

# **Drugs In The African-American Community: A Clear and Present Danger**

Wade W. Nobles, Ph.D.  
and  
Lawford L. Goddard, Ph.D.

Over the last several years drug use has emerged as an extremely critical problem affecting young people in America today. Former First Lady Nancy Reagan's interest in this problem undoubtedly gave the issue greater public attention. However, in many ways, because this problem was regarded as the first lady's and not the president's, it lost much of the urgency to see it as a threat to national security, which was more immediate and probable than missiles from Russia. Accordingly, the need to openly and radically address the problem of drugs and youth was relegated to sloganizing and pomp. The problem of drugs and youth is, nevertheless, a long-standing one. Its understanding has, in fact, been approached from many different perspectives (i.e., educational, legal, health, etc.), including the opinion that the introduction of drugs in the African-American community was allowed and encouraged in order to derail the growing militancy, political nationalism, economic independence, and cultural integrity of the African-American community.

Substance abuse is the single major leading social, economic, and health problem confronting the African-American community. In addition to being implicated in deaths from cancer, strokes, hypertension, cirrhosis of the liver, and heart diseases, substance abuse is a major factor in the increase in crime, family violence, the growing rate of violent deaths among African Americans and the depletion of the future resources of the African-American community. Substance abuse further leads to an erosion of life chances, an erosion of family life and the erosion of the cultural traditions and sense of community life for African Americans.

## **THE IMPACT OF SUBSTANCE ABUSE IN THE AFRICAN-AMERICAN COMMUNITY**

The question of substance abuse in the African-American community has been linked to three general processes (Goddard, 1988). The primary process that impacts upon the African-American population involves the issues of economic deprivation, racism, and stress. The psychiatrist, Chester Pierce (1974), has indicated that life in the urban ghetto is often characterized by an extreme mundane stressful environment. By "extreme mundane stress" Pierce refers to stress that results when actors perceive no rewards or relief from their constantly stressful

quest to survive on a day-to-day basis. Living in the urban environment is an extremely stressful situation for the African-American population in general and particularly for African-American adolescents. In addition to the difficulties of lack of adequate employment opportunities for adolescents, the urban environment is characterized by high levels of noise and environmental pollutants, lack of open space, and limited recreational facilities. The extreme environment of the ghetto is loaded with "offensive put-downs," which Pierce classified as social trace contaminants which promote acceptance of (1) a devalued state and (2) hopelessness. In this condition people require accessible escape mechanisms in order for the human organism to continue to function at a level of minimum survivability.

In an earlier work, Pierce (1970) noted that the African-American population, and particularly adolescents, is constantly bombarded by "microaggressions" in which they are hindered in their society. This repeated bombardment produces a cumulative impact on the personality of the urban ghetto which is structural in nature and long-term in its duration. This constant bombardment, he contends, produces a condition of "status dislocation" wherein the individual cannot effectively function in society and seeks escape mechanisms (i.e., substance abuse) to enable him to survive. He notes in this regard that the twin interactional and mutually reinforcing effects of racism and stress condition those so victimized to opt for addictive escapism.

It should be noted here that the restructuring of the American economy has affected the African-American population to such an extent that it has created a permanent underclass. The benefits of the Civil Rights struggle have been severely eroded through the massive retrenchments and cut-backs in the basic industries, automobile, steel, and rubber, in which African Americans had made significant inroads in the 1970s. These effects are manifested in the high levels of unemployment and underemployment among the African-American population, the increase in the proportion of persons living in poverty, and in the general sense of despair and hopelessness experienced by many African-American youth as indicated by the increase in suicide.

The underclass has swelled by an increasingly large number of African-American males who are experiencing extensive periods of unemployment as well as those who have dropped out of the labor market completely. Operating at a very basic level of survival, the underclass, in many significant ways, is isolated from society. Lacking appropriate marketable skills, lacking information about opportunities in the labor market, and symbolically separated from the wider society, the members of the underclass survive at a minimum level. Within this context, they find it relatively easy to opt for those "escape mechanisms" which Pierce had suggested. Participation in drug-related activity represents an attractive alternative to poverty and despair. It offers escape to users and quick profits to dealers. For others of the underclass, participation in a drug-related lifestyle is part of their normal routine of living. This is the lifestyle in which they have grown and it is difficult for them to imagine anything different. The small area around their homes represents the extent of the world for the African-American underclass.

Lacking the resources and the inclination, few have ventured outside of their immediate surroundings to explore the wider society.

The second process is the general availability of alcohol and drugs in the African-American community. The research literature clearly indicates that in the African-American community, liquor stores are the most common form of small businesses. The corner liquor store flourishes within the urban central city and is the prime source of availability of alcoholic beverages for African-American youth. The spatial geography of these communities reveals an excessive amount of retail liquor outlets. Along the major expressway that runs through any of the large urban African-American communities on almost every other block an alcohol retail outlet is found. The presence of these outlets, in addition to the visible ads, would seem to reinforce the pressures to engage in drinking behavior.

In this vein, it should be noted that the alcohol industry has embarked on a vigorous campaign to market and distribute wine coolers. Wine coolers represent the "magic elixir" for which the alcohol industry has been searching for years. Sweet to the palate, with a rich bouquet, it lacks the harsh, bitter taste characteristic of all alcohol. It is easily accepted by youth and is rapidly replacing beer as the initial entry-level drink for young people. The success of the wine cooler can be seen in the rapid increase in sales. Wine cooler sales increased from 150,000 cases in 1982 to 40,000,000 cases in 1986.

Illicit drugs have become commonplace within the urban environment with drug sales being conducted on almost every corner and at all times of the day. The salesmen, guards, and lookouts in this process are generally impoverished, angry kids who are willing to take up arms and lay down their lives for a piece of the lucrative drug market. Lacking any remorse or sense of moral obligation, they carry on their business with utter disdain for legal authorities and engage in open warfare for control of the trade. Drug trafficking has become a highly rewarding economic activity for poor, impoverished inner-city youths, providing them with the vestiges of material wealth. Drug dealers boast openly of the vast amounts of money they can make plying their trade.

