by women. Furthermore, the drug research literature has consistently shown that attitudes toward deviance (Jessor et al. 1973; Kandel 1985; Brook et al. 1983) can help distinguish between drug users and drug nonusers. Depressive mood and depression also are related to the use of illicit drugs other than marijuana (Zuckerman et al. 1989; Kandel et al. 1978).

The experiential component of the individual/personal domain addresses the negative life circumstances, stressors, and traumas that may increase the likelihood of drug use or associated problem behaviors. Childhood sexual abuse has been linked to the development of women's substance abuse problems (Miller 1993, pp. 315-323; Toray et al. 1991; Rohsenow et al. 1988). The theoretical links between childhood sexual

abuse and the development of women's substance abuse problems may be indirectly generated as a consequence of the sexual abuse.

The conceptual framework also includes cultural characteristics, such as ethnic identification and acculturative status, necessary to untangle the role of culture from other situational or environmental factors influencing drug use. The proposed conceptual approach aims to be sensitive to the potential relevance of cultural factors unique to the situation of Hispanic women. The experiences of discrimination and acculturative stress may be hypothesized as the reasons for mainland Puerto Rican women's higher cocaine use compared with that of Anglos and African-Americans (Booth et al. 1990).

Interpersonal Domain

The second domain of interest is the interpersonal domain. Interpersonal factors are the qualitative and structural dimensions of the person's interaction with family, friends, and significant others. People act collectively, and in their interactions with significant others they receive modeling, reinforcement, and rejection of their behavior and attitudes. The importance of family relationships in the development of drug use has been consistently documented (Brook et al. 1988, 1990). Support from the family of origin and positive family interaction are seen as protective factors that can mitigate the risks for drug use according to the family interactional model (Brook et al. 1992).

This model gains particular relevance for the study population because Puerto Rican women sustain a high level of interaction with their family of origin, even after adolescence. It is hypothesized that significant others also play a major role in Hispanic women's drug use and problem behaviors, as suggested by social learning theory. According to this orientation, women engage in drug use and other problem behaviors, such as criminal activity, because they are consistent with the values of their significant others. Moreover, women learn these problem behaviors through the same mechanisms of social influence through which they learn conventional behaviors. For example, the influence of a spouse's or lover's drug use is hypothesized as a powerful risk factor for Hispanic women's drug use and problem behaviors.

According to the reviewed literature, behaviors brought on by drug abuse among women have been more closely associated with

interpersonal issues than have these behaviors among men. In a study conducted with clients discharged from a detoxification program, Rhoads (1983) found that female drug users are vulnerable to life stressors and lack the support systems that are available to male addicts. There is evidence to indicate that female drug abusers are characterized by a lack of support among family and friends (Nyamathi and Vásquez 1988). Drug-using women who perceived the availability of social support showed a reduction in negative feelings and an increase in coping behaviors (Stephens 1987). Nonetheless, there are inconsistent findings regarding the role of social support in female drug use. Degen and colleagues (1993) reported strong similarities in social support systems of drug-using and non-drug-using pregnant women in lower class and working-class samples.

Moreover, drug-using women appear to be more socially isolated and demonstrate greater difficulty with parenting, interpersonal relations, and managing money than women who do not use drugs (Weissman et al. 1972; Chasnoff 1988). Use of drugs could be a strategy for women to actively deal with excessive demands in the family environment (Reed 1985). Significant others, especially family members and sexual partners, have an apparently strong influence on the lives of female addicts. Stenbacka (1990) reported that one-third of the women in a study group had been introduced to injecting drugs by a sexual partner. Evidence from Bresnahan and colleagues' (1992) study points to a nearly fivefold increase in other drug use and heavy alcohol use by women whose partners were also other drug or alcohol users. In another study (Gerstein et al. 1979), women who reported having first used drugs in the company of intimate others—lovers and relatives—rather than with friends or alone displayed higher consumption and more prolonged use of drugs. Furthermore, several studies have offered support for the consistent relationship between respondents' substance use and their perceptions of friends' drug use (Apsler and Blackman 1979; Nuttall and Nuttall 1979). Similar associations between drug use by parents and their adult offspring (Tennant 1976) have been reported in the literature. There is converging evidence that familial factors are associated with the transition from substance use to abuse (Yamaguchi and Kandel 1984; Brook et al. 1988).

Puerto Ricans consider family membership preeminent to any other intimate personal relationships (Obeso and Bordatto 1974). Traditional

Hispanic affiliative values have been characterized by a protective position toward women (Booth et al. 1990). Hispanic women are raised with traditional family values that are continually reinforced by women's strong family affiliation. The family is a central institution in which close ties and obligations are fostered (Canino et al. 1980). For Latinas, the primary role of the family and friends has been to buffer adversity (both internal and external) and to maximize/minimize the impact of exposure to positive/negative rewards promoted by interpersonal interactions. The authors hypothesize that diminished protective effects of interpersonal factors for women, such as family support and integration, might lead them to an increased likelihood of drug use.

