Center for Substance Abuse Prevention

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An African-Centered Model of Prevention for African-American Youth at High Risk

CSAP TECHNICAL REPORT 6

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration

CSAP Technical Report—6

African-American Youth at High Risk Work Group

An African-Centered Model of Prevention for African-American Youth at High Risk

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Public Health Service
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Rockwall II
Rockville, Maryland 20857

CSAP Technical Reports are prepared by the Division of Demonstrations for High Risk Populations, Center for Substance Abuse Prevention (CSAP), and published by its Division of Communication Programs. The primary objective of the series is to facilitate the transfer of prevention and intervention technology between and among researchers, administrators, policymakers, educators, and providers in the public and private sectors. At times, this series will publish reviews of innovative or exemplary programming models and reviews of evaluative studies conducted by CSAP grantees.

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CSAP Production and Editing Officer: Joan W. Quinlan
DHHS Publication No. (SMA)93-2015
Printed 1993

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As of October 1, 1992, ADAMHA was reorganized. The Office for Substance Abuse Prevention (OSAP) became the Center for Substance Abuse Prevention (CSAP), the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) became the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Division of Demonstration & Evaluation became the Division of Demonstrations for High Risk Populations. This document was written before the changes took effect; to avoid confusion and allow time for transition, the former names and acronyms have been retained.

Foreword

This report is the product of a conference convened by staff of the Office for Substance Abuse Prevention (OSAP) to explore more practical ways of addressing in a culturally relevant manner, the needs of Black youth at high risk. In calling the conference, OSAP is attempting to determine what is clinically relevant for the African-American population and to examine both psychosocial and biological factors. The conference participants discussed and debated the cultural issues over 2 days. The conference deliberations were guided by the critical issue of how to translate pragmatically the theoretical discussions of culture into programmatic activities. In doing so, several key questions must be answered. For example, what is the role of culture in alcohol and other drug (AOD) use and/or abuse? Are there contemporary values in the African-American community that resist and/or promote AOD abuse? What are the cultural precepts, values, and norms that have endured and promote positive psychosocial development and thus serve as "natural resistances" to AOD use or abuse? What is Afrocentricity? How do we make this concept operational? These are difficult questions because the answers require us to think culturally and to look at reality from a different theoretical and philosophical perspective.

In this process of reconceptualizing prevention services for African-American people, it is important to note that African-American service providers, as members of a cultural tradition, have daily provided practical answers to these theoretical questions. This has not, however, been accomplished in a systematic manner. It is clear that there are some important natural support systems in the African-American community that are successful in preventing AOD abuse. It is not clear which programmatic strategies implied by these natural support systems are most effective for African-American youth, family, and community, and why.

As we attempt to respond to the AOD abuse issues confronting African-American communities, we have to address the etiology of drug abuse. Is there a process for identifying indicators of high risk from an African-American perspective? What are these indicators? What are the environmental influences and/or political factors that enhance prevention or make alcohol and other drugs readily available? What structures (internal or external to the family or community) place African-American youth at high risk? Are there family structures that are more resistant to AOD abuse? Are there socioeconomic conditions that contribute to AOD abuse in the African-American community?

At the end of 2 days of continual discussion, dialog, and debate, the conference participants felt that it was necessary to continue the work and develop a written report reflecting the issues raised and helping to point OSAP in the proper direction for service delivery. This document represents the refinement and culmination of this effort to address systematically this issue of culture in service delivery.

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Acknowledgments

The Center for Substance Abuse Prevention Technical Reports are prepared by the divisions of the Center for Substance Abuse Prevention (CSAP) and published by its Division of Communication Programs. The objective of this report is to facilitate the transfer of knowledge and intervention strategies that will enhance programs targeted for African-American youth at high risk, their families, and their communities.

The report is based on the findings of an African-American work group of researchers, policymakers, scholars, and service providers, at the national, State, and local levels.

This publication was edited by Lawford L. Goddard, Ph.D., Director, Education and Training Institute for the Advanced Study of Black Family Life and Culture, Inc., Oakland, California. The authors of the chapters include Omowale Amuleru-Marshall, Ph.D.; Robert J. Courtney, Jr., Ph.D.; Dr. Goddard; Mr. Leonard C. Long, M.S.W.; Mr. Milton Morris, M.P.P.; Patricia Newton, M.D.; Wade W. Nobles, Ph.D.; and Ms. Janet Pinkett. The presentations herein are those of the authors and may not necessarily reflect the opinions, official policy, or position of CSAP, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Public Health Service, or the U. S. Department of Health and Human Services.

Contents

Introduction

Lawford L. Goddard

Alcohol and other drug (AOD) abuse has emerged as the leading social, economic, and health problem facing the African-American community. In addition to contributing to the excess deaths in the Black community from cancer, strokes, hypertension, cirrhosis of the liver, and heart diseases, AOD abuse is a major factor in the increase in crime, family violence, the growing rate of violent deaths among Blacks, and the depletion of the future resources of the African-American community. Alcohol and other drug abuse, furthermore, 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 Blacks. It is a multifaceted problem that affects the Black community at many different levels and for which there is no simple solution.

Over the past 15 years the African-American community has witnessed several attempts to provide AOD abuse prevention services, which have generally failed to solve the issue. Over this time, a group of scholars and practitioners (Nobles 1984; King 1985; Akbar 1985; Asante 1988) has argued that service delivery to African Americans is doomed to failure when it does not recognize or build on the cultural integrity of the African-American community. The inability of previous programs to significantly prevent AOD abuse has brought to the forefront the issue of cultural consistency as the key ingredient in providing services to culturally diverse communities. However, even with the call for culturally consistent program development and implementation, there remains the question of pragmatically translating the theoretical discussions of culture into programmatic activities.

The Office for Substance Abuse Prevention (OSAP), as the central governmental agency in the field of AOD problem prevention, provides critical leadership in the attempt to make service delivery to African-American youth at high risk consistent with traditional African-American culture. As part of this creative process, OSAP has convened two major technical discussions to explore the general applicability of African and African-American cultural traditions to the alcohol and other drug abuse prevention field. One group, the Morehouse Meeting of Afrocentric Scholars, consisting primarily of scholars and theoreticians, met in Atlanta to discuss the general issues of African cultural traditions and AOD use and abuse. A second group, an African-American work group, made up of scholars, service providers, and prevention practitioners, convened in Washington, D.C., to grapple with some of the critical questions raised in translating theory into practice.

This report attempts to continue these discussions and provide a starting point for the development of authentic prevention strategies for use in African-American communities, many of which constitute high-risk environments for African-American youth. It is not designed as a "how to" manual. Nor does it mandate the specific detail of programmatic activities. It should serve as a working model that highlights the key components of AOD abuse prevention that is consistent with traditional African-American culture. It recognizes that the specific aspects of any program must be grounded in the different concrete conditions surrounding the target population, which shares a common philosophical and cultural foundation.

The report is organized into three sections. Section I presents an overview of the AOD use/abuse problem. The scope of the problem is presented in chapter 1, which provides the background information on AOD use/abuse in the Black community. Lawford L. Goddard presents some of the current statistics that attest to the severity of the problem and explores the general environmental context of AOD use/abuse. Issues relating to environmental stress, the influence of the media, popular culture, and advertising campaigns and promotions are also examined. Dr. Goddard indicates that these are the primary external environmental factors that affect the African-American community.

In chapter 2, Dr. Goddard addresses the features in the family system that could be considered precursors to AOD use/abuse. He suggests that the Black community is systematically exposed to conditions of underdevelopment that make it difficult for the family to perform its basic functions of preparing children for participation in the wider society. He further indicates that the Black family is experiencing a process of cultural disalignment wherein the rules that govern its behavior are inconsistent with traditional African-American values and cultural foundations. The evidence of this disalignment is the incidence of AOD use/abuse.

In chapter 3, Omowale Amuleru-Marshall explores the economic and political implications of drugs in the African-American community. He suggests that the presence of alcohol and other drugs in the Black community represents part of the process of sociostructural violence that the Black population faces in this country. For him, AOD use/abuse is a manifestation of intrapersonal, interpersonal, and institutional violence, all consequences of sociostructural violence that arise in an unjust society.

In chapter 4, Patricia A. Newton discusses the issues of biological vulnerability and their relationship to AOD abuse. Alcohol and other drug abuse is highly complicated. Dr. Newton explores the way in which ordinary behaviors that are associated with dietary practices could serve as the precursor to addictive behavior. She examines the issue of melanin as it relates to African Americans and discusses the way in which the biochemical structure of African Americans could potentially make them more vulnerable to AOD dependence.

As a resource for section I, chapter 5 provides a review of the general literature dealing with AOD abuse issues. The list of abstracts of the literature dealing with substance use/abuse in the African-American community highlights the lack of a consistent theoretical or methodological approach to these issues.

Section II presents current applications and future directions for prevention services. The section's major thrust is the highlighting of current approaches to AOD use/abuse prevention in an attempt to extract those features that are achieving some form of success.

In chapter 6, Milton Morris explores the theoretical issues surrounding the conceptualization of the prevention issue in the African-American community and underlines the complexity of the issue. Prevention is not a simple act. He suggests that the way we define the nature and meaning of prevention has implications for determining the type of activities that we engage in, who the key actors are, what their roles are, and what outcomes are sought. Thus, much effort is needed beforehand in providing a conceptual framework for the issue of prevention, and Mr. Morris points out the problematic nature of prevention activities within the African-American community.

In chapter 7, Dr. Goddard continues the discussion of issues concerning the conceptualization of AOD abuse prevention and deals with the features in the African-American family that serve as natural resistors to AOD abuse. Dr. Goddard suggests that the traditional Black family system is based on the affirmation of life and promotes the growth and development of the child. The family performs several

critical functions that serve to stabilize and place the child in a particular social context that facilitates effective social functioning, and these functions minimize the pressures to engage in self-destructive behavior.

In chapter 8, Janet Pinkett addresses the critical role of spirituality in African-American society and suggests that a deep spiritual conviction was the essence of the Black family's social reality. Spirituality established a sense of a higher purpose in life and placed everyday suffering and pain within a broader context of one's beingness. The spiritual element in the Black family enabled its members to transcend and transform their experiential conditions so that they were able to function effectively in a society that denied them the full benefits of membership. Ms. Pinkett concludes this chapter with suggestions of ways to incorporate the spiritual dimension into a prevention model.

In chapter 9, Leonard C. Long documents the weaknesses and errors of traditional approaches used in the delivery of services to African Americans. Essentially, Mr. Long suggests that these models are inadequate and that prevention and/or intervention strategies based on these models would be inadequate for Black populations. He concludes by presenting the characteristics of a program in Dallas that is based on the application of an Afrocentric value system.

In chapter 10, Robert J. Courtney, Jr. provides empirical data about features of successful programs. In his summary, Dr. Courtney lays out some of the main lessons that the field of prevention has learned, which are based on an assessment of prevention demonstration projects OSAP has funded in the past.

In chapter 11, Dr. Goddard presents results from site visits to three current prevention programs. The programs are in different regions of the country, and all have achieved some success. In their own way, these programs reflect the variety of issues confronting the African-American community. The programs represent new and promising, but largely untested, prevention designs and strategies. These programs' benefits suggest the nature of what could constitute potentially "successful" programming.

Section III comprises a discussion of the components of an Afrocentric model of AOD abuse prevention.

In chapter 12, Wade W. Nobles and Dr. Goddard discuss the nature and characteristics of an Afrocentric model of prevention. This prevention model provides the framework for the development of programs whose activities are infused with the culture of African Americans. The philosophical foundation of the program, the teaching techniques, and the specific activities are all consistent with the traditional culture. The prevention model examined in this chapter represents one step in the long history of African-American scholars and practitioners responding to the need to develop services. It is an attempt to present formally and systematically the strategies and processes that draw from and build upon the collective wisdom of African and African-American people. It is not the final or definitive word on the issue; rather, it represents the current stage of transition in the development of the African-American population. It should serve as a stimulus for the creative development of other systematic approaches to address the variety of forces affecting the community.

Chapter 13 provides a selected Afrocentric reading list developed by scholars and practitioners of the Institute for the Advanced Study of Black Family Life and Culture. These readings represent some of the salient theoretical and empirical works by scholars who have adopted the Afrocentric paradigm for the study of the African-American experience. The list is important in providing a framework and suggestions for the establishment of study groups to discuss and analyze the written materials. It is suggested that in the process of engaging in study groups families can be reunited, the community can be revitalized,

and the process may help stimulate the natural immunities to AOD abuse.

It should be obvious that no one document can completely cover the variety of issues concerning AOD abuse prevention; several critical issues lie outside the scope of this report. For example, the question of the effects of public policy on the AOD abuse spectrum is extremely complex and broad in scope. However, it is important to mention briefly two issues that appear to be most critical in this discussion. On one hand, public policy has a diffusion effect that produces conditions that place individuals at risk of substance-abusing behavior (Nobles and Goddard 1989). On the other hand, public policy creates environments that, in many instances, retard and/or inhibit individuals' willingness to participate in prevention and/or early intervention programs. That is, people become reluctant to seek help out of fear that participation might make them vulnerable to loss of social benefits like subsidized housing, public assistance, and health care.

Mentioning these two issues hardly scratches the surface of issues in a consideration of public policy's impact on AOD abuse. However, it does raise, and leaves open for discussion, the importance of public policy issues in discussing AOD abuse. It is hoped that this report will allow a reexamination of AOD abuse prevention from a new and different perspective that may lead to an analysis of previously neglected areas of social inquiry.

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Dr. Omowale Amuleru-Marshall is a counseling psychologist, originally from the Republic of Guyana, who earned his M.A., M.Ed., and Ph.D. degrees in Human Relations, Guidance and Counseling, and Counseling Psychology, respectively, from the University of Oklahoma. After completing the requirements for a license in psychology in Massachusetts, Dr. Amuleru-Marshall received postdoctoral training in public health at the Harvard School of Public Health, receiving the M.P.H. degree. Dr. Amuleru-Marshall is currently Southern Regional Director of the Center for Health and Development. He previously served as Director of the Cork Institute on Black Alcohol and Other Drug Abuse and as Assistant Professor at Morehouse School of Medicine.

Since 1974, Dr. Amuleru-Marshall has worked in the field of alcohol and other drug abuse. A nationally recognized speaker, he has lectured across the United States and abroad on topics related to Black violence, the health and viability of Black males, and, more frequently, the prevention and treatment of AOD abuse among African Americans.

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William Cavil holds a degree in communication and is a doctoral candidate in higher education at the Western Institute for Social Research in Berkeley, California. Mr. Cavil has worked in the area of family research and development since 1975 and is currently Associate Director of Development and Dissemination at the Institute for the Advanced Study of Black Family Life and Culture, Inc., in Oakland, California. Mr. Cavil is interested in youth development and has worked as both a professional and a volunteer counselor for teen parents and juvenile offenders. He also has served as an education and prevention specialist in AOD abuse for pregnant adolescent girls and currently works with adolescent African-American males on AIDS education and prevention.

His area of expertise is media impact on sociobehavioral lifestyles; he is a leading theoretical/behavioral scientist in the analysis of television and its effect on African-American people. He is the co-author of two books on the Black family.

Robert J. Courtney, Jr., Ph.D.

Dr. Robert J. Courtney is a clinical psychologist who received his Ph.D. from the University of Utah and is currently employed as a clinician in the Alcohol and Drug Abuse Clinic of the Department of Physical Medicine and Physical Rehabilitation at the University of Utah School of Medicine. Dr. Courtney has also been an evaluator on the Office for Substance Abuse Prevention (OSAP) High-Risk Youth Prevention and Intervention Evaluation Project, an evaluator for the OSAP Partnership Grant Program, and a trainer for the OSAP Communications Team. He previously served as Head of the Prevention, Education and Training Unit at the Utah Division of Alcohol and Drug Abuse.

Dr. Courtney has been involved in the field of AOD abuse for over 15 years. He has served as the Prevention Network Coordinator of Utah and as a member of the National Prevention Network (NPN). He served for 2 years on the Executive Committee and 5 years as Chairman and Cochairman of the Public Information Committee. In addition, Dr. Courtney is currently serving as an Associate Member of the National Prevention Network from Utah and as a representative to OSAP's Urban Youth Public Education Campaign National Steering Committee.

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Pamela George is a clinical psychologist who received her M.S. from San Francisco State University and is currently Director of

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Her main career interest is the development and application of Afrocentric clinical practice and therapeutic intervention, perinatal health, and youth development. Ms. George has co-authored a major book on the Black family.

Lawford L. Goddard, Ph.D.

Dr. Lawford Lawrence Goddard is a sociologist/demographer who received his Ph.D. from Stanford University (with a minor in education) and is currently Director of Education and Training at the Institute for the Advanced Study of Black Family Life and Culture, Inc., in Oakland, California, and Lecturer in Black Studies at San Francisco State University. He has also served as Senior Research Associate, Alcohol Scholar at the Charles R. Drew University of Medicine and Science, Los Angeles, California.

Dr. Goddard is an expert on the impact of such population factors as age, mortality patterns, fertility values, and population growth on the health and well-being of the African-American community. In addition to his expertise in population dynamics, his research interests center on family dynamics (particularly adolescent development), issues of education, motivation, health promotion, and manhood and on responsibility training and counseling as primary prevention strategies against AOD abuse and other forms of self-destructive behavior. He is co-author of three books on the Black family.

Leonard C. Long, M.S.W.

Leonard C. Long received his M.S.W. from the University of Texas at Arlington Graduate School of Social Work and is currently Executive Director of the West Dallas Community Centers. Mr. Long has been working in the field of social services and AOD abuse for the past 25 years. He has served on the U.S. Department of Justice National Advisory Council on Crime and Delinquency, the National Institute on Drug Abuse National Advisory Council on Drug Prevention and Children, and the National Advisory Council on Drug Abuse and Low-Income Populations.

Mr. Long has been very active at the local, State, and national levels in the areas of youth development and AOD abuse prevention. Through his innovative approach, his agency programs have been identified as national models, and his drug prevention program was recently recognized on a national documentary on ABC television. For the past 4 years he has served as a national consultant to OSAP in the areas of AOD abuse and ethnic/racial populations.

Milton Morris, M.P.P.

Milton Morris received his B.A. degree in history from Swarthmore College and the M.P.P. from the University of California at Berkeley. He is currently working with the Institute for the Advanced Study of Black Family Life and Culture, Inc., in Oakland, California. Specifically, he is evaluating the design and implementation of a drug and gang prevention program sponsored by the Office of the Mayor of San Francisco.

Mr. Morris is well versed in both the practical and theoretical aspects of social policy implementation. His previous experience includes such varied activities as serving as associate director for an afterschool program with special emphasis on African-American children and working as research associate for MDRC, a public/private Federal contracts management firm. As an analyst and writer concerned with human development, Mr. Morris is particularly concerned with adolescent growth, patterns of communica-

tion within and between distressed communities, and values formation.

Patricia A. Newton, M.D., M.P.H., M.A.

Dr. Patricia A. Newton is a psychiatrist and physician who graduated from Washington University Medical School, and has an M.A. degree in molecular biology from Vanderbilt University and the M.P.H. degree from Johns Hopkins University School of Public Health and Hygiene, and is a Diplomate of the American Board of Psychiatry. Dr. Newton is currently President and Medical Director of Newton & Associates, Newton-Thoth Inc., Assistant Professor of Psychiatry at Johns Hopkins University Medical School, and cohost of the weekly radio show "Wellness Alert" in Baltimore, Md. She has also served as Psychiatrist-in-Chief of Provident Hospital, Baltimore, Md.

Dr. Newton is active in the field of addictions, having served as a facilitator for a task force of health care, drug abuse, and media professionals working on developing mass media techniques for public education and awareness in AIDS and IV drug use. Dr. Newton is a pioneer in the use of "sociodrama" in the rehabilitation of chronic mental patients and has a very successful rehabilitation program for chemically dependent populations that incorporates principles of classical African teachings, acupuncture, and rational behavior therapy relapse prevention.

Wade W. Nobles, Ph.D.

Dr. Wade W. Nobles is an experimental social psychologist who received his Ph.D. from Stanford University. Dr. Nobles is a prominent theoretical scientist in the fields of cross-cultural and ethnopsychology and is one of the leading researchers on Black family life and culture. In addition to his research interest in the area of ethnic family dynamics, his research interest also covers the psychological aspects of culture, Black child development, parenting, and systems of human transformation and development. Dr. Nobles is an expert in the field of culturally consistent education, AOD abuse prevention and youth development, and has been a presenter-trainer across the United States.

Dr. Nobles is a tenured full professor in the Department of Black Studies, the School of Ethnic Studies at San Francisco State University and is the founder and current Executive Director of the Institute for the Advanced Study of Black Family Life and Culture, Inc. He has served as a delegate to the White House Conference on Families and was a member of the President's Commission on Mental Health. He is the author of *Understanding the Black Family: A Guide for Scholarship and Research; Africanity and the Black Family: The Development of a Theoretical Model; The Km Ebit Husia: Authoritative Utterances of Exceptional Insight for the Black Family; African Psychology: Toward Its Reclamation, Reascension and Revitalization;* and *African-American Families: Issues, Insights and Directions.*

Janet Pinkett

Janet Pinkett is a licensed minister and pastoral counselor, trainer, and facilitator. She is currently Executive Director of Apostolic Community Outreach, Inc., Baltimore, Maryland, a nonprofit community-based agency providing support services for economic, family, and community development. She is cofounder and Executive Secretary of Community Development Associates, providing community organization assistance in the development of human and fiscal resources. Ms. Pinkett also serves as board member of the Maryland Alliance for a Drugfree Youth.

Ms. Pinkett has provided technical assistance in the areas of alcohol and other drug prevention programming, community mobilization, and youth development leadership. She has made numerous presentations for Government, nonprofit, church, and city agencies on the issues of developing collaborative community-based prevention efforts.

Section I

Overview and Background to Alcohol and Other Drug Abuse Problems in the African-American Community

Chapter 1

Background and Scope of the Alcohol and Other Drug Problem

Lawford L. Goddard

The problem of drugs is a longstanding problem that has been approached from different angles—educational, legal, and health, to name a few. Across the Nation, city after city and community after community are reporting the ever-increasing involvement of people with drugs, particularly young people.

Alcohol and other drug (AOD) abuse has reached epidemic proportions in America. In 1985, 17.7 million Americans aged 18 years and older were suffering from the negative effects of alcohol abuse. In the same year, 4.6 million adolescents aged 12 to 17 years experienced such negative consequences of alcohol use as poor school performance, trouble with parents, or involvement with law enforcement. Lifetime prevalence data from the National Institute on Drug Abuse (NIDA) 1988 Drug Abuse Study indicate that there were some 9 million youth 12 to 17 years old who had used alcohol; 2.5 million lifetime marijuana users; 3.4 million lifetime illicit drug users, and some 590,000 lifetime cocaine users. For every one person identified in drug-related activity there are three to five persons directly connected to that individual (Nobles et al. 1987), so the extent of the AOD abuse problem reaches far beyond the actual numbers, staggering as they may be.

Epidemiology of Drugs

This overview focuses on two types of drugs commonly found in the African-American community, licit (alcohol, prescription drugs, tobacco) and illicit drugs (marijuana, heroin, cocaine). For the purpose of this discussion, given the mandate of the Office for Substance Abuse Prevention (OSAP), the focus is on one licit drug, alcohol, and on the three illicit drugs.

Licit Drugs: Alcohol

Alcohol use and abuse are so common in the Black community that excessive drinking by adults appears to have become acceptable behavior with little or no stigma attached to it. The research literature indicates that Black people tend to be group drinkers, drinking in a social context with friends and relatives. Black people also tend to drink more frequently and heavily during the weekend. Street drinking is a social custom among many young Black people—drinking on the street corner, outside liquor stores, in automobiles, and in front of homes and stores. However, as a group, Black people have higher numbers of both abstainers and heavy drinkers than Whites. Data from the NIDA 1988 Household Survey indicate that among adolescents (12- to 17-year-old age group), 37 percent of African Americans, compared with 54 percent of Whites, reported having ever used alcohol. In general, Black people are status-conscious drinkers, paying more attention to brands of liquor and their prices (although Blacks make up only 11 percent of the national population, they purchase 30 percent of all the scotch whisky sold). Blacks are less likely to view alcoholism as an illness and are slow in confronting excessive drinking as a social problem requiring professional help. Consequently, the involvement of Blacks in the treatment process occurs very late in the onset of alcoholism and is often by order of someone in the legal system.

In a recent report prepared by the Fanon Research and Development Center of the Charles Drew University of Medicine and Sciences, it was indicated that approximately 16 percent of the Black population is alcoholic. Alcohol use has increased over 86 percent since 1979, with 65 percent of Black youths engaging in regular use weekly, the first drinks being taken between the ages of 8 and 10 and girls experimenting almost as often as boys.

The health effects of alcohol use are 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 long-term deleterious effects of alcohol on the African-American population are revealed in the differential mortality rate from cirrhosis of the liver, a degeneration of the liver caused by prolonged abuse of alcohol. The incidence of cirrhosis for urban Black males under 35 years of age is 12 times higher than that of any other comparable group. In 1987, the overall death rate for cirrhosis for Black males was 22 per 100,000, almost double the rate for White males at 12 per 100,000. The Black female death rate for cirrhosis of the liver was 9 per 100,000 compared with 5 per 100,000 for White females (NCHS 1990).

In attempting to understand the etiology of alcohol use among adolescents, Harford (1985) indicated that Black abstainers reported higher proportions of school peers to be nondrinkers. Additionally, he indicated that Black abstainers, when compared with non-Black abstainers, viewed the personal effects of drinking—the use of alcohol as a coping mechanism to deal with personal problems and stress—as the most important reason for not drinking. The implication of these findings is that Blacks who have positive peer influences and who appear to be confident in their own ability to deal with life and competent in solving problems are less likely to use alcohol.

Illicit Drugs

According to official data, the overall incidence of illicit drug use in the Black population is about the same as that for Whites. Data from the 1985 NIDA National Household Survey on Drug Abuse showed that about 32 percent of each group had used drugs illegally at some time in their lives. Lifetime use of alcohol is lower for Blacks than Whites (75 percent versus 89 percent), about the same for marijuana (33 percent versus 34 percent) and higher for heroin (1.4 percent versus 1 percent). In terms of current use the pattern remained substantially the same, with 13 percent of Blacks and 12 percent of Whites reporting having used illicit drugs in the previous month. Current use data indicate that a higher proportion of Blacks than Whites had used marijuana (7.2 percent versus 4.5 percent) and roughly the same proportion had used cocaine (1.8 percent versus 0.7 percent) in the previous month.

Among youth, the surveys indicate that Black youth (12 to 17 years old) have slightly higher levels of drug use. In 1991, 7.1 percent of African Americans in the group aged 12 to 17 reported having used some type of illicit drugs in the previous month versus 6.7 percent for White youth. African-American youth have higher lifetime rates for marijuana (13.7 percent versus 13.2 percent in a lifetime) and higher rates for cocaine (1.7 percent and 2.4 percent in a lifetime) than White youth.

These data, while they point to the magnitude of the problem, should be taken with some caution. Primm (1987) has indicated that there is no sound body of information on the AOD abuse problem in the African-American community because both the NIDA National Household Survey on Drug Abuse (1991*a*) and the NIDA Drug Abuse Among American High School Seniors, College Students, and Young Adults (1991*b*) survey are unlikely to include in their samples the poorer segments of society or the school dropouts among whom AOD abuse is generally much higher. In addition, these surveys are based on samples in which Blacks are underrepresented. Consequently, the data might represent a significant undercount of the incidence of AOD abuse in the Black community.

However, there can be little doubt that drug use and abuse have reached epidemic proportions in the Black community. The incidence of marijuana and heroin use appears to have stabilized, but cocaine use has skyrocketed in the past 10 years. Data from the NIDA 1988 National Household Survey indicate this pattern of increased use of cocaine in the African-American population. In terms of lifetime use among the 12- to 17-year-old age group, 1.7 percent of African-American youth, as compared with 2.4 percent of White youth, had used cocaine/crack cocaine; in 1987, the rates were 1.5 percent for African Americans and 1.5 percent for White youth. However, among the young adults in the 18- to 25-year-old age group, although lifetime and recent rates are lower for African Americans than Whites, previous-month use rates are higher for African Americans than Whites (3.1 percent versus 1.7 percent). The lower rate of drug use among African-American youth is also revealed in the data from the NIDA High School Senior Survey, which was completed by the University of Michigan. During the period 1985–1989, 40 percent of White male students reported using marijuana and hashish compared with 30 percent for Black male students.

The emergence of crack cocaine has brought the more expensive and damaging cocaine into the reach of the poorer sectors of the community. Crack cocaine is potent, easy to hide, easy to use, deadly, and cheap. In California it can be bought for as little as $5; in New York $1 crack cocaine is available. The main danger with crack cocaine is its potency: one "hit" appears to be never enough to satisfy the feelings of euphoria experienced. Crack cocaine users have said that the high obtained from it is so intense that there is no desire to come down. Conversely, the low is so low that they never want to experience that feeling. Conse-

qently, most crack users lose self-control as they want to experience the euphoria over and over. They steal, lie, cheat, and sell their bodies, their belongings, and their property, all in quest of another hit from the pipe. Crime, violence, and prostitution have become byproducts of the crack cocaine epidemic sweeping the Black community.

