



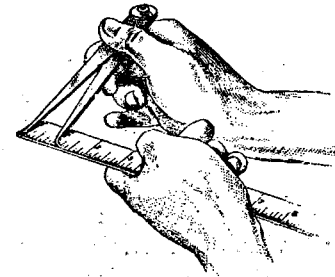
Title	Going Home: Tille Double-Edged Sword: The Paradox of Family Among Women Drug Users in Hawai'i
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It's important to me that the voices of these silenced women be heard. Many of their problems began during childhood, when these women became silent out of fear. The problems and the silence continue into their adult lives; drugs come to take on a medicinal quality.

These patterns are reinforced by cultural traditions which stress that women be submissive and "take it."

If we, as a society, can become better listeners, this might be the first step toward resolving social problems and developing programs to help women drug users.

—Karen Joe Laidler



**Going Home: The Double-Edged Sword
The Paradox of Family Among Women Drug Users in Hawai'i**
KAREN JOE LAIDLER

Introduction

Since the early 1980s, America has been captivated by what is often described as the nation's most pressing social problem, that is, the drug problem. The emergence of crack cocaine in inner cities like Los Angeles and New York has been held responsible for the proliferation of gangs, violence, and high-HIV-risk behaviors (Reinarman & Levine 1989). Heroin use has been reportedly on the rise in San Francisco, Denver, and Newark (U. S. DOH 1996), and has been referred to as "the fast lane killer" (*New York Times* 1994).

Hawai'i has not been isolated from America's preoccupation with drugs. During the mid-1980s, Hawai'i hit national headlines as the seedbed for a new "drug epidemic" (*San Francisco Chronicle* 1989). Health and law enforcement officials reported that a new form of methamphetamine, known locally as "ice" or "batu," had hit the streets with devastating consequences, and anticipated it eventually would emerge as the drug of choice on the U. S. mainland (*Newsweek* 1989). Although the "ice epidemic" never spread to the U. S. mainland (Lauderback & Waldorf 1993),

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and intervention programs. In addition, the campaign against drugs has included a moralistic interest in, and intense concern with, women drug users. Addicted women have been demonized, with the media typically portraying them as neglectful mothers, engaging in high-risk sex behaviors and violence in their search for drugs. Such images have resulted in extremely punitive policies toward mothers and pregnant women drug users (Humphries et al. 1992).

This paper challenges these images of the addicted woman by examining the life histories and social worlds of a group of women who are moderate to heavy ice users in Hawai'i. Specifically it is concerned with placing their drug use patterns within the context of the

violence they experienced in early childhood and their strategies for coping and resisting the violence. The problems they confronted and the strategies they used to cope with these problems are paradoxically linked to the cultural claims and ties of their extended kinship networks.

A Hidden Population

Very little research has been conducted on substance use among Asian and Pacific Americans. The few available studies generally have been based on household and student surveys or clinical reports from small treatment populations (Sue, Zane & Ito 1979; Newcomb, Maddahian, Skager & Bentler 1987; Trimble, Padilla & Bell 1987; Skager, Frith & Maddahian 1989). These studies have found that Asian and Pacific Americans report less drug use than those who are not Asian Pacific Americans. These efforts, however, have not been fully able to address basic questions of prevalence and incidence among the different Asian ethnic groups due to methodological problems of small sample size, samples restricted to particular populations (students and more acculturated groups like Japanese and Chinese), and the absence of those groups most at risk, such as immigrants, refugees, and the economically marginalized (Zane & Sasao 1992). Treatment and clinical reports also have not been able to address the issue of prevalence given their case-based orientation, and tendency to group together different Asian ethnic populations (Kuramoto 1994). Moreover, their assessments are based only on populations who are successful in accessing services. By contrast, treatment staff report that low utilization rates are related to obstacles such as language differences, lack of knowledge about available resources, and the cultural constraints of shame and guilt (Joe 1990).