Neighborhood Domain

The third dimension encompassed under our conceptual framework is the neighborhood domain. The neighborhood is seen as the essential point of departure in terms of the options, norms, values, and trends to which a woman must respond. According to this conceptual framework, neighborhood norms and trends may be tolerant or intolerant of crime, drug use, and violence. They may provide opportunities for involvement in criminal activities or conventional activities, or they may promote or penalize high-risk sexual activity. The predisposition to use drugs appears to be influenced by the context of a women's environment. Binion (1982) found that the neighborhood had an enormous impact on women's drug-using behavior, particularly when it denied equal access to social mobility or when deviant activities were seen as more attractive.

Strong disapproval and rejection of drug use behavior in the neighborhood (as perceived by the respondent) is also hypothesized to influence drug use behavior. Traditional neighborhood norms severely sanction women's drug use (Anglin et al. 1988) and, as such, may deter women from drug use. Block and colleagues (1988) found that unconventional norms, an unpredictable environment, and lack of pressure to achieve were related to subsequent drug use in females, but not in males. Neighborhood norms and trends that promote conventional behavior, such as school achievement and job placement, are expected to protect against drug use. Neighborhoods perceived as being models of deviant/delinquent behavior, characterized by violence, are expected to increase the likelihood of drug use.

Institutional Domain

The fourth dimension contemplates the transactions with institutional systems. There is growing awareness of the need to better serve Hispanic drug-using women; however, there is limited research on their treatment needs. It has been assumed that the dynamics of addiction and treatment needs are substantially the same for women as for men. Yet, findings have shown that (1) drug-using women have more difficulty identifying themselves as requiring treatment because they see their difficulties as a consequence of their social or psychological problems (Thom 1986); (2) programs may not be appropriate for a large segment of the drug-using female population; (3) women may have special needs that are seldom met (Reed 1981); and (4) there are barriers faced by women for entry into and retention in drug treatment programs, such as the potential for discrimination and sexual harassment by male staff members and clients (Nichols 1985), the absence of child-care services (Reckman et al. 1984), and the failure to provide therapeutic women-only groups (Sokolow et al. 1980). The failure to address these crucial treatment concerns for women may in turn explain the ongoing failure of these services to attract women (Copeland et al. 1993).

Failure to attract women into drug treatment may also be a consequence of not paying much attention to the appropriate treatment strategies for women (Beschner and Thompson 1981). Yet, women's participation in treatment has been associated with a reduction in heroin use and significant improvements in reported health and depression (Copeland et al. 1993). In a study conducted by Faupel and Hanke (1993), the researchers examined whether women who had participated in some form of treatment program over their drug-using careers significantly differed from women who had never been in treatment. Earlier initiation into drug-using careers, having children, and older age were positively associated with entering treatment. Contrary to what has been suggested in the literature—that women with children are barred from treatment programs—these researchers found that women with children were more likely to have participated in treatment. However, this appears to be a function of longevity, whereby older women were more likely to have participated in treatment and had children. Hence, it is important to understand whether the presence of children is a barrier to treatment entry or if it actually prohibits effective completion of treatment.

The focus of drug treatment has also been on whether it decreases the level of drug use, criminal activities, and other problem behaviors. Treatment, such as methadone maintenance, may relieve the drug user from the constant pressure to obtain drugs and, as such, reduce the level of criminal activity (Hunt et al. 1984). According to Senay's (1985) review of the effectiveness of methadone treatment, criminal involvement decreases after treatment and health status improves. Reno and Aiken (1993) found that clients who left treatment within the first 2 months differed from those who remained longer in treatment by having more drug and criminal involvement and poorer health status. Puerto Ricans have been less likely than other minority groups to remain drug-free and show a tendency to continue criminal behavior after treatment (Anglin et al. 1988). The reasons for such behavior remain unexplained.

Few studies have explored ethnic differences in drug users' attitudes toward treatment for drug use (Longshore et al. 1993). The confrontational techniques used in many therapeutic communities have been criticized for being unsuited to Hispanic clients (Tucker et al. 1988, pp. 383-421). Attitudes toward these treatment modalities might make Hispanics more reluctant to enter treatment. In Puerto Rico, there is a paucity of research concerning the rate and correlates of participation in drug programs. Even less research exists with regard to Puerto Rican women. What is well known is that women are underrepresented among the drug treatment population, accounting for only about 10 percent of those in treatment. This gender gap in admissions becomes greater in methadone programs, where only 2 percent of those in treatment are women (Colón 1987).

The importance of establishing ethnic variations in the utilization of treatment services has been well documented by Longshore and colleagues (1993). In comparing drug treatment patterns among African-American, Hispanic, and Anglo drug-using arrestees in Los Angeles, they found, after controlling for nonethnic demographic factors, that African-American and Hispanic drug users were less likely to report having been in drug abuse treatment. Hispanics were more likely than Anglos to say that they had not sought treatment because they did not need it. The authors hypothesize that participation in health and social services programs might be a resource that can help women deal with everyday difficulties. Participation in drug treatment

services is also seen as a mediating factor that reduces a woman's probability of engaging in problem behaviors. On the other hand, the experience of incarceration might influence a woman's prospective criminal behavior, sexual activity, and physical health outcomes.