The third general process is the impact of the media. Our society is a media-oriented society, and there is no doubt that the media have helped to project the image that the way to solve a problem or to feel good is to take something — a pill or a drink. In terms of alcohol advertising, the general image the media project is that alcohol is associated with success, wealth, and having fun. Similarly, when we watch "Miami Vice," we see the glamour, the wealth, and luxury associated with drug-related behavior. We do not see the poverty, the filth, and the squalor of the drug addict. We see the beautiful homes, the fancy cars, and the fancy parties. We do not see the misery, human suffering, and pain associated with drug use.

In addition, the urban community is inundated with billboards proclaiming the message that drinking is fashionable and offering high-priced alcohol as the standard against which to measure one's worth. These ads all advocate the purchase of dark-colored, heavy-bodied alcohol which has a much higher ethanol

content than the distilled, light-colored alcohol. Further, the use of athletic heroes as marketing representatives in commercials for alcohol impacts heavily upon the susceptibility and impressionability of the African-American adolescent, in particular. When his favorite hero appears in a commercial or on a billboard drinking a particular brand of beer, wine cooler, or hard liquor the impressionable adolescent is likely to emulate the behavior of the hero as a role model and to engage in that behavior. Vast amounts of money are also spent in magazines targeted to the African-American community (e.g., *Ebony*, *Jet*, *Essence*) on alcohol advertisements each year.

## **SUBSTANCE ABUSE IN THE AFRICAN-AMERICAN COMMUNITY**

The problem of substance abuse is a long-standing one which has been approached from many different perspectives (i.e., educational, legal, health, etc.). Across the nation, city after city and community after community are reporting on the ever-increasing involvement of people with drugs, particularly young people. Drug abuse has reached epidemic proportions in America. The people who are actually involved in drug use represent the mere tip of the iceberg. For every one person identified in drug-related activity there are approximately 3-5 persons directly connected to that individual (c.f., Nobles, 1985). The extent of the substance abuse problem reaches far beyond the actual number of users and abusers. At all levels, national and local, drug abuse among minority populations continues to be disproportionately worse than other segments of the society.

*Alcohol Use and Abuse:* In regard to the epidemiology of substance abuse, alcohol use and abuse, for instance, is so common in the African-American community that it has become acceptable behavior with little or no stigma attached to it. The research literature indicates that African Americans tend to be group drinkers, drinking in a social context with friends and relatives as opposed to drinking alone. African Americans also tend to drink more frequently and heavily during the weekend. Their "heavy drinking" tends to begin in the age group 20-24 and reach a peak in the age group 35-39. The consequence of this is that African Americans tend to drink more and for a longer period of time and hence are more likely to suffer from the negative consequences of long-term heavy drinking as reflected in high mortality rates due to cirrhosis of the liver. In many communities, street drinking has become a social custom with many African Americans drinking on the street corner, outside liquor stores, in automobiles, and in front of homes and stores. As a group, African Americans have higher rates of abstainers and heavier drinkers than whites. African Americans are status conscious drinkers, paying more attention to brands of liquor and prices. Although African Americans represent only 11 percent of the national population, they purchase 30 percent of the scotch sold in this country. It is estimated that African Americans spend \$11-12 billion annually on alcohol.

In a recent report prepared by the Fanon Research and Development Center part of the Charles R. Drew University of Medicine and Science in Los Angeles

it was indicated that approximately 16 percent of the African-American population are alcoholics. Alcohol use has increased over 86 percent since 1979 with 65 percent of African-American youth engaging in regular weekly use, with first drinks being taken between the ages of 8 and 10 years, and girls trying almost as often as boys. The health effects of alcohol use is devastating. Alcoholism is a secondary diagnosis in 65 percent of hospital beds; it is implicated in 61 percent of job absenteeism; 84 percent of traffic deaths; 70 percent of suicides; 80 percent of homicides; 90 percent of stabbings; 70 percent of all violent crimes; and 60 percent of automobile accidents. The incidence of cirrhosis of the liver for urban African-American males under 35 years old is 12 times higher than with any other comparable group. In 1983, the death rate for cirrhosis of the liver for African-American males was 23 per 100,000, almost double that of white males of 13 per 100,000. The African-American female death rate for cirrhosis of the liver was 11 per 100,000 as compared to six per 100,000 for white females.

In light of these hard data relative to the effect of alcohol on the African-American community, it is important to note that the African-American community is still less likely to view alcoholism as an illness and has been slow in confronting excessive drinking as a social problem requiring professional help. Consequently, the involvement of African Americans in the treatment process occurs very late in the onset of alcoholism and is often at the order of the legal system. (Williams, 1982; Lipscomb, 1981).

*Drug Use and Abuse:* In regards to drug use/abuse, official data (National Survey of Drug Abuse, 1982, 1985) indicates that the overall incidence of drug abuse in the African-American population is about the same as that for the white population. Data from these studies show that about 32 percent of each group had used drugs illicitly at some time in their lives. In terms of current usage the pattern remained substantially the same with 13 percent of African Americans and 12 percent of whites reporting having used illicit drugs in the past month. These data, while they point to the magnitude of the problem, should be taken with some caution since they are generally based on samples in which African Americans are underrepresented and people are less likely to implicate themselves in an illegal activity, such as drug use. Consequently, it is highly likely that these data represent a significant undercount of the incidence of drug abuse in the African-American community.

There can be little doubt that drug use and abuse has reached epidemic proportions within the African-American community. The primary drug in the African-American community has traditionally been marijuana and heroin, with cocaine being seen as the drug of the rich and powerful. However, within recent years there has been a dramatic shift in the drug of choice in the community. While the incidence of marijuana and heroin use appears to have stabilized, cocaine use has skyrocketed with the emergence of crack. In Oakland, for example, it is estimated that 90 percent of the drug trafficking is in cocaine. The emergence of this drug has brought the more expensive and addictive cocaine into the reach of the poorer sectors of the community. Crack is cheap. It is easy to hide, easy to

use, deadly, potent, and highly addictive. While everything else in the society has been increasing in cost, crack cocaine is becoming increasingly cheaper to buy. For example, in California, crack can be bought for as little as \$5. And reportedly, in New York, crack is available for only \$1. In fact, six months ago a jumbo vial of crack cost \$40. Today, that same vial will cost \$15. The cost of a vial of the most deadly drug known is equivalent to the cost of a cheap tie or a pair of sun glasses. The consequence of this is that a wider segment of the community with the least resources for remediation is involved with this drug. In this regard, data from the latest National Survey of Drug Use (1987) reported that one out of every 25 high school seniors (4.1 percent) reported having tried crack in the past year. Usage rates were substantially higher among the non-college bound (5.2 percent) than the college bound (2.8 percent); and in the larger cities (5.9 percent) than the smaller cities and non-urban areas (3.5 percent each). It is important to note that dropouts who are possibly more inclined to drug use were not included in the survey.