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Even less is known about the social and cultural factors associated with illicit drug use among different Asian and Pacific ethnic groups. Alcohol and mental health studies on Asian and Pacific Americans, however, have identified stressors such as competing cultural demands and economic marginality as significant risk factors (Sue 1987; Johnson, Nagoshi, Ahern, Wilson & Yuen 1987; Loo 1991). The family has also been linked to health and social problems but in two contradictory ways. First, the Asian and Pacific American family's cultural emphasis on strong ties, loyalties, and obligations are stressful for individuals who are confronted with Western notions of individuality (Loo 1991; Hunt & Joe forthcoming). Attempts to develop individual autonomy are further complicated by the cultural and practical demands of living in multi-generational households which are common in Hawai'i. Under such conditions, the family has been linked to delinquency and health problems (Joe 1990). Second, the strong cultural demands and structure of the Asian American family also have been identified as a significant source of social control over individual behavior (Zane & Sasao 1992). Among refugee populations, the breakdown of the family structure (e.g., absence of one or more parent) has been identified as significantly related to delinquency and gang involvement (Bankston & Caldas 1996; Hunt & Joe forthcoming).

Clearly, an in-depth understanding is needed of the ways in which potential risk factors like gender, class and family interact. Most importantly, studies on other populations are instructive on the connections between these risk factors and drug use. Studies based on interviews with African American, Caucasian and Latina women have shown that

alcoholic and substance abusing women generally have a history of childhood sexual abuse (Teets 1990; Yandow 1989; Boyd 1993). Parental substance abuse also has been linked to women's addiction to alcohol and cocaine both in its onset and its continuation (Boyd & Mieczkowski 1990). Parental use creates a situation which is conducive to the acceptability and availability of drugs and alcohol. Moreover, family substance abuse can result in neglectful parenting, which in turn isolates and makes girls vulnerable to sexual victimization (Boyd 1993).

Thus far, only a few studies have been able to uncover a number of middle-class cocaine users (Adler 1993; Waldorf & Murphy 1995). Illicit drug use is particularly problematic among the economically disenfranchised and in socially distressed communities. The social dislocation of the inner city has entailed the abandonment of local legitimate economies, the decline and deterioration in housing, and the emergence of the crack cocaine economy. As Dunlap and Johnson point out, this dislocation has resulted in the "severely distressed inner city household family" whereby the "household has emerged as an adaptation that meets the survival needs of several persons in the kin network" (1992:309).

In these households, family composition constantly changes, and includes both blood and fictive kin relations. Grandparents and aunts take on child-rearing responsibilities, or alternatively foster parents are entrusted with young ones. Maher et al. (1996) note that crack-addicted women are increasingly without stable living accommodations, and are being cut off from the shelter and support of family networks. They find brief refuge as "couch people" with different extended kinship networks. They resort to a number of creative alternative living arrangements including shelter with friends, temporary stays in welfare and shelter facilities, squatting, and living with older men. Each of these arrangements, however, presents different types of risks for the victimization of women.

These studies make it clear that the substance-abuse experiences of women are exceedingly complex, involving parental sexual and substance abuse as well as economic constraints on the family. The following analysis attempts to uncover the relationship between gender, class and family among a group of women drug users in Hawai'i.

Research Design and Methods

The data stem from an ethnographic study of adult moderate to heavy methamphetamine users in three locales noted for high usage and problems with methamphetamine—Honolulu, San Francisco, and San Diego, conducted from 1991 through 1993 (Morgan, Beck, Joe, McDonell & Gutierrez 1994). Each site was distinctive in several ways, including the primary mode of use. Honolulu users primarily smoked, while San Francisco and San Diego users typically injected and snorted respectively.

In addition, according to emergency admissions and treatment reports, the Honolulu site was the only one which included a significant number of Asian and Pacific American users. Three-fourths (or 111) of the 150 active users interviewed in Hawai'i were Asian or Pacific American. One third of the 111 Asians in Hawai'i were women. Across all three sites, women represented one-third of the total number of users.

This analysis is based on in-depth interviews with the Asian and Pacific American women users in Hawai'i (n=37). The sampling strategy was based on the chain referral method, and initiated by our interviewers' street contacts. Respondents had to meet four criteria to be included in the study: 1) be 18 years of age or older; 2) methamphetamine was their primary drug of choice; 3) used an average of at least 0.5 grams per month over the last year; and 4) resided in Hawai'i for the past two years.

The interviews lasted approximately two to two and one-half hours, during which respondents were asked a series of quantitative questions regarding demographic characteristics, drug use, as well as their legal and health histories. Respondents were also asked to describe in depth, on tape, their life histories and the qualitative aspects of their drug use—history, experiences and consequences.

During the course of the study, two of our female interviewers and one male interviewer had access to different user groups in Honolulu, and were able to document patterns and changes in the ice scene. Their field notes provide an additional data source for this analysis.