The real danger of this drug is that it is affecting the very young members of the Black community. These young people often have limited knowledge and refusal skills and hence are unable to make appropriate decisions about participation. With its low prices and ease of use and storage, more and more young people are witnessing drug use at a younger age and are likely to be caught in its web of entrapment. Available data indicate that the recent upsurge in AOD abuse has been concentrated among the younger population, and available medical data indicate that the progression of crack cocaine addiction comes much faster than with alcoholics or abusers of other types of drugs.

The context of drug use in the Black community is especially problematic in that most children learn about drugs from, and are offered drugs the first time, by their friends. Most children know someone who uses drugs and have actually seen someone doing so. The implication of this is that children are exposed at early ages to the presence of drugs and can identify the behavioral modalities associated with drug use.

Although alcohol and other drugs have been discussed separately, it is important to point out that the prevailing pattern of AOD abuse in the Black community is one of polydrug abuse. Nobles and his associates (1987) have found that for the Black community alcohol serves as the gateway drug to more addictive drugs. This may be changing with the introduction of inexpensive crack cocaine, which might now make it the gateway drug. The newness of the crack cocaine epidemic has precluded a substantial body of knowledge to determine the role of crack cocaine as a gateway drug.

Recent data from NIDA's national drug abuse warning network (DAWN) system (NIDA 1990) indicate that many of the patients presenting themselves at emergency rooms in hospitals across the country are polydrug users, the most common pattern being cocaine and alcohol.

Effects of AOD Abuse

It has become evident that AOD abuse is having a severe impact on the well-being and life chances of the African-American community. The behavioral lifestyle associated with AOD abuse increases the probability of early death through several preventable causes. Using the concept of "excess death," the Secretary of Health and Human Services Task Force on Black and Minority Health (1985) 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."* In addition, the data indicate that six causes of death—cancer, cardiovascular disease and stroke, homicide and accidents, chemical dependence, diabetes, and infant mortality—account for 80 percent of the mortality observed among African Americans. Alcohol and other drugs are risk factors associated with all of these causes of death, except diabetes.

Apart from the health consequences of AOD use, the African-American community is more likely to be victimized as a result of the drug culture and drug-related activities. Results from the 1986 Survey of Inmates of State Correctional Facilities (Innes 1988) indicate that inmates report high levels of drug use prior to the commission of the crime for which they were incarcerated. For example, of the African-American inmates only 21 percent had never used any type of illicit drug. Six out of every 10 African-American inmates (62 percent) had used drugs regularly in the past; 1 out of 2 (51

percent) had used drugs in the month before the offense, and 4 out of 10 (41 percent) had used drugs on a daily basis before the offense. Roughly half (48 percent) had used the major drugs—cocaine, heroin, PCP, LSD, and methadone—before the offense. Data from the study also indicate that drug use usually begins in the middle-to-late teenage years. The median age for first drug use was 15 years with regular use at 16. For the major drugs, the median age for first use was 16 years and regular use at 17. As for contact with the juvenile justice system, the data indicate that the median age for first arrest (17 years), first probation (16 years), and first incarceration (19 years) tended to come later than the onset of first use of drugs.

The relationship between drugs and crime is critical because the African-American community has suffered from higher rates of violent and household crime victimization than other ethnic communities. In addition, violent crimes committed against African Americans tend to be more serious than those committed against Whites; offenders were more likely to have weapons in violent crimes against African Americans and African-American victims were more likely to be injured and sustain serious injuries.

Data from the DAWN system reveal the extent of the health, emotional, and social consequences of AOD abuse in the African-American community. Among the African Americans who present themselves at emergency rooms with an AOD-related problem, there are distinct patterns of emotional problems. Males are more likely to show chronic effects (13.8 percent) and unexpected drug reactions (14.0 percent) as the reasons for their contact with the emergency room, while females are more likely to indicate overdosing (72.6 percent). This pattern also reveals itself among the young: for the White males in the 6- to 17-year-old age group, the primary reason is overdose and unexpected reaction (79.1 percent and 9.5 percent, respectively), while among the White females, it is primarily from overdosing (90.0 percent). Among the older adolescents (18- to 19-year-old age group), the pattern was essentially the same. Similarly, the reasons for the use of drugs reveal differential gender patterns. Among the males in the 6- to 17-year-old age group, 53.8 percent use drugs for suicide and 29.4 percent for psychic effects. Among the White females, the vast majority (66.9 percent) use drugs for suicide. In the male 18- to 19-year-old group, psychic effect was the primary reason for drug use (24.2 percent) while suicide remained the primary reason in the female group (76.0 percent).

Without a doubt, the primary effect of AOD abuse in the Black community is one of death, devastation, and destruction as lives are lost, careers are destroyed, families are torn apart, and future resources are depleted.

Environmental Context of AOD Use in the African-American Community

The question of AOD abuse in the Black community has been linked to three general processes. The primary processes that have an impact on the Black population include economic exploitation, White supremacy (racism), political domination, and psychosocial stress. As a result of these conditions, the psychiatrist Chester Pierce (1974) has indicated that life in the urban area 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 worrisome quest to survive on a day-to-day basis. Living in the urban environment is extremely stressful for the Black population in general and particularly for the adolescent. The extreme environment of the ghetto is loaded with "offensive put-downs," which Pierce classifies as social trace contaminants that promote acceptance of (1) a devalued state and (2) hopelessness. In this condition, people require accessible escape mechanisms in order to continue to function at a

level of minimum survivability. In an earlier work, Pierce (1970) noted that the Black population, and particularly adolescents, are constantly bombarded by "microaggressions,"[1] small-scale offenses on the psyche of the person, by which they are hindered in their attempts to realize basic functional imperatives required for normal adjustment in society. This repeated bombardment produces a cumulative impact, structural in nature and long-term in its duration, on the personality of the urban ghetto dweller. This constant assault, he contends, produces a condition of "status dislocation," in which the individual cannot effectively function and seeks escape mechanisms (i.e., AOD abuse) to enable survival. Pierce 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. Similarly, Akbar (1985) has indicated that the impact of living in an oppressive, racist environment produces a condition he characterizes as "self-destructive disorder." The victims of self-destructive disorder respond to conditions of oppression by attempting to destroy their involvement with reality through practices of personal and/or social destruction.

The impact of White supremacy has been exacerbated by changes in the basis of American economic life. The restructuring of the economy has, in fact, affected the Black population to such an extent that it has created a permanent underclass. The benefits of the Civil Rights struggle have been severely eroded by the massive retrenchments and cutbacks in the basic industries of automobiles, steel, and rubber, in which Blacks had made significant inroads in the 1970s. These effects are manifest in the high levels of unemployment and underemployment among the Black population, the increase in the number of people living in poverty, and the general sense of despair and hopelessness experienced by many Black youth, demonstrated by the increase in suicides (Davis 1981; Griffith and Bell 1989).

The underclass has been swollen not only by an ever greater number of Black males who are experiencing extensive periods of unemployment, but also by those who have dropped out of the labor market completely. Lacking appropriate marketable skills, without information about opportunities in the labor market, and symbolically separated from the wider society, the members of the underclass survive at a minimal level. In this context, they find it relatively easy to opt for those "escape mechanisms" that Pierce has noted.

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 becomes part of the normal routine of living. The small area around their home represents the extent of their social world.

The second process is the general availability of alcohol and drugs in the Black community. The research literature clearly indicates that in the Black community liquor stores are the most common form of small business. The corner liquor store flourishes in the urban central city and is the prime source of availability of alcoholic beverages for Black youths. The spatial geography of these communities reveals an excessive number of retail liquor outlets: along the major street that runs through any large urban black community an alcohol retail outlet is found on almost every other block. The presence of these stores, in addition to the visible advertisements, would seem to reinforce the pressures to engage in drinking.

[1] The following are examples of microaggression: A cashier requires three pieces of identification from a Black person to cash a check but only one from a White person. A clerk follows a Black person around a department store in the belief that the Black person intends to rob the store. A restaurant staffer seats a Black person at an inferior table or serves the Black person after later arrivals.

Illicit drugs are now commonplace within the urban environment, with drug sales taking place on almost every corner and at all times of the day. The salesmen, guards, and lookouts in this process are generally impoverished, angry adolescents who are willing to take up arms and lay down their lives for a piece of the lucrative crack cocaine market. Lacking any remorse or sense of moral obligation, too many of these youths 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 inner-city youths, providing them with the trappings of material wealth.

The third general process is the impact of the media. Our society is media-oriented, 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 addition, popular television programs like "Miami Vice," although antidrug in format, show us the luxuries of the drug scene—the wealth, the fancy homes, the lavish parties, the posh cars, and the other symbols of prosperity; but do not show us the squalor, the suffering, and the harsh economic realities of the drug user.

With alcohol advertising, the general image the media project is that alcohol is associated with success, wealth, and having fun. 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 distilled alcohol, which has a much higher ethanol content than light-colored distilled alcohol. Further, the use of athletic heroes as marketing representatives in commercials for alcohol strongly affects the susceptibilities of the Black adolescent male 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 role model and to engage in that behavior. Vast amounts of money are also spent on alcohol advertisements each year in magazines like *Ebony*, *Jet*, and *Essence*, which are aimed at the Black community.[2]

In addition to the visible signs such as alcoholic beverages advertising, popular culture, in the form of the music of the younger generation, promotes and fosters an AOD-use environment. Many of the popular songs endorse reckless, risk-taking behavior, often leading to a subtle erosion of the cultural substance of the community, its morals and values. The rap singer, in many instances, assumes the role of "renegade" and is perceived as someone able to overcome the limitations and restrictions of the society and gain a "piece of the pie." This image of success and the means of acquiring that success stretch the boundaries of acceptability and accountability, suggesting the breakdown of the moral code.

While the general AOD abuse literature for the most part emphasizes that the poor Black family is at risk, it is important to point out that *all* Black families are at risk for AOD abuse. While class differences reflect important socioeconomic realities, the institutional processes that produce the "microaggressions" and the small-scale assaults on the psyche of the African American do not acknowledge or recognize class or status. Indeed, the microaggressions are potentially more devastating at the higher socioeconomic level because successful Blacks are more likely to recognize the affronts and be taken aback by them since they do not expect them. In fact, success might disarm the successful Black of the psychological coping skills that act as a

[2] See Hacker, G.; Collins, R.; and Jacobson, M. *Marketing Booze to Blacks*. Washington, D.C.: The Center for Science in the Public Interest, 1987.

protective shield against the inequities of these institutional processes.

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Chapter 2

Familial Precursors to Drug Abuse

Lawford L. Goddard

In discussing the processes of the African-American family that make it more susceptible to alcohol and other drug (AOD) abuse, it is suggested that cultural disalignment—a process whereby the family's ethosic order or set of guiding principles is inconsistent with the traditional African-American cultural substance—is the primary precursor of AOD-abusing behavior.

From the perspectives and testimony of former participants in the drug lifestyle and consultants, experts, and observers of illicit drug-related activity, it is clear that there has emerged a "drug culture" that, like all cultures, has a general design for living and particular rules that govern, and define as normal particular standards of conduct. In contrast to African-American culture, the general design for living in the drug culture is (1) trust no one and (2) anything is possible. The subsequent rules by which one lives and the value system guiding one's behavior in the drug lifestyle emphasize such traits as selfishness, individualism, violence, hostility, and impulsiveness. In essence, the drug culture emphasizes immediate gratification, hedonistic pleasure, and lack of concern for others.

The behavioral patterns (persistent patterns of dishonesty, callousness, and irresponsibility without signs of remorse or motivation to change) consistent with the features of the emerging drug culture are reflective of the most devastating psychiatric malady, psychopathy. 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 sociocultural group, but by the dictates of a system of deviance and chaos.

As the producer of a psychopathic environment, the emerging drug culture and the subsequent shift in cultural orientation among African-American families is a most powerful danger that African-American children and families must confront daily. The primary environmental socialization experience that African-American children face, given the presence of drug-related activity in the African-American community, is one of violence, fear, hostility, tension, criminalization, and community disunity. Thus the emergent drug culture has become the dominant environmental influence in the lives of African-American families and children. To the extent that families experience this cultural disalignment, there is tension and potential conflict within and between families. As more and more African-American families and children begin to internalize the laws, rules, and codes of conduct of the drug culture, we are beginning to see a permanent, and possibly irreversible, change in the nature of African-American families and children.

Cultural disalignment, therefore, potentially serves as a precursor to drug use/abuse (Nobles and Goddard 1989). As people become out of alignment with their own cultural substance, the behavioral modalities they express become inconsistent with that substance and lead to general dysfunction in society. Alcohol and other drug abuse represents the physical manifestation of deep-seated patterns of dysfunctional behavior in society. Nobles and his colleagues (1987) have indicated that the features of the drug culture are antithetical to the essence of African-American cultural precepts. That is, the drug culture themes of trust no one[3] and anything is possible produce a value orientation that is inherently individualistic and without any regard for others. The implication of this is that connectedness and bonding with others, which is a central feature of traditional African-American culture, have not been developed. Nobles and his associates suggest that the absence of this principle serves as a primary precursor to aberrant social behavior.

The impact of the drug culture is such that parents have to compete with a culture that provides immediate gratification and material goods to its participants. The glamor, glitter, and material possessions of the drug dealers serve as a powerful magnet, enticing more and more African-American children into the web of self-destructive behavior. The drug dealer emerges as someone who has been able to create an alternative economic activity that provides 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 perceived viable economic alternatives for some urban African-American youth.

It should be emphasized that African-American families are confronted by a phenomenon that is simultaneously aberrant, addictive, and perceived as economically viable. On the one hand, in response to economic impoverishment, participation in drug trafficking appears as the only option for family economic viability and hence becomes reasonable and acceptable. On the other hand, the very same act of participation represents behavioral dysfunction and social deviance. The outcome of this paradox is that the moral dilemma and personal conflict associated with participation in illegal activity that benefits the family becomes a precipitative basis for the expression of severe feelings of psychological

[3] The evidence, however, seems to indicate that the mother-child bond remains unbroken, even when all other ties are severed.

stress and/or trauma in African-American youth. Thus, the climate of drugs produces families that are simultaneously victims and representatives of an emerging drug lifestyle.

Another hypothesis is that self-destructive behavior results from the inability of the family system to master its environmental context and to provide the basic processes necessary for its survival. The family is the framework within which children undergo socialization and within which we observe, learn, and acquire the cultural values that both protect, and expose us to the omnipresent negative inferences in our community. Additionally, the family is a subsystem embedded in the context of the cultural milieu of the wider society.

The wider society provides the mechanism to validate the family's sense of well-being. The family can be considered a hub of an interlocking network of relationships. Within and around the family revolve the major institutions of society: the educational system, the labor market, the legal system, the human ecosystem, the political system, and the media. These institutions function generally to enable the child to make a smooth transition from the world of the home to the world of the wider society. The problem we are witnessing in the African-American community is an outcome of the fact that the major institutions of society, rather than allowing dynamic growth and development of the African-American community, have become agents of oppression and underdevelopment that prevent the African-American family from acquiring a sense of human well-being, which would enable African-American children to become fully integrated into society's fabric. This process manifests itself in general features like economic exploitation, racial oppression, cultural suppression, and political domination.

The problem of the Black population in American society is, clearly, societal. If one looks at the fact that (1) African-American unemployment remains twice as high as White unemployment; (2) African Americans 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 (Nobles et al. 1987), then one can see that the problems of the African-American community are systemic to the sociocultural reality of America. Each of these social factors is linked to the status and treatment of African Americans in general, and African-American males in particular. Although the African-American female has been victimized, the extent of the victimization is not as great as in the treatment of males.

For example, the American economy's current transition from an industrial-manufacturing base to an information-producing base is eroding the economic viability of the African-American family. Already, some of the gains made by African Americans in skilled and semiskilled occupations (blue-collar jobs) are being lost to the structural changes taking place in the prime manufacturing sector of the economy (e.g., steel, automobile, and rubber industries). In addition, given the high level of teenage unemployment, a significant proportion of the African-American population will grow into adulthood without having the experience of gainful employment, a condition that is likely to hinder or limit the economic viability of new families. Available data (Rones 1984) indicate further that Blacks tend to remain unemployed longer than Whites and to become discouraged from staying in the labor force at higher rates than Whites, with the consequence that Blacks "see" and experience the negative consequences of unemployment far more often and in more different forms than Whites. As the American economy attempts to retool its technology to increase productivity and maintain a competitive

edge in the world market, technological and scientific advances (e.g., robotics, laser, computers) are increasingly being introduced into the workplace. As this process unfolds Black workers, in general, are being increasingly displaced because an information-producing economy requires a different pool of skilled workers (e.g., computer programmers, analysts, image makers) than that which currently exists. Black workers do not now have these skills, and they are not being trained to acquire them. Education statistics indicate that Black high school students are failing at higher rates, are not taking college preparatory classes, and are dropping out at alarming rates (Goddard 1989). A recent study completed by the Rand Corporation indicates that racial segregation in schools creates unfavorable opportunities for Black students to learn mathematics and science (Oakes 1990). The implication of these data is that Black and other minority students are not being given the opportunity to obtain a basic foundation in mathematics and science that would prepare them for the changing labor market. The lack of a basic and adequate education has an irreparable and multiple economic impact on the Black male and, ultimately, on the success or failure of the Black family.

As such, the major institutions serve to prevent and/or retard the transformation of the African-American child into a productive, effective member of society. Thus, the African-American child has great difficulty in transcending the high rates of unemployment and with living in an environment characterized by extreme mundane stress where the family unit is constantly bombarded by microaggressions and institutional racism. Given the need for a sense of continuity and permanence in one's life and the need for a community to be able to maintain and monitor its positive condition, "instability" is clearly associated with the risk of human dysfunction. These factors place the Black youths at severe risk of experiencing certain traumatic conditions that are likely to have an impact on their sense of psychological well-being.

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Chapter 3

Political and Economic Implications of Alcohol and Other Drugs in the African-American Community

Omowale Amuleru-Marshall

This discussion attempts to respond to the following two questions. Are there political and economic conditions that contribute to alcohol and other drug (AOD) abuse in the African-American community? What culturally appropriate elements should be cultivated to improve the health and viability of life in the African-American community?

Several years ago, Frantz Fanon (1969), the late African-Caribbean psychiatrist whose work offers a useful theoretical framework from which to think about these issues, leveled the charge that "establishment" psychologists seek to explain everything by movements of the individual's psyche, deliberately leaving out of account the special political and economic character of the social situation. In his view, "the events giving rise to the disorder are chiefly the bloodthirsty and pitiless atmosphere, the generalization of inhuman practices and the firm impression that people have of being caught up in a veritable apocalypse" (Fanon 1968). To think about the etiology of AOD abuse within the experience of people of African descent in America, the focus of the discussion must be on the macroecological context. It would be futile to attempt to understand, explain, or modify either familial or individual phenomena without

an antecedent analysis of the particular economic and cultural circumstances of the historical situation of African Americans in this society.

The etiological position taken here, therefore, is that the psychobehavioral attributes of the individual are primarily reflections of the ecological systems in which he or she is located. As Fanon (1967) put it, "we can say that every neurosis, every abnormal manifestation, every affective erethism in an . . . [individual] is the product of his [or her] . . . situation." Even as the individual is affected by the family, the family is in turn conditioned by the ethnocultural and sociostructural experience of the racial group to which it belongs. What this suggests is that the environment can be subdivided into micro- and macrodimensions, with the psychobehavioral features of individuals and their families representing microecological factors. These microecological factors must, however, be subsumed on the macro level, within the ethnocultural experience and sociostructural placement of the racial group to which the individual belongs. Alcohol or other drug abuse or addiction, in its advanced stages, is understood best as a rather complex biopsychosocial malady. There would seem to be a confluence of etiological factors that are implicated in its onset, some of which are specific to the particular substance. Other factors are more characteristic of the individual, and some inhere more solidly in the environment. This approach to thinking about the etiology of AOD abuse is consistent with the public health tradition that makes distinctions among the agent, the host, and the environment. These distinctions, though time-honored and helpful, are not clear and there is some degree of overlap in their boundaries. It is, nonetheless, useful in a consideration of the political and economic contributors to AOD use, abuse, and addiction, to briefly discuss some factors that may be subsumed within each of these categories.

When one focuses attention on the agent, which in this case is mind-altering drugs, licit or illicit, the ways in which and the degree to which they are available, interdicted, regulated, and marketed influence the incidence of drug use and addiction. Other factors related to the drug itself that have an impact on the onset of addiction are its addictive potency, as well as the frequency, duration, and quantity of its use. The point is that these are variables, specific to the drug itself, which, in particular permutations, represent relative degrees of risk to the development of drug addiction. Consequently, these are variables that can be targeted in prevention activities.

The kind of host variables that are most pertinent are essentially biogenetic in nature. It has been clear for some time that addictive disease, like heart disease, occurs more commonly in certain families. Since the biogenetic basis of this familial risk has been established (Wallace 1985), the implication is that different groups (such as races) might also be expected to exhibit differential risk and to respond differently to mind-altering substances. Although this area of AOD abuse risk might deserve further investigation, it will minimally explain the anomalies that are observed in the complications of AOD abuse among African Americans. Despite the recent resurgence in interest in biogenetic etiological explanations (Talbott 1986; Wallace 1988), it is expected that they will explain only a comparatively modest contribution to an individual's overall risk.

The more popularly accepted basis of AOD abuse risk is the environment, on both the micro and macro levels, which requires considerations of the political and economic conditions that affect and define African-American existence, in general, in this society. The nature of the historical position of Black people in relation to the fundamental productive and social processes in American society has been characterized as violent. Bulhan (1985) defined this kind of violence as any relationship, process, or condition by which an individual or a group constrains the physical, psychological, and/or social well-being of another individual or

group. He suggests that there are, in fact, at least four types of violence: sociostructural, institutional, interpersonal, and intrapersonal. Sociostructural violence is the most lethal and least discernable form of violence because it causes premature deaths in the largest number of persons while presenting itself as the natural order of things. Oppression, as a condition and process, rests primarily on sociostructural violence that in turn fosters institutional, interpersonal, and intrapersonal violence. Sociostructural violence pervades the prevailing values, the environment, social relations, and individual psyches; its most visible indicators are differential rates of mortality, morbidity, and incarceration among different groups in the same society. Alcohol and other drug abuse in all its many presentations can be understood, at once, as intrapersonal, interpersonal, and institutional violence—all of which are consequences of the sociostructural violence of an unjust social order.

Employing Bulhan's indices, there can be no doubt that Blacks, and particularly Black men, experience higher rates of mortality, morbidity, and incarceration than Whites in this society. In 1987, for every 100,000 White females of all ages, 384.1 died as a result of all causes of mortality. This is contrasted to a rate of 586.2 for Black females. White males had a total mortality rate of 668.2, and Black males led these race/sex groups with a total rate of 1,023.2 for every 100,000 Black males of all ages (NCHS 1990). In fact, among the 11 leading causes of death in 1987, Black males experienced the highest rate of mortality for eight of them. For the remaining three causes of death, White males had the highest rates of mortality caused by chronic obstructive pulmonary diseases and suicide while Black females had the highest rate of death from diabetes mellitus (NCHS 1990). This consistent pattern of excessive death targeting African Americans in general and African-American males in particular is hardly a phenomenon that can be simply dismissed as a function of chance.

Regardless of the index one chooses, a similar pattern of excessive vulnerability to morbidity or sickness emerges among Black persons. Whether one uses limitation of activity, self-assessment of health, hypertension, high-risk serum cholesterol levels, obesity, physician contacts, dental visits, or hospitalization, Black people continue to display higher rates of morbidity than any other racial/ethnic group (NCHS 1990).

Finally, the picture associated with incarceration is a particularly dramatic one in that the differential victimization of Blacks and especially Black males cannot be missed. African Americans have much higher arrest rates, convictions, and imprisonment rates than Whites—often for the same criminal offenses. In the Federal system, African Americans, merely 12 percent of the national population, contribute 31 percent of incarcerated persons. In State facilities in Alabama, Washington, D.C., Georgia, Louisiana, and Maryland, Black prisoners comprise at least 60 percent of their prison populations. In another 23 States, Blacks comprise between 23 and 59 percent of the prison population. Needless to say, the overwhelming majority of these Black inmates are young males (Brickhouse 1988). In Georgia, for example, Black males who represent 11 percent of the State's total population are fully 56 percent of the State's prison population (Thompson 1989).

These patterned differentials in mortality, morbidity, and incarceration are indicative of an unjust social order, that is, one characterized by political and economic injustice. Their relationship to AOD abuse is not merely an indirect one. The major causes of Black avoidable mortality and hospitalization are directly associated with tobacco, alcohol, and other drug use and addiction, while the overwhelming majority of incarcerated individuals in this country have AOD involvement histories.

There is consistent evidence that for many African Americans caught up in chemical dependency (or, more descriptively, chemical slavery) their initial involvement was that of drug-free, "petit" retail drug

dealers (Reuter et al. 1990). Their drug dependence followed their desperate economic efforts. The economic condition of most African Americans is one of systematic underdevelopment. Poverty is generously shared among the communities of darker hue. In 1986, the median Black family income was 57 percent of the median White family income and 31 percent of Black persons, as opposed to 11 percent of White persons, lived in households whose incomes fell below the poverty level. The poverty of Black children was particularly striking: 44 percent of Black children and 16 percent of White children lived in poor households in 1985. These children under age 18, who made up less than 20 percent of the poor Black population in 1970, were more than 45 percent in 1985. Fully one-third of the Black poor, compared with only one-sixth of the White poor, were children in families headed by a single female. Black married-couple families had nearly three times the income of Black female-headed families in 1986—a fact worth noting because it is estimated that 86 percent of Black children will likely spend some time in a single-parent household, usually a mother-only family (Jaynes and Williams 1989).

There are those who view this as an excuse rather than a cause, arguing that the poor can still find subsistence employment as an alternative to the drug culture. The fact is that unemployment is a serious source of poverty and of medical indigence in this country, resulting in higher morbidity and mortality rates for African Americans. A large number of unemployed low-income workers get no unemployment insurance benefits and Black unemployment rates are, on average, twice that of White Americans. Among those who have dropped out of the labor force, and among Black teenagers, the picture is quite a bit more dismal. Even when disproportionately employed in low-wage jobs, usually unprotected by tenure and seniority, the Black working poor are acutely sensitive to the recessions and expansions of business cycles (Jaynes and Williams 1989).

The labor experience of Blacks portended early in life as they are systematically underdeveloped in public education. There continue to be large and persistent gaps in the educational quality and achievement outcomes of Black and White Americans. Black high school dropout rates remain higher than those of Whites while the performance of Black students on achievement tests lags behind that of Whites. Since the mid-1970s, the college-going chances of Black high school graduates have declined, and the proportion of advanced degrees awarded to Blacks has decreased (Jaynes and Williams 1989). Concentrating on educational failure—a certain kind of "mentacide"—however, limits our view to only one of the ways in which American education violates African-American students. The term "mentacide," which was coined by Dr. Bobby Wright (1976), is used here to refer to a process that results in intellectual atrophy secondary to chronic educational failure. Another significant violation occurs as Black students are confronted with the forces of miseducation, which permeates the American educational system. The limited number of African-American students who appear, by traditional educational indices, to succeed are often transformed by the process of miseducation into caricatures of the European providers of their "education." Ironically, their miseducation tends to be a direct result of their success in these educational institutions. This "miseducated" class finds itself incapable of creativity or inventiveness and become victims of "conceptual incarceration" (Nobles 1985). They remember only what they have read in European-American textbooks and become, not the replica of Europeans, but their caricature (Fanon 1968). The "miseducated negro" (Woodson 1933; Karenga 1982) does not simply fail to develop solutions to the dilemma of his or her group but she or he fails even to accurately apprehend the nature of the position and resulting condition of that group.

Excessive mortality, morbidity, incarceration, poverty, unemployment, mentacide, and miseducation are among the factors exemplifying violence that is characteristic of the historical and structural placement of African Americans. There are a number of other factors that also reflect the violent nature of the macroecology of African Americans; however, space does not permit an elucidation of all of them. Nonetheless, in a discussion of AOD use/abuse/dependence among African Americans, it is an absolute necessity to address two of these additional factors: environmental pollution and racism.

The differential exposure of Black people to environmental pollution as an expression of sociostructural violence is a matter that has not begun to attract nearly the attention it deserves. It has been observed for some time that Black people, sequestered as we are in densely populated, inner-city communities, are exposed to excessive levels of toxic chemicals from automobile and industrial pollution. Additionally, the older buildings in which many economically disadvantaged Black people live are themselves suspect as endemic sources of particulate pollution. Moreover, Black workers are disproportionately assigned to work under conditions that are carcinogenic and life threatening in multiple ways. Yet, acknowledging these aspects of environmental pollution is merely intended to introduce the fact that communities of the culturally different and poor are polluted with toxic, mind-altering, and life-threatening chemicals. This activity raises the specter of chemical warfare.