The main danger with crack is its potency. One shot is never enough to satisfy the feelings of euphoria experienced. Crack users have said that the high obtained from crack is so high that there is no desire to come down and the low is so low that they never want to experience that low feeling. Consequently, most crack users lose self control as they seek to experience that feeling of euphoria over and over. They lie, steal, cheat; sell their bodies, their belongings, and their property all in quest of another "hit" from the crack pipe. Crime, violence, and prostitution have become by-products of the crack epidemic sweeping the African-American community. It should also be noted that the crack epidemic has led to the emergence of a more serious health problem in the African-American community in that a significant number of babies are being born affected by cocaine. This is such a new phenomenon that the medical community has no baseline knowledge on the developmental disabilities that this would have on the infant.

The ultimate danger of crack cocaine is that it is affecting the very young members of the African-American community who lack the knowledge and refusal skills and, hence, are unable to make appropriate decisions about participation. With its low prices, ease of use and storage, and affordability, more and more young people are becoming caught in its web of entrapment. Available data indicate that the recent upsurge in drug abuse, in fact, has been concentrated mainly among the younger population.

The context of drug use in the African-American community is especially problematic in that most children learn about drugs and are offered drugs the first time by social peers and sometimes relatives. The consequence of this is that children are exposed at early ages to the presence of drugs; are capable of identifying the behavioral modalities associated with drug use; and become quickly acclimated to a drug-infested environment.

While we have discussed alcohol and drugs separately, it is important to point out that the prevailing pattern of substance abuse in the African-American community is one of polydrug use. The Institute's study (c.f., Nobles et al., 1987)

indicated that for the African-American community, alcohol serves as the gateway drug to more addictive drug use. Recent data from the national Drug Abuse Warning Network (DAWN, 1985) system indicated that many of the patients presenting themselves at emergency rooms in hospitals across the country were polydrug users and that the most common pattern was alcohol in combination with another drug. In fact, of the top 10 drug combinations reported in 1984, eight of the 10 involved alcohol in combination.

**AIDS:** Acquired Immunodeficiency Syndrome (AIDS) is the newest and most frightening danger to emerge from the presence of drugs in the African-American community. According to latest official statistics, as of April 6, 1987, a cumulative total of 83,231 cases of AIDS and 46,667 deaths had been reported. No one knows the exact extent of the disease. It is estimated that between 1 and 1.5 million Americans have already been infected with the AIDS virus. Although the overwhelming majority of these individuals are presently asymptomatic, given the long incubation period (up to five years) of the disease, they may unknowingly transmit the infection to others by sexual intercourse, by sharing hypodermic needles, and by in utero transmission from mother to child. Recent data now suggest that intravenous drug users and heterosexuals with multiple partners represent the bridge to the other segments of the population.

The high-risk groups for AIDS are as follows: gay and bisexual men, with and without a history of intravenous drug use; heterosexual drug users; heterosexual contacts of people with AIDS; babies of women with AIDS; and sexually active people with multiple partners. However, until recently, in the African-American community, AIDS had been considered a disease affecting white homosexual and bisexual men and some African-American intravenous drug users. At the current time African Americans represent 27 percent of AIDS cases, but only 12 percent of the national population. However, among children and women, the situation is even worse. Currently 52 percent of women with AIDS are African American; and 53 percent of children with AIDS are African-American (Health, United States, 1987). Almost all of these children have been infected in utero; 89 percent of diagnosed children have at least one intravenous drug-using parent. The disproportionately high rates of infection of the virus by peoples of African descent have led several people to speculate that Africa and/or Haiti was the origin of the virus. However, Kanter and Pankey (1987) have indicated that the virus had been endemic to the U.S. population and that it was through sociocultural changes in society (sharing of IV needles and risky sexual practices), not importation from Africa, that the infection has become epidemic and has subsequently been exported.

There is little doubt that the incidence of drug use has placed the African-American population at great risk of contracting this deadly virus. In reality, AIDS is a non-discriminating killer which is now spreading beyond the original high-risk groups into the heterosexual population. Given the prevailing pattern of drug use in the African-American community, the sharing of needles, common among heroin users, represents the primary mode of transmission of the virus in the

African-American community. Similarly, the increase in teenage prostitution associated with "crack houses" is placing a large proportion of young women at risk of contracting the virus through sexual intercourse with multiple partners.

Without a doubt, the primary effects of substance abuse in the African-American community are death, devastation, and destruction as lives are lost, careers are destroyed, families are torn apart, and the future resources of the community are depleted.

*The Issue of Drug Testing:* Due to the high concentrations of serotonin and melatonin in people of African descent, Carol Barnes, a brilliant young chemist, has repeatedly warned against random and "for cause" drug testing of African-American people. In reviewing the natural laws of chemistry, Barnes (1988) notes that upon physical or electromagnetic contact, if two chemicals have similar structures, they will dissolve into, or chemically react to, each other. He then explains that cocaine, marijuana, alcohol, and LSD have alkaloids and ring structures that are very similar to melanin and its precursors (p. 82). Environmental herbicides, like agent orange (Dioxin) and paraquats, also have similar structures to melanin. It is believed that the chemical binding of melanin with these elements is irreversible and that the new chemical mixture remains in the life system of the host body forever and can cause harm to the body, and even death.

Given the affinity of amino groups, Barnes further points out that a toxic chemical, like cocaine, also has the potential to co-polymerize into the melanin structure. Once the co-polymerization is complete, it (the cocaine) can remain intact within the melanin centers throughout the body for an indeterminate period. Any significant event (e.g., stress, dietary changes, environmental shifts, climatic flux, etc.) can trigger the melanin molecule to release unknown amounts of cocaine into the blood stream which, in turn, can cause delayed "trips," spontaneous highs, seizures, and even sudden death.