Local Culture

Okamura (1994) rightly points out that the concept of Asian American is rarely used by people in Hawai'i. Instead, they may refer to distinctive Asian ethnic categories like Chinese, Filipino, Japanese, and Korean. However, people in Hawai'i tend not to identify with ethnic or racial categories but with a distinct culture, namely, Local culture. Okamura (1980, 1994) traces the emergence of Local identity to the 1960s, when a number of external factors began to alter the islands' social structure, particularly the migration of a large number of Caucasians from the U. S. mainland, a significant rise in immigration from Asia and the Pacific, and the rapid growth of tourism. In light of these forces, Local came to represent a shared identity of the people of Hawai'i in their appreciation and love of the islands, the people and its culture. As a category, Local acts as a demarcator of social boundaries, distinguishing those who are born and raised in Hawai'i (or long time residents who acquire the lifestyle and customs) from those who are not. Local culture is less a reflection of the blending of Asian and Pacific Islander cultures, but is instead an accommodative process. For example, Hawaiian and American customs are associated in the use of fictive kinship terms like "auntie" (Okamura 1994:122). In essence, Local culture and identity places priority on aloha kanaka, or friendliness and generosity in social relations (Okamura 1980).

The ethnic heritage of the interviewed women reflects the diversity and complexity in Hawai'i. All of the respondents in this study identified themselves as Local. Over one-half of them were mixed Hawaiian. Nearly one-third identified as Filipina, with many indicating they were of mixed ethnicity. The remainder of the group were Samoan, mixed Portuguese, Chinese, and Japanese. With the exception of two Filipinas, all of the women were born in Hawai'i. Over 80 percent of them grew up in lower and working class families, and the remaining few came from middle-class backgrounds. As noted elsewhere, we started locating some middle-class users, but found them to be "hidden in isolated user networks" (Morgan et al. 1994:158).

Most of the women were in their mid- to late-20s, had never been married, but had at least one child. Few had gone beyond high school, and nearly one-third of them had dropped out prior to completing the twelfth grade. The majority of them were unemployed, supported themselves through government assistance, their families, or illegal activities, and lived in poverty.

Many of the characteristics of these women were similar to those reported in other studies on working class women in Hawai'i. Chinen (1989) found that her sample of "young local" garment workers were predominantly from working class families, third or fourth generation Hawai'i residents, unmarried, under 30 years of age, and living at home (due partly to limited and expensive housing). As described below, the women in this study like those in Chinen's also lived in "households of necessity" characterized by children being looked after by grandparents and other relatives, chaos, and sometimes violence.

The Family: Chaos and Refuge

The cultural tradition of 'ohana originates from the Hawaiian familial tradition of solidarity, shared involvement and interdependence (Pukui, Haertig & Lee 1972). The

Yet the 'ohana system serves not only as an immediate resource to cope with the families' financial problems, but also as a relief mechanism for the heated tension which often emerges from economic marginality. These were 'households of necessity'...."

term is frequently used today, but reflects the spirit of local culture and identity. As Okamura stresses, personal gain is minimized while interpersonal harmony and satisfaction are maximized (1980:121). In its contemporary form, 'ohana upholds the familial spirit and traditions of cooperation and unity. And as mentioned above, those persons who are not blood related but integral to the family are included in the kinship network. Fictive kin—assumed familial relationships as aunts, uncles, and cousins.

Most of the women in this study grew up, in differing degrees, in such an extended family system, and given the extremely high cost of living in Hawai'i, this kinship network provides their financially strapped families a stable source of mutual support and aid. The women described shifting from the households of their parents

to other members of the family network—aunts, uncles, grannies, cousins—at various times in their life. Yet the 'ohana system serves not only as an immediate resource to cope with the families' financial problems, but also as a relief mechanism for the heated tensions which often emerge from economic marginality. These were "households of necessity" as evidenced in the summary case notes of one of our respondents:

Mary is a 23-year-old Chinese Hawaiian woman who is the fourth child of six. Her mother has been married three times, and her children are from different marriages. While Mary's older sister was sent to stay with their rich aunt, she and her younger brother lived with their grandmother during their early childhood years. While Mary believes that she was sent to live with her grandmother to "take care of her and to help her with the house and cook," in light of her young age, it is more likely that

her mother relied on her own mother to help care for two of her children while she worked and looked after the other children and a physically abusive husband who suffered from severe diabetes. During her teen years, Mary returned to her mother's home and helped care for her diabetic stepfather. [Respondent #446]