Outcomes

The framework presented above (see boxed chart) provides an approach to understanding women's drug use as well as the problem behaviors that unfold as a result of drug use. Drug addiction has been associated with interpersonal violence (Miller 1990, pp. 177-207; Gomberg 1982). Several studies (e.g., Wallace 1991) have shown a high prevalence of victimization among female substance abusers (Miller et al. 1993). Amaro and colleagues (1990) examined violence during pregnancy and found that victims of violent attacks were more likely than nonvictims to be alcohol or other drug users. In a retrospective study, Wallace (1991) studied 245 adults in treatment and found that female respondents reported loss of custody of children (53 percent) and/or violence (17 percent) after becoming addicted to crack. Partner violence, such as spouse battering, has been strongly associated with the use of alcohol and other drugs in both men and women (Downs et al. 1987; Miller 1990, pp. 177-207; Gorney 1989; Robbins 1989). Data from the Epidemiologic Catchment Area Study showed that individuals who met the criteria for having alcohol or other drug disorders, both men (21.08 percent) and women (21.70 percent), had the highest reported rates for engaging in some form of violence compared with the rest of the population (Swanson et al. 1990). High levels of stress, as well as poverty, unemployment, lack of social and family support, and single parenthood, have been strongly associated with both wife-battering and child abuse (Cazenave and Straus 1990, pp. 321-340; Straus 1990, pp. 29-45), all conditions prevalent in female substance users. When drug-using women engage in criminal activities, they are more prone to participate in a climate of violence (Lex 1993, pp. 162-190). Thus, the authors expect that female crack/cocaine and injection drug users will engage in and experience higher levels of violence, such as partner-battering, compared with similar women who are not substance users.

According to Oppenheimer (1991), female drug users must confront the financial problems of obtaining resources to pay for daily drugs.

Many of them engage in criminal behaviors to finance their habit. Anglin and Speckart (1986) have shown that criminal activity increases as a function of increased narcotic use. Some authors indicate that illegal drug use may be a stronger predictor of crime for women than for men, particularly among Mexican-Americans (Anglin et al. 1987a). Drug dealing (Kleinman and Lukoff 1978; Anglin et al. 1987b; File et al. 1974), theft (Nyamathi and Vásquez 1988; Rosenbaum 1979) and prostitution (Inciardi 1989; Rolfs et al. 1990; Goldstein et al. 1992) have been reported as being strongly related to illegal drug use. However, given the lack of panel data, few studies have been able to look at the interrelationships between drug use and criminal acts over time. Therefore, the causal connection linking women's drug use and crime has not been clarified.

Several investigators (Mott and Haurin 1988; Newcomb and Bentler 1986) have proposed that the use of illicit drugs increases risky sexual behavior. In a study of African-American and Latino women from methadone clinics, Schilling and colleagues (1991) found that frequent drug injectors admitted to having more sexual partners and to having sex more frequently than women who used injection drugs less often. Kandel (1985) found a strong correlation between cocaine use and early sexual experimentation and also found that although this finding was observed independent of ethnic status, it was particularly striking for Hispanic women.

The risk for sexually transmitted diseases (STDs) is also high among drug users. Drug use has been associated with syphilis (Rolfs et al. 1990) and HIV (human immunodeficiency virus) infection (Des Jarlais et al. 1989; Chaisson et al. 1989) among females, particularly among those trading sexual relations for drugs. Injection drug use and unsafe sexual practices account for the disproportionate occurrence of AIDS (acquired immunodeficiency syndrome) in the Hispanic population.

It is expected that different domains of the framework will have a stronger influence on drug use and related negative outcomes. For example, the authors hypothesize that self-perceived job opportunities play a more relevant role regarding criminal behavior, whereas the presence of a drug-using partner may have a more prominent position in a woman's risk for partner violence or STD infection.

SUMMARY

The authors have benefited from the many contributions of researchers in the field. Based on their findings, a preliminary conceptual framework of Hispanic women's drug use and its consequences has been proposed. The authors expect to empirically test the usefulness of this framework among urban Puerto Rican women. Nonetheless, an attempt was made to integrate elements from basic models as building blocks for understanding Latino women's drug use, their help-seeking behavior leading to treatment, and the consequences tied to drug use. This framework, as any initial attempt, is likely to evolve and to be modified in the presence of additional research findings. It serves to open the discussion on possible conceptual frameworks for Latinas.

The proposed conceptual framework has been formulated on the basis of three theoretical approaches: the stress-vulnerability model, the family interactional model, and the social learning model. The focus of the proposed conceptual framework exhibited in the chart above is not on juxtaposing these explanatory propositions. Rather, an examination was made as to how they jointly or distinctively affect different drug use behaviors and problem behaviors. Therefore, the conceptual model includes individual/personal, interpersonal, neighborhood, and institutional factors as relevant in explaining drug use and its consequences. It is expected that the mechanisms or domains of influence vary for the different problem behaviors. Key latent constructs consonant with what has been substantiated by other researchers are used in building this complex model.

NOTE

1. The terms "Hispanic" and "Latino" are used interchangeably; the term "Latinas" refers to female Latinos or Hispanics.

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