The implication these facts have for drug use addiction and drug testing is not fully appreciated. One should recognize, however, that due to the "melanic capacity" of African people, African Americans will become addicted (due to the binding nature and structural similarity of the melanin) faster and have greater difficulty (takes longer) in becoming drug free. The Barnes analyses also suggest that people of African descent have greater likelihood of testing positive for the presence of drugs when, in fact, they are drug free. That is to say, given the similarity of the melanin structure and the structures of toxic alkaloids, the natural pineal producing alkaloids like serotonin and melatonin in African-American people may fool the test into thinking it has identified a toxic alkaloid or chemical structure. Hence, African Americans may have greater incidences of undetected "false-positives" with current drug testing practices. Clearly, more research and study in this area is needed if we are to prevent the new interest in drug testing from becoming another tool in the victimization, discrimination, and domination of African-American people.



## **THE IMPACT OF DRUGS ON AFRICAN-AMERICAN FAMILIES, CHILDREN, AND COMMUNITIES**

Across the nation, city after city and community after community are reporting that drug use and drug-related activity have resulted in traditional youth delinquency and crime (i.e., petty theft, truancy, etc.) taking on the countenance of more serious life-threatening activity (i.e., assault, murder, extortion, etc.). In fact, with the eruption of the so-called drug wars in urban communities throughout the nation, the central city has earned the reputation of being an unsafe place. In a 1981 survey of serious crimes in the Bay Area cities, Oakland, California, (the city with the 16th largest African-American population in the United States) was ranked as the third "meanest" city to live in with a serious crime rate of 128 per 1,000 population. (Data will be provided for the city of Oakland, California. However, the conditions found in Oakland are generalizable to any central city in the United States with a large black population.) It should be noted that almost half (48.3 percent) of the families in Oakland are African-American and six out of every 10 (59.4 percent) of the children in this city are African-American children. Given the 1984 report of 6,608 drug arrests, we can estimate that between 18,000 and 30,000 people are being directly affected by drug-related activity in this city alone.

Analysis of the crime data for 1984 points to an alarming trend in the pattern of crime. This trend, some believe, is linked to an increase of (drug and drug-related activities). For example, in 1984, there were 115 homicides in the city, an increase of 16 percent over the 1983 total. Thirty-two percent were drug-related. This figure represented a 39 percent increase over the 1983 total. Similarly, there was a 5.5 percent increase in burglaries spread throughout the city but being most serious in mid-East Oakland. This increase might be reflective of the increase in drug and drug-related activities with addicts looking for a quick and easy dollar to feed their habit. The increase in drug-related activities is reflected in a corresponding increase in arrests for drug offenses. There was a 19 percent increase in arrests for drug offenses in 1984, compared to 1983. The alarming trend in this statistic is that there was an 11 percent increase in arrests for heroin and cocaine sales and a seven percent decline in marijuana sales. These data reflect a shift in the pattern of drug activities to the more addictive drugs of heroin and cocaine. Across the nation, drug cases are smothering the criminal justice system.

For example, in this year, New York city police made over 20,000 drug arrests for crack alone. Drug arrests are up across the board by 24 percent. Understandably, the issue of drugs and drug-related activities has captured the public's attention as a criminal justice issue or a drug-abuse treatment issue.

The mind-set or group psychology surrounding drugs and criminal activity in the urban community presents an especially complex climate. In many ways drug dealers are revered, feared, respected, and despised all at the same time. The picture this creates for African-American children is understandably confusing. For instance, the killing of a young African-American man in Oakland who was

involved in drug trafficking and drug-related criminal activity received national press coverage. Prior to his death the local media gave his life and rise to "King-pin" of the drug culture a kind of "Robin Hood" aura or mystique. Reports of his illegal activities were almost always juxtaposed with the fact that he often fed hungry families, took groups of kids to amusement parks, tossed basketballs out to needy kids from his white Rolls Royce, etc. Upon his death, no other issue occupied the minds of the community. Partly due to the attention his death received from the press, an inordinate amount of discussion centered around the life and death of a convicted criminal and known drug-dealer. Consequently, hundreds, if not thousands, of youths witnessed the power and importance of drug-related criminal activity when the casket of a criminal and deviant drug dealer was literally carried across the entire city by a horse-drawn glass hearse, followed by five white Rolls-Royces, a grey Rolls-Royce, a Silver Cloud, five grey Cadillacs, two white Lincoln Stretch Continentals, a black Lincoln Limousine, and numerous other signs of prestige and importance.

In the lives and minds of thousands of people, the life-style and meaning of this drug dealer had, and still has, greater personal significance and importance than the lives and deaths of men like Martin Luther King, Jr., Lt. Col. Ronald McNair, or Malcolm X. Hence, drugs, drug related behavior, and the images of power, prestige, and privilege associated with them are combining to create a peculiar psycho-social phenomenon for African-American children and families.

It is important for us to understand the social, cultural, and psychological, as well as political and economic, impact of drugs in the African-American community. Early in 1986, the Institute for the Advanced Study of African-American Family Life and Culture was awarded a grant from the Alcohol and Drug Abuse Services Agency of Alameda County to undertake a formal investigation of the Effects of Drugs and Drug Trafficking on the Mental Health of African-American Children and Families in Oakland (cf. Nobles et al, 1987a & b). The aim of this research effort was to specifically study the influence that drug-related behavior (i.e., drug trafficking, lifestyle, and culture) has on the functioning of African-American children and families and determine the extent to which drug-related behavior (as distinct from drug use/abuse) is affecting human service delivery systems.

Under the leadership of Supervisor John George, The Alameda County Board of Supervisors supported this unique study. The Board, through George's influence, were able to see that the "War on Drugs" could not be won with more police, treatment, and slogans. As evidenced by their support of this study, The Board took the position that the solution to the drug crisis was to be found only in accurately understanding the emerging drug climate and culture. Supervisor George, up to the time of his death, recognized that the emerging drug culture exacerbated all other county problems and had the greatest permanent danger to the well being and welfare of the African-American community as well as the larger county-wide communities.

In a very real sense, this study represents the only attempt to understand the emerging influence of "the drug culture" on African-American family dynamics and its consequence for the behavior of children and parents. In this study we were able to develop a data base which revealed a link between drug-related activities and the family's difficulty in determining and reinforcing proper conduct/values and the positive development of its children. This relationship also suggests, in turn, that the emerging drug culture may be associated with the increasing involvement of African-American youth in criminal behavior.