The pressures associated with economic marginality may also manifest themselves in parental alcohol and other drug use. While nearly half of the women's parent(s) used marijuana, and over one-third of them used cocaine, alcohol appeared to be the most problematic. Forty percent of the women report that their parents had problems with alcohol, but this figure very likely is higher as many try to normalize their parents' alcohol use. Joanne's case notes illustrate this normalization process:

Joanne, a 44 year old homeless Hawaiian Filipina, states that her father consumed several cases of beer on the weekends, but was only a "recreational drinker" because he "never missed work due to his drinking" and, most importantly, provided for his family. She had her first drink at 22 years of age when her father became seriously ill and died, and, "for the next ten years stayed in an unconscious drunken state by noontime everyday." [Respondent #551]

Parental alcohol or drug use was often connected with physical or sexual violence. In some cases, the violence was severe, and the extended family system was unable to provide a long term sanctuary.

Susan, a 19-year-old Hawaiian woman, remembers from about the age of five that her father would routinely beat up her mother to the point where she would be unable to walk. Subsequently her father would come looking for her or her mother would take out her own anger and hostility by beating on Susan and her siblings. Both parents were heavily involved in drugs, and her father was a dealer. She describes having a loose family structure as her father had several children by other women. While growing up, she was exposed to many "adult" situations including drug deals and hanging out in bars. Her father was sent to prison for hanging a man on a fence and beating him to death while drunk. At 14, an unknown teenage male raped her at a family function. She tried to isolate herself, but when her mother learned of the incident, punished her for "promiscuity" by repeatedly hitting her on the head and sending her to a group home for troublesome teenagers. [Summary Case Notes for Respondent #462]

Susan's case also clearly illustrates how the intensity of family pressures heightens as these young women are expected to conform to culturally prescribed gender roles and expectations.² Although she had been raped, her family believed that it was she who had violated sexual norms. At the same time, these women must also assume adult responsibilities at an early age as both parents worked long hours or one parent had left the family (either temporarily or permanently). Many described having to become the "parent" of the house, caring for their younger siblings, and managing the domestic chores of the house.

The strain from economic marginality, combined with cultural expectations about "being a good girl," and heavy parental alcohol consumption, exacerbate family violence. Helen,

a 38 year old Filipino, Hawaiian, Portuguese woman, recalls her childhood years during her interview:

"I come from a family of six children and I'm the fourth. We are all scattered. One brother is in prison and one passed away. When we was growing up we lived with both my parents. They stayed married until my dad passed away. Home was very strict. My dad was an alcoholic so he couldn't hold a job. He always had a strict hand on us. Discipline kind. He was either drunk or coming down from a hangover when he hit us. My mom was the one that went to work. Beatings were all the time from my dad. Severe kind with belt buckles.

The last time my dad hit me was when I was 17 years old. He found out that I was smoking cigarettes. I was almost 18. My youngest brother was able to drink with him, smoke cigarettes and pot with him! But not me. The boys could do what they wanted. My mom wasn't the one to discipline us. She really had no say in it." [Respondent #449]

Dealing with Family Chaos

The women tried to endure the turmoil in their family, and given the extended kinship network, some were able to stay with relatives when the situation at home exploded. The majority of them eventually could no longer bear the family violence and sought refuge. Some believed the best strategy for dealing with family violence was to start their own family. Marty, a 34 year old Hawaiian Chinese woman, describes the process:

"My parents were working. Then in the fifth grade, we moved, and... my father got sick, mom had to go on welfare. Things started not working out for the family, my parents was fighting, my father used to give my mother lickings every time and put us down. They were strict. We pretty much rely on each other [the siblings]. I never did get along with my dad. I don't know why. I've always tried, cleaning up, never had to be told what to do, I took care of my sisters and brothers. Cleaned the house, cook, did all kinds of house chores, but my father couldn't stand me.... I couldn't take it anymore, so I got about to the seventh grade, that's when I met my husband. I wanted to get married but I couldn't. So I got pregnant, my first daughter, about a year after that, I quit school already. I came home, I told my mom I wanted to get married. So she gave me consent. My father, never. So I forged his name... I was 15 years old. Stayed with my husband and never went back home. Only went back home once in awhile to give my mom money and see how she doing." [Respondent #411]

Other women took a different path, running away, living periodically with friends, relatives, or on the streets, and sometimes turning to prostitution for survival.