Despite all the furor and political posturing about the "war on drugs," there is still a lack of information about, and law enforcement attention to, the largely non-Black, wholesale drug dealers who make the marriage between the Colombian cartels and the Black petit retail drug dealers in inner-city and small-town America. If one permitted oneself to be influenced by national drug policy architects, one would accept the idea that the principal players in this social epidemic are limited to the cartels in Colombia and Black and Hispanic "street hustlers" locked in the confines of the extreme environment. The Crips, the Bloods, the Miami Boys, and others of their ilk have even been elevated to the level of highly organized crime syndicates to account for the absence of a sophisticated infrastructure in the United States of wholesale drug traffickers, bankers, truckers, and warehousers who exploit the desperation in our communities in a targeted way.

The fact is that there are simply not enough Black people in this country empowered in ways that are prerequisite to the management of the volume of drugs that this country imports. Americans consume more than 60 percent of all the illicit drugs produced in the entire world. The U.S. House of Representatives Select Committee on Narcotics and Dangerous Drugs estimated that in 1986 the United States imported 150 tons of cocaine, 12 tons of heroin, 30,000 to 60,000 tons of marijuana, and 200 tons of hashish, to add to another 4,000 tons of "homegrown" marijuana, and another 100 tons of "homemade" miscellaneous psychotropic substances. It is widely recognized that a highly disproportionate share of these chemicals find their way to the poorest concentrations of African Americans. What is not as easily recognized, despite all of the frenetic law enforcement activity, is how.

The targeting of the Black community for the relentless rain of mind-altering, toxic chemicals is not limited to those substances that the empowered have chosen to designate as illicit. A rather competent exposé of the way in which the alcohol beverage industry conspires to target our communities was provided by the Center for Science in the Public Interest (Hacker et al. 1987). That inner-city communities are inundated with retail liquor outlets and outdoor and other advertisements facilitating self-sedation has long been recognized. The activity of the tobacco industry in this regard is also

sinister, as illustrated by the recent Uptown episode involving RJR Nabisco's plans for Philadelphia.[4] Few Black people operate in the corridors of power and decisionmaking that facilitate the targeting of our communities by dealers of licit and illicit drugs. Moreover, certain elements of so-called Black leadership are often gagged by these very interests into collaborative postures.

The fundamental importance of racism in the experience of African and primarily African-descended people in America demands that it receive special treatment here. It has played a particularly complex role independently and in interaction with other facets of sociostructural violence. Although there are clearly other non-Black, and even White, population subgroups that can be shown to experience disproportionate measures of sociostructural violence, in the Black experience political and economic oppression never operated alone as constraining dynamics. For African Americans, the point must be appreciated that our differential exposure to sociostructural violence in this country cannot be fully comprehended apart from racism in its macro and micro forms.

Racism, like violence of which it is a special form, is a highly mystified phenomenon in that most Americans, Black and White, only understand it in some of its interpersonal varieties. As a matter of fact, African Americans historically have demonstrated a willingness to actively express intolerance for segregated facilities, policies, and lifestyles. Our aspiration has been that the color of a person's skin should not be used to determine the content of the person's mind. This romantic preoccupation with color blindness has distracted us from some of the more intractable and dangerous forms of racism. Unable to get beyond interpersonal racism or, in certain rare cases institutional racism, the reality that these expressions of racism are caused or spawned by sociostructural racism is hardly ever comprehended.

Sociostructural racism is being defined as the historical and systematic arrangement of productive and social relations in this society so that they, *without extraordinary intervention*, develop a certain racial group and, dialectically, underdevelop other racial groups. Another form of racism that is given little attention is intrapersonal racism or self-hatred on the part of the victimized. Intrapersonal racism is the internalization of White supremacist notions, views, and values within the psyche of the oppressed.

This partial discussion of racism, particularly intrapersonal racism, brings into focus the second question to which this paper is intended to respond. What culturally appropriate elements should be cultivated to improve the health and viability of life in the African-American community? This question concerns the strengthening of the cultural fabric of African Americans such that culture can function as a source of immunity or resilience to the violent forces operating in our environment. The preeminence of culture as an issue has been promulgated (Karenga 1989). Further, it has been asserted that the fundamental proposition confronting the African in America is cultural domination (Nobles 1985). The role of culture as insulation against excessive mortality was implied by Diop (1986), as he acknowledged that "imperialism . . . killed the being first spiritually and culturally, before seeking to destroy it physically." The implication is that spiritual and cultural integrity strengthens a people, making their physical destruction more difficult. The cultural domination of African-American people compromises our ability to resist and protect ourselves from the onslaught of sociostructural violence in our experience,

[4] RJR Nabisco had attempted to test market in Philadelphia a new brand of cigarettes, Uptown, especially developed for African Americans. A coalition of health and community activists, supported by Secretary of Health and Human Services Dr. Louis W. Sullivan, was successful in having the campaign withdawn.

thus permitting this violence to produce lethal, synergistic permutations.

It can be said that African Americans have never been more spiritually and culturally depleted than we are in the current epoch. A convenient way of explaining this statement is offered by the WEUSI model contributed by Williams (1981), which distinguishes three types of Black realities. "WE" was used to signify biological Blackness or a primary biogenetic affiliation with the African racial stock. "US" was used to signify cultural/spiritual Blackness or the gestalt of African cultural survivals that persisted independently of the conscious intent of African-descended people, a kind of "collective unconscious." "I" was used to signify psychological Blackness or the presence of African consciousness in individuals.

Obviously, the phylogenetic legacy of biological Blackness was only modestly attenuated by the holocaust of chattel slavery. As will be elaborated later, it was the psychological Blackness or African consciousness of individuals that immediately received the most overt assaults during the initial holocaust. The cultural Blackness or "collective unconscious" of Africans proved to be more intractable and resilient even though it too was subjected to a gradual and protracted erosion, which started with the holocaust. Since then, the slow and progressive loss of African cultural survivals has continued over time, although this process has been largely imperceptible to most of us. Indeed, the comparatively recent opportunity to desegregate or, more accurately disaggregate, served to escalate the pace of this process of deracination. This is actually why the signs of collective strain—a veritable smorgasbord of social epidemics—are currently most prominent, despite the fact that the present level of sociostructural violence can be said to be less intense than it was during earlier historical periods. We are currently functioning with a seriously compromised level of cultural immunity, now in the late stages of our protracted psychocultural trauma.

There can be no equivocating the fact that, in order to begin to dissect the psychocultural trauma of Africans in America, it is necessary to return to the original nature of our encounter with European Americans. The holocaust of chattel slavery must be revisited, no matter how painful the analysis (Fanon 1968). The centrality of this multigenerational holocaust in etiological explanations of contemporary African-American behavior has been more recently asserted by leading African-American personality theorists such as Akbar (1984). This is the corridor of anguish in which our connectedness to a glorious past was fractured. There was a time when the ancestors of contemporary African Americans, because of the level of their spiritual and cultural development, were equated with the Divine. The land of our ancestors in antiquity was referred to as "The Land of the Gods" (Williams 1974). This was the precursor civilization that yielded unparalleled cultural, spiritual, and technological development among these early Africans or Kemites. It was during this classical era, in fact, that these Africans gave the world the foundations of medicine, astronomy, mathematics, monotheism, architecture, and much more. Additionally, the more recent West African kingdoms that yielded most of the Africans who now inhabit the so-called New World, had, prior to European aggression, operated as highly organized, complex societies (Rodney 1974). The experience that reduced these self-determining and self-reliant Africans to "darkies," "niggers," "coloreds," "negroes," and "blacks" was the holocaust of chattel slavery.

Some important aspects of this holocaust are atrocities that occurred on the continent of Africa itself, while others occurred characteristically during the "Middle Passage" of human cargo. These are, however, beyond the scope of this paper. The focus here is limited to the barbarous objectives that the contrived environment of the slave plantation was designed to achieve. There were two primary ways in which enslaved Africans were to be modified so

that they would serve the European agenda. First, they had to become completely dependent on the Europeans for the satisfaction of basic human needs. Nobles and his colleagues (1985) identify five basic functions of this type: (1) the act of procreation (sex); (2) the provision of sustenance (food); (3) the provision of shelter and/or protection (security); (4) the provision of recuperative time and space (rest and recreation); and (5) the provision of developmental guides (education). Any enslaved African who resisted the tremendously concentrated pressure to rely on "the other" for the satisfaction of his or her basic needs confronted the most heinous atrocities and, frequently, death.

Second, enslaved Africans were required to deny their names and nationality. The existential and cultural connection to Africa had to be severed. Thus, the symbolic adoption of slave names and associated identities, devoid of historicity (e.g., darkie, colored, negro), was necessary. Any people's humanity is seriously reduced by the loss of their collective memory; therefore, the planned dehumanization of Africans into chattel required the cultivation of cultural and historical amnesia. Ultimately, Africans had to be completely ruptured from their Africanity, or cultural and spiritual moorings, in order for their enslavement to be successful. Thus Africans were denied the "inalienable" human rights of self-definition, self-determination (self-control), and self-defense (self-reliance), as part of the system of forced dependence to which they were exposed. Parenthetically, these issues were fundamental to the discussions of "Black power" almost three decades ago. The current faddish use of the word "empowerment," when applied to African Americans, should be understood in this context. It can mean no less. The psychotic denial of the true and objective nature of Black reality was inculcated during chattel slavery so that enslaved Africans would come to accept their immediate experience as unremarkable, uncriminal, civilized, and even Christian.

It is important to indicate that the enslavement enterprise was never totally successful. Despite several generations born into the holocaust, Africans continued to resist consciously and even unconsciously, through collective unconscious or inadvertent cultural instincts. Chattel slavery did nonetheless foster, with varying degrees of success, alien-self knowledge, antiself attitudes, and self-destructive practices (Akbar 1981). This is the very complex of knowledge, attitudes, and behavior, which continue to function as tertiary enablers, but not causes, in the etiology of AOD abuse and related social epidemics and define a psychopathology of collaboration.

Consequently, interventions to prevent alcohol, tobacco, and other drug abuse must be culturally appropriate as well as culturally specific and culturally sensitive. The latter two terms are often interchanged with each other as if to imply that they refer, in general, to the same parameters. The much less frequently used term "culturally appropriate" is occasionally used in ways that further obfuscate these related concepts. I have begun, as a consequence, to argue for a clear distinction among these three concepts. They can be shown to relate to quite different purposes. When the label "culturally specific" is attached to a particular intervention, it merely suggests that the intervention was designed for, or is targeted to, a particular cultural group. This fact alone will not qualify it as a culturally sensitive model. Cultural specificity would seem to be a necessary but insufficient condition for cultural sensitivity.

A particular intervention designed for a particular cultural group can be said to be "culturally sensitive" if it is also informed by an anthropological familiarity with the pertinent behaviors, ideas, attitudes, values, habits, beliefs, customs, and so forth that are peculiar to that group. This idea is related to the concept of social validity promulgated by Baer (1984), which involves the acceptability of an intervention to those individuals most closely connected to it. A number of programs, projects, materials,

and interventions are being developed so that they satisfy this condition. However when efforts, particularly those developed for oppressed persons, are limited to satisfying the condition of cultural sensitivity, they inevitably incorporate features of pathology because oppression endemically breeds pathology. Cultural sensitivity is, therefore, an insufficient, albeit diagnostically necessary, requirement for programs that seek to be culturally appropriate. This does not mean, however, that it is necessary for every aspect of an intervention to be acceptable to those for whom it is intended. The requirement that is necessary, but insufficient, is that the intervention be developed from a familiarity with the cultural phenomenology, including the cultural pathology, of the targeted group.

Culturally appropriate interventions would additionally have to be prescriptively designed to heal the peculiar psychocultural trauma of the targeted group. According to Nobles and his colleagues (1985; 1989), culture, as a moral demand system, has the power to compel behavior and the capacity to reinforce ideas and beliefs about human activity. It is consequently being proposed that efforts to identify, repair, or heal the existing traumatic psychocultural ramifications of the holocaust are required to strengthen the resilience of African Americans. What is being prescribed is the cultivation of own-race knowledge, own-race preference, and own-race maintenance. These three categories of measurable outcomes, corresponding to the areas of knowledge, attitudes, and practices, represent the Critical Cs: Africentric Consciousness, Africentric Commitment, and Africentric Conduct. This is the prescribed psychocultural reparation that is expected to inoculate African Americans against the consequences of our continuing disproportionate exposure to sociostructural violence. Put another way, this psychocultural reparation will enhance the capacity of the African-American community to cope with the political and economic realities of our lives.

Incremental improvements in the degree to which African and African-American memory is restored, African identity is reclaimed, and a spiritually based collective responsibility is cultivated will progressively reduce our vulnerability. It is not enough to give our youth reasons to say no to drugs; they must also be given something to which they can say yes. They need a clear purpose, a reason for living that is greater than their individual lives. A conscious sense of connectedness to the historical African experience, and a strong sense of associated personal responsibility, will result from the cultivation of a sense of peoplehood. Interventions designed to prevent AOD abuse or any other health problem among African Americans that are not generously laced with features that challenge our amnesia will have limited and short-lived effectiveness. Clearly, an important aspect of the rehabilitation of our psychocultural health is our increasing ability to provide the necessary resources to heal ourselves and to regain control over the socialization of our youth. We cannot only look to the public sector or to White philanthropy for assistance because they can, at best, merely facilitate the development of this capacity. Ultimately, self-reliance, a prerequisite of freedom and maturity for any people, will have to be confronted.

The problem of AOD abuse, when considered in the context of sociostructural violence, is appreciated as an essentially political problem requiring a political solution. The earlier discussion of the victimization of African Americans by sedimented violence inherent in this society was intended to make the case that our experience is essentially a colonial one. It is a "colonial relationship" with the empowered in this society because, unlike them, Black people, as a group, do not enjoy a reciprocally deterministic relationship with the environment in which we are situated. We are not fully enfranchised so that the ecology in which we develop or falter can be said to be the product of our organized behavior. Our environment was organized and is controlled,

regulated, and recreated daily by others who are largely unresponsive to our needs, wishes, and views. The only realistic range of choices that are available to African Americans psychobehaviorally as individuals, or culturally and politically as a group, is located between the poles of resistance and collaboration. Whether the collaboration is a function of cooperation or submission and the resistance is conditional or unconditional, our repertoire is still circumscribed by the fact that African Americans are controlled by an unrelenting bombardment of sociostructural factors over which we exercise very limited, if any, reciprocal control.

Consequently, efforts for the present must concentrate on developing self-esteem nurtured on the collective historical experience of African people; teaching moral education and specific behavioral norms based on an Africentric value system; instilling a transcendental relationship with the Divine; and implementing progressive action programs. These should include schools, orphanages, cultural centers, healing and reeducative centers, family-based self-employment, healthy lifestyles, and political action in the collective interest of our group.

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Chapter 4

Issues of Biological Vulnerability in AOD Abuse for the African-American Community

Patricia A. Newton

In the context of a definition of "vulnerability"—being open to attack or capable of or being physically wounded (or mentally injured)—substances classified as licit or illicit can both render the human organism susceptible to biological vulnerability. Accordingly, any meaningful discussion of alcohol and other drug (AOD) abuse issues and biological vulnerability as it relates to the African-American community and in particular, its young people (who have been targeted as a group "at high risk") must begin with understanding the fact that the biology of the human organism has no use for the terms "licit" or "illicit." The issue of licitness in exposure to risk is all too often ignored in the African-American community in identifying risk patterns of behavior, treatment strategies, and prevention.

It is not, however, the purpose of this discussion to focus on issues of licitness or illicitness in AOD use and abuse patterns. Nevertheless, it would be a serious oversight in the context of exploring the biological entity as a whole, if AOD use and abuse is not made relevant to the serious risks imposed, often unconsciously, on the African-American community by not including licit chemicals and drugs (e.g., caffeine, nicotine, sugar, salt, alcohol) along with the illicit (e.g., cocaine, opiates, hallucinogens, amphetamines, barbiturates).

For example, in African-American communities there are excessive numbers of fast-food chain outlets whose menus offer an abundance of saturated fats, high cholesterol, and chemical preservatives. This situation, when coupled with the high-calorie, high-sugar, and high-salt junk foods readily available at the neighborhood and corner stores at low cost, places families in a cycle of licit food chemical addiction that seems to escape the notice of the most conscientious of inhabitants of these areas. The proximity and high number of liquor stores, cigarette machines, and over-the-counter single cigarette purchases at these stores, along with "sexy" billboard and magazine advertisements, all serve as strong incentives to addictive behaviors unwittingly sanctioned by the African-American community itself. This environment and the licit substances available in it can serve to promote "addictions" that may, in turn, establish the precursor behavior for addiction to illicit substances.

Medical and health literature is replete with the side effects and consequences of licit AOD addiction (Saunders and Williams 1975; Williams 1975; Blackburn and Gellum 1980; Tyroler 1980; Williams et al. 1985; Flowers et al. 1990). From licit AOD use and abuse come biological vulnerabilities that are manifested in the high rates of hypertension, stroke, diabetes, chronic renal failure, heart disease, and malnutrition (e.g., obesity, anemia), among others. These diseases plague the African-American communities despite improved diagnostic and treatment measures. The social conditions and dietary patterns of the average African American pose a serious licit AOD use and abuse threat to the African-American community, for young and old alike.

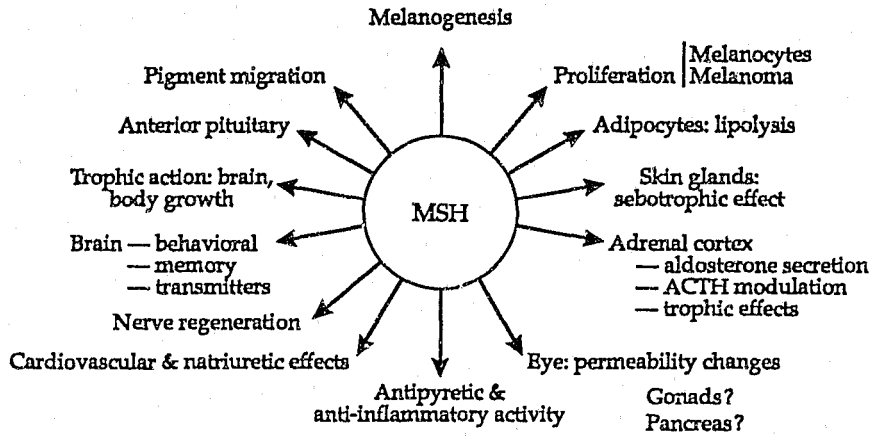
Few existing chemical dependency and rehabilitation programs address the need to focus on total lifestyle changes, including food chemical addictions and the development of tolerance by the body to the chemicals. The role that licit food-based chemical dependencies plays in forming precursory behavior for illicit chemical dependency as they relate to biological susceptibility and vulnerability for the human organism in the African-American population group is a matter of long-neglected study and research.

Given the dietary patterns, physiological structure, and neurochemical composition of African Americans, the role of the physiological and pathophysiological effects of melanin and melanogenesis in the consideration of biological vulnerability is critical for this discussion. Understanding the role of melanin is especially critical for the African-American population, given research data that discuss the relationship between the toxic effects of these "licit" drugs and chemicals and melanin stability within African populations (Barnes 1988).

The physiological and pathophysiological effects of melanin and melanogenesis is profound and remains largely an enigma to Western scientists. There have been, however, significant advances in melanin research over the past fifty years (Eberle 1988; Baer 1988; Acthrscherle and Hegedus 1976). Recent discoveries that melanocyte stimulation hormone (MSH) is produced by, and active in, the central nervous system of animals (operative in memory, adaptation, nerve regeneration, fever control) and during embryological development (fetal growth) suggests that melanin is becoming a serious candidate for future clinical investigations (Eberle 1988).

Melanin is a highly functional chemical that regulates essentially all body functions and activities (figure 1). Melanin is located in vital areas such as the central nervous system, autonomic and peripheral nervous systems, viscera (organs), and diffuse neuroendocrine systems (glands) (Barnes 1988; Eberle, 1988). Melanin is a unique biopolymer or "life chemical" found in high concentrations in various body organs (including the skin) and/or functional centers (melanin centers) in the body (Barnes 1988). While melanin exists in virtually all human beings, it reaches its highest functional expressions and concentrations in humans classified as Black or Africans (figure 2).

Figure 1.



Source: Eberle, 1988.

Figure 2. Classification of human types based on melanin concentration

Type I These individuals are white and cannot produce melanin. They have blue eyes, blond or red hair, white skin, and often have freckles. They often have a Celtic background and are most prone to develop melanoma and other types of skin or other organ cancer.

Type II These individuals are white and produce very low levels of melanin. They have hazel or blue eyes. They have red or blond hair. They often have freckled skin and are prone to developing skin cancer.

Type III These individuals are white and produce moderate to low levels of melanin. They have blond, brunette, or lightly pigmented hair. They show a moderate to high risk of developing skin or other organ cancer.

Type IV These individuals are white who are lightly tan and include Japanese, Chinese, Italians, Greeks, Spaniards, and Native Americans. They produce moderate levels of melanin and show a moderate risk of developing skin or other organ cancer.

Type V These individuals are brown-skinned and include Indians, Malaysians, Mexicans, Puerto Ricans, and other Spanish-Portuguese-speaking Latin American people. They produce moderate to high levels of melanin. Their eyes and hair are deep brown or black. They seldom develop skin cancer.

Type VI These individuals are black in color and include Africans (Egyptians, Ethiopians, Nigerians, and so forth), African Americans, and Australian aborigines. Their eyes and hair are black. They have virtually no incidence of skin cancer.

Source: Barnes, 1988.

With regard to food-based chemicals, it is suggested by Dr. Malachi Andrews (1989) that foodstuffs rich in melanin such as chlorophyll-containing foods (green), vegetables, various grasses (teas), beans, fruits, and so forth have profound effects on melanin storage, production, and stability. Furthermore, he suggests that these foodstuffs should represent the central focus of the African-American diet, rather than the present diet that is high in fat, cholesterol, sugar, and salt. As a result of dietary toxins to which African Americans are exposed daily, and given the issue of biological vulnerability, several questions related to AOD abuse and biological vulnerability come to mind.

- Do African-American diet patterns often associated with known medical conditions (e.g., high blood pressure, stroke, diabetes, renal failure) also serve to promote the development of "cravings" for various chemicals in these diets' food and set up a similar pattern in developing "nonfood" (drug) cravings?
- What is the relationship of these food-based chemical substance cravings to tobacco, alcohol, opiates, cocaine, and so forth? Do the chemicals create or stimulate cravings in terms of setting up the biological precursor conditions for other drug cravings?
- Do the withdrawal effects from foods create similar emotional and central nervous system (CNS) irritability in the human organism and thereby render it vulnerable to addictive behavior through some mechanism involving melanin-mediated pathways? How does this effect differ among African and other population groups?
- Does the regular ingestion of toxic foods render the African American biologically "weak"?
- What effects, if any, do these toxic licit foods and chemicals have on rendering African Americans more vulnerable to the use and abuse of other toxins and drugs (e.g., opiates, cocaine, alcohol) through the destabilization of the melanin molecule?

With regard to AOD abuse diagnosis, assessment, and treatment, the "pleiotrophic character" of melanotropins is very important. The pleiotrophic character of melanotropins means that the potential exists for one structure to exhibit various physiological functions, depending on specific additional residues present in the molecule that alter the hormonal information of the "core" chemical structure. Toxic drugs and chemicals such as cocaine, LSD, and marijuana are very similar in chemical structure to melanin and to the subunits that make up the melanin substance (e.g., tyrosine, melatonin) (see figures 3 and 4). According to Barnes (1988) these similarities in chemical structures cause the addictive and toxic effects of these drugs to work at a faster pace, cause the user to experience higher "highs" and lower "lows," and remain in the "Black Human" [sic] system for longer periods of time. When chemicals have similar structures, they will attract each other and, physically as well as electromagnetically, react (marry) with each other, thus forming a hybrid (see figure 5). Accordingly, a toxic chemical like cocaine has the potential to copolymerize[5] into the melanin structure. Once the reaction of copolymerization is complete and the molecule becomes stable, it may remain intact in various melanin centers throughout the body for several months. (Barnes 1988; Slavinska and Slavinski 1982; Inges 1984; Baweja et al. 1977).

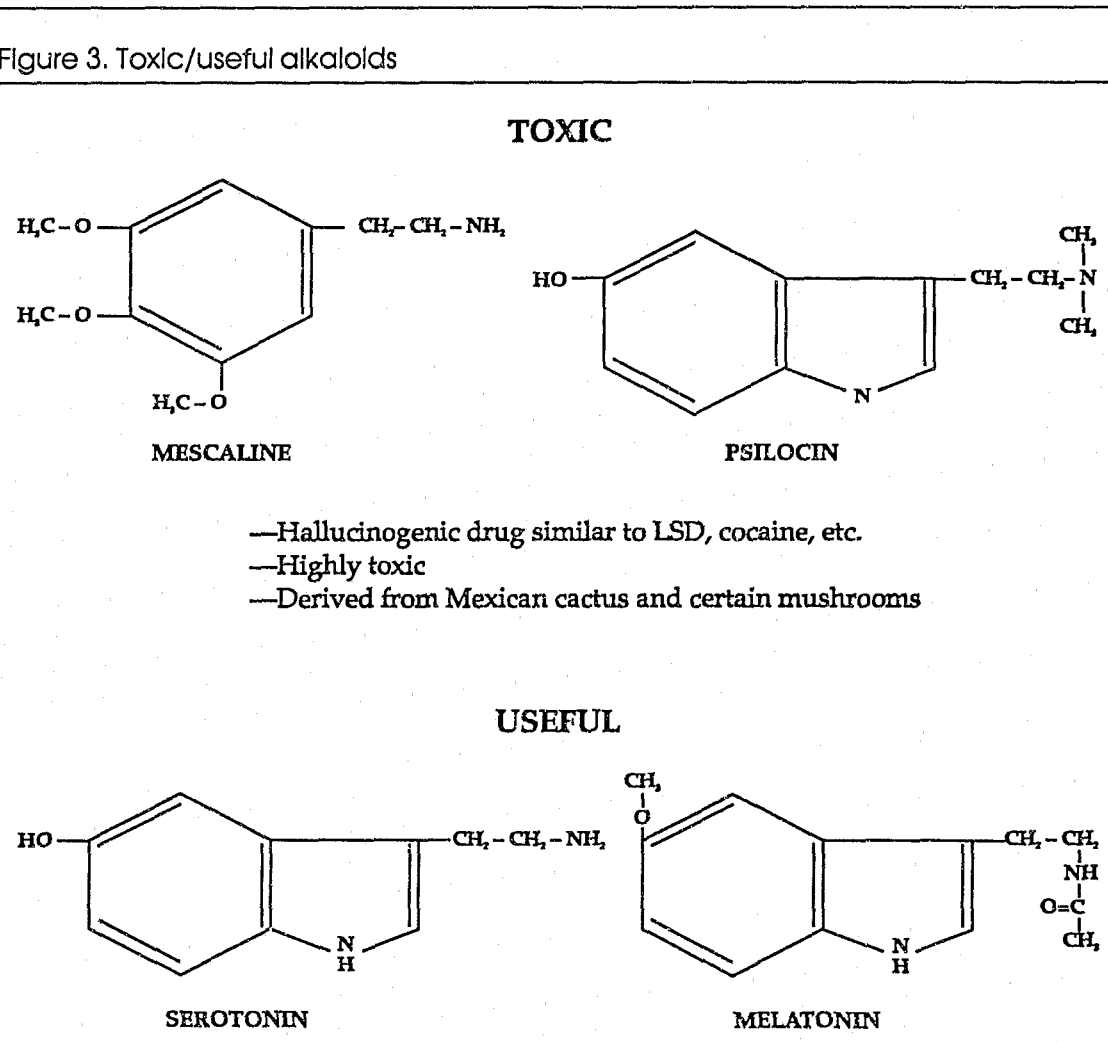
The available literature clearly indicates the central role of melanin in controlling mental and physical activities (Baer 1988; McGinness 1972; Mizutani and Massalski

[5] Copolymerization is the ability to incorporate several different chemical units into the chemical structure of a plastic or rubber to obtain a specific property.

1976; McGinness et al. 1974). Melanin in the iris of the eye is directly related to an individual's reaction time or quickness of movement (Lerner 1984). In addition, melanin can bind and release most known elements (e.g., calcium, iron, zinc, potassium, sodium) essential for proper body metabolism (Baer 1988; Curzon 1975). Melanin can undergo several chemical reactions at one time through "oxidation-reduction" reactions. Through these mechanisms, for example, smoothness of movement and "rhythm" are thought to be facilitated (Gan et al. 1976, 1977).