From the perspectives and testimony of former participants in the drug lifestyle and consultants, experts, and observers of drug related activity, the staff at the Institute for the Advanced Study of African-American Family Life and Culture was able to explicate the features of the emerging drug culture. In contrast to

### CHART 1

## SHIFT IN AFRICAN-AMERICAN CULTURAL ORIENTATION

### BLACK FAMILY VALUE ORIENTATION

### DRUG CULTURE VALUE ORIENTATION

#### I. Cultural Themes

- sense of appropriateness
- sense of excellence

#### II. Cultural Value System

- mutual aid
- adaptability
- natural goodness
- inclusivity
- unconditional love
- respect (for elders)
- restraint
- responsibility
- reciprocity
- interdependence
- cooperativeness

#### I. Drug Culture Themes

- anything is permissible
- trust no one

#### II. Drug Cultural Value System

- selfish
- materialistic
- pathological liars
- extremely violent
- short iused
- individualistic
- manipulative
- immediate gratification
- paranoid
- distrustful
- non-family oriented
- not community-oriented
- self worth = quantity

African-American culture, the general design for living in the drug culture is (1) trust no one and (2) anything is permissible. The subsequent rules by which one lives and the value system guiding one's behavior in the drug lifestyle emphasize selfishness, individualism, violence, hostility, impulsivity, etc.

It is especially worth noting that the behavioral patterns (i. e., persistent pattern of dishonesty, irresponsibility and callousness without signs of remorse, personal responsibility or motivation to change) consistent with the features of the emerging drug culture are in fact reflective of the most devastating psychiatric malady, the psychopath. The drug culture is, in fact, creating a "psychopathic" environment wherein "effective family functioning" is determined not by the rules or moral values of one's socio-cultural group, but by the dictates of a system of deviancy and chaos. Essentially, the drug culture is one that emphasizes immediate gratification, a sense of hedonistic pleasure, and lack of concern for others. For individuals and families involved in the drug culture, the drug-related behaviors and the pursuit of the means necessary to sustain the drug-taking lifestyle become the central life interests and the primary determinants of all social relations. As the producer of a psychopathic environment, the emerging drug culture and the subsequent cultural shift are the most powerful dangers which African-American children and families must confront on a daily basis. To the extent that families experience this cultural disalignment, there is tension and potential conflict within and between families. Hence, with the emergence of the drug culture as the dominant environmental influence in the lives of African-American families and children, we are witnessing a shift in cultural orientation of the African-American community (See Chart 1). As more and more African-American families and children begin to internalize the laws and rules of the drug culture, we are beginning to see a permanent, and possibly irreversible, change in the nature of African-American families and children.

The impact of the drug culture is that parents have to compete with a culture that provides immediate gratification and material possessions to its participants. The glamor, glitter, and material possessions of the drug dealers serve as a powerful attractant, seductively enticing more and more African-American children to enter into the web of self-destructive behavior. The drug dealer emerges as a model of someone who has been able to create an alternative economic activity that gives the material vestiges of power. In the presence of high levels of unemployment, limited educational attainment and the adoption of a materialistic value orientation, drug dealing and drug-related activity emerge as a viable economic alternative for urban African-American youth.

In this vein, African-American families are confronted by a phenomenon which is simultaneously aberrant, addictive, and economically viable. On the one hand, in response to economic impoverishment, participation in drug trafficking appears to be the only option for family economic viability and hence becomes reasonable and acceptable; while on the other hand, the same act of participation represents behavioral dysfunctioning and social deviancy. The Institute's drug study suggests that the conflict associated with an illegal activity that also benefits the family

was a precipitous basis for the expression of severe feelings of psychological stress/trauma in African-American children. The climate of drugs has resulted in families who are simultaneously victims and representatives of an emerging drug lifestyle.

It is not solely the drug-using population that is being affected by the spread of drugs throughout the community. The non-drug-using population is being severely affected by its very presence and the emergent drug culture. The random violence and the drive-by shootings that take place as dealers struggle to maintain control of their "turf" create in residents a deep sense of fear for their own safety. In this vein children are unable to venture out into the community to engage in those developmental activities that instill in them a sense of confidence and pride in their ability to master some new activity. Parents are afraid to allow their children to go to the corner store on an errand or even to go outside to play for fear of some violence that might be perpetrated on them by being in the wrong place at the wrong time. The primary environmental socialization experiences that African-American children face, given the presence of drug-related activity in the African-American community, are violence, fear, hostility, tension, criminalization, and community disunity.

The sense of apathy and helplessness that is felt by African-American families is exacerbated with the advent of decreased efficacy among service delivery systems. Mental health service providers are seeing behavioral and emotional disturbances among their clientele that they have not seen before, and consequently, they are having difficulty in being able to effectively identify and provide treatment to African-American families.

In response to the pervasive presence of drug-related activity and/or behavior, service providers reported feeling inadequate and ineffectual. This inadequacy is clearly understandable in as much as the service provider, regardless of the specialty; is confronting new phenomena which are simultaneously aberrant, addictive, cultural, and economic. The difficulty in addressing the issue of drug-related activity/behavior and the provision of services can be found, in part, in not having a prior knowledge base dealing with the problem. In terms of "practice," there are very few agencies which have treatment and intervention strategies designed to deal with the special health problem of drug activity and drug-related behavior in the communities in which they serve. For example, with the spread of cocaine use, doctors are seeing more and more cocaine-affected babies. In one urban hospital, it is estimated that on the average 25 cocaine-affected babies are born each month. This is such a new phenomenon that there is little or no medical evidence about the long-term health problems or the developmental growth patterns of these babies. Thus, the practitioner has no body of knowledge on which to base his diagnosis and treatment. S/he is essentially operating in "virgin" territory. Similarly, general practitioners are unknowingly treating cocaine abusers for their primary symptoms, for example, nasal sores, rhinitis, problems in swallowing, hoarseness, nausea, vomiting, hypertension, etc., and fail to diagnose the cocaine dependency. It is only through a long period

of contact and treatment with the patient that the general practitioner is able to begin to identify the cocaine dependency. It should also be noted that health practitioners report seeing maladaptive behaviors in the non-drug using population and in general believe that health disorders associated with drug-related behaviors are often misidentified as purely "psychiatric." Given the high percentage of drug-related maladaptive behavior seen by service providers and in the absence of a clear way of diagnosing such problems, one can assume that many people are not currently being accurately assessed or treated. The perceived inadequacy of those charged to help the weakened and the sick is understandable given the special aberrancy and acclimation emerging from a drug culture, its blending of the problems of mental health and drug abuse, and its creation of a "new normalcy" which is deviant.