Linda is 28 years old and of Hawaiian Caucasian ancestry. Her parents divorced after her birth, and she has never known her mother. She and her sister were raised principally by her grandmother. Her father raped her and her sister, in addition to

constantly beating them. The sexual abuse started when she was nine and continued until she ran away at 12 years of age by "hopping on a bus to Waikiki" and getting lost. She had been in and out of foster homes and on the streets, but this break was permanent. She hooked up with a girl in her 20s, "I watched her, she was a prostitute. I asked her how to do that cause she had a lot of money. She taught me the ropes and I went for it. I made my money and stayed away from home. I lived out of hotel rooms. [Summary Case Notes for Respondent #510]

Drug Careers and the Family Paradox

In the midst of the problems these women confronted—poverty, heavily gendered expectations and obligations, parental alcohol and illicit drug use, violence, living on the streets—they found themselves starting on a path to illicit drug use. The majority of women have regularly used alcohol, tobacco, marijuana, powder cocaine, crack, and crystal methamphetamine.

The typical pattern of their initiation into drugs started with alcohol, marijuana, cocaine, and then progressed into ice. Social groups often include peers and relatives, particularly cousins. The women's peer groups and, most importantly, family members usually introduced them to alcohol, tobacco, and marijuana during their early teen years.

In some cases, the family member was a parent, usually a father or a close adult relative, like an uncle. Evie, a 27-year-old Chinese woman, remembers the setting when she began smoking marijuana:

"When I was 11. Yeah, my first hit. My first joint. He [father] rolled a joint. Back then, they used to have those little rolling machines and my dad would have ounces of weed in his freezer. So we'd sit there eating ice cream and rolling joints and making bags. Then the boys would come over, hang out. My dad was, he was hanging out, he was involved in underground entertainment so he knew all of the entertainers, all the promoters, artists, drug dealers, he always had hip parties." [Respondent #401]

Gradually, women were introduced to cocaine, but at this point the family member was usually a sibling, cousin or other relative. There were several sources through which women first encountered ice. Many women tried ice with a small group of their girlfriends. Others were introduced to ice by a relative, typically a cousin or sister-in-law. Several of the younger women indicated that male dealers, who had motives other than getting a new potential customer, negotiated their first encounter with ice. Finally, approximately one-third of the women initially tried ice with their partner, and the experience often was associated with sexual enhancement.

Women initially rationalized their ice use in gendered ways. The drug has an appetite suppressant effect which allowed them to stay thin. In a society where thin women are idealized, this provided a source of self confidence. Moreover, the speedy effect derived from ice gave them an energy boost to transcend and complete the monotonous tasks of

"women's work," namely, domestic chores. Several traded "domestic work" with their dealers for their supplies. Sometimes, the dealer was a relative, as one respondent states:

"I started buying from one of my cousins. I used to always burn myself cause I was trying to learn how the hell to do this thing without wasting 'em. My cousin used to see me do that so she taught me.... I caught on that night! That's when I really felt good! I was up all night long till the next day.... I stayed with her for three months. They were big time dealers. They was selling big quantities. I help her clean up the house, a big house. My auntie's house because I would help her clean and cook, she always used to give me free stash.... Right now, the only one supply me is my husband [who does not use]. Then check in one hotel...." [Respondent #411]

With prolonged use, however, the women become increasingly isolated from others—their children, partners, friends, and families. At this stage, ice becomes a medication for coping. Their isolation stems from several sources. They are becoming irritable from

long episodes of limited sleep and food. Many respondents spoke of periods of depression and paranoia. The paranoia usually involved scenarios of their being watched and followed both by the police and by other users wanting to steal their supplies; consequently, they limit their interaction with others. Also, nearly all of them reported substantial weight loss. Some have grown emaciated and exhibit facial sores from tweaking and dehydration. Under these conditions, they limit contact with their family, hoping that relatives will not see their deterioration. Finally, if their partner is using ice, they are becoming more irritable as a result of both lack of sleep and food, and money problems.

And the partner's irritability often is expressed through domestic violence.

Many of these women have become isolated and have a strained relationship with their family, but given the extended kinship network, they can rely on various relatives as a somewhat stable resource for managing

their everyday life. This includes financial support, temporary shelter for themselves, and especially shelter and support for their own children. While this extended kinship system provides them with consistent support, it has the paradoxical consequence of enabling their use of ice, intensifying their dependency on it, and further aggravating family tensions.