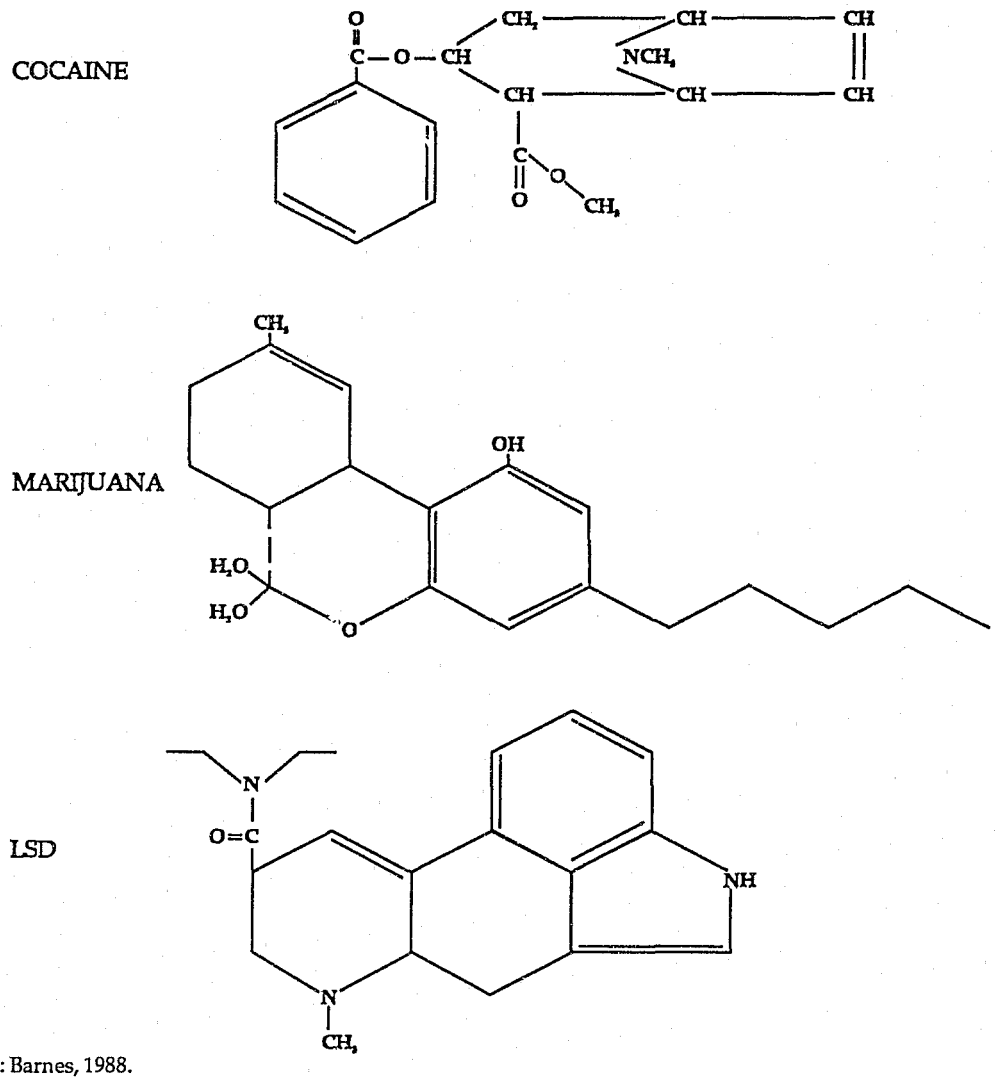
The neurochemical and pathophysiological attributes of melanin have also been implicated in causing altered

Figure 3. Toxic/useful alkaloids



Source: Barnes, 1988.

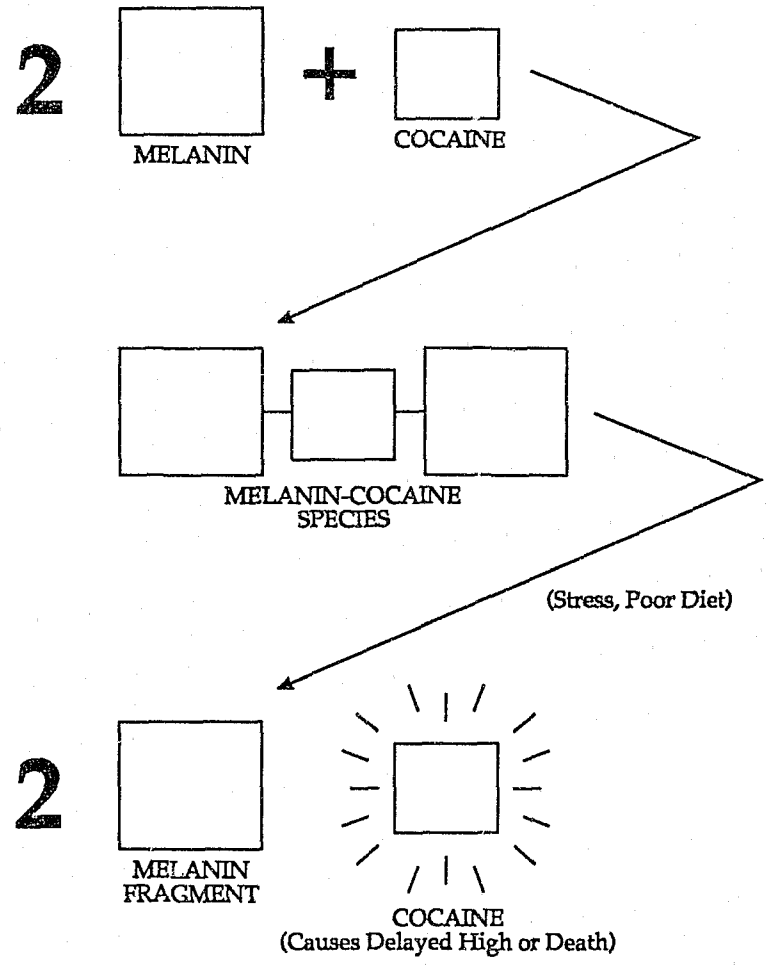
Figure 4. Harmful drugs that bind to and alter the chemical reactivity of melanin



Source: Barnes, 1988.

states of consciousness (McGinness et al. 1974; McGinness and Corry 1976; King 1990). This is manifested frequently in African-American culture through various religious ceremonies, moments of creative inspiration (i.e., jazz and improvisation), various dreams, trance states, and so-called telepathic communication. It is not clear what happens to the African-American culture and creativity when exposure to toxins (chemicals, drugs, and energy-depleting foods) occurs at various age levels in the population. However, the implications are clear in terms of biological vulnerability for all African Americans, in particular the young. Melanin is present very early in the ectoderm of the human fetus and things toxic to this system can be, and are,

Figure 5.



Source: Barnes, 1988.

devastating for normal human growth and development and render the growing fetus vulnerable to a host of developmental difficulties.

Barnes (1988) suggests that when a toxic drug like cocaine and a "life chemical" like melanin "marry," a new species is created that has properties (traits) of melanin as well as the harmful drug (e.g., cocaine). This new species generally is incompatible with life functions. For example, since melanin serves as a "storehouse" for neurotransmitters, like serotonin and dopamine, the combination of melanin and cocaine serves to cause the release of these life-and-death neurotransmitters into the body. That is, in the case of cocaine intoxication the body will make an attempt to use cocaine—be-

cause it is structurally similar to melanin—to do the job of serotonin and dopamine. Thus, certain neurotransmitters like serotonin and dopamine are depleted from the body, reducing the total amount of melanin in the body. "When the body has completely used up the cocaine and it realizes that the natural chemicals (melanin, serotonin, dopamine) are not available for regular body metabolism," says Barnes, "it triggers a reaction called craving. . . . The body has been tricked into thinking that the cocaine chemical is melanin, serotonin, and so forth" (Barnes 1988).

Significant stressors (e.g., malnutrition, exercise, energy source depletion, extreme emotional and/or physical conditions) may have a trigger effect on the release of this cocaine, once it has been copolymerized, from the melanin molecule into the blood. The amount and concentration released under these circumstances is not controlled by a given individual. This effect is not dependent upon how much cocaine has been snorted, smoked, or injected nor the frequency with which it has been used (Barnes 1988). Thus, the human organism becomes a time bomb when this depolymerization (i.e., spontaneous triggering) occurs between melanin and cocaine. In fact, the amount released may be so great as to cause seizures, "delayed trips," positive urine drug testing (even if there has been no cocaine used for several weeks or months), or sudden death (cardiac arrest[6]) (Barnes 1988). It appears painfully obvious that the greater the total concentration of melanin centers in the body, as in the African-American population for example, the greater the ability for copolymerization with cocaine or other toxic drug substances with a chemical structure similar to melanin. Thus, there is an enhanced risk of developing the deleterious effects on the body associated with depolymerization.

It is important to point out that toxins and chemicals (e.g., foods, drugs, certain antibiotics, neuroleptics in the treatment of various mental disorders) all have the potential for destroying the melanin molecule since many of them have chemical structures similar to melanin's. Therefore, it appears logical that the earlier the exposure of the melanin molecule in the life cycle of humans to such toxins, the greater the vulnerability to pathophysiological (deleterious) effects on the life-force energy (melanin). Thus, in terms of biological vulnerability, the African-American fetus, infant, child, or adolescent exposed to these toxins is in immediate and grave danger from alteration of major body functions in nearly every bodily organ system.

It is known that melanin can organize itself and other chemicals, thus showing the potential to reproduce itself. Therefore, if a condition occurs where the ability to produce melanin is altered or reduced, melanin itself can take over and control similar mechanisms to continue its production in the body (Barnes 1988). It is documented that exposure of an animal to stress stimuli (e.g., restraint, shock, chemicals) provokes a three- to tenfold increase in circulating melanotropins. Emotional stress (fear and conflict) elicits a rapid increase in circulating adrenalin, noradrenalin, ACTH, B-endorphin, and MSH (Tilders et al. 1985). This is a stimulus-response reaction that makes the organism hyperalert and hypervigilant and thus better able to defend and protect itself during a brief period. However, at what age of the organism this occurs and at what level of melanin concentration this property manifests itself has yet to be clearly established; this has profound implications and raises some major questions. Does exposure to drugs over short periods actually serve to stimulate melanin production? Are the effects the same for longer periods? Is this capacity for

[6] It is possible that the deaths of basketball player Len Bias and football player Don Rogers of the Cleveland Browns might be due to this spontaneous triggering.

melanin self-reproduction still active after long-term exposure to various toxins?

If certain brain receptors are blocked by various toxins then there is a reduction or prevention in the secretion of MSH and B-endorphins exposed to emotional stress (Berkenbosch et al. 1981). Given the question of biological vulnerability, what effects does this response have on African-American population groups in terms of the groups mounting appropriate responses (e.g., protection, feeding) when exposed to severe and prolonged emotional stressors in the presence of toxic chemicals (i.e., drugs)? Do melanin centers after such repeated exposure(s) create a form of "biological apathy"? Does this constitute a maladaptive stress response? What are the long-term implications, physically, mentally, and culturally of such maladaptation? Does exposure of highly melaninated people with rich concentration of melanin centers to toxins change the overall ability of the African-American population to manifest or, alternatively, lose creativity, memory, spirituality, and so forth? Does the active use of drugs by African-American women while pregnant and by men at the time of impregnation lead to permanent alteration in melanin centers of the fetus? Is this alteration compatible with life or a life form as we have come to know and understand it in terms of growth and development in reaching cognitive, physical, emotional, and neuroendocrinological milestones?

The African-American community is just beginning to see the first effects of drug-exposed (e.g., crack cocaine) babies. As these vulnerable children enter the early phases of life development and attempt to master the required adaptational skills (developmental milestones, entry into the educational system, social skills, neurological growth along with emotional stability) consistent with survival, their specific and/or unique biological vulnerabilities will be revealed. What are the social, political, ethical, cultural, and spiritual implications associated with the manifestation of such vulnerabilities?

If African-American biological vulnerability is being affected by the environment in which the African American is nurtured from the womb to the grave, what is the type and quality of life force being created in the community? In a world with dwindling resources where and how will the African-American community find "homeostasis" from a biological, cultural, political, and spiritual standpoint? What kind of prevention and treatment strategies ought to exist in light of the devastating and present realities of chemicals, drugs, and foods, that is, exposure to licit and illicit toxins?

These are not easy questions. Indeed, they serve to create more questions than could possibly be posed (let alone answered) in the scope of this discourse. However, in terms of biological vulnerability, if they are not asked and given serious discussion, the opportunity may never exist again to create a "world view" consistent with life itself. Already the danger signs are appearing.

It seems that the apathy, feelings of helplessness, slow reaction times, inappropriate environmental and biological responses to stress stimuli, and denial, features that are presently manifest in African-American communities, represent something greater than behavior modification and operant conditioning. While there are no hard data, it is plausible to suggest that these features may represent the first or preliminary phase(s) of the effects of chemical, drug, and food toxins on melanin centers, thereby altering the reaction time, cognitive abilities, memories, and creative energies in a specific type of human. Never has there been in the history of humanity and certainly not in African-American communities, a time when humans have been plagued by so vast an array of devastating biological toxins that affect the mind, body, and "souls of Black folks." Never has there been in the experience of human existence the real possibility and risk of having the basis of genetic life itself—melanin—permanently al-

tered for African Americans, as well as all humans.

As for prevention and treatment strategies as they relate to the issue of biological vulnerability, our efforts have fallen short of the desired effects because it seems that we have been using a band-aid approach. It is clear that we need to consider the biological vulnerability of the human organism as a whole in mounting an appropriate response to what the destruction of melanin centers means for all human beings and the ability of the individual to participate adequately in his or her own treatment and recovery. It is evident that we need to engage in systematic research on the question of biological vulnerability and biological resistance and the "melanic capacity" of African-American populations.

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Chapter 5

Alcohol and Other Drug Abuse Literature, 1980–1989: Selected Abstracts

Lawford L. Goddard

The field of alcohol and other drug (AOD) abuse research on Black populations is still largely unstructured, without a paradigm to facilitate a critical perspective or a set of consistent theories to guide a historical understanding of the phenomenon of abuse. For example, from 1980 to 1989 there was a shift in emphasis in the field of alcoholism study from seeing alcoholism as a set of categorical and discrete conditions affecting particular groups presumed to suffer from an illness of uncertain etiology to seeing alcoholism as an endpoint in a drinking continuum that begins with normal drinking. In this shift there is also a unitary concept, which assumes that all persons affected are substantially the same, to multivariate models that focus on more complex questions by looking at differences between groups and individuals.[7] However, each researcher begins his study with a new and different perspective and, oftentimes, looks at different sets of factors that could account for the observed differences in alcohol use without developing a theoretical rationale for the choice of explanatory variables. The consequence of this is a proliferation of theories, conceptual frameworks, and paradigms with little or no consistency among researchers. Terms are used indiscriminately to mean different things for

[7] The theoretical work of Jellinek, 1977, has provided the framework for the unitarian concept, which had dominated the field.

different researchers, and there is little or no consistency in conceptual definitions. Thus, it is not impossible to see two researchers using the same terms but coming to entirely different conclusions about the same subject. There is, consequently, no accumulated body of knowledge informed by previous research in the field. Hence the fundamental purpose of the scientific process, the accumulation of a body of knowledge based on systematic and consistent research, is largely unfulfilled in this field.

The analysis of the epidemiology of Black drinking behavior suggests that very little is known about the prevalence and incidence of drinking in the Black community. This lack of information stems basically from the inappropriateness of the samples used in previous research. By and large, the primary means of data collection has been from captive populations, e.g., hospitals, prisons, schools, and so on. Although these populations are important in their own right, they do not necessarily represent the wider population in general and limit the generalizability of the data obtained. What is needed is a broader base for sample selection that would allow us to examine in natural settings the natural course and incidence of drinking behavior in the Black community.

The issue of assessment and diagnosis addresses the problems inherent in the attempt to arrive at a definition of what constitutes chemical dependence—a still very much misunderstood phenomenon. The question of definition is of critical importance for the Black population since how one recognizes and defines has implications for problem resolution. To what extent does a person's violation of the norms relevant to his or her immediate social milieu lead others in this milieu to make the "primary" identification of that person as an abuser of chemical substances, leading to a secondary identification as an official diagnosis and intervention? What happens when the person who makes the initial assessment of AOD abuse is outside the specific cultural milieu of the person being assessed? Available research data indicate that diagnostic differences exist among patients of various ethnic groups and that clinicians from different ethnic groups perceive the world differently than each other. The question of diagnosis is one fraught with contradictions and difficulties because the cultural norms of the group define the state of wellness. Within the Black community there is a cultural perspective on the cause of illness and well-being that is incompatible with the disease concept of alcoholism.

The search for the causes of drinking behavior has been largely concentrated in two areas, the intrapsychic level and the biological level. At the intrapsychic level, a great deal of research has been conducted focusing on the psychological attributes of people who are actually involved in drinking. At the biological level, the focus has been on identifying those biological "markers" that would differentiate between people who become alcoholic and those who do not. Although these approaches have produced some important results, they have largely failed to explain a significant proportion of the variation found in the data. Generally speaking, then, these models have been incomplete as explanatory paradigms. A broader perspective that includes psychosocial, cultural differences is needed if we are to further the process of understanding the nature of the factors that serve as precursors to drinking.

Although we know a great deal about drinking behavior in the Black community, very little is actually understood. We do know, for example, that women tend to be abstainers, but when they do drink they tend to become heavy drinkers. However, we know very little about how and why this process occurs. We also know that heavy drinking is concentrated among middle-aged Black males, but we do not know why this pattern occurs. We also know that Black male teenagers in general begin drinking later than their White peers. Again, we are limited in knowing why this process occurs.

Based on the general review of the literature, three general areas of concern need to

be addressed, developed, and expanded within the research field:

1. There is a need for the development and utilization of a theoretical perspective for understanding AOD abuse issues in the Black community.
2. There is a need to incorporate a broader understanding of the way in which cultural features influence the pattern of, and response to, use and abuse of chemicals in the Black community.
3. There is a need to develop methodological consistency in the analysis of issues related to AOD use in the Black community.

The following abstracts of a sample of the literature on AOD abuse reflect the inherent problems in the field. These issues highlight the shortcomings of the research literature. In the absence of a unifying theory and methodology, the field has developed in a haphazard, random fashion with little or no continuity or consistency among researchers. Thus, there has not developed a cumulative body of knowledge based on a process of systematic data collection guided by a theoretical orientation specifying the critical areas of interest. In the absence of this unifying perspective what ultimately results is a great deal of confusion and erroneous interpretation of the data that do not provide the critical body of knowledge necessary to guide the prevention and intervention field.

Bauman, K.E., and Bryan, E.S. Subjective expected utility and children's drinking. *Journal of Studies on Alcohol* 41(9):952–958, 1980.

This report describes research on the association between subjective expected utility of drinking and the drinking behavior of children 10 to 13 years of age. There is a positive relationship between children's drinking and their expectations of positive consequences of drinking.

Caetano, R. Ethnicity and drinking in Northern California: A comparison among Whites, Blacks and Hispanics. *Alcohol and Alcoholism* 19:31–44, 1984.

The drinking patterns and problems of samples of non-Hispanic Whites, Blacks, and Hispanics are reported. Results of this large sample (N=4,506), cross-cultural study suggest that drinking patterns and the prevalence of alcohol problems vary significantly with age among the different ethnic groups, particularly in males. Blacks and Hispanics are described as having less restrictive views toward alcohol use than Whites. The importance of these factors in planning efforts is noted.

Caetano, R., and Herd, D. Black drinking practices in Northern California. *American Journal of Drug and Alcohol Abuse* 10(4):571–587, 1984.

The data for this research came from three independent community surveys conducted between 1979 and 1980 in the San Francisco Bay area. All surveys followed the same sampling plan and only probability techniques were employed. Of a total of 4,150 adult respondents, 1,206 identified themselves as Blacks and are analyzed in this report. A total of 29 percent of the females but only 16 percent of the males are abstainers. Frequent heavy drinkers comprise 22 percent of the males but only 6 percent of the females. Among males, heavier drinking and alcohol problems are highest among those in their thirties and, therefore, cannot be associated with a youthful lifestyle as it happens in the U.S. general population. Characteristics such as income, employment status, and education are not associated with drinking. Religion, however, is associated with drinking patterns and fundamentalists have significantly more abstainers and light drinkers than other groups. These findings are also discussed in light of Black culture and minority status. It is suggested that drinking patterns among Blacks are influenced more by internal norms originating from common cultural and sociopolitical characteristics than from norms associated with class affiliations in the larger society.

Carroll, J.F.X.; Malloy, T.E.; Roscioli, D.L.; and Godard, D.R. Personality similarities and differences in four diagnostic groups of

women alcoholics and drug addicts. *Journal of Studies on Alcohol* 42(5):432–440, 1981.

Scores on the Personality Research Form indicated more similarities than differences in the personalities of four diagnostic groups of women alcoholics and drug addicts, but significant differences in the personalities of Whites and Blacks.

Carroll, J.F.X.; Malloy, T.E.; Roscioli, D.L.; Pindjak, G.M.; and Clifford, J.S. Similarities and differences in self-concepts of women alcoholics and drug addicts. *Journal of Studies on Alcohol* 43(7):725–738, 1982.

Scores on the Tennessee Self-Concept Scale indicated more similarities than differences in the self-concept of four diagnostic groups of women alcoholics and drug addicts, but significant differences in the self-concepts of Whites and Blacks.

Costello, R.M.; Lawlis, G.F.; Manders, K.R.; and Celistino, J.F. Empirical derivation of a partial personality typology of alcoholics. *Journal of Studies on Alcohol* 39(7):1258–1266, 1978.

Based on data from the 16 personality factors questionnaire, personality profiles were derived allowing partial classification of 65 to 70 percent of a group of alcoholics into three categories.

Dawkins, M.P., and Harper, F. Alcoholism among women: A comparison of Black and White problem drinkers. *International Journal of the Addictions* 18(3):333–349, 1983.

This study examines alcohol-related behavior of Black and White female problem drinkers. Subjects included 163 Whites and 38 Blacks currently in treatment. Findings indicate some similarities and important differences between Black and White women in terms of selected factors. When social background factors are held constant, race continues to be a significant predictor of selected drinking behavior factors. In addition, White problem-drinking women are more likely than their Black counterparts to perceive difficulties in male-female relations as a major cause of their alcohol problems. Findings suggest that race is a significant predictor of differential drinking behavior. Implications for improving alcoholism prevention and treatment services for women are discussed.

Engs, R.C. Drinking patterns and drinking problems in college students. *Journal of Studies on Alcohol* 38(11):2145–2156, 1977.

Compared with the findings of previous studies, a recent survey of students at 13 U.S. colleges found that more women are drinking, fewer Black men are heavy drinkers, there are fewer differences in drinking patterns of freshmen and seniors, and there has been no increase in the incidence of drinking-related problems.

Forney, M.A.; Forney, P.D.; Davis, H.; Hoose, J.V.; Cafferty, T.; and Allen, H. A discriminant analysis of adolescent problem drinking. *Journal of Drug Education* 14(4):347–355, 1984.

A discriminant analysis was performed on a sample of 1,715 sixth and eighth graders to determine which children are engaged in the use of alcohol and which sociocultural factors appear to be influencing their decision to drink. Parental drinking patterns, race, sex, and grade level have predictive ability in deciding if a child will become a frequent or heavy drinker. Targeting individuals, who are predicted as being prone to drink heavily, for special counseling may result in better use of counseling resources.

Gaines, A.D. Alcohol: Cultural conceptions and social behavior among urban Blacks. In: Bennett, L.A., and Ames, G.M., eds. *The American Experience With Alcohol: Contrasting Cultural Perspectives*. New York: Plenum Publishing Corp., 1985.

This chapter examines the problem of variation in beliefs and practices in respect to alcohol use among urban Blacks. Variations "among people assigned the social classification 'Black' were discerned through a symbolic, interpretative approach . . . there is no unitary 'Black experience' (or 'family') common and unique to all people in America with African ancestry."

Galizio, M., and Stein, F.S. Sensation seeking and drug choice. *The International Journal of the Addictions* 18(8):1039–1048, 1983.

Sensation-seeking scores were obtained from two groups of drug program clients: polydrug users and opiate and depressant drug users. The major findings were that polydrug users scored significantly higher in sensation seeking than depressant users, and that this effect was independent of demographic differences between groups. These results suggest that the sensation-seeking nature may be a significant factor for polydrug, but not depressant, abuse patterns.

Globetti, G.; Alsikafi, M.; and Morse, R. Black female high school students and the use of beverage alcohol. *International Journal of the Addictions* 15(2):198–200, 1980.

This study deals with a population group that has been neglected in the research literature, namely Black female high school students from rural backgrounds. Not surprisingly, the proscriptive and abstinence norms in the community resulted in drinking styles of a surreptitious nature in a setting of less restraint. Consequently, there were some signs of problems with alcohol such as experiencing complications, getting high, and drinking for utilitarian reasons. The factors that influenced the girls to drink, however, were similar to those of other studies.

Harford, T.C. "Alcohol Use Among Black Teenagers and Young Adults." Paper presented at the NIAAA Conference on the Epidemiology of Alcohol Use and Abuse Among U.S. Ethnic Minority Groups, NIH, Bethesda, Md., 1985*a*.

This paper describes drinking patterns and alcohol-related problems among Black teenagers and young adults. Surveys of high school students indicate that alcohol abstinence rates are higher for Blacks than for non-Black teenagers and that lower proportions of Black teenagers are heavy drinkers. The 1978 national survey of senior high school students revealed that the lower prevalence of heavier drinking among Black teenagers persisted when relevant demographic variables were controlled. The findings further suggested that the onset of drinking among Black teenagers, relative to other students, appears to be delayed. Drawing upon both the 1978 national survey and a recent household survey conducted in Baton Rouge, Louisiana, data are presented with respect to several measures of alcohol use, the context in which alcohol is used, and attitudes related to alcohol use.

Harford, T.C. Drinking patterns among Black and non-Black adolescents: Results of a national survey. In: Wright, R., and Watts, T., eds. *Prevention of Black Alcoholism: Issues and Strategies*. Springfield, Ill.: Charles C. Thomas, 1985*b*.

The overall objective of this study is to identify factors relating to the use of alcohol within each of racial/ethnic student groups. The 1978 National Survey was limited to senior high school students and the overall sample of Black students was 496. The present study draws upon the earlier 1974 National Survey, which encompassed a wider age spectrum and a larger sample of Black students. The present analysis compared students who indicated in the questionnaire that they were "Black," not of Hispanic origin (N=930) and all other non-Black students (N=12,192).

Harper, F.D. Research and treatment with Black alcoholics. *Alcohol Health and Research World* 4(4):10–16, 1980.

To hypothesize that there are no significant differences among alcoholics of different sexes, ages, races, cultures, and social classes is illogical and empirically unfounded. Yet it is still often maintained that "an alcoholic is an alcoholic" and thus should be subject to the same alcoholism policies, services, and treatment approaches. Although there are similarities common to all alcoholics, there are also qualitative and quantitative differences among various social groups of alcoholics—differences that should bear consideration in decisions concerning alcoholism treatment and research.

Harvey, W.B. Alcohol abuse and the Black community: A contemporary analysis. *Journal of Drug Issues* 15(1):81–91, 1985.

Social problems that have a negative and disproportionate impact on Black Americans include crime, substandard housing, nutrition, and medical care. But, as serious and complex as these matters are, alcohol abuse is considered by some researchers to be the number one mental health problem affecting Black Americans. From a cultural standpoint, frustration, alcohol availability, and a tolerance toward alcohol consumption contribute to alcohol abuse among Blacks. However, racism and the accompanying effects of poverty, ghettoization, unemployment, and underemployment must also be recognized as significant contributory factors to alcohol abuse, particularly in Black communities in urban areas. The thrust of current social thought and resultant treatment approaches appear to support the provision of indigenous and culturally sensitive methods as means of combating the problem.

Herd, D.A. "Alcohol Use and Alcohol Problems: A Review of the Literature on American Blacks." Paper presented at the NIAAA Conference on the Epidemiology of Alcohol Use and Abuse Among U.S. Ethnic Minority Groups, NIH, Bethesda, Md., 1985.

This paper examines the literature on Blacks and alcohol use in the post-World War II period. Areas covered in the review include epidemiological, clinical, social survey, and ethnographic findings. The focus of the review is on the prevalence and patterns of alcohol-related problems and alcohol consumption. In the area of alcohol-related problems, several areas of research are discussed. First, epidemiological trends on liver cirrhosis and esophageal cancer morbidity and mortality are explored. Second, indicators of psychosocial/behavioral problems such as arrests for public drunkenness, arrests for drinking and driving, and hospital admission statistics are examined. Third, self-reported social problems related to alcohol use from surveys of the general population are described. The discussion of drinking patterns reviews the findings from both ethnographic and survey studies of drinking patterns. Recent findings from a national survey of Black and Hispanic drinking patterns are highlighted. This part of the paper focuses on the sociocultural aspects of drinking patterns, including demographic correlates of alcohol use, norms and attitudes toward alcoholic beverages, and social contexts of drinking. The final section of the paper compares and contrasts findings about alcohol consumption and alcohol-related problems described in the literature. Areas of agreement and disagreement, including reasons for conflicting findings, are explored and discussed. Based on this discussion, gaps in the literature and the needs for future research on Blacks and alcohol are identified.

Humphrey, J.A.; Stephens, V.; and Allen, D.F. Race, sex, marihuana use and alcohol intoxication in college students. *Journal of Studies on Alcohol* 44(4):733–738, 1983.

In college students, alcohol intoxication was more frequent in men than in women, in Whites than in Blacks, and in White women than in Black women. The difference between White and Black men was negligible. Only gender differences were noted in marijuana use.

Jackson, N.; Carlisi, J.; Greenway, C.; and Zalesnick, M. Age of initial drug experimentation among White and non-White ethnics. *The International Journal of the Addictions* 16(8):1373–1386, 1981.