The results of our investigation suggest that the emergence of a "drug culture" which threatens to destroy the very fabric of the African-American culture" is even more dangerous than the actual incidence of drug use/abuse.

### **THE COST IN ACHIEVING PARITY**

It is clear that drug use and drug-related activities are exacting a heavy toll on the African-American community—in many ways directly depleting the community's economic resources. Equally significant, however, is the fact that the future (non-replaceable) resources and life-chances of the African-American community are also being eroded and/or destroyed.

Drugs and the drug culture are making it extremely difficult for the African-American population to attain parity on economic and social levels. African Americans spend on the average \$11-\$12 billion annually on alcohol. The cost of illicit drugs is equally staggering. It is estimated that the average crack user spends \$100 per week on crack. Assuming one percent of the African-American population is using crack, at the average cost of \$100 per week, the African-American community is losing \$655 million (126,000 x \$5,200) a year to crack alone. These are conservative estimates, but they pinpoint the enormity of the economic burden that the African-American population is carrying in the drug epidemic. When we look at the economic value of the goods seized in drug raids we see the extent of the profitability in drug trafficking. In Oakland alone, in 1986, for example, the police seized one million dollars in cash from people involved in drug trafficking. Another \$300,000 in assets, cars, and houses were also seized. This does not include the actual drugs that were seized that were reported to have a street value of \$6.8 million. In 1987 alone, Federal enforcement agencies seized approximately 70 tons of cocaine, 1,400 pounds of heroin, and 2.2 million pounds of marijuana (cf, Herrington, 1988). These illicit drugs have an estimated street value of \$11.2 billion. The drain of the economic resources of the African-American community can be easily extrapolated from these data.

Beyond the actual money spent on drugs, there are the related costs of treatment for drug addicts and the criminal justice costs for prosecution and incarceration of offenders. We can project the tremendous economic burden that the community

and society is suffering from the drug culture. It is estimated that it costs \$20,000 per annum to keep one prisoner incarcerated. In Oakland alone, in the period January-April, 1987, there were 1,687 arrests for possession of cocaine, heroin, and other dangerous drugs. If we assume a 50 percent conviction rate, then, it would cost this metropolitan area \$16.8 million to incarcerate 843 people for one year. The projected criminal justice costs are staggering. Assuming that drug trafficking remains the same, Oakland will spend \$84 million during the next five years to incarcerate drug offenders alone. This is a heavy drain on the resources of any city. Given the attractiveness data from the Institute's drug study, which found that two out of every three youth surveyed felt that their peers were attracted to the lifestyle and material wealth of drug dealers, it is easy to see that the above is a rather conservative estimate of the potential costs associated with drugs.

When we factor in the cost of treatment for substance abuse, the figure becomes even higher. At present, there are approximately 9,000 drug treatment centers throughout the country (Herrington, 1988). It is estimated that outpatient care cost \$4,000 per year per slot, while residential slots average \$15,000 per year. Other estimates place the cost of residential care at approximately \$25,000 per month for the most expensive care (cf, Herrington, 1988). If we use the Fanon Center's 16 percent ratio of alcoholism as the lowest level of substance abuse addiction, the African-American community could expect to spend between \$16 billion and \$61 billion in substance abuse treatment alone per annum.

The economic drain of substance abuse on the African-American community could be better seen if we were to project it in terms of alternate resource allocation. For example, the low estimate of substance abuse treatment cost (\$16 billion) could provide full four-year scholarships to Spelman or Morehouse College for 451,773 African-American children per year. In fact, the low estimated substance abuse treatment cost could provide each of the 101 Historically Black Colleges with an annual endowment of \$5 million for the next 30 years. For the estimated nine million African-American persons living in poverty, this low estimated treatment cost could provide full health coverage annually in a Health Maintenance Organization. Applying the process to housing, the low estimated treatment cost could purchase 200,000 four bedroom homes (at \$80,000 per home) annually for use by the homeless.

In terms of issues of parity, the glamor, glitter, and allure of the drug culture serve as powerful attractants that are seducing large numbers of African-American youth away from productive efforts in traditional areas of social life. It is increasingly difficult to encourage African-American youth to continue their education when they see educated African Americans unemployed or working in occupations for which they are overqualified and underpaid and, on the other hand, high school dropouts involved in drugs having all the material trappings of success in the society. African-American youth are openly questioning the value of education, the work ethic, and delaying gratification. They are surrounded by the vestiges of material success which they can potentially have immediately and with little work. The impact of this is that African-American youth are more likely not to

see higher education as a goal to which they should aspire. As more and more youth succumb to the allure of the drug culture, the proportion of African-American children with the motivation, discipline, and desire to complete high school, let alone attend college, is declining accordingly. The problem of African-American children dropping-out and/or being pushed out of school is further compounded by the presence of drug-related activity in our communities. The long-term consequence of the drug culture is that the African-American population is in danger of not being able to reproduce its current middle class. Thus, it is difficult for the African-American population to maintain its current comparative social and economic position, let alone attain parity.