Stephanie is a 35-year-old Hawaiian Irish woman. While growing up, she recalls that her parents, both alcoholics, began physically beating her at five years of age with "extension cord wires, water hoses, punches, everything." She ran away, and

after high school, married and became pregnant. Her husband died shortly after the son's birth in a work-related accident. She has been homeless for seven years, and sometimes stays with friends. Periodically she visits her mother and son, but adds that her ice-use has "interfered" with her relationship with her mother. Her mother has been caring for her son since she has "no place for me and my boy." She regularly gives half of her welfare monies to her mother for her son's food and clothing. [Summary Case Notes for Respondent #475]

Like other women in this study, Stephanie takes refuge in ice as she finds herself with fewer and fewer options. As she states, "I can't get no help finding me and my boy a place. So because I'm homeless, that's why I do the drug, I get so depressed cause I don't have no roof over my head for me and my boy." Her family, which caused her to run away from home, is one of her few remaining resources.

Going Home

These women's life histories, like recent studies of women in the New York crack cocaine scene (Maher, Dunlap, Johnson & Hamid 1996; Dunlap & Johnson 1992), shatter recent portrayals of the demonic character of female drug users. As this essay has tried to illuminate, women's initiation, continuation and problems with illicit drugs must be examined within the context of their family ties. Importantly, the family, in turn, cannot be understood in isolation, but must be examined in relation to its interaction with gender and class. In this way, we can then examine the paradoxical effects of the family as both protector and facilitator of problems like illicit drug use.

Most of the Asian and Pacific American women in this study represent a highly marginalized population and come from a distinctive class and intercultural local background in Hawai'i. Clearly their experience cannot be generalized to all other Asian and Pacific American women drug users. The experience of women in other locales and among middle-class women users may be similar in some ways and different in other ways.

However, the lives of the women in this study do raise a number of important research, prevention, and treatment issues regarding the family and class. As we have seen in their cases, the extended family commonly found in the working and lower classes kindles solidarity and cooperation, and when financially hard pressed, it can act as a vital life-line: a source of stability. At the same time, however, economic pressures on the family remain; there is little chance of abatement.

In this cultural and class context, economic pressures, particularly for the "traditional breadwinner" of the household, aggravate family tension and conflict. Furthermore, perceived violations of traditional cultural norms of femininity result in simmering family conflicts in the heated home environment. When it boils over, family conflict is expressed

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in many forms: abandonment, neglect, verbal attacks, parental problems with alcohol and drugs, and physical and sexual violence. These women did not respond passively, but sought refuge from the family chaos through the most readily available means: sometimes they moved in with other relatives in the kinship network or with friends for as long as possible, or they lived on the streets.

It is during this period of chaos that most of these women were at a high risk, and as such, began using alcohol and marijuana, sometimes initiated by a male relative. Gradually their expanded user networks, which often included extended kin (cousins, etc.), initiated them into other illicit drugs. Although they grow increasingly isolated from others because of their extended use of ice, and the family tension from childhood remains, the cultural customs of the extended family system paradoxically offer them a source of shelter and support, and a place back home.

Notes

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1. The ethnic composition of our sample reflects our field workers' attempts to capture our targeted sampling strategy. Given the "hidden dimensions" of methamphetamine use and drug use, more generally among Asian and Pacific Americans, it is not clear whether this is a precise reflection of the ethnic breakdown of this drug user population. Ethnicity and culture in Hawai'i are particularly complex to disentangle, given the pervasive inter-mixing of ethnicities. Among those who identify as Hawaiian, most are of mixed ethnicity, but their Hawaiian identity takes precedence.
2. In traditional Samoan families, gender relations are organized around Polynesian traditions of male dominance, separation, and obligation. While Hawaiian customs were similar to the Polynesian model of separation, this was severely altered with the death of Kamehamehākūnuiākea in 1819, and the subsequent arrival of the missionaries. Although the Hawaiian system retains some of the features of male domination, it is the women who have "learned the ways of the malihini (strangers). Women adjusted to and became clever at cultural and economic transactions with the new world" (Nunes & Whitney, 1994:60). At the same time, however, Hawaiians, who are the most marginalized group in the state, have accommodated to poverty through normalizing early motherhood, high dropout rates, and welfare dependency for girls (See Joe & Chesney-Lind 1995). In modern Filipino families, girls and women have been socialized according to colonial cultural and religious, usually Catholic, norms that emphasize the secondary status of women, girls' responsibility to their families, and the control of female sexual experimentation (Aquino 1994).

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