Students in four cities completed a questionnaire on their ethnic background and drug use patterns. From this information, comparisons in the students' ages for initial drug experimentation among ethnic groups and races were made. The results indicated significant differences in actual age of experimentation among ethnic groups, as well as differences in other general patterns relating to age of first drug use. A comparison of Whites to non-Whites showed little difference in ages of initial drug experimentation. It was concluded that ethnicity, more

so than mere race, was related to age of first use of drugs.

Kail, B.L. The Black woman, alcohol and prevention: An empirical exploration. In: Wright, R., and Watts, T.D., eds. *Prevention of Black Alcoholism: Issues and Strategies.* Springfield, Ill.: Charles C. Thomas, 1985.

This study proposes that Black women may have some unique difficulties with alcohol and that these difficulties may involve one or more of the following systems: host, access, and environmental context. Each of these systems and ensuing prevention strategies is explored through a comparison of Black and White women in the following areas:

1. How Black women differ from White women as hosts, Black women's access to alcohol, and the environmental context in which they drink are questions that are examined.
2. Only those who drink are "at risk" of developing problem drinking practices. Given that a large percentage of the Black female community may abstain, the identification of those most likely to use alcohol could be useful. Demographic predictors of alcohol use are therefore considered and compared with those of White women.
3. Finally, for those who may be "at risk" (Black and White women who do not abstain) the relative salience of host characteristics, access, and context are considered.

This study is based upon a secondary analysis of data collected by L. Harris in January of 1974. A random multistage cluster sampling design was used to obtain a sample representative of the U.S. population 18 years and older (N=1,594). There were 65 Black females and 652 White females in the sample.

King, L.M. "Biobehavioral Indices of Alcoholism in a Black Community: Research Findings." Paper presented at the NIAAA Conference on the Epidemiology of Alcohol Use and Abuse Among U.S. Ethnic Minority Groups, NIH, Bethesda, Md., 1985.

This paper examines the current research on the biobehavioral indices of alcoholism among Black Americans. An examination of this literature is evaluated via a biobehavioral model developed in 1982 by King and his colleagues, which evaluates a set of complex relationships (biological, economic, social, and cultural) to derive various degrees of development and underdevelopment. Alcoholism is viewed as an outcome of underdevelopment.

Further, the paper discusses the design of a new study that focuses on deriving biobehavioral indices of alcoholism in a selected Black community. Using data collected among a group of 300 Black twins between the ages of 15 and 55, multivariate analyses are used to isolate factors that best predict alcohol-related problems among the twins. The initial hypothesis is that alcoholism is a specific multivariate syndrome with both biological and social parameters.

King, S.W. Black females and alcoholism: Prevention strategies. In: Wright, R., and Watts, T.D., eds. *Prevention of Black Alcoholism: Issues and Strategies.* Springfield, Ill.: Charles C. Thomas, 1985.

This chapter is an attempt to better understand Black female alcohol abuse and alcoholism by (1) examining the available literature on Blacks and alcoholism and women and alcoholism, (2) discussing the implications and explanatory nature of this literature as it relates to Black females and alcohol abuse and alcoholism, and (3) recommending some prevention strategies to minimize the incidence of alcoholism among this subgroup that is highly at risk.

Linsky, A.S.; Straus, M.A.; and Colby, J.P. Stressful events, stressful conditions and alcohol problems in the United States: A partial test of Bales' theory. *Journal of Studies on Alcohol* 46(1):72–80, 1985.

Bales' theory that sociostructural factors that produce stress for members of a society increase the rate of alcoholism is examined

to explain variations in the levels of alcoholism in the 50 States. Two types of social stress are conceptualized and measured at the State level. The first, the "life events" model, is based on life changes that require adaptation. An index is described in which (negative) personal life events in 15 categories (e.g., divorce and plant closings) are aggregated for each State using macro measures. The second model is based on the idea of chronic stressful conditions, and is measured through the Measure of Status Integration and the Index of Relative Opportunities. Alcohol-related problems are measured by death rates for cirrhosis, alcoholism, and alcohol psychosis, and by per capita alcohol consumption. Both stressful events and stressful conditions are correlated with all indicators of alcoholism at the State level, 19 of 20 correlations being in the theoretically expected direction. Correlations are enhanced when age, urbanicity, the percentage of Blacks, low income, and education are controlled for. The three macro measures of stress taken together explain 27 percent of the variation in cirrhosis death rates, 14 percent of the variation in alcoholism and alcoholic psychosis death rates, and 47 percent of the variation in alcohol consumption rates.

Lipscomb, W.R., and Goddard, L.L. Black family features and drinking behavior. *Journal of Drug Issues* 14(2):337–347, 1984.

The structural features of the Black family are explored in detail: the social organization of Black family life, the functions of the Black family, and the concrete material context within which the Black family exists. Also examined is the contextual relationship between the family and its environment and how this interchange affects the family system and the behavior of its constituent members as manifested in patterns of drinking behavior.

While most of the work is highly descriptive, the logic of discovery underlying this article is guided by a theoretical model that suggests that the features of Black family life, as well as the pattern of drinking behavior, are unique and that such uniqueness derives from the cultural world-view of Black people. Accordingly, it is suggested that current Black drinking patterns are a product of historical traditions and practices originating from the African continent that have been modified by the concrete historical experience of Blacks in America.

Lipscomb, W., and Trocki, K. An ethnographic study of Black drinking practices. In: Brill, L., and Winick, C., eds. *Yearbook of Substance Use and Abuse.* Vol. 3. New York: Human Sciences Press, 1985.

This chapter presents results of a 2-year study of drinking patterns and practices of Blacks in two areas of San Francisco. Among the findings are that Blacks exhibit considerable denial of their drinking problems, both as individuals and as a community; that appropriate treatment establishments are few in number and underutilized; and that intensive prevention efforts directed at Black youth are needed.

Lowman, C.; Harford, T.; and Kaelber, C. Alcohol use among Black senior high school students. *Alcohol Health and Research World* 7(3):37–46, 1983.

This study reviews findings from previous studies on alcohol use by Black and White high school students. Among the highlighted findings are that while Black students do not generally seem at high risk for alcohol abuse in high school, the risk appears to increase substantially as Black youth enter their twenties. For perspective, background information concerning alcohol problems among Black adults is also presented.

Majumdar, M.N., and Bhatia, P.S. Effective family position and likelihood of becoming an alcoholic. *Journal of Alcohol and Drug Education* 25(2):19–31, 1980.

Sex, birth order, number of older and younger siblings, stepsiblings, size of sibship, by whom raised until age 15, and age of separation from parents were compared in 80 alcoholics (consecutive sample) and in 80 nonalcoholics (random sample) seen at a health care center serving an indigent Black population in Cleveland, Ohio. The al-

coholics had significantly fewer sibs than the nonalcoholic (3 versus 5; $p < .001$) and were less likely (36 percent versus 45 percent; $p < .1$) to be raised by both parents. Other variables did not differentiate the two groups from each other.

McClary, S., and Lubin, B. Effects of type of examiner, sex, and year in school on self report of drug use by high school students. *Journal of Drug Education* 15(1):49–55, 1985.

In order to study the examiner effect on self-report of drug use by high school students, three types of examiners and four types of data, including self-report of drug use, were manipulated. Analyses revealed that type of examiner had a significant effect on the reports of drug use but not on measures of mood, social support, and perception of drug use by other teens. Type of examiner, sex, and year in school had a significant three-way interaction affecting self-report of drug use. Implications for future studies involving self-report of drug use are discussed.

Meyer, R.E.; Barber, T.F.; and Mirkin, P.M. Typologies in alcoholism: An overview. *The International Journal of the Addictions* 18(2):235–249, 1983.

There seems to be a growing consensus that the differential outcome associated with alcoholism suggests different prognoses of specific subgroupings of alcoholic patients. This paper is a review of the literature of proposed typologies based upon drinking history, psychopathology, neuropsychological assessment, and family pedigree with implications for theories of etiology, approaches to treatment, and research methodology. It should also serve as an introduction to the series of papers that will follow.

Newcomb, M.D., and Bentler, P.M. Frequency and sequence of drug use: A longitudinal study from early adolescence to young adulthood. *Journal of Drug Education* 16(2):101–119, 1980.

Although AOD use has been found to be acquired in a series of stages or steps, the exact nature of this progression has not been firmly established, nor has such a process been corroborated for life periods other than adolescence. In this study, AOD use data obtained from 654 adolescents were used to examine changes and sequencing of drug involvement over an 8-year period from early adolescence to young adulthood. Cannabis use peaked during late adolescence; liquor, stimulants, and nonprescriptive medication increased steadily over the 8-year period; hypnotics and psychedelic use increased through late adolescence and remained stable through young adulthood; and early experimental use of cigarettes decreased to more committed use over the 8-year span. In a latent variable model that did not include nonprescription drugs and cigarettes, alcohol use significantly influenced later cannabis and other illicit drug use, whereas cannabis use predicted later illicit drug use for the earlier life period. Only the cannabis effect remained at the older age period, when drug use patterns appeared to become more stable and firmly established. However, when cigarettes and nonprescription drugs were added to the model, quite different results emerged. Based on this more comprehensive analysis, it was concluded that there are several interrelated minisequences of drug involvement; cigarettes play a prominent role as a gateway to cannabis and other illicit drugs; and at higher levels of involvement there is a synergistic or reciprocal effect of increasing involvement. Again, the later developmental period was much more stable with somewhat different patterns of influence.

Nobles, W.W. Alienation, human transformation and adolescent drug use: Toward a reconceptualization of the problem. *Journal of Drug Issues* 14(2):243–252, 1984.

Drug-related dependence and alcohol addiction have become in many ways characteristic of the American way of life. Having reached down to America's children, the rampant spread of alcoholism and drug abuse remains one of this country's most pressing unsolved

problems, with many scholars recognizing that no single factor can explain its etiology or serve as the basis of its remediation.

In this article, the author reviews the conventional conceptualization of the problem and provides the basis of a reconceptualization that has the potential for explicating how seriously alcoholism may be embedded in the fundamental American cultural fabric. It is suggested that adolescent alcoholism may be symptomatic of the crisis found in the American value base where there is a gap between the meaning of human being and the experience of human being, which results in a self-conscious sense of alienation. The implication of this work suggests that the remediation of adolescent alcoholism requires the transformation of American culture. The author briefly suggests that an African-based transformation may be what is needed.

Swift, C.F.A., and Beverly, S. The utilization of ministers as alcohol counselors and educators: Increasing prevention and treatment resources in the Black community. In: Wright, R., and Watts, T.D., eds. *Prevention of Black Alcoholism: Issues and Strategies.* Springfield, Ill.: Charles C. Thomas, 1985.

Attempts to treat Black patients through outreach programs designed for and used primarily by the White community have been singularly unsuccessful. Although alcoholism helpers should have knowledge of the social, economic, and cultural realities of the lives of minority alcoholics, few programs have been staffed with helpers equipped to serve minority populations. The result of this lack of resources is that most Black alcoholics receive no treatment at all. This chapter describes a program in which Black ministers were invited to assist in attempting to provide resources to confront the problem of Black alcoholism in a midwestern community. Two separate but related programs were established: The Court Counselor Aide program, in which Black ministers provided counseling for misdemeanor offenders, and a court class in alcoholism, which used the ministers in teacher/therapist roles.

Watts, T., and Wright, R., eds. *Black Alcoholism: Toward a Comprehensive Understanding.* Springfield, Ill.: Charles C. Thomas, 1983.

This work presents an overview of alcoholism among Black Americans, including discussions of etiology, pertinent research on treatment, problems associated with the prevention of Black alcoholism, the relationship of alcohol abuse and alcoholism to mental health and the criminal justice system, and alcohol policy and practice issues. It appends a resource list of programs, organizations, and materials.

Weller, R.A.; Halikas, J.A.; and Darvish, H.S. Alcoholism in Black male heroin addicts. *British Journal of Addiction* 75(4):381–388, 1980.

This study systematically evaluates the presence of alcoholism and alcohol problems in a large sample of Black male heroin addicts. Of 192 addicts, 24 percent were diagnosed as alcoholics and 13 percent as probable alcoholics when objective criteria for alcoholism were used. An additional 19 percent reported isolated problems with alcohol. Thus, 56 percent of this sample of addicts had experienced some problem because of alcohol. The occurrence of such problems as medical complications from alcohol and use of nonbeverage alcohol indicated the seriousness of their alcohol use. Among subgroups of the study sample, the highest rate of alcoholism was in addicts currently addicted—49 percent, while the lowest rate of alcoholism was in addicts who were in successful treatment—22 percent. Thus, a sizable portion of the heroin addict population is having problems from the use of two drugs—heroin and alcohol.

Section II

Current Applications and Future Directions for AOD Abuse Prevention for African-American Youth at High Risk

Chapter 6

The Complex Nature of Prevention in the African-American Community: The Problem of Conceptualization

Milton Morris

This report was first meant to be a review of relevant literature that would identify specific approaches to alcohol and other drug (AOD) abuse prevention proven effective or showing potential for success with African Americans. A common, publicly accessible data base was selected; the ERIC and PsychLIT computerized references covering the period 1983–1989 were used. These sources were chosen because they represent the normal starting point for the serious study for any number of social issues on college and university campuses. They were augmented by a second body of information, generally less accessible to the public, developed by the Office for Substance Abuse Prevention (OSAP) and other public agencies affiliated with the prevention movement.

The formation of OSAP in 1986 has led to a dramatic growth in the number of prevention programs to deter AOD abuse. In 1987, OSAP funded 130 demonstration projects, of which 24 focus directly on African-American youth and their families.

It is disheartening to report that there are virtually no published data available describing the prevention programs aimed at African-American youth. Indeed, only two programs of this nature were reviewed in the literature covering this report's period of investigation. Of 334 articles in

computerized sources concerning African Americans and alcohol and other drugs, fewer than 50 were even marginally related to prevention programming. This number represents less than 15 percent of the literature. At the outset, therefore, it is fair to say that, so far as African Americans are concerned, tested and documented prevention programming is more myth than reality. Consistent with this perspective, Wright and Watts (1985) earlier found that there were a number of primary and secondary prevention efforts targeting alcohol-related problems in the African-American community, but none reported a systematic evaluation of program effect.[8]

The scope of the research was broadened to investigate the prevalence and incidence of AOD abuse among African Americans to isolate the factors believed to contribute to effective prevention programming. This change permits the development of the implications from the literature about the nature and meaning of prevention.

Patterns of AOD Abuse: Implications for Prevention

Various authors (Monroe-Scott and Miranda 1981; Crowley 1985) indicate that African Americans differed from Whites and other ethnic groups in their patterns of use. For instance, African Americans as a group have a higher rate of abstainers and heavy users than Whites, and African-American adolescents have a lower level of drinking than their White counterparts. Crowley writes:

> Race and dropping out of school, factors usually associated with lower social status, are associated with higher proportions of abstaining, contrary to stereotype but in keeping with previous research (Radosevich et al. 1980). Being African American, a high school dropout, or not working at the time of interview are all significantly associated with low probabilities of drinking.

Moreover, Crowley reports that the greatest problem African Americans report is a tendency to lose control over their drinking, while Whites report a tendency to display aggressive behavior. Crowley made no attempt to account for these differences.[9] However, her research does show that simple correlations between either socioeconomic status or race and alcohol use are dubious.

Maddahian and colleagues (1985) completed a longitudinal study that examined single and multiple patterns of alcohol, tobacco, and other drug use for four ethnic groups. African-American students reported the highest frequency of multiple use of cigarettes, alcohol, and cannabis, while White and Hispanic students had the highest frequency of AOD use with either cigarettes or cannabis, or both. Furthermore, at the end of the 5-year period, 21.5 percent of the African-American participants were nonusers. Only the Asian population (with 29.2 percent as nonusers) demonstrated a similar progression. Roughly 12 percent of Whites were nonusers. Maddahian reports two other significant findings: (1) over a 5-year period, 50 percent of all users moved to a lower level of use, and (2) African Americans, over time, tended to use fewer drugs or decrease their levels of use compared to other groups. The authors' investigations did not permit them to identify the specific cause of the changes they observed. One suggestion, however, is that socialization or maturation played a part. Although these differences are interesting, in the

[8] These OSAP programs are reviewed later in this document in the chapter by R.J. Courtney and will not be included in this section.

[9] Of course, it is entirely possible that significant program activity has eluded the process of documentation, or that more fully developed activities are not yet available to the general public. Many of the OSAP demonstration projects included evaluations that have not yet been published.

absence of an analysis that attempts to explain them, their help in understanding prevention is limited. The changes do show, however, that left to their own devices, about half of the young people studied had internal and/or external motivations that worked to limit their progression in the use of substances. Those motivations are not yet fully understood nor, indeed, is it understood what propelled the others to maintain or increase their levels of use.

One of the better informed and most focused appraisals of the etiology and pattern of AOD use in the African-American community was written about youth living in the Bronx. Although dated, the article by Richard Dembo (1979) is critical in that it attempts to bring theory and practice together in the design and implementation of prevention programming. Dembo approached this task by working with young people and several key professionals to develop a survey that was administered in a local school. One of the issues Dembo examined was the role that ethnicity and social adjustment played in determining the pattern of drug use. Regarding ethnicity he found that among African-American youth AOD use was more strongly correlated with an unintact household while AOD use by Puerto Rican youth was best predicted by how they perceived their relationship to their family. Dembo also questioned the clinical or "isolated case" approach to drug prevention. He writes:

> The youth are best seen as internalizing features of their environment in such a manner that they fit in with their self-conceptions. Hence, focusing on the youngsters as individuals (or psychological entities) or on the cultural values which are prevalent in their neighborhood would provide limited understanding of them and their substance taking behavior. Cultural values become important when they are incorporated into people's self-perceptions and are reflected in their activities.

In brief, the young people he interviewed were not "maladaptive." They responded logically to their perception of the requirements of their environment. Dembo further argues that how youngsters see themselves in relation to the "tougher" role models in their neighborhood is a better predictor of future AOD use than whether or not their friends use alcohol or another drug. The clear implication is that successful prevention activity must have a holistic perspective that strengthens a person's real or perceived ability to cope with his or her environment. The process is integrative and inclusive of the significant personal and communal elements of his or her life.

Another level of insight into African-American patterns of AOD use derives from the literature on AIDS prevention. Peterson and Marin (1988) report that 80 percent of all injected-drug users are African American and Hispanic. They also cite evidence that African-American and Hispanic users were more likely to engage in sharing drug paraphernalia than their White counterparts. It is not clear to what extent sharing needles is related to the cost of the equipment or, alternatively, represents evidence of a form of social bonding. The authors proceed to argue that because most injectable drug use occurs outside treatment programs, methods of reaching this population should make use of outreach techniques that are not incriminating and that allow face-to-face interaction. More important, some strategies aimed at minimizing the harm caused by injected drug abuse (for example, needle exchanges, AIDS prevention education, or etiological research) could benefit from the cooperation of users. Cooperation between users and nonusers in the goal of reducing the harm caused by AOD abuse is a prudent step toward attaining the goal of a society free from chemical dependence and addiction.

The literature cited provides information that helps clarify a factual basis for the development of a different approach to prevention programs. The literature does not show a pattern of use in the African-American community that exceeds that

found in other ethnic communities. The implication of this is that the significant prevention issue for African Americans might lie elsewhere. For example, there are at least three other aspects of drug-related behavior that have implications for prevention in the African-American community. In addition to the abuse of alcohol and other drugs, the African-American community must be concerned with the *presence of more potent illicit drugs*, the large numbers of youth involved in the *distribution* of illicit drugs, and the *violence* associated with drug occupations. While these problems are interrelated, the range of alternative solutions is not necessarily the same. The cultural destabilization associated with distribution may have a more deleterious effect on the African-American community than the use of the illicit drugs themselves. For example, the interaction between the condition of poverty and the involvement of young African-American males in the sale and distribution of illicit drugs for economic gain leads to a distorted value structure among participants. Nobles and colleagues (1987) have documented the effect of this interaction of negative social conditions upon African-American culture. Their work indicated that the value system of the drug entrepreneur is opposed to those values characteristic of the traditional African-American community and can ultimately lead to the destruction of that cultural system.

Second, the review of the literature supports the call for a more culturally consistent or culturally legitimate approach to prevention. For example, Maddahian shows that, left to their own devices, a certain percentage of youth will decrease their use without planned intervention. Apparently, they take advantage of environmental supports and/or constraints already in place. The implication is that there are strengths in the sociocultural milieu of these young people that help keep significant numbers of them from abuse. It would appear that a more efficacious approach for prevention would be to identify and bolster those constructive cultural qualities, both personal and institutional, within the community that help people survive an environment where alcohol and other drugs are available. That is, the focus of prevention should be on developing those natural resiliencies in communities that support individuals who may be at risk for AOD use. The overall implication of the literature is that the key "action" in developing a prevention strategy may have more to do with strengthening community and cultural foundations than with combating the specific addictive agent. This last point brings up the question of the tools of prevention.

Programmatic Tools of Prevention: Two Case Studies

The ERIC and PsychLIT data bases reported only two specific drug prevention programs for African-American youth. Though their task is similar, they provide examples of two different approaches or prevention tools. One program explicitly claims to be "culture-specific." The other does not. Both exhibit strengths and weaknesses.

The first program is the "Soulbeat" project described by Maypole and Anderson (1987). The motivation for the Soulbeat project was derived from a perceived lack of African-American support for a community substance treatment and prevention center. The authors met with the agency directors and determined that there was a need to include African-American families and churches in program design and implementation. Later, a decision was made to train 14 youngsters as actors who would perform in community schools and churches. Scripts and skits were based upon common events surrounding AOD use and abuse in the African-American community. The primary goals were to influence the knowledge, values, and behavior of the young actors. In addition, discussion sessions following the performances allowed the actors, staff persons, and audiences to clear the air about common misperceptions about alcohol and other drugs.

The Soulbeat project, by the authors' own admission, had serious shortcomings. The effects of the plays and skits were not rigorously evaluated. Only anecdotal evidence that the youth had developed a new norm against AOD use was offered as proof of positive outcome. No longitudinal studies were done either with the youth or in the community. Also, according to the authors, four of the youths did not complete the requisite training in AOD abuse that was intended to provide an information base for the young actors. Despite these rather obvious shortcomings, the activity did make use of institutions within the African-American community. It also allowed young people to interact with their parents and peers.

The second program was much more structured. Beaulieu and Jason (1988) describe an 8-week AOD use prevention program aimed at seventh grade students in an African-American elementary school. The program randomly selected two classes to be experimental and three others to be control groups. The intervention consisted of a combination of educational strategies including information sharing, decisionmaking and problem-solving techniques, and the development of social competence skills. In addition, peers served in the classrooms as helpers and role models demonstrating the attitudes and skills under discussion. Both the experimental and control groups were pre- and posttested in three areas: (1) an assessment of student knowledge about alcohol, tobacco, and marijuana; (2) a problem-solving and thinking scale that assessed the students' ability to generate alternatives; and (3) an assessment of AOD use. In addition, students were asked to rate the strengths and weaknesses of the program. The experimental group received treatment immediately after the pretest. After 8 weeks, both groups were posttested. Then the control group participated in the program. Afterward, both groups were posttested again. The results from the posttests were in the direction expected. After participation in the program both groups showed significant knowledge gains. The results from the problem-solving scale were mixed. Both groups were found to have a better grasp of how to respond positively to drug-related conflicts—that is, both groups of students were able to identify and express a preference for appropriate direct and indirect approaches when solving interpersonal conflicts. However, the differences found in the experimental group were not significant. Also, neither group transferred this knowledge to non-AOD-related circumstances. Finally, there was no noticeable effect in either group upon the decision to use alcohol or other drugs. The authors account for the failure to find significant differences in self-reports of AOD use by citing the possibility of methodological issues associated with the use of self-assessment scales. They also remark that students reported low levels of initial use, which may mean that reduction was not a reasonable expectation.

This program avoided the major problem that plagued the program developed by Maypole and Anderson and developed an evaluation strategy. However, it relied upon self-reports. In fact, this may be a justified limitation of the field because, by the authors' own data, very few youngsters reported a problem with AOD use. What this program seems to lack, however, is the level of interaction characterized by Soulbeat. The students appeared to be more or less passive recipients of the information provided by classroom teachers. The previous discussion indicates that this is probably not the most effective approach. This, in part, accounts for the students' inability to transfer social interaction skills to other settings. The knowledge gained, even though retained, is not instrumental in the life of participants.

These programs, despite minor differences in structure and execution, are more alike than unlike. They both derive from a deficit theory and purport to teach information or skills. They both seem to have been organized without significant input from the participants. If the results are accepted

as reported, they were most effective at information exchange. One did not measure change in behavior and the other did not detect a change. In the Soulbeat project the family's role, while visible, was largely passive. The other program completely ignored the family. This is not to say that either of these programs was without merit, only that in their execution they reached for rather modest goals.

A third program receives only a brief mention because we do not have access to a full description or evaluation. Kumpfer (1987) has pioneered a family-oriented intervention for the treatment and prevention of AOD-related incidences. Her approach consisted of three aspects or components: a behavioral parent-training program, a children's skill-training program, and a component bringing both groups together. Although we have no evaluation results to present, the review of the literature suggests that this approach, if combined with values and techniques consistent with the cultural substance of the subject group, is closer to what will be required in the next decade. The focus is on making systemic changes.

A fourth program reviewed here is the HAWK Federation Manhood and Development Training Program developed by Nobles and Goddard (1988). Although not developed as a traditional AOD abuse prevention program, it has implications for the field of prevention in terms of suggesting a more expansive approach to prevention planning itself. The HAWK Federation was developed as an attempt to intentionally and overtly influence the values and moral character of young Black males. The sole and singular mission of the HAWK training program is to develop competent, confident, and conscious African-American men. Through a process of intentionally introducing to young men the qualities, attributes, attitudes, and responsibilities of African and African-American men of excellence, the HAWK project stimulates in their character the desire to become high achievers and the best at whatever they do. In so doing, the HAWK process aims at developing in each young man (1) something he does exceptionally well (competence); (2) a belief that whatever the task, he can be successful at it (confidence); and, (3) an awareness of the historical greatness of African and African-American men and their personal responsibility for the future continuation of that greatness (consciousness). In regard to youth development, the motivation factor embedded in the HAWK Federation development and training program is found in the Afrocentric cultural precepts of the cardinal virtues of *Maat* (i.e., truth, justice, righteousness, harmony, propriety, balance, and order)—the principles of initiatory mastery and codes of proper conduct. These serve as the ethos or set of guiding principles that govern the conduct of the young men in the program. The HAWK Federation has universal prevention and intervention capabilities: it is, in essence, a universal prevention-intervention program that addresses simultaneously the problems of alcohol and other drugs, gang violence, academic failure, low aspirations, and poor self-esteem.

The utility of this program for prevention is currently being evaluated. The pretest data indicate that the youth are experiencing a strong sense of family, appear to be bonded with the family, and admire parents as role models. Analysis of the data indicates that the youth in the program are very knowledgeable about drugs and drug-related behavior in the community, are exposed to the risk of AOD use, and that some have already begun to experiment with alcohol and other drugs. Analysis of psychosocial risk factors indicates that the youth are experiencing high levels of stress: feelings of helplessness, a sense of entrapment, tension, boredom, and a perception of monotony in their life. In terms of behavioral modalities, the youth seem to indicate a lack of self-discipline and respect and recognition of authority. In addition, these youths' attitudes indicate that they view women as incapable of being self-sufficient or mastering their own destiny, as rigid and inflexible, and dependent in their relationships. Such attitudes are very

disparaging and sexist. When they are coupled with the attitudes that show a sense of sexual irresponsibility, all present a profile that could result in the sexual exploitation and domination of women, unsafe sex practices, and an increase in risk-taking behavior.

In summary, the pretest data indicate an attitudinal disposition and behavioral modality among the youth that produce a profile of being "self-destructive" and at risk. With the posttest data the project will be able to point to the efficacy of this model for the transformation of the behavior of Black adolescents.

Positive Directions for African Americans

In the absence of a large literature base to draw upon, it is a risky business to single out features that contribute to successful prevention programming. Nonetheless, several authors do offer opinions on this matter. The work of Dembo (1979) raises a host of concerns about the implementation of prevention programs in general. Dembo's review of the literature covered programs that, for the most part, did not include African-American youth. He concluded that the basic elements of a successful prevention program were largely ignored. Here are some of his concerns.

> There is need to develop drug prevention programs for non-youths and nonwhite, middle-class persons . . . many programs continue to regard the individual user as the focus of concern. Secondary interest is usually given to the social and cultural experience of users . . . many drug prevention programs take place in institutional settings such as school with relatively few program activities occurring in the community . . . substantial discrepancies . . . exist between student ratings of the effectiveness of prevention programs and the rates of participation in these activities. . . . As a case in point, 22 percent of the students surveyed indicated they had been exposed to talks by ex-addicts; but, this technique was rated as effective by 63 percent of those who had experienced it.

Dembo's elaboration of these factors led him to the conclusion that, in general, programs delivered by parents or peers are more effective than those delivered by teachers or program staff. Further, young people respond more positively to settings that allow for interaction and cross-examination of the issues. Finally, he concludes that too much emphasis is placed on primary prevention, because already high rates of prevalence suggest the increased need for secondary interventions. Although there is no obvious reason to presume that Dembo's findings would not apply to African-American youth, similar surveys need to occur within the African-American community.

Other authors stress cultural factors even more strongly. Borrowing from the literature on the treatment of alcoholism by Womble and Brisbane (1986) there are several injunctions that may prove useful in the area of prevention. The authors urge practitioners to broaden the concept of treatment to include key family members and fictive kin. They also argue that colorblindness has outlived its usefulness. In this regard, African-American pride can be a source of strength for the individual. They observe that African-American men do not benefit from programs designed for Whites because the programs are built on assumptions—i.e., that they are employed, believe that with sobriety they can achieve a healthy social and economic life, and have insurance and an employer concerned that they recover—that do not apply to African-American men. The authors feel that African Americans should be employed in treatment programs that serve them. Indeed, along similar lines, research in the treatment of AOD addiction suggests that when patients and therapists agree on significant aspects of their treatment, there is some improvement in outcomes (Nurco et al. 1988). In the general literature on social learning theory, Brown and Inouye (1978)

and Taylor (1980) in a series of experiments have shown that African-American youth are more likely to emulate a model's behavior when the model is perceived as similar in attributes (e.g., ethnicity, sex) to them. Thus, in a slightly different manner, both Nurco and Brown provide evidence that for African Americans the content of the treatment is best received when it conforms to their perceptions of what the world is like (i.e., is congruent with their cultural substance). Extended to the arena of prevention programming, these data lend credence to Dembo's insights. These writings also provide general support for the cultural consistency framework for prevention programs. What seems to be critical is that there is the connection based on the cultural experience rather than on the life experiences of the service provider.

Finally, Gary and Berry (1984) point out that the African-American community is diverse in its attitudes toward AOD use. Their survey of 411 African-American adults showed that being male, young, and single was most positively correlated with favorable attitudes toward such use. What is important here, however, is that they report that sociocultural factors such as race consciousness and community or religious involvement were all negatively correlated with alcohol and other drugs. They suggest that instead of a strong emphasis on anti-abuse messages there should be an encouragement of positive racial identity. They also suggest that a more system-oriented, as distinct from a person-oriented, approach to prevention be taken. These authors apparently believe that self-conscious involvement in community improvement lessens the probability of indulgence in alcohol and other drugs.

According to the best information available, the main thrust of a culturally consistent and/or legitimate prevention program would be to strengthen those elements of community most responsible for personality formation. Home, schools, and jobs that work to maintain a sense of community and importance of family ties best reduce the likelihood for self-abusive behavior. Prevention programs must be prepared to grapple with the stress produced by the individual's perceived or actual failures in these basic areas of life. How to accomplish this goal, however, remains a mystery. Consequently, little can be said except that several authors view reducing these kinds of stresses as central to the prevention effort (Gary and Berry 1984; Womble and Brisbane 1986).

In summation, when intervention is necessary it must have as its object empowerment rather than imprisonment. Prevention programs should focus upon the aspects and institutions in the African-American community that have traditionally opposed self-abuse such as community-based organizations, the church, and self-help groups. The work of Gary and Berry (1984) and Womble and Brisbane (1986) support this proposition by identifying the demographic correlates of drug use in the African-American community. It is also vital that prevention programs grapple with the issue of congruity between both the individual and the service providers and the services provided and the cultural expectations of the people who receive those services (Nurco et al. 1988; Dembo 1979). It seems that it does matter, at least for African Americans, whether the client has something in common with the service provider. More research is needed to determine to what depth and extent a shared point of view plays a role in prevention and recovery. Nurco's work with heroin abusers suggests that, at a minimum, agreement on aspects of service needs and modes of treatment may influence outcome. Finally, according to Dembo, prevention programs need to listen to potential clients in the design and implementation of programs. Specifically, programs should use presenters who are similar to the groups being served and formats that allow for discussion of issues, and should include individuals who have firsthand experience with the substances under consideration. Programs should not presume that the young user of alcohol and other drugs is responding irrationally to his environment.

These techniques represent the beginning of the development of a conceptual framework for prevention. They do not yet represent the complete and essential components of successful prevention in the African-American community. Frankly, however, the review of the field suggests that more systematic work has to be done in the evaluation of prevention programs before we can begin to identify the components of a satisfactory program from the perspective of African Americans.

The Social and Cultural Characteristics of Prevention for African Americans

Monroe-Scott and Miranda (1981) indicate that African people imbibed alcohol (and possibly other drugs) but use was not an occasion of social decay. What is important about prevention is the identification of "natural constraints": not only was alcoholism frowned upon socially but, because each person produced his own product, supplies were limited to what one could grow, with priority given to food crops. If the lessons implicit in this brief synopsis are understood correctly, they provide a standard for designing prevention efforts consistent with the character of African-American peoples. The key words to be drawn from the Monroe-Scott and Miranda report are "environment" and "control." The idea that has general application to current efforts at prevention is that the locus of control is within the sociocultural organizational structure and processes of the community. This means that the environment that allowed drinking condoned the practice according to a pattern of rituals and daily routines. There was little need to exert external control because, in the context of vital personal and institutional relationships, the "choice" of excessive or abusive behavior was simply irrational from the individual's point of view. The analysis by Monroe-Scott and Miranda supports Dembo's perspective and the need for prevention programs to focus on the environmental factors that determine the real world experiences of the adolescent. The meaning of these analyses is that protective factors are within the community and that the prevention programs should increase the natural resilience and protective factors in the community, rather than seek to change arbitrarily some behavior of the target population.

Accordingly, prevention programs must be consistent with the culture of the target population. Nobles (in print) makes a conceptual distinction between culturally consistent and culturally legitimate. Culturally consistent means that the personnel and programmatic activity (e.g., behavior, values, attitudes, policies, practices, procedures) are congruent with the cultural substance of the particular target population served. Culturally legitimate means that the program/services must respect and reflect the image and interest of the people they are intended to serve. Culturally legitimate prevention services must be recognized and respected by the target population as well as acceptable by, and accountable to, their community. Prevention is an act of affirmation, not simply denial; it is holistic and not segmental. In other words, effective prevention activities should not split the world into parts such as environment, host, and agent, as in the public health model, but treat the whole life of the individual in the context of community.

While it may be true that what constitutes legitimate prevention activity is a complex and unsettled matter, Milgram (1987) identified the pertinent questions:

> Prevention of what and for whom needs to be defined in a realistic fashion. Will the education program be designed to attempt to prevent alcohol/drug use for life or until a certain age, to minimize risks related to use, to prevent alcohol/drug-related problems, to prevent societal ills related to alcohol and drugs or to prevent alcohol/drug dependency. Agreement is also necessary on the philosophical issues related to alcohol/drugs. Is alcohol accepted as part of

> American society? Are drugs and/or which drugs are accepted for use by society? Is there a distinction between low risk and high risk drinking/drug taking?... Can responsible decisions regarding drugs be made by adolescents?

The thrust of Milgram's queries are at the heart of the matter. Is it true that any drug use diminishes the quality of an ideal communal life? If the answer is in the affirmative, is it right or necessary that a community should "wage war" (using current terminology) against itself or its members to eliminate all use? The information available does not allow definitive replies. However, the tendency is to answer in the negative for both questions. The way of thinking that best complements Milgram's queries is that any prevention effort must invite, and evolve from, community participation. This is no panacea, however, because it is likely that members of the community will disagree or that dissent simply will not be tolerated. In addition, addiction that appears to be rooted in the intimate workings of the human psyche or to be a product of the individual's cultural experiences is not easily amenable to coercive resolutions. Prevention specifically seeks to alter, modify, or replace those effects and their corollary predispositional factors that are harmful to the development of public life, such as drug use by minors, drug-related violence, or the disabling of the family as a consequence of addiction. Thus, a sophisticated prevention strategy must have the capability to thrive in an environment where there is disagreement over what role certain substances will play in the society.

A Reassessment of Prevention

Obviously, how one defines the nature of prevention efforts will determine the kinds of activities pursued as prevention. Underlying the process of prevention is a set of attitudes toward both drugs in general and specific drugs. From a prevention perspective, what is first required is an appropriate, that is, more functional, definition of the problem itself. In this regard it is an advance to speak of AOD abuse and the factors that predispose a community of individuals to adopt self-destructive behaviors.

The perspective that most accurately reflects the reality of dependence experience treats abuse behaviors as symptoms of a deeper social malady—not as root causes in and of themselves. While there are undoubtedly many paths to abuse, a common thread that runs through many cases is the inability to reconcile individual social and psychological expectations with public realities. Nobles (1984) refers to this aspect of addiction as a measure of society's "coefficient of alienation" and describes it thus:

> The degree to which one variable (i.e., the meaning of human being) is unrelated to other variables (i.e., the experience of human beings) is a measure of the degree of alienation in the society. The "coefficient of alienation" is therefore associated with the fundamental "meaning" of human being found in society and the degree to which a people's experience is defined by (i.e., congruent with) that meaning.

This language helps us focus on socially systemic attributes rather than the specific and individual effects of addictive agents.

It is important for us to note that this reassessment of prevention provides a different framework for service delivery in that decisionmakers frequently pursue the issue of AOD abuse through paradigms that posit personal character flaws and individual weaknesses as the "cause" of dependence-related problems (Nobles 1984). The literature reviewed indicates that the utility of this paradigm as a tool for designing and implementing prevention programs is highly questionable and unlikely to produce appropriate behavioral changes. In the light of the literature review, there is a need for establishing a more expansive and refined conceptual framework that would address the issue of prevention with a world view that can embrace and help discriminate between

competing attitudes. Failing to do this results in the interlocking of prevention ideas and attitudes with general attitudes about public behavior, which serves to further confuse the issue of prevention.

For example, one of the barriers to an inclusive and frank discussion of the role of alcohol and other drugs in public life is the easy, though unwarranted, assumption that a community has no viewpoint other than what is popular. This produces such anomalies as select private organizations advocating legalization of some drugs, with the remainder of the public either opposing them or remaining neutral. A natural consequence of this condition is that the channels of public communication become increasingly polarized. Loaded language is used to capture the hearts and minds of the public. Advocates of abstinence conjure up images of lung cancer and fried eggs for brains. Civil libertarians bemoan the loss of the American Way and the rise of "thought police" or "health police." Meanwhile balance, harmony, and objectivity fall by the wayside. The energy and genuine goodwill of the public is frittered away by ceaseless conflict over what should be done about the problem. Unfortunately, the problem is never presented in a way that lends itself to thoughtful discussion, agreement, and mutually satisfying resolution. The better we understand the nature and scope of prevention programming as it occurs in the African-American community the better able we are to create, identify, and choose among various strategies for preempting the debilitating effects of abuse behavior.

According to Nobles (in press), all humans live between the interface of their concrete reality and their mass of subjective experiences (i.e., culture). The result of this meeting between "mind" and "matter" is a sphere of comprehension or what he calls "psychosphere." He goes on to say that

> in one's psychosphere, everything is not only perceived as connected, everything is connected. Accordingly, because the substance, subject and society are connected, interactive and mutually interdependent, "optimal prevention" efforts must deal with all of them simultaneously. . . .

That the analysis by Nobles reinforces the need to expand the parameters of prevention to include other areas of potential change or program development has been recognized for some time. Accordingly, the scope of prevention programming, at least for African Americans, must reach beyond the imposition of constraints or changing behavior of young people at risk. Nobles's theoretical notions of the existence of the psychosphere suggest a potentially important conceptualization for the prevention process. The existence of the psychosphere and the perceptual connectedness of elements suggests that prevention has to be holistic. It has to address host, environment, and agent simultaneously. Consistent with this approach, the principal prevention action would create activities that overlap at the three different levels and simultaneously enhance the individual's ability to negotiate his or her environment. This theoretical direction is consistent with Nobles's earlier work (1989) wherein he suggests that "community inoculation would be a prevention strategy driven by the goal of introducing 'something' into the target community which is designed to stimulate the community's own production of its indigenous protective agents and processes." Prevention activities, in this view, would seek to influence the external conditions that define the world as the user perceives it. In this way, African-American prevention moves beyond the narrow issue of AOD abuse as an individual phenomenon.

Within this expanded view of prevention, the critical question becomes more than how to change attitudes but also how to create a network of familial and institutional relationships that proscribe initial abuse and thereby create conditions where resistance to abuse is sustainable. The implication drawn from the literature is that the point of attack most effective for preventive intervention is the relationship between the individual and the functional elements (i.e.,

people and institutions) in his or her environment, and not the drug itself.

From this vantage point, the proliferation of abuse behaviors is seen as indicative of a fundamental crisis in human social development. Merely changing attitudes without changing underlying conditions produces a form of alienation that, in itself, contributes to dissatisfaction with one's self and thereby may even contribute to continuing escapist impulses. Any substantial change in privately held attitudes requires an equivalent material change in the environment that mirrors and supports that new way of thinking. As described by Nobles and colleagues (1987) the roots of this process of change begin with the most elementary and vital requirement for human development and transformation—the family. The authors posit that in order for a people to maintain themselves as a social group they must successfully satisfy life's imperatives (e.g., sustenance, security, sex, shelter). A family system that cannot negotiate these basic requirements lacks the basic tools to produce a human being whose personality is positive and intact. It follows logically that the culture of such families over time will disintegrate. The individual will be left with no means for developing (or even knowing) how to interact with others in ways that strengthen a sense of efficacy, connection to others, and durability. This theoretical orientation suggests that instruction prevalent in most prevention programs, which often fails to reach the deep structures of social life, will simply exhibit only minor idiosyncratic success. The power of the theoretical formulation by Nobles and colleagues for successful prevention is that it directs the prevention process to recognize that, by redefining the processes by which we give meaning to life, the prevention efforts will permanently effect the desired change in individual demand for AOD substances or abuse behaviors.

To a great extent, current research has failed to understand prevention from an African-American perspective. What is known has to take the form of theory because there are very few cases of documented or proven African-American prevention activities. The purpose of prevention is to define and execute all those activities that prepare people for clear, effective, and accepted roles that meet material and spiritual needs. The focus of prevention activities, therefore, is not just individuals but the social institutions that create and nurture the individual. The enduring problem of abuse behaviors is significantly related to the failure of current social structures to meet these needs. We end as we began. Prevention is much talked about but there is little systematic evidence of what constitutes effective prevention in African-American communities. Perhaps this will be the first step in a more rigorous attempt to acquire knowledge through the evaluation of prevention service delivery.

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Chapter 7

Natural Resistors in AOD Abuse Prevention in the African-American Family

Lawford L. Goddard

Several scholars have called into question the ability of traditional attempts at treatment and/or prevention to affect the alcohol and other drug (AOD) abuse problem in the Black community. Swift and Beverly (1985) suggested that attempts to treat Black patients through outreach programs designed for, and primarily used by, the White community have been largely unsuccessful. Similarly, Nobles (1984) has indicated that in the treatment of adolescent alcoholism and drug abuse, the scientific literature reflects the assumption that adolescent AOD users have a personal "character flaw" because of their genetic make-up, sociohistorical background, or individual psychological construct. It is accordingly the "correction of the character flaw" that becomes the target of clinical intervention. In challenging this conceptualization of the problem, Nobles (1984) further noted that adolescent AOD use may be more symptomatic of the crises found in contemporary American culture that results in personal and self-conscious alienation. This sense of alienation can be related to the feelings of loss of self-control and the search for meaning in life expressed by adolescents. King (1985) also has suggested that alcoholism in the Black community is symptomatic of the failure of individuals to obtain a sense of balance in negotiating the irreducible subsystems of human interaction in

which they find themselves. Thus, treatment of the alcohol problem without addressing the wider issue of the individual's viability in society, which is the traditional orientation to prevention and/or treatment services, is unlikely to produce lasting change. The underlying problem of why one begins to drink and to engage in self-destructive behavior, according to King, necessarily needs to be addressed before the symptom—alcoholism—can be cured.

Akbar (1984) has suggested that in the process of restoring mental order the individual has to become aware—that is, possess self-knowledge—and that awareness is the focus for self-discovery, self-acceptance, self-help, and, ultimately, self-preservation. Similarly, Kagan and Knight (1979) have indicated that self-esteem in children is partially a function of the extent to which children live up to their cultural norms. Kaplan and colleagues (1983) also have found that the ability of the individual to overcome negative life events is enhanced by the nature and meaning of family support and the substitutability of supportive relationships. Evidence from social learning theory also indicates the need to match the client with the therapist or service provider. Brown and Inouye (1978), in a series of experiments, were able to document the critical role that vicarious learning plays in the motivational and attitudinal structures of Black adolescents. The basic premise of the Brown (1979) experiments is that to the extent that people perceive a "model" as being similar to themselves (i.e., attribute similarity), they are equally likely to view their own behavioral outcomes as similar to or likely to be the same as those incurred by the model (i.e., outcome similarity). Attribute similarity operates as an especially critical factor in determining the impact of vicarious experience with Black and minority children. Thus, in the case of a prevention/intervention program, to the extent that the Black youth at risk identify with teachers, youth workers, and so on, they are more likely to model their behavior after them (that is, more likely not to engage in dysfunctional social behavior).

In addressing the debilitating effect that AOD abuse has on the Black community, it is apparent that a concerted effort is required on a variety of levels. There is no single magic cure for the problems created by AOD abuse. However, the primary emphasis is on the need to develop primary prevention activities that provide people with the capacity to withstand pressures to engage in AOD abuse. There is also the need for treatment and intervention activities that provide hands-on services to people already engaged in AOD abuse. Finally, there is the need for advocacy efforts that attempt to determine public policy on zoning policies, land use patterns, and so forth.

Primary prevention encompasses those activities directed at specifically identified vulnerable groups at high risk within the community for whom measures can be taken to enhance their level of positive functioning (Goldson 1977). The ultimate goal of primary prevention is to increase people's capacity for dealing with crises and for taking steps to improve their own lives. Consequently, primary prevention by definition must concern itself with the social development of the individual and provide the individual with the skills necessary to function at an optimal level in the society. That is, the goal of primary prevention is to facilitate the achievement of personal, social (interpersonal), and functional competence. Two general strategies can be utilized in primary prevention. The first, focusing on the individual, attempts to strengthen individual capacities and/or decrease individual vulnerabilities. The second strategy focuses on the societal level and attempts environmental modifications through planned social change. It has become apparent that both strategies have to be used in a comprehensive model if there is to be success in prevention activities.

The African-American family is a term used to characterize a group of people who may be biologically and spiritually bonded or connected and whose members' relations to each other and the outside world are

governed by a particular set of cultural beliefs, historical experiences, and behavioral practices. It is important to note that this analysis does not suggest the existence of a single, monolithic type of Black family. In fact, Billingsley (1968) has identified 11 different types of Black families, based on the presence or absence of children and relatives in the household. There is diversity in Black families; however, within that diversity one is able to observe a comprehensive common cultural theme that historically characterizes Black families. That is, the substance, the essence of family is the same; the form the family takes is different based on the concrete experiences of its members.

In terms of cultural beliefs, the root foundation of the African-American family can be found in the African ontological principle of *consubstantiation*, which asserts that the essence of all things is of the same substance (i.e., spirit, energy). In effect we are, therefore, one because we essentially have the same spirit. In terms of *historical experience(s)*, beginning with the New World American slave trade, the salient and most constant character of our experience in America is racist degradation, political domination, and economic exploitation. In terms of the *behavioral practices*, Black human dynamics can be characterized by the synthesis of African retentions and/or residuals and the creative ability to invent something new. Hence, the "African-American family" is a group of people who (1) are bonded by their racial and *cultural* heritage; (2) believe that "something" connects us together (i.e., consubstantiation); (3) are shaped by a peculiar experience out of which was forged the amazing grace and stature to constantly and collectively resist societal injustice and inequity; and (4) are capable of expressing the will and intent to openly negotiate and attempt to change the real world conditions of the times. In effect, these are the things that Black families, regardless of status or condition, have in common. Although these features are common to African-American families, it is important to note that these features are not all present in the African-American family today.

In light of these ideas, it is clear that the family structures most resistant to dysfunctional (self-destructive) behavior (AOD abuse) are consistent with, and predictable from, the traditional African-American culture.

The traditional African-American family process is the affirmation of life with a model of family functioning that is child centered. By this is meant that the purpose of the African-American family focused on, even required, the presence of children, and that the family did whatever was necessary to sustain life and the continuation of the family spirit. The family exists for the growth and development of children rather than the self-actualization of the adult members of the unit. The functional African-American family is characterized as

- having an extended family with significant male participation;
- having a strong emphasis on parenting strategies that reflect the *cultural* themes of the sense of excellence and the sense of appropriateness;
- having a value orientation that is a reflection of the Afrocentric principle of *maat* (truth, justice, righteousness, propriety, harmony, balance, and order);
- having childrearing practices geared to developing a sense of humaneness in children and emphasizing responsibility for the family unit; and
- having a strong sense of spirituality based on the belief in a Supreme Being that manifests itself in the way of life of African Americans and is reflected in the kinds of connections between and among African Americans that indicate they are of the same substance.

Another factor that enabled African-American families to resist AOD use or abuse is the practice of adult responsibility, or community control, for the welfare and well-being of the children of the community.

That is, in the traditional African-American community the social organization of families reveals a close network of relationships within and between families not necessarily related by blood. This principle of inclusivity is functional inasmuch as these "social relatives" or para-kin are almost indistinguishable from biological and/or legal relatives, and plays a major role in the maintenance of social order in the community. Children in the traditional community belonged to the community, and any adult member of the traditional community could, and did, discipline any child who violated, in whatever form, the values and mores of the community. Thus, every adult in the traditional culture assumed responsibility for every child and in the exercise of that responsibility was able to maintain social control.

Generally, childrearing practices in the Black community were characterized by family orientation and unconditional love that place a special emphasis on strong ties and respect for elders, and see the child as possessing a natural goodness. Children were socialized to assume significant responsibilities for the family's well-being and to express mature social behavior at an early age. Older siblings were responsible for taking care of younger ones, and all shared in responsibility for the family by performing important chores. Self-reliance and responsible behavior were inculcated early on in Black children as a reflection of the cultural world view that suggests that all is interconnected, and thus everyone has a part to play in the welfare and survival of the whole. On a cognitive level, the responsibilities assumed within the household by children reinforced their self-esteem and provided appropriate skills to negotiate the adult world and the wider social system.

In performing these duties African-American children were able to develop a sense of competence and self-confidence. These two notions were taught to the very young to foster the belief in the children that they were masters of their own destinies. Therefore, children were strong enough to withstand pressures to engage in AOD abuse behavior.

The cultural themes of the sense of excellence and the sense of appropriateness became the framework for child development in the traditional African-American family. The sense of excellence encouraged the child to strive for perfection while imparting their own personal style in behavior. The sense of excellence, with a strong work ethic and orientation toward achievement, enabled Black people to succeed in every walk of life to which doors were open. In addition, the sense of appropriateness provides the framework in which behavior is governed by notions of formality, civility, and deference. These cultural themes created behavioral modalities that indicated to Black people that some things (i.e., AOD use/abuse) were not acceptable within the family structure. These modalities, were, in turn, reinforced and supported by the cultural practices of the community (e.g., adult responsibility and community control).

The traditional African-American family performed five important functions that, upon completion, promoted a sense of well-being in children and, thereby, minimized the risk of engaging in self-destructive behavior (e.g., AOD use/abuse).

The first was the legitimation of beingness through which the family provided the children with a sense of identity and of belonging to something—the grounding that enabled the children to understand and recognize their connection to something greater than themselves, to understand responsibility for self, family, and community. Second was the provision of codes of conduct by which the family gave the children a set of guiding principles—an ethos—for determining the way in which they should live their lives. The codes of conduct enabled the recognition of the boundaries of acceptable behavior beyond which one could not step, and established a strong sense of self-discipline and self-control. The third, elasticity of boundaries, allowed the children to express their unique characteristics without being negatively

sanctioned. This function allowed growth and development, expression of differences, testing different modes of behavior, and development of a sense of independence and individual identity while, at the same time, it expressed the fundamental sameness among family members. It is through the provision of information or knowledge, the fourth function, that the children come to understand the context in which they lived and must operate. The family allowed the children to be able to discern between fact and fantasy and to make appropriate decisions, based on the codes of conduct, about their own behavior. Last, the mediation of concrete conditions provided the children with the necessary guidance to negotiate their environment and enabled them to develop a sense of security.

In addition to these ideas, Robert Hill (1972) documented the strengths of the Black family. According to him, family strengths are those traits that facilitate the ability of the family to meet the needs of its members and the demands made upon it by systems outside the family unit. Its strengths, as outlined by Hill, are (1) a strong orientation toward work, (2) a strong orientation toward achievement, (3) a strong sense of spirituality, (4) strong family ties, and (5) adaptability of family roles. It is clear that these family strengths represent an important and critical ingredient in the lives of Black individuals. They enabled the Black family to deal with the harsh realities of survival in a society that was inherently unjust, to ease the psychological trauma associated with daily life and hence to avoid the kinds of "escape mechanisms" that AOD use/abuse represent. The internal fortitude of the Black family enabled its members to survive without succumbing to self-destructive behavior.

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Chapter 8

Spirituality in the African-American Community

Janet Pinkett

History's usefulness for any race of people is found in its ability to inspire and instruct them toward a present and future that are brighter and more prosperous than their past. Examination of those historical traditions that have contributed to a nation's rise and fall give a people the impetus to perpetuate valuable traditions and do away with destructive ones.

A review of African and African-American history reveals that the quality of spirituality, that is, perpetual adherence to intensely spiritual values held by Africans and African Americans, has proven useful in the struggle to survive and triumph over hostile forces that should have otherwise threatened their existence (Felder 1989; Grier and Cobbs 1971; Karenga 1982; Parrinder 1976; Pasteur and Toldson 1982). It is believed that through examination of the use of spirituality in African and African-American history, prevention strategists could gain helpful answers about the development of an effective Afrocentric model for alcohol and other drug (AOD) use prevention for youth at high risk.

The following discussion involves such an examination. In reviewing spirituality's use in African and African-American history, the resulting implications for prevention strategists are discussed in light of the work

group's effort to develop adequate strategies for prevention of AOD use among African-American youth at risk. At the conclusion of this discussion, practical steps to be taken by prevention strategists are proposed to help ensure the incorporation of a spiritual awareness and enrichment component in the Afrocentric model for AOD abuse prevention.

Tracing the History of Spirituality's Use by African and African-American Ancestors

A Look at the African Worldview

The African worldview begins with the belief that there is a God who, through many manifestations, is revealed as Creator of and Cause for all that exists. This Supreme Being, termed "God," is viewed by most Africans as being both transcendent and imminent—that is, both near and far all at the same time (Karenga 1989; Mbiti 1970; Parrinder 1976). It is because God exists that Africans believe "we" exist . . . and because "we" exist, "I" exist (Karenga 1989; Mbiti 1970; Parrinder 1976).

God's presence in all Creation is reason enough for Africans to live in harmony with nature and fellow human beings. Held sacred is the commitment to wholesome family and community living; such commitment is expressed through the mechanisms of ritual ceremonies such as rites of passage, corporate worship, and marriage ceremonies (Karenga 1989; Mbiti 1970).

Respect for the collective worth of the community influences the African's conviction to take no credit as an individual for accomplishments and achievements in life. Instead, credit for such successes are given to God, one's ancestors, one's community, and one's family (Asante 1989; Karenga 1989; Mbiti 1970). This sacred treatment of God, ancestors, and fellow humans is born out of the view that spiritual forces bind God and people together so that all existence is one; all existence comprises a collective and unified whole so that "I cannot do without you nor can you do without me" (Grier and McCobbs 1971; Karenga 1989).

The worldview seen in the African's sacred treatment of God, ancestors, and all of Creation is clearly and intensely spiritual. This worldview informs prevention strategists that reality originates and operates in the spiritual dimension. Life events such as birth, death, puberty, and even harvest and other seasonal events are viewed as mere expressions or manifestations of these invisible, spiritual realities (Karenga 1989; Parrinder 1976). The African worldview would then suggest that all behaviors, including AOD abuse, are spiritual manifestations or misguided attempts at spiritual expression. This can be explained by examining the difference between the European and African modes of thought and expression. "The European mind tends toward the literal, while African cognitive structures are more heavily expressed as symbolic. African culture is replete with symbols and symbolic behavior that reflect a religious worldview. If these symbols are approached literally, African behavior makes no sense, and we become primitives who act like children" (Richards 1989). Why give God credit for a task you have just completed? Because doing so acknowledges Him as the source of the talent, resources, wisdom, energy, and opportunity to perform the task. "African worldview is characterized by Unity, Harmony, Spirituality, and Organic Interrelationship. The European worldview is characterized by Compartmentalization (isolation, separation), Control (power relationships), Conflict (tension), Materialism, and Mechanical Relationship" (Richards 1989). These are values diametrically opposed to the African ethos. Therefore, AOD use by African-American youth can be viewed as a substitute coping mechanism for a missing spiritual ethos.

An African worldview would then suggest to strategists that effective prevention

of AOD use among African-American youth at high risk necessarily incorporates mechanisms designed to heighten spiritual awareness and sensitivity among African-American youth and their families. A review of the historical mechanisms that were used to this end are given attention in here.

Historical Mechanisms Found in Ancestral Traditions to Perpetuate Spiritual Awareness

Dispositions of faith, hope, love, and duty were promoted and reinforced in the ancestral traditions as well as with our more immediate elders. This spiritual ability was inculcated by personal and social rituals that celebrated any and every event significant to individual, family, and community life. Events celebrated included birth, death, puberty, and marriage . . . even rain, harvests, and the like (Parrinder 1976).

The corresponding celebrations for these events were designed to promote and/or reinforce their significance in the minds of African people (Grier and Mc-Cobbs 1971; Parrinder 1976; Pasteur and Toldson 1982). A brief discussion is given here about three of these significant African and African-American rituals: rites of passage, corporate and individual worship, and the process of modeling and mentoring (eldership) that gave credence to the reverence for African elders and ancestors as the manifestation of the spiritual bond and continuity.

When the life of the community is threatened, ritual is used to provide a sense of order, which enables community members to deal with their problems in a positive manner. Ritual is psychologically healthy and allows for constructive release of potentially destructive tensions and emotions. African diasporic ritual drama in North America began with the hush harbors, night sings, and prayer meetings, which were the forerunners of the Black church service, "the penultimate expression of formalized African Diasporic Ritual Drama in North America" (Richards 1989).

Rites of Passage

Every significant stage of life was marked by a rite of passage indicating mastery of a particular level of life. Birth, puberty, marriage, and death were especially significant "moments" in life, and the rite associated with each of these held special spiritual significance. The ceremonies were aimed at celebrating the spiritual and physical transformation and transition of the African youth from the unborn (invisible) to the born (visible), childhood to adulthood, from singleness to marriage, and from life to afterlife. Rites of passage served as social mechanisms for sensitizing participants to their God-given call to confident, competent, and conscientious living. The rites signified the cultivation of those qualities that brought efficacy to African youth in facing and resolving life challenges (Parrinder 1976).

Historically, the backbone of African-American religious organization is the process of initiation, training, and ritual through which novices gain knowledge of the spirit and ritual practice that enable functioning effectively in society. Rites-of-passage ceremonies are a source of affirmation for the young and provide the community with the opportunity to express love, pride, and respect for its youth. Through rites of passage the young learn that there is always a "correct path . . . and in the event they make a wrong turn . . . they have a community that values them as members and will help them find the way back" (Warfield-Coppock 1990). "We come from a culture of tremendous order, which provided us with a viable belief system, and which guided behavior and moral interrelationship. . . . We come from a morally ordered, spiritual universe, where the

practical business of life, where science and technology, were always grounded within a sacred and religious framework" (Richards 1989). Incorporated in contemporary rites-of-passage training agendas are areas of educational preparation suggested by Moore and others (1987): (1) family history, (2) sex education, (3) history of our people, (4) spirituality/community spirit, (5) taking care of self, (6) housekeeping/finances, (7) assertiveness/leadership, (8) values clarification/future planning, (9) time management/organization skills, and (10) art and dance.

The rites-of-passage rituals signify the intentional cultivation of "spiritual qualities" that can facilitate proper decision-making and natural resistors to negativity among African-American youth as they face the present temptation to resort to AOD use to cope with a hostile, racist environment. Prevention strategists are, therefore, advised to look at rites-of-passage rituals as a way to facilitate and record the development of confidence, competence, and consciousness among today's African-American youth at high risk.

Corporate and Individual Worship

Another ritual frequently found in African-American tradition is the ceremony of corporate and individual worship. Spiritual awareness and vibrancy were sustained among African Americans through participation in community and individual worship ceremonies. These ceremonies always carried with them the quality of "soul" unique to African people (Grier and McCobbs 1971; Parrinder 1976; Pasteur and Toldson 1982). Dating back to the ancient "rain dance," a ceremony conducted by African priests at the beginning of the rainy season to invoke God's blessing of rain upon the agrarians in the upcoming season, Africans have historically engaged in high-spirited, energetic, musical, emotional, and rhythmic ceremonies of worship to God (Parrinder 1976; Pasteur and Toldson 1982).

The event of such worship served several purposes. First, the worship ceremony kept the participant in touch with and aware of the Creator and the Creator's will. Second, in creating an atmosphere of heightened spiritual awareness, the worship ceremony reinforced in the African's mind the existence of the relationship between the participant and the Creator. Third, the emotional, energetic expression involved in African-American worship provided opportunity for cathartic release for the participant that restored mental health and balance in face of pressures found, particularly among slave ancestors. Fourth, the worship ceremony enhanced communion among African and African-American brothers and sisters so that oneness of purpose and aim were a sustained reality among community members. Such an outcome manifested in the African American's spiritual transcendence over the distressful life-threatening opposition (Grier and McCobbs 1971; Pasteur and Toldson 1982).

Clearly, African-American history has shown how the "church" experience has served as a source for direction and inspiration when other mechanisms failed in times of peril (Davis 1986; Eng et al. 1985; Grier and McCobbs 1971; Pasteur and Toldson 1982). In this regard, prevention strategists are advised to develop methods for the restoration of the use of corporate, as well as individual, worship to heighten spiritual awareness among African-American youth as a viable prevention strategy.

Restoration, revival, reclamation, and re-creation of spiritually oriented rituals like corporate worship as well as rites of passage would prove useful to prevention strategists in deterring African-American youth at high risk from AOD use. Some contemporary practices to add to the repertoire of traditional rituals could be spiritual enrichment support groups, retreats, and scripture study from an Afrocentric prevention perspective. Such practices could be defined and developed in future discussions.

Eldership[10]

Models and mentors were adult members of the African family and community. It was elders, in particular, who claimed responsibility for rearing and guiding the younger generation toward wholesome and effective living (Karenga 1989; Mbiti 1970; Warfield-Coppock 1990). The vehicles of modeling and mentoring are viewed as mechanisms traditionally used by Africans to heighten spiritual awareness because these mechanisms were the daily means by which values in life and the treatment of God, others, nature, and knowledge were instilled in African-American youth. In African-American history, the Black church has not only been a source of models and mentors, but a training ground. Pastors, deacons, youth leaders, and church mothers all took on and accepted the responsibility of being positive role models and spiritual leaders in the community.

Modeling and mentoring did not merely entail teaching by talk but also by action. Hence elders, and even ancestors, were not mere figureheads in the African mind; rather, they represented qualities of integrity, uprightness, wholesomeness, and reverence for God—qualities that demanded the respect and reverence of the African youth (Karenga 1989; Mbiti 1970; Warfield-Coppock 1990). By displaying strong character qualities, mentors increased their impact and influence on African youth so that integrity, courage, and faith were more readily perpetuated among youth (Asante 1989; Karenga 1989; Warfield-Coppock and Harvey 1989; Warfield-Coppock 1990).

Certainly the task of prevention of AOD use among African-American youth demands the identification and utilization of models and mentors, be they parents, aunts and uncles, ministers, laity, professionals, or fellow youth and young adults.

Such model individuals should be sought out and trained for the task of prevention at whatever cost. Resources that put prevention strategists in touch with such individuals should be tapped as much as possible, for the task is great and the laborers are few. Prevention service providers must find the natural helpers in the African-American community and use their talents and abilities to become effective in prevention activities.

The African-American church is a viable unit for the initiation of a spiritual awareness and enrichment component of the Afrocentric model for AOD abuse prevention. This position is taken here in spite of the African-American church's present record of proselytizing community members while simultaneously failing to contribute to the enhancement of those members' quality of life. The church possesses a wealth of potential for advancing AOD abuse strategies in the African-American community. Consistent with their philosophy, prevention strategists have historically looked to community resources that by nature serve as sources of strength for the community in advancing the cause of prevention (Davis 1986; Eng et al. 1985; Felder 1989; Karenga 1989). The African-American church is such a resource.

Historically, the church has championed the interests and concerns of African Americans, providing direction and correction, influence and encouragement, advocacy, hope, and even representation in the general society (Eng et al. 1985; Karenga 1989). In the absence of wealth, formal training, and political clout, the African-American church has historically served as an alternative locus of positive identity and influence for African Americans (Eng et al. 1985).

The abundance of potential believed here to exist in the African-American

[10] Eldership, rather than mentoring and modeling, is the preferred term. Mentoring is the responsibility of elders, and modeling becomes the task of youth.

church for advancing prevention strategies lies in its ability to excite the common spirituality and, through it, bind a diversity of African-American people, lifestyles, socioeconomic conditions, ages, sexes, and even political differences together for a purpose that is primarily spiritual in nature (Davis 1986). In addition, on the practical side, oftentimes the church possesses well-defined networks that would allow prevention strategists to tie into a large number of resources; e.g., special interests groups, ministerial groups, and denominational alliances. These networks offer to prevention experts expanded accessibility to people, particularly those with the desire and potential to be mentors and models for African-American youth; some prevention experts from other disciplines[11] have, in fact, made use of that very resource.

Pointers for Using the African-American Church in Advancing Prevention Strategies for African-American Youth at High Risk

After this brief review of the African-American church's usefulness in advancing strategies for the prevention of AOD use among African-American youth, it is appropriate to present strategies to accomplish this task effectively.

- Prevention strategists should establish relations with pastors of churches who demonstrate the potential for urban mindedness by responding to prevention concerns.
- Prevention experts should then form partnerships with those pastors in developing prevention networks within the respective churches (the NIH approach).
- Prevention strategists should be available to the ministries as a resource for providing continual technical assistance.
- Prevention strategists should train church leaders to educate youth members in Afrocentric philosophy, thus helping the leaders to incorporate the African cultural piece into the religious teachings and to implement rituals like rites of passage and *kwanzaa*.
- Prevention strategists should respect the identified ministry's ability to address the young members' risk factors in a manner consistent with the respective denominational belief while maintaining a proper application of African philosophy (Asante 1989; Davis 1986).

Conclusion

After reviewing spirituality's use in both African and African-American history, discussing the implications of history for prevention strategists, and identifying tentative steps toward incorporating a spiritual awareness and enrichment component in the Afrocentric model of AOD abuse prevention, one discovers a challenge confronting prevention strategists. It involves facilitating a process of restoration and revival in the African-American community. Specifically, it is the dual challenge to restore those historical mechanisms that

[11] One such group is the National Institutes of Health, a division of the Department of Health and Human Services (DHHS). This group sponsored the Hypertension Reduction Project (DHHS Secretary's Report 1986), a project in which identified members of African-American churches all over the country were trained to monitor the blood pressure of other members on a regular basis. In addition, health professionals were (are) authorized by participating pastors to give "hypertension awareness" talks to the respective congregation during worship services and at conferences. The present reduction of hypertension among African Americans in urban communities has been attributed, in part, to the success of this church-based prevention strategy (DHHS Secretary's Report 1986). Other church-based projects that have been initiated within the past two decades are the Congress of National Black Churches' Anti-Drug Campaign in Washington, D.C., and the North Carolina Wellness prevention project directed by Dr. Eugenia Eng of the Department of Health Education, School of Public Health in Chapel Hill, North Carolina (Eng et al. 1985).

kept spiritual values and morals alive among African people and, equally, to revive the spiritual consciousness of African Americans, a consciousness once so powerful in the African-American community.

The pressure for African and African Americans to conform to the lifestyle and vice of negative forces is not new, nor is the presence of oppression. What is a relatively new phenomenon, however, is the willingness of African Americans to give in to those forces by conforming.

Materialism, capitalism, evolutionism, racism, and extreme individualism are all products of the Westernized system to which African Americans have been bound for the duration of their history. Traditionally, African Americans resisted such conformity, choosing instead to cleave to a higher order of existence, of integrity and strong character, an order that offered spiritual and mental freedom even in face of physical bondage. "Before I be a slave, I be buried in my grave and go home to my Lord and be free."

Today some African Americans have replaced spiritual victory with materialistic defeat by accepting the enslavement to Western philosophy: "If you can't beat 'em, join 'em." Attitudes of hedonism, dog eat dog, and an eye for an eye now prevail in the African-American community. For these individuals the family no longer possesses value and elders have little or no importance. Adults have in many ways abandoned their responsibility to be models and mentors to the next generation. The proliferation of AOD abuse and related behavior is in fact suggested by the erosion of traditional African values in the African-American community.

There must be a restoration and revival of values that were once treated as important—values of respect, love, dignity, and integrity. These very qualities were once valued among African Americans. Now they must be the necessary ingredients possessed by African-American youth if the goal of deterring youth at high risk from AOD use is to be achieved.

The mission behind the task of developing an African-Centered Model for AOD Abuse Prevention Among African-American Youth at High Risk is unquestionably a spiritual one. The prevention strategist is primarily challenged to accomplish the task in a manner consistent with the truth behind that mission. Incorporating a spiritual awareness and enrichment component in the model that uses spiritual resources presently available in the African-American community, as well as those drawn from history, is the means to accomplish the mission and the task with maximum success.

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Chapter 9

An Afrocentric Intervention Strategy

Leonard C. Long

The experience of African-American youth in America should have something to contribute to any model of prevention. Although many models can and have been used as tools in the analysis of the Black youth experience, we will examine two models identified in the book *Harvesting New Generations: The Positive Development of Black Youth*, by Useni Eugene Perkins, and published in 1986. Perkins discusses the limitations in using the deficit and the bicultural Eurocentric models when analyzing African-American youth behavior.

The deficit model begins with the concept of self-depreciation, and is characterized as genetically inferior, pathological (Blacks as a diseased culture), socially disadvantaged, culturally deprived, and possessing a slave culture. For example, the term "culturally deprived," as defined in the deficit model in reference to low-income African-Americans, represents a total denial of the existence or value of African-American culture. From this perspective the culture is viewed as worthless, and by implication suggests that African-Americans are worthless. The Eurocentric deficit model is the most commonly used and the most devastating for African-American youth.

The second model, the bicultural, creates self-diffusion and confusion. This model attempts to express the broad diversities in racial and ethnic groups, suggesting that they can all virtually survive in an integrated society. The implication of this

Eurocentric model is that Black people can maintain part of their own culture and at the same time take on the values of the dominant European culture. However, the bicultural model is characterized by slave culture, assimilation, subculture inferiority, and European (mainstream) domination and integration. When bicultural is referred to in this context, it is based on what Dr. Ella Bell, an organizational behaviorist at Yale University, has termed bicultural stress. That is the psychological schism created when Blacks, in seeking to assimilate, start to lose their own identity because of the alien roles they adopt to make it in the majority society. Since such role playing usually requires Black people to negate much of who they are, this self-negation leads to emotional conflict, and hence stress. W. E. B. DuBois diagnosed this phenomenon nearly 100 years ago when he wrote about there being two souls within Black folks—one white, one Black—warring with each other in a desperate need to be accepted in White America. The bicultural model, in reality, does not acknowledge African culture as equal to other cultures, and still carries some of the characteristics of the deficit model.

In summary, the deficit model that is based on self-depreciation views Black people as genetically inferior, socially disadvantaged, culturally deprived, pathological, and possessing a slave culture. The bicultural model is based on a process of self-diffusion and is characterized by an emphasis on slave culture, assimilation, subculture inferiority, ethological modification, and European or mainstream domination.

It is necessary to reiterate at this point that neither of these models acknowledges the existence of African culture nor does either one address the self-determination exhibited by Blacks throughout history or look at the collective Black sense of awareness. These models have been developed and created by scholars who have limited or no knowledge or understanding of Black behavior. These two frames of reference illustrate how the Eurocentric framework tends to result in an inappropriate, inaccurate, and negative perception for developing prevention programs for African Americans.

This is borne out clearly when we examine the issue of the "socialization" of the Black youth implicit in these two models. Regardless of the theoretical models used, traditional socialization of Black youth in America must be viewed in its historic setting. The condition of the Black youth of today has been determined by not only what has taken place, but what has been perceived as taking place in Black youth's environment. When we examine some of the environmental characteristics described by Perkins (1986)—a hostile environment, a scientific colonialism, the institution of racism, the colonization of education, a colonized culture, the institution of street life—it is quite reasonable to understand certain behavioral outcomes. Dr. Leon Chestang, a Black psychiatrist, writes, as quoted in Perkins (1986):

> Three conditions, socially determined and institutionally supported, characterized the Black experience: social injustice, societal inconsistency and personal impotence. To function in the face of any one of them does cruel and unusual violence to the personality. To function in the face of all three subjects the personality to severe crippling or even destruction. These three conditions, however, confront the Black person throughout his life, and they determine his character development.

Dr. Carter G. Woodson (1933) states that the so-called modern education (colonized education) does others so much more good than it does the Negro, because it has been worked out in conformity to the needs of those who have enslaved and oppressed weaker people. In a hostile environment the Black child must confront reality not only in terms of race but also in terms of various illegal, amoral, or violent events that may occur in his or her environment.

In order to fully understand African-American youth's conditions, one must understand how they perceive their environment and why certain behavioral patterns develop that may be self-destructive. The outcomes from the traditional models—deficit and bicultural—generally tend to be youth who are confused, have low self-esteem and a depreciated character, and tend to engage in reactive behavior.

On the other hand, when the socialization process (e.g., rites of passage) is examined from an Afrocentric base or foundation we are able to recognize and identify different environmental characteristics and, therefore, different and positive behavioral outcomes. When examining the socialization process from an Afrocentric perspective one is guided toward recognizing a supportive environment, strong family units, and supportive secondary institutions (e.g., schools, churches). Close kinship bonds and the extended family are directly traceable to the traditional African culture, which valued the group above the individual. The behavioral outcome of this environment was youth that had a strong sense of discipline, well-defined roles in family and community, a positive self-concept, and self-appreciation. The Afrocentric perspective yielded a collective self-realization and Black liberation. This perspective was also characterized by nationalism, a sense of collective consciousness, and emphasis on African culture and philosophy.

Afrocentric models of prevention must be based on African philosophy, religion, psychology, culture, and the integration of these areas into the issue of African-American survival in the 1990s.

In his book *Afrocentricity*, Molefi Kete Asante (1988) maintains that in order to develop an Afrocentric base, one first has to believe in the existence of an African cultural system, then juxtapose African and American ways, and, finally, recognize the values derived from the African-American experience.

The knowledge, art, beliefs, and customs transmitted among individuals of an ethnic group have long been recognized as significant determinants of the behavior and values of members of that group. The Afrocentric model provides three essential qualities: a sense of identity, a sense of history, and a sense of struggle. These qualities are necessary in developing a positive personality. Perkins (1986) states that a knowledge and appreciation of one's true identity is paramount to the development of a positive personality; that a race without knowledge of its history is a race without understanding of its roots; and that we must teach Black youth how to struggle, what it actually is, and what it is not.

As a result of their exposure to harsh conditions, African youth developed a great deal of strength and adaptability, which enables them to adjust to, and cope with, the world and, hence, to survive. When developing intervention strategies, it is necessary to look back and focus on the strengths of the youth that enabled survival despite the institution of slavery and the separation of family.[12] Some of the traditional strengths include

- the ability to adapt to an oppressive environment without being debilitated;
- the ability to survive with little guidance from the family because of forced separation (although with excellent guidance from the African-American community, e.g., the church, extended family);
- the desire to be free;
- a strong work orientation to assume adult responsibilities;
- respect for the elders; and

[12] It is necessary to point out that it was Black people, not just youth who survived slavery.

- an obedient attitude to further the welfare of everyone and not just the individual.

Basically, the youth of today still have the first three strengths. However, the last three have been disregarded and need to be (re-)integrated into the minds of the youth. In recent years there has been the addition of two more strengths: a strong group orientation that places high value on peer relationships and manifests itself in the form of gang membership, and the ability to recover from setbacks and defeats.

In the book *Afrocentric Theory and Applications: Adolescent Rites of Passage*, Nsenga Warfield-Coppock (1990) concludes that the critical components of an Afrocentric model for prevention and intervention should include the following:

- deprogramming, reeducation, and training, including manhood and womanhood training; sex and family life education; fitness, health, hygiene, and nutrition; history and cultural rituals; educational reinforcement of basics; financial management; and spiritual enrichment
- intergenerational involvement and a council of elders to draw upon the experiences and advice of the other generations
- coordination of an intensive-care team of staff and resource professionals to assist families in crisis and provide intervention

Other areas suggested for inclusion in the model are African-American history and culture, time management and organizational skills, hygiene/care and etiquette, housekeeping and finances, values clarification/future planning, assertiveness and leadership, art and dance, and sex education (Moore et al. 1987).

These components, along with the components of vocational exportation and the institution of the streets, are incorporated in a program that is being implemented in Dallas, Texas, referred to as the Rites of Passage (ROP) (exhibit 1).

The West Dallas Community Centers, Inc. (WDCC) Rites of Passage Project seeks to aid youths between the ages of 9 to 12 years in breaking the cycle of teenage pregnancy, alcohol and other drug (AOD) abuse, criminal mischief, and possible undereducation and/or drop-out status. This project, incorporated in the West Dallas Community in 1988, uses an Afrocentric and holistic approach in building self-esteem, self-image enhancement, leadership development, and cultural inculcation.

An Afrocentric approach, that is, where Africa is the center of study in its actual physical dimensions and the diaspora of its people, and in social, cultural, and spiritual concepts, has been instituted by the WDCC Rites of Passage. The project seeks to reestablish the ties between Africans and African Americans. Youths are taken through a study of African history, highlighting great African kings and queens. Africa is viewed by the project's youth as the cradle of civilization. The young have studied Africa as the origin of architecture, hieroglyphics, monotheistic religion, astronomy, astrology, road and sewage systems, mathematics, libraries, and maritime travel. Through this, the youth inherit a sense of a heightened self-image as they begin to identify with this continent of the ancient pyramids and fertile soils, and that yields vast amounts of diamonds and gold. Every workshop and session produces an African concept, whether it is based on African ideas in economics, values, spirituality or sexuality, personal hygiene, or time management. Youth in the project are taught African rituals and chants, are in the process of learning Swahili, and are being introduced to African styles and dress. The Afrocentric approach provides the individual youth with a sense of belonging, self, and knowledge.

The WDCC Rites of Passage Project not only adopted an Afrocentric approach, but also a process based on a holistic concept. This process deals with meeting physical,

mental, and spiritual needs. Projects and workshops deal with providing information that accommodate the youths' physical, mental, and spiritual well-being. Youth participate in week-long camps and in workshops featuring specialists in their respective fields who impart important information, which has a specific impact in that each youth is assigned a mentor who helps to educate and aid the youth in using these specialists' skills in real life. These mentors, along with ROP staff, also work with the youths' parents. At least one hour per week is spent with each parent in identifying factors that may distract from the youth's growth and in seeking possible solutions to these factors. Parents are also involved in workshops and, through WDCC, participate in cultural events and activities in the community and throughout the city. Martial arts classes, cooking, and nutrition classes, presentations by health specialists,

Exhibit 1. West Dallas Community Centers, Inc. Rites of Passage Project

Family History. This area encompasses the immediate family genealogy/history as well as the concept of the extended family or community. Parents are instrumental in supervising the data gathering for this area.

Spiritual/Community Spirit. Without focusing on any specific religion, the initiates should gain an understanding of the concept of spirituality and how it continues to work in the lives of Africans and African Americans.

African-American History and Culture. Initiates should have a basic understanding of the history and accomplishments of African leaders, heroes, and heroines.

Time Management/Organization Skills. This area covers the cultural concepts of time as well as developing skills in managing time (the European concept) and organizing tasks.

Taking Care of Self/Etiquette. This broad area covers personal care and hygiene and includes nutrition, exercise, hair and nail care, use of cosmetics, dress, clothing, and so forth. Social skills are also covered and can include introduction to home entertaining.

Housekeeping/Finances. Initiates should receive a thorough understanding of the overall management of the household. They should also understand economics in general and how to use money to maintain control of their lives or business in the African-American community.

Values Clarification/Future Planning. This area covers the basic importance of understanding one's values. Future planning is an exercise to assist initiates in establishing future goals and plans for achieving.

Assertiveness/Leadership. This broad area covers the concepts and practices of leadership in general and in the African-American community, and encourages skill and assertiveness in attaining established goals.

Arts and Dance. The initiates should have a basic understanding of African influence in music and dance, and how they are of the people of the world with a special appreciation for both.

Sex Education. This area focuses on information for and attitudes of the initiates on human sexuality. We suggest teaching this in more than one session with different health care representatives. Initiates should be in sessions that include parents.

additional workshops in African history, spirituality, and self-esteem building will further aid in the project's holistic approach to resolving the detrimental spiral of social malady in African-American communities.

Based on the Dallas experiences, it seems that the African-American church and community-controlled schools and agencies are the institutions and systems that have been the most responsive in meeting the needs of Black youth and their families. Youth and the community have responded best to the rites-of-passage intervention strategy. The staff of the program believe in its basic philosophy because it makes sense to them. Because staff believe in the rites of passage, they become its best advocates. Thus, it is seen as sincere when presented to the youth, parents, and/or extended-family members. In addition, this program is interactive because the staff are learning along with the youth. Both staff and clients become responsive because the program provides resocialization that includes the healing process of collective and individual self-realization, reorientation to positive community values, and responsibility and development of culture identity and positive self-esteem.

In completing the first year of the WDCC Rites of Passage Project, definite changes in the youths' attitudes, morals, and perceptions of self have been noticed. It is felt, and will be shown through evaluation and assessment, that the Afrocentric and holistic approach to learning and providing experiential knowledge can form the foundation for successful cultural, community-based programs directed at African-American youth.

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Chapter 10

Prevention and Intervention Programs Targeted Toward African-American Youth at High Risk

Robert J. Courtney, Jr.

The Office for Substance Abuse Prevention (OSAP) has funded over 150 prevention and intervention programs aimed at youth considered to be at high risk of becoming involved in alcohol and other drug (AOD) abuse. OSAP has contracted with Macro Systems, Inc., to evaluate these programs to determine what seems to be working well and to develop plausible logic models to describe why these programs appear to be effective. Fifty-three of these OSAP-funded programs on high risk were visited. Among these programs, 19 were seen to have a significant proportion of African-American youth. The purpose of this discussion is to provide a synopsis of some of these programs and to synthesize information on their common elements to determine what appears to make them effective. This paper is not intended as a critical review of these programs' activities or a critique of their evaluation efforts. Although some of these programs are based on or are consistent with Afrocentric concepts, this discussion is not intended to present an Afrocentric model of prevention programs. Rather, the intent is to describe and synthesize findings of current demonstration programs on high risk targeted to African-American youth.

The ideas found herein are based on a review of the site-visit reports on these 19

programs, interviews conducted at 8 programs targeted to African-American youth,[13] and plausible conclusions drawn from relevant academic literature of prevention program effectiveness. Based on a synthesis of this information, a logic model describing the relationship of a typical program's resources and activities to its intervening and outcome variables was developed and is presented here. The programs visited are located throughout the United States, primarily in urban and suburban settings. Programs visited are in Washington, D.C.; Baton Rouge, Louisiana; Richmond, California; Martinez, California; Chicago, Illinois; Atlanta, Georgia; the boroughs of Brooklyn and Queens, New York City; and Cincinnati, Ohio.

Description of Program Summaries

A brief summary of these programs follows.

Targeted Alternatives to Substance Abuse (TASA), Sasha Bruce Youthworks, Washington, D.C.

TASA represents the addition of an AOD use component to a consortium of seven existing programs, all targeted to youth at high risk, operating under a single administration. The vast majority of the youth in the program are African American and range in age from 12 to 16. Some of the clients live in facilities operated by Sasha Bruce Youthworks and others live with their families. Targeted youth include youth drug offenders, runaways, pregnant teens, children too young to be put in jail, and street children. The program was initiated because of the recognition that many of the youth in the existing programs of Sasha Bruce Youthworks had direct involvement in alcohol and other drugs or were at great risk because of their families and immediate environment. All youth in the seven programs receive two information lectures, one on alcohol and other drug abuse, and one on AIDS. The youth are subsequently involved in weekly group activities, which include social/peer resistance skills, crafts/alternatives, and family therapy. In addition, most of the youth have the opportunity to participate in the "Meet the Challenge" workshop, which lasts for about 12 hours (six 2-hour sessions), and they also participate in a weekend retreat. Although the Sasha Bruce Youthworks staff is multiracial, all the TASA service activities of the grant on high risk were conducted by the African Americans on the staff. The staff was involved in continual training.

Boys and Girls Club of Martinez, California (Rodeo, California)

The Boys and Girls Club of Martinez, California, received funding under the umbrella grant given to the Boys and Girls Club of America. The Martinez Club established a satellite office in a housing development in Rodeo, California, which is in another part of Contra Costa county. The Rodeo housing development is a relatively small complex of about 750 units. The housing authority provides space for the Boys and Girls Club and funding for renovation and expansion of the club's facilities in the development. The club provides after-school activities for youth from ages 6 to 16. Approximately 65 percent of the youth are African American and about 35 percent Hispanic. The primary purpose of the grant is to create a time and space for youths to come to after school where they can feel safe and protected from AOD exposure. There is no standardized curriculum. Most of the grant's activities are recreation and crafts. The Rodeo Club does not have the standardized "Smart Moves" curriculum used in some of the Boys and Girls Club High Risk grants at other sites. Membership in the

[13] Program personnel, clients, parents, political and community leaders, school, law enforcement, and social service personnel who work with the program, or who are affected by the program, were interviewed.

Rodeo Club was growing and the club appeared to be well utilized. It should be noted that all of the recreation resources of the Rodeo housing complex were placed under the auspices of the club. Also, the club provided a place for youth to go to until their parents returned from work. Services are provided by two staff people, a White male and a Hispanic female. The club has been successful in involving parents by sponsoring an annual talent show featuring the youth.

Gateway Project, YMCA, and New Perspectives, Richmond, California

Gateway Project provides a comprehensive case-study approach with therapeutic support for about 100 youths at high risk. Approximately half the youth are African American and range in age from 13 to 16 years. The Gateway Project represents a cooperative venture of two community-based organizations: the local YMCA and a community-based prevention program, New Perspectives, which operates programs in four counties in the Bay Area of California. The grant's activities are a combination of recreation and group and individual therapy. Both the recreation and therapy activities focus on enhancing coping skills and self-esteem. The Gateway staff is housed in four junior high schools, and the staff members provide the core of the counseling services for those schools. The youths at high risk are identified in their schools by Gateway staff or by school personnel, who together compose a school's CARE team. A family therapist and a family outreach/service coordinator are on the Gateway staff to provide services to the youths and their families. These services include therapeutic support to families, channeling and guiding the families to essential health and welfare services, and serving as an advocate for the child within the family. Many of the grant's activities are cultural in focus and are designed to promote mutual understanding and awareness of the multicultural environment and to foster pride and identification within the respective cultures. Recreation plays a key role in the grant. Recreation objectives are closely coordinated with the therapy services and are designed to enhance the therapeutic objectives of the youths on a case-by-case basis. The youths are also involved in a summer retreat program, which is a highlight of the Gateway program. Key staff members in the recreation and family components are African American. All staff persons are involved in close supervision of the case load and involved in continuing training offered by New Perspectives.

Catholic Diocese of Brooklyn, Boroughs of Brooklyn and Queens, New York City

The pupil services of the parochial schools operated by the Diocese of Brooklyn have expanded their services to parents and students to prevent AOD use problems among their pupils. A similar program has been in operation in the schools of the diocese for about 15 years. This program provided (conversational) rap groups for students and training for teachers and volunteers to conduct these groups. The grant's activities are an expansion of the existing pupil services program to include educational experiences for parents, classroom education on AOD use prevention for fifth and sixth graders, support groups for children of AOD-abusing families, parent support groups, and individual and family therapy, as needed. The majority of the services are provided at the schools, with some services offered at the main or satellite offices of the school district. Although pupil services are consistent across all the schools, each school is sovereign and controlled completely by its respective parish or church in both finances and curricula. The Diocese of Brooklyn operates a huge school district, and the racial makeup of each school is diverse. Some of the schools that elected to participate in the program have a majority of African-American youth, many of Caribbean heritage. In schools with a majority of African-American students, the staffs

attempt to modify the schools' AOD use materials to be culturally sensitive and appropriate. A large portion of the program's efforts involves training teachers in AOD use issues and in building a cadre of teachers to conduct the program's activities. No one on the staff is an African American.

SUPER II, Atlanta, Georgia

The Substance Prevention and Education Resource Project (SUPER II) is a combined effort of the Metropolitan Alcoholism Council of Atlanta, the Atlanta local Boys and Girls Clubs, and some of the local public housing developments. The program provides AOD abuse information and skills for parents and youth to improve family functioning. SUPER II is a short-term intervention service aimed at male and female youth, aged approximately 10 through 12. The majority of the youth at high risk are African-American males. Parents or guardians of these youth are included in the intervention service, the service being delivered in eight different sessions, each lasting about 2 hours. The sessions are delivered over, approximately, a 3-week period.

In some of the sessions parents and youth meet together; in other sessions, parents and youth meet separately. The sessions are designed to provide information about alcohol and other drugs and to develop specific skills for the youths to increase their resistance to peer pressure to use drugs. Other specific skill development activities are designed to improve family communications and family functioning. The eight sessions include activities designed to improve the youths' assertiveness, independent thinking, and self-esteem. After the initial seven sessions are completed for the youths and their parents, an eighth session is given 1 month later as a booster or follow-up session. This session seems to be attended only by the youths. Changes were expected in the following variables: assertiveness, independent thinking, improved self-esteem, resistance to peer pressure, increased knowledge of alcohol and other drugs, and increased family communications. All the direct line program staff and volunteers are African American. Significantly, many volunteers served as role models for the youth and were paired with them in the training when the parents of the youth did not attend. Most of the volunteers are African-American male college students from Morehouse College.

Greater Alliance for Prevention Services (GAPS), Chicago, Illinois (Austin, Garfield, and Lawndale communities)

GAPS is a community organization effort to empower individuals and groups in three communities on the West Side of Chicago to establish effective community- and school-based prevention programs. The program activities include five strategies: education, media, alternatives, cultural heritage, and public policy. Approximately 80 percent of the services are targeted to African-American youth at high risk and approximately 20 percent Hispanic youth at high risk. Cultural heritage activities are conducted in specific ethnic or racial groups. Most of the grant's activities center around training and empowering core teams of adults in the three communities to implement their specific action plans. Prominent in the membership of these teams are African-American churches, businesses, law enforcement, social service providers, political leaders, and others. Community action plans consist of organizing highly visible community activities to "make a statement" within their communities of their resolve to address and confront the drug problems on the West Side of Chicago. These activities are also designed to influence law makers to reduce the availability of drug paraphernalia in the community. This activity proved very successful, and an antiparaphernalia law was passed and signed by the Governor of Illinois on the steps of a local church. Other very visible activities are community parades and weekly prayer vigils conducted in front of known drug houses in the neighborhoods. Culturally specific after-school activities are carried on in several schools.

These activities include drama, dance, and drumming. An important component of the program includes support to existing parent groups who are present at the schools daily and who provide support functions in the classrooms.

Southern University Drug Prevention Program, Baton Rouge, Louisiana

The Southern University Drug Prevention Program (SUDPP) provides intervention and prevention services to youth at high risk in the northeast section of Baton Rouge. Southern University is predominantly African American. All the youth at high risk are African Americans and are approximately ages 12 through 14. The grant's services are delivered on alternating Saturdays, for 3 hours, on the university campus.

The program is composed of five major components. First, the youths receive about an hour and a half of a skills-building curriculum, i.e., the Quest Curriculum. Second, recreation activities follow the skill-building component and last approximately 1 hour. Third, in addition to the Saturday sessions, the youths are enrolled in a companion program where university-age students volunteer as big brothers and big sisters to call and contact the youths in person on the Saturdays that the program is not conducted. Sessions with the companion may consist of a telephone call, an outing with the companion, or a home visit. Fourth, the youths are invited to participate in a summer program in which they live at the university campus for 1 month, including weekends. This component provides a skill-building curriculum, recreation alternatives, a field trip in which the students are provided activities focused on local African-American heritage and culture, and activities concerning character development and with spiritual emphasis. Fifth, a parent support group provides AOD information to parents and general support to the activities of the SUDPP program in the homes of the youth at high risk. All the program staff members and volunteers are African Americans.

Crossroads, Cincinnati, Ohio

The Comprehensive Afro-American Adolescent Services Project, also called the Crossroads Program, is a seven-component program aimed at African-American youth, their families, and the community in which they live.

Four of the components are targeted on a core group of adolescents and their families, with the remaining three components targeted on the community at large and/or to community leaders. Three of the four youth components are provided to all of the core group of adolescents; the fourth component is optional and is contingent upon the needs of the individual adolescent.

The seven components are described here. First, there is an education and orientation program with 14 sessions of approximately 2 hours each, delivered over a 7-week period. Second, there is a process group that evolved into a rites-of-passage group, which consists of 20 sessions of approximately 2 hours each, delivered in 2 sessions per week over a 10-week period. The third component is a community involvement/action project, originally considered an optional component but evolving into a standard service for the core group, which lasts typically for about 8 weeks. This component has the participants developing a community project whereby they give services back to the community. This component is also considered a continuation of the rites-of-passage group, and the youths are guided through this portion of the program in small groups that are meant to become a social and emotional support network. Fourth is a transitional living program, which is optional. It depends upon the needs of individual youths; that is, if a youth is in need of alternative living arrangements, the staff members have developed options in the community, or even in their own homes.

The fifth component is an education service offered to African-American youth in schools and at the juvenile court by a cooperative agreement; this component

consists of a 14-session curriculum similar to the education orientation process given to the core groups. The sixth component provides information to the community at large. This part of the program is delivered in two ways: through a weekly cable television program and through training for other agencies and community groups. The cable program and the training consist of cultural education and awareness and have as their goal the increase in the community's awareness about the needs and issues of adolescent African Americans. The seventh component is entrepreneurial training, and is targeted to youth who come into the program by a variety of referral routes. This component is optional and depends on the needs of the individual youth and last for 10 2-hour sessions.

Common Program Themes

An emphasis on cultural specificity appears to be an important consideration in these programs. However, only two of the programs, Crossroads and GAPS, specifically cited Afrocentric principles as guiding the development and implementation of their programs. Most of the programs, nevertheless, attempt to incorporate the values of African-American institutions in local communities. These values include an emphasis on the extended family and on spirituality. These values appear to operate implicitly and explicitly within the local culture and they are very evident in the personal philosophies of staff members. The one truly multiple cultural program visited, Gateway, also appears to be closely connected to the African-American community institutions and to the community institutions of the other ethnic groups represented by the participants at high risk. Staff members often talked about the importance of these institutions and their values as a focus of motivation for the youth. The vast majority of staff members of these programs appear to be exceptionally dedicated to the programs and they appear to demonstrate a personal commitment to the program.

Staff personnel note that frequent exposure of youths to extreme levels of environmental stress contributes to real and perceived threats to personal safety. Most programs expressed the importance of providing a sense of safety and protection as a key to successful program implementation.

Two of the programs, SUPER II and GAPS, had outcome data based on standardized instruments showing the positive relationship of program variables to reductions in AOD experimentation and/or abuse and to other expected changes in intervening variables. The GAPS program also includes a culturally specific standardized instrument that showed positive results correlated with the program's activities. A third program, Crossroads, is expected to have outcome data based on standardized instruments very soon.

It is difficult to determine clearly which of the programs on high risk should be considered to be strictly primary prevention in focus. Most of the programs have components that could be considered primary prevention; most also include secondary prevention and intervention services as part of their service continuum. No attempt, therefore, is made to distinguish primary from secondary prevention services in this model.

Development of a Logic Model

A "typical" or representative logic model was developed to describe the features of a successful program. The definition of success is based on the programs' ability to provide services to an identified population at risk and to demonstrate evidence, formal or anecdotal, of the success of their intended efforts. The model is to provide a graphic representation of the logical relationships of the programs' activities to intervening variables and to outcomes. The logic model, therefore, describes the flow of program activities to their outcomes and the important intervening variables that contribute to the apparent positive outcomes of these programs.

Individual program logic models were devised for each of the 19 programs. Not all of these programs are equally successful in meeting their established program goals. However, all appear to enjoy at least moderate success and all contribute greatly to this learning process and the development of the model. Where available, data based on standardized instruments to measure the effectiveness of these programs were reviewed. Conclusions drawn from the interviews are also used. Interviews provide insights into why the programs are successful as well into how specific problems and obstacles are addressed.

For the sake of discussion and explanation, a single logic model was developed to describe the important, and possibly critical, features of the programs. The logic model presented here is not intended as a final or definitive presentation of AOD use prevention programs for African-American youth at high risk. Rather, it is presented for descriptive ease for purposes of discussion. The model is seen as dynamic and subject to revision based on information learned from these and other demonstration programs and research efforts.

Many consistent themes were observed that appear to contribute to the positive outcomes and the high degree of positive acceptance these programs seem to have generated. All the personnel interviewed credited many of their ideas in designing these programs to findings in the extant prevention literature and in ideas based on commonly accepted clinical approaches and practices. The representative model is shown in exhibit 2. A brief discussion of the model is given here.

Description of the Model Inputs

Staff competence is deemed critical for program success. Senior staff members need to be competent in administrative skills, program planning, community interface, and developing and establishing rapport with the youth at high risk. The staffs of the stronger programs communicate a commitment and zeal for their work that is "contagious" for the youth and for the community in which the programs operate. The stronger programs also advocate the importance of providing a professional support base of training for their line staff in which senior staff personnel are directly involved. Senior staff personnel are able to communicate a clear vision of their programs' missions to junior staff members and to the communities.

Program success appears to be enhanced by contact and identification with the broader African-American community in which the youths live. Almost without exception, there were strong community leaders willing and available to be supportive and directly involved with the youths. The stronger programs nurture political, economic, and religious contacts within their communities, and some programs are very ambitious in the extent of their community organization. Rather than demonstrating the effectiveness of a model targeted on a few selected youths, the programs focus on entire communities so as to build a base of support and action within the communities that could affect the lives of all community youth.

The programs appear to benefit greatly from the input by the communities and targeted youth. The result of such input is that the youth and the communities have a sense of shared ownership, which generates commitment to the programs, and this commitment seems to act as a catalyst for empowering both the youth and the communities.

Preconditions

Program success appears to be enhanced when attention is given to stimulating the "core" motivation of the youths. In the programs visited, the core motivation was described in differing terms; however, there are commonalities throughout all the programs. The motivation is paraphrased as enhancing the youths' sense of identity and belonging to their communities. Programs

Exhibit 2. Logic model for substance abuse intervention and prevention programs targeted to African-American youth at high risk

Inputs	Precondition	Intervening Variables	Outcomes
Competent staff Positive rapport with community Ongoing training and professional support to staff Planning input from local, youth, parents, and community groups	Establishing motivation and commitment for change Family Spirituality Clarity of heritage Clarity of identity	Provide haven for physical and emotional security Skill development Provide positive role models Support for behavior and attitude change from peers Foster hope and direction for future Improve self-esteem Recreation and alternative activities Decisionmaking skills	Understanding and incorporation of identity and heritage Decrease substance abuse Involvement in ongoing process for positive self-direction

sought several ways of encouraging this identity by emphasizing family values, providing family activities within the programs, encouraging spiritual and moral values, and teaching and enhancing awareness of cultural heritages.

Intervening Variables

Many of these African-American youths at high risk do not live in protective environments that offer consistent physical and emotional security. For those fortunate to live in a safe home, security often does not extend beyond its boundaries. Many youth at high risk are often direct or potential victims of physical and emotional abuse in their homes, and face a hostile environment in their neighborhoods. With such security absent, there is a notable lack of trust in the youths' personal interactions. In some instances, it is necessary that the programs address this void in physical and emotional security by attending to the youths' need for shelter and adequate food and clothing. Therefore, one of the principal benefits offered by these intervention and prevention programs is offering a haven, in which the youths can be children and learn useful coping mechanisms and be free from the strain created by fear of personal harm. This protected environment gives the youths

liberty to hope for a future and to develop and plan activities that can affect that future.

Program success appears to be enhanced by multiple-strategy approaches. Some of the strategies used in the programs are education, alternatives, media and community awareness, family involvement, social policy, and cultural heritage. Although these programs do not have the luxury of including all these strategies, most programs give attention to such strategies through long-term planning. Although the long-term plans are not formally implemented in many of the programs, nuances of these strategies are visible in the existing program activities.

Program success seems enhanced by multiple services targeted on single clients. Most African-American clients in these programs for youth at high risk are in need of a variety of services. The services that appear most critical to program success are education/information, alternative/skill development activities, recreational activities, "guardian" services, self-esteem and decisionmaking activities, availability of interactions with positive peer and adult role models, availability of support groups, adequate housing, and attention to other basic survival needs.

Program personnel often note that culturally specific materials are needed but are not typically available, and that materials and program activities need to be relevant to the personal experience and environment of the youth. A diversity of program materials are utilized with these African-American youth at high risk and, in most cases staff members, either through forethought or intuition, modified the materials to catch the youths' imagination.

Outcomes

Program personnel believe that one of the important outcomes is to impart an understanding of cultural heritage and facilitate its incorporation into the development of the youths' self-identity. Attempts are made to develop support systems and integrate the youth into an ongoing base of service support. The support base is meant to provide the youth with skills and feelings of empowerment in order to become self-directed. All program personnel want to decrease AOD use or the potential for it, some programs are able to demonstrate reductions in AOD experimentation and use within specified time frames.

Summary and Recommendations

These initial evaluations of OSAP demonstration programs for African-American youth at high risk provide worthwhile insights into understanding the effectiveness of the programs. Although the sample of programs reviewed is too small to be considered a meta-analysis, several very clear trends emerge from the sample. The first conclusion is that programs with targeted education and skill-building components, with sufficient amount of contact with the youth, show measurable changes in both intervening and outcome variables. Specifically, three of the four programs that attempt to measure outcomes of self-esteem, locus of control, AOD use and/or delayed onset of use are able to demonstrate positive changes. It is likely that more of the programs will show such changes when the final evaluation measurements are complete.

Three ingredients appear to contribute to these positive results. First, adherence to a structured curriculum with clear objectives evidently contributes to the findings' clarity. Second, it seems that a basic minimum contact with the youth is needed to facilitate such changes. Based on the current programs, a minimum of 20 hours of service contact over a period of approximately 6 weeks is needed to achieve positive results. Third, it seems critical that program staff of African-American heritage be very visible and directly involved in the service delivery. Although there are several examples of programs that include staff from other cultural backgrounds that were successful, in each case, these personnel work

alongside African-American staff. In the one instance where there is no African-American staff, the program cites this as a significant problem and suggests that it contributes to a lack of positive results.

There appear to be at least three major limitations to these evaluation efforts, which restrict the generalizability of the findings. The first limitation is that the findings are all based on short-term measurements, that is, pre-post designs taken over a period of 2 months or less. No long-term data are currently available on these programs that can provide insights into the durability of these effects over time. Longer term, longitudinal studies are needed to increase the confidence in program outcomes. A second limitation is that all the evaluations are based on changes measured within the individual youths and did not address broader changes in their communities. Such changes would be expected from the logic model proposed in this study and expected from the Afrocentric model as outlined by Dr. Lawford Goddard in other sections of this report. Intervening variables that measure community changes and go beyond the individual level of analysis should be included in future evaluations. The third, and perhaps the most critical, limitation of the findings is the propensity to focus only on self-esteem and locus of control as intervening variables. Only one program attempts to measure cultural identification as an intervening variable, which proves to be a positive and insightful finding. Again, the Afrocentric model of AOD use prevention proposed by Dr. Goddard provides a theoretical base for other intervening variables, which should be included in future program evaluations of African-American youth at high risk.

Looking past the data provided by standardized procedures, the majority of the programs studied appear to enjoy wide and very positive acceptance in their communities. Most of the "key informants" interviewed were able to cite specific changes they noted in their communities as a result of the youth at high risk demonstration program. Many intervening variables that are typically difficult to measure with standardized tests, such as spirituality, commitment to family, and cooperation in the community are evident in these anecdotal reports. It is strongly recommended that more systematic attention be given to these anecdotal findings in future evaluation efforts.

Chapter 11

Site Visit Report of Three OSAP Grants Targeting African-American Youth at High Risk

Lawford L. Goddard

In an attempt to understand the nature of prevention programs and to observe what appears to be working with African-American youth at high risk, the author visited three projects that were funded by the Office for Substance Abuse Prevention (OSAP). The purpose of these site visits was to observe the range and diversity of programs that target African-American youth at high risk, to document the similarities, if any, that exist among these programs, and to see what features of these programs could inform the model. The three sites chosen, Atlanta, Cincinnati, and Boston, represent different psychocultural and ecological realities confronting the African-American community. For the purpose of these site visits, the case study methodology was adopted as the most appropriate technique for understanding the features and characteristics of the different programs.

The Case Study: Definition and Requirements

The purpose of the case study method is to study intensively the *background*, current *status* and/or environmental *interactions* of a given *social unit*. The case study is an in-depth investigation of a given social unit resulting in *a complete, well-organized picture*

of the social unit under examination. Case studies tend to examine, across a large number of variables and/or conditions, a small number of the social units of interest.

The social unit for this study is a subset of three drug abuse prevention and intervention programs at selected agencies that have been identified as having some success in reducing the incidence of, and attitude toward, alcohol and other drug (AOD) abuse. These agencies/programs are also selected to reflect the geographical distribution of the African-American population.

The scope of a case study may encompass the entire life cycle, a selected segment, specific factors/features, or the totality of elements and/or events relative to the social unit under examination. For this analysis the scope of the case studies will address specific prevention/intervention features (elements) and specific programmatic factors (events). In addition, the factors to be examined include program characteristics, current status of the program, consequence of the program for African-American youth at risk, utilization of African-American culture in the program, and factors that affect and/or reflect cultural consistency.

Case Study: SUPER II Early Intervention Demonstration Project, Atlanta, Georgia

I. Program Mission/Description: Abstract

The Substance Abuse Prevention and Education Resource Project (SUPER II) modifies and expands its first program, which has been operating in an after-school format in 12 metropolitan Atlanta school systems. The program seeks to limit further experimentation or increase in young people's use of gateway drugs, whether used alone or in combination with other illicit drugs.

Targeted youth are taught assertiveness, resistance to negative peer pressure, decisionmaking, and independent thinking along with information about the dangers of AOD use. Parents and parent surrogates learn about AOD abuse and how to improve their parenting skills so that they are neither too lenient nor too authoritarian. Both parents and children are taught to improve their communication skills.

SUPER II has extended the earlier program to reach targeted youth and their parents in additional schools and through community agencies serving economically and educationally disadvantaged youth, mostly from (female) single-parent households. The program has trained the staff of three community organizations—the Boys Club of Metropolitan Atlanta, the Girls Club of Metropolitan Atlanta, and Exodus, Inc., an agency providing education to high school dropouts and supportive services to youth at high risk of dropping out. These community staffs deliver program services to the targeted youth of their agencies and select and train youth as role models for the program's two peer skills sessions. A law enforcement officer, who has also received training, is training seven officers of the city's police department to teach the legal aspects section of SUPER II.

This expanded program will eliminate or curb the use of alcohol and other drugs by the target group who will have enhanced self-esteem, more assertiveness, and greater ability to make decisions for themselves. Their parents will know more about the risks of alcohol and other drugs and be better parents.

This program is significant for combining new knowledge of AOD use interventions with an already existing, nationally recognized early intervention program. SUPER II is making this early intervention model available to a much larger population by working with community organizations.

II. Program/Site Characteristics

The Metropolitan Atlanta Council on Alcohol and Drugs (MACAD) is the sponsoring agency for the SUPER II project. MACAD has a long history of involvement

with the local community, operating in the community for 20 years. This history has enabled the agency to earn the trust and support of the local community and establish links with other organizations. The staff of MACAD is multiethnic. However, the administrative/management staff appears to be predominantly White, while the program/treatment staff appears to be mostly Black. There is little turnover at the administrative/management level, but at the program/treatment level there is a high degree of turnover. The agency provides training for its staff about twice a year to improve the quality of personnel.

III. Prevention/Intervention Process

The SUPER II project has a 24-hour curriculum delivered in 12 2-hour sessions over a 1-year period. There are 7 "core" sessions presented in a 2- to 3-week period, followed by 5 "booster" sessions presented 3 months after the end of the core sessions. The project delivers services to both youth and parents. In fact, one of the requirements for youth participation is that parents agree to go through the full 1-year involvement in SUPER II.

SUPER II sessions are led by adult facilitators, peer facilitators, and law enforcement officers. Some sessions are held for parents or youth alone, while others are held with the youth and parents together. The facilitators receive training at varying levels of intensity (20 hours for adult facilitators, 6 hours for teen facilitators, and 2 hours for law enforcement officers) from a variety of expert consultants in their fields. The heart of the program is the adult facilitators who provide the leadership, guidance, and direction for the program. It is the adult facilitators who make the curriculum come alive and become meaningful for the participants. The sessions are led by a team of two adult facilitators. Most of the teams are composed of women only; however, there are a few teams that are made up of male and female facilitators. During the site visit, we were fortunate to witness one of the male-female facilitator teams in operation.

The curriculum activities for youth cover issues of assertiveness skills, self-esteem building, decisionmaking skills, and AOD use information. The curriculum activities for parents cover issues of self-esteem building, discipline, positive communication skills, listening skills, self-evaluation skills, and warning signs assessment.

Separate workbooks are developed for youth and parents. The workbooks are well developed, the graphics are appealing and depict images of African Americans, the language is appropriate for the target population, and the messages are clear and on target.

IV. Relevant Relationships/Links

MACAD has established links with other service and community-based organizations in the metropolitan Atlanta area. These "host" agencies supply the SUPER II target population from among their youth membership along with parents/guardians of such youth at high risk, recruit and retain participants, provide facilities for the program activities, offer incentives for participation, and provide members of their staff to be trained as facilitators. The use of existing agencies that already have contact with, and are serving, the target population is one major factor accounting for the success of the SUPER II program in that MACAD does not have to undergo the costly process of recruiting participants for its program.

V. Program Consequences

Based on pre- and posttest analysis, data indicate that the SUPER II program is achieving some significant effects in knowledge, attitudes, and behavior related to alcohol and other drugs. Data from the second year of the project indicate that there were significant self-reported decreases in the frequency of use and amount of use of alcohol and other drugs. There were also significant

decreases in the number of AOD-related behavior problems and physical effects of AOD use. In addition, there was a reported increase in knowledge of alcohol and other drugs among both parents and youth.

The program also reported increased knowledge of good communication skills for both parents and youth. Parents reported improved family functioning, and youth reported improvements in ability to resist peer pressure. A natural byproduct of the program is the development of friendship networks among participants. During the site visit we were able to witness some close relationships among the participants, both adults and youth. It is not clear whether these networks were natural (i.e., the people knew each other and had formed these networks before) or had been created as a result of participation in the program.

In summary, the SUPER II program has been able to achieve some success in reducing the incidence of AOD use and improving the knowledge base of its participants. The program has also achieved some success in enhancing areas of psychosocial competences that are likely to reduce the likelihood of engaging in AOD abusing behavior.

VI. Assessment of Cultural Consistency

The SUPER II project does not reflect any utilization or application of African-American cultural precepts. Essentially, it is a program that has been developed and tried in other settings and has been adapted to serve the target population of this area. Although the program delivery is done primarily by African-American facilitators, there is no evidence of infusion of culture in the content of the training materials. The materials are the standard information about alcohol and other drugs and some practical skills in, for instance, self-esteem, decisionmaking, and assertiveness that are common to all people. The success of the program has a great deal to do with the ability of MACAD to network with existing agencies already serving the target population. It is the host agencies and their staffs who, through their experience with the community, are able to bring to life the training materials.

Site Visit: Afro-American Adolescent Project, Cincinnati, Ohio

I. Program Mission/Description: Abstract

This project is an expansion of the Crossroads Unit of the Alcoholism Clinic of the University of Cincinnati College of Medicine. It incorporates culturally specific prevention, treatment, and rehabilitation services for Black adolescents. The project integrates the beliefs, historical and cultural perspectives, values, and problem-solving styles of Black Americans with an understanding of the dynamics of AOD use and the processes of treatment, intervention, and prevention for this population. Project activities are aimed at both individual youths and the community as a whole.

The project offers holistic treatment and rehabilitation services to adolescents and their families, whether suffering from AOD abuse or other sociopsychological illnesses. Psychological and medical consultation is provided along with primary clinical services. Staff members have developed five models of prevention and treatment strategies designed to stimulate individual and group growth and development. These models use the concepts of (1) chemical dependency, (2) cultural enrichment, (3) skills development, (4) family dynamics, and (5) process/identity. Treatment is geared toward empowering participants, boosting their self-esteem, and encouraging them to be self-sufficient through such services as job training. Project personnel are working to improve the early identification of adolescents who need counseling.

The project's outreach activities and community services are aimed at preventing AOD problems. Here, the staff members adopt the approach that individuals are part of intricate networks linking them to their immediate and extended families. Alcohol and other drug education is offered to parents and other community members. In addition, project staff personnel have established cooperative relationships with community service organizations, particularly juvenile service providers.

The project's 15-member advisory board provides input and quality assurance and acts as an advocate of community needs at the local, State, and national levels. A 40-member Afrocenter Service Providers Consortium has been created and meets monthly. Members work to fill service gaps and reduce duplication, as well as to centralize case management and act as advocates for the target population.

If positive results are demonstrated for this project, its model may be generalizable to other parts of the city and State that have large Black populations.

II. Program/Site Characteristics

The Alcoholism Clinic of the University of Cincinnati College of Medicine is the sponsoring agency for the African-American Adolescent Alcohol and Drug Program (AAADP). AAADP is one of five different service delivery programs that form the Multicultural Adolescent Unit (MAU). The Alcoholism Clinic has a long history of involvement with the local community, operating in the community for over 25 years. This history has enabled the agency to earn the trust and support of the local community and to establish a number of links with other organizations. The staff of AAADP is Black at both the administrative/management and program/treatment levels. The program has experienced no turnover in the past 3 years. This is a remarkable achievement for an agency that provides services in a high-stress activity and reflects the uniqueness of the staff selection process. The program's director indicated that, although degrees are important, the program is more concerned with the ideological orientation of new employees. It is considered very important to select people for the program who in their social practice demonstrate an