Drug use is a primary contributory factor to the lower life expectancy of the African-American population at present. The behavioral lifestyle associated with drug use increases the probability of early death through several preventable causes. Data from the Secretary's Task Force on African-American and Minority Health (1985) indicate that six causes of death — cancer, cardiovascular disease and stroke, chemical dependency, diabetes, homicide and accidents and infant mortality account for 80 percent of the mortality observed among African Americans. Utilizing the concept "excess death" the Task Force reported that 42 percent of all African Americans who die before age 70 could be considered excess deaths. The concept of excess death "*expresses the difference between the number of deaths actually observed in a minority group and the number of deaths that would have occurred in that group if it experienced the same death rates for each age and sex as the White population*" (Secretary's Task Force Report (1985)). The Task Force further reported that the six causes previously mentioned account for 80 percent of the "excess deaths" among African Americans. Recent data (Health, United States, 1987) indicate that homicide is the leading cause of death among young African-American men. In 1988, major cities including New York; Newark; Atlanta; Los Angeles, and Miami have reported record numbers of drug-related homicides. Indeed, the Secretary's Task Force estimated that homicide accounted for 38 percent of the male excess deaths and 14 percent of the female excess deaths below age 45. Given the violence, unpredictability, and volatile nature of drug trafficking and drug-related behavior, we can estimate that 80 percent of the "excess deaths" due to homicide are drug-related.

In addition, the life chances of the present and future generations are being affected as drug use, primarily crack cocaine, increases. Since crack use is associated with a generally young population, the contraction of sexually transmitted diseases will have a decidedly detrimental effect on the future well-being of the African-American population. AIDS is having a major effect on African-American women, both in terms of incidence and mortality rates. With the projected rate of infection, a significant proportion of African-American women may have already contracted the virus. Given the lower rate of survival for African-American persons with AIDS, many of these women would die before they are able to reproduce themselves in the population. In addition, those women who are affected with the virus and who do bear children are likely to transmit the



virus in utero to their children. From a demographic perspective, the impact of drug-related behavior is two-fold. On the one hand, the fecundity of African-American women would be affected through exposure to, and contraction, of sexually transmitted diseases. On the other hand, fertility would be affected through the death of large numbers of women of child-bearing age and an increase in childlessness among sub-fecund women. In addition, infant and neonatal mortality would increase as a result of drug-related effects. The long-term consequence of substance abuse would be a reduction in the future stock of the African-American population.

Similarly, the emergence of crack-affected babies represents another danger to the future viability of the African-American population. The presence of crack-affected babies is such a new phenomenon that no one knows the actual developmental delays, the long-term psychiatric conditions, or later life developments associated with it. It should be clear, however, that with the associated brain damage that crack affected babies experience, those who do survive will represent a population who will be in need of extra-ordinary specialized services that will pose additional untold economic and spiritual burdens on our community.

The effect of drugs and the drug culture is that the African-American population is steadily losing social and economic ground and is in danger of suffering a permanent retrogression. The transformation of the American economy and the consequent shifts in the labor force have created a high level of unemployment in the African-American community and the creation of a permanent underclass. The ranks of the underclass are being swelled with large numbers of African-American youth who drop out and/or are pushed out of the school system. In a similar vein, drug use, particularly crack cocaine, is increasing the rate of serious medical and psychiatric problems in the African-American community and is, thereby, threatening the fundamental survivability (fecundity, fertility, morale, spirituality, etc.) of the African-American population.

## **WHAT CAN BE DONE**

Obviously, when one honestly examines American cultural and social conditions relative to African-American people, the overwhelming quality of (African-American) its society has to be characterized by the twin forces of socio-political exploitation and racial and cultural dehumanization (domination). Hence, at the outset, the on-going debate regarding the proper governmental response to drugs via public policy has to be qualified by the historical and socio-political experience of the African-American community. For example, the issue of the proper role of government relative to the strategies of interdiction, prevention, and treatment has most often been couched in terms of the extent to which the public sector (i.e., government) vs. private responsibility (i.e., individual initiative) ought to be the basis of eradication efforts. In effect, the question becomes to what extent should command mechanisms (i.e., the authority of government) rather than personal mechanisms (i.e., the law of individual responsibility) be utilized or employed as the method for eradicating drug abuse. This debate seems reasonable

and even though the current political climate favors private or personal responsibility, the question becomes complicated by the perception, and socio-cultural and geo-political position, of the African-American community (i.e., politically disenfranchised and subject of oppression).

The problem of substance abuse in the African-American community is, clearly, societal. If one looks at the fact that (1) African-American unemployment remains twice as high as white unemployment; (2) African-American people experience serious crime more often than their white counterparts; (3) only 51 percent of African-American youth in the United States complete high school and only 29 percent of African-American high school graduates are enrolled in college; (4) 13 percent of all births in the United States are to teenagers and 29 percent of the teen births are African Americans; and (5) the generalized health status of the African-American population is worse than that of the white population, then one is able to see that the problems experienced by the African-American community are systemic to the socio-cultural reality of America and that each of these social factors are linked to substance abuse.

In regards to substance abuse in the African-American community, as well as to most social issues and/or problems, the debate over public vs. private sector resources is somewhat specious. However, there is at least one concept that must be recognized if one is to see the pervasive and insidious nature of the drug problem for the African-American community. Though difficult to accept, that concept is the question of genocide.

The most common definition of genocide is that it is the deliberate and systematic killing of an entire people, race, or nation. In so defining genocide, the horror of the possibility results in almost every reasonable person dismissing the notion as unthinkable and impossible. However, when the concept is actually broken down, one is able to see that "geno" refers to the germ plasm (or life force) that transmits hereditary character or information and "cide" refers to the act of cutting or killing something. Hence, a more accurate conception of "genocide" is any deliberate and systematic act of commission or omission which results in the killing of a group's life force and the destruction of their ability to transmit its own hereditary character and/or information. Accordingly, if one can find that the prevalence and presence of drugs in the African-American community is resulting in the African-American group's inability to transmit its own hereditary character and information and, thereby, through its own sense of integrity and worth, create history and meet the prerequisite of life; and if one is able to determine that those mechanism (be they the laws of commerce or the authority of government) crucial to mastering life's challenges are withheld or available inequitably, then one could arguably perceive the genocidal implications of the substance abuse problem. For instance, it is now known that 60 percent of all illicit drugs produced in the world are imported and consumed in the United States (cf. Herrington, 1988). Many even suspect that the flow of illicit drugs from foreign lands has not been terminated because of the political expediency it offers domestically and internationally. While the production of illicit drugs has

corrupted government officials world-wide, been suspect in the Iran-Contra affair, undermined the governments of many of our democratic allies in the Caribbean and Latin America, and placed in serious jeopardy the economic infra-structure of our own economy, the national response of this country has been overly dependent upon demand reduction strategies. This response is especially interesting, given that at the exact time of this writing, the United States is considering the invasion of Libya in order to militarily destroy what it "suspects" is a chemical weapons plant. Why not conclude that this, too, is a question of individual responsibility and tell Libya or its potential customers to "Just Say No." The drug-producing fields of Bolivia and Columbia are, in effect, "chemical weapons plants." The law of consistency would, therefore, suggest that if one is willing to militarily destroy one chemical weapons plant then one should also be willing to destroy any chemical weapons plant.

The point, of course, is that it is highly likely that through acts of commission and/or omission the command mechanism of government has allowed the drug problem to go unchecked and consequently, those communities with the least ability to resist the inevitable destruction are being systematically destroyed.

Given the implications of the above, one must be reminded that discrimination is an act designed to separate individuals or people for the purpose of allowing one group to receive preferential treatment and/or advantage; and, that in a system characterized by racism and oppression, almost every element or process managed by the racist system is designed primarily to continue and secure the status of the "advantaged" by guaranteeing in all arenas their preferential treatment. Substance abuse, in many ways, is becoming an American condition. However, in relation to the African-American community, substance abuse can immediately be judged as a phenomenon which, at best, will result in the African-American community becoming a "drug-dependent" socio-politically exploited and racially/culturally dehumanized community; and, at worse, an instrument of genocide in the African-American community.

Accordingly, the solution to the problems of substance abuse in the African-American community is, obviously, not to be found in individual therapy and programs targeted to the individual. Neither are the solutions to be found in campaigns based on individual responsibility when the structural constraints of the society prohibit and prevent individual initiative and advancement based on race.

The solution to the substance abuse problem does lie, however, in the area of national interest and, therefore, public policy. We believe that the solution to substance abuse in the African-American community must be prescribed in public policy which targets the cessation of supply (as contrasted to the reduction of demand) and which supports and guarantees the cultural realignment of African-American people and the revitalization of the African-American community.

Given the pervasiveness of the drug phenomenon as a cultural way of life, and the necessity of a national prevention agenda, it is our opinion that it is only those programs which are consistent with the traditional cultural orientation and precepts

of African-American people that have the highest potential for successfully responding to the drug epidemic. Culturally consistent programming provides a spiritual base, a sense of connection, and a value system that is based on the intrinsic cultural orientation of the African-American population. It is imperative that we provide our youth with a solid value orientation if we expect to develop mature, responsible African-American adolescents.

The authors and several senior members of the African-American community (most notably, Mrs. Dorothy Pitts of Tennessee, Prof. John Henrik Clark of New York and Mrs. Queen Ester Thurston of Oakland) have discussed the corrective potential of a "National Council of Elders" who, in addition to providing culturally consistent guidance and historical wisdom would be charged with the responsibility of actively interpreting and understanding African-American cultural precepts and laws as well as protecting and monitoring the cultural integrity and direction of the African-American community.

Any program of prevention, intervention and treatment should, therefore, have three components that are of critical importance if the problem of substance abuse is to be solved by the African-American community reclaiming its inherent responsibility to satisfy its own human imperatives and cultural prerequisites. The first component or focus is to consciously re-claim, evaluate, apply, and institutionalize our own traditional techniques of development, socialization, and enculturation. In this respect and in response to the need to overtly and intentionally impact on the development of the African-American community and the need to eradicate the substance abuse problem, efforts should be made to (1) research and study (evaluate) traditional African and African-American cultural forms of human development via a systematic analysis of our formal and informal sets of rituals, ceremonies and practices; (2) create contemporary examples of those techniques without violating the traditional cultural core; and (3) develop methods and processes designed to allow and encourage societal institutions to "respect, reflect, and incorporate" the cultural integrity and expressions of African peoples.

This approach is currently enjoying some experimentation. Several programs have developed across the nation which attempt to create rites and rituals that would represent transitional stages in the development of a competent, confident, and conscious African-American community.

The Institute for the Advanced Study of Black Family Life and Culture has developed the HAWK Federation which is a national network of manhood training programs aimed at developing High Achievement, Wisdom and Knowledge in African-American males and therein impact on the revitalization of the African-American community. The Children of the Sun/Crime is Not a Part of Our Heritage Project developed by Garry Mendez, The Simba Project developed by Jawanza Kunjufu, The Bringing the Black Boy into Manhood Rites of Passage developed by Nathan and Julia Hare and the Urban League's Black Male Fatherhood Responsibility Program are all similar experiments. Several authors have developed rituals, programs and rites-of passage for both males and females. There are

“experiments” being undertaken in Chicago, Seattle, New York, Washington, D.C., Florida, etc.

The staff at the Institute for the Advanced Study of Black Family Life and Culture has developed some theoretical ideas about what constitutes cultural immunology and what the community inoculation program should encompass. These are represented in the Institute’s Community Inoculation Grid and the Institute’s African-American Family Project’s Blueprint. These are prototype developmental ideas that could form the basis for a national community inoculation through cultural immunology effort.

The second component or focus is to develop authentic Afrocentric theory and practice (therapy and education). This focus would require the establishment and support of African-American Think-Tanks and Research and Development Centers, charged with the responsibility for developing (1) Afrocentric theories of human development and transformation; (2) culturally consistent intervention, prevention and treatment methods; and (3) African-based development and training programs in response to the concrete conditions impacting upon the viability of African-American peoples.

The third and final component or focus would be to undertake a systematic program of “community inoculation through cultural immunology.” The focus on community inoculation through cultural immunology would require that we develop and formally (re)introduce into the African-American community cultural mandates, functions, and expectations designed to stimulate the community’s production of indigenous processes which have the capacity to resist negative agents and/or prevent the development of attitudes, ideas and/or behaviors antithetical to the African-American community’s own well-being, welfare, and viability. This is a radically new and different perspective on what needs to be done in the African-American community. To our knowledge, there are few agencies or programs that are, in effect, attempting to inoculate the community against negative agents.

Clearly, the tremendous costs associated with substance abuse will, and are, depleting the resources of this nation and preventing the development of more positive life-enhancing activities that could improve the social and economic status and parity position of the African-American community. The African-American community individually and collectively must, therefore, read the “signs of the time” and assume the authority and responsibility for proactive self-vested policy, program and theory which will guarantee the positive development and transformation of the African-American community; and, thereby the good of the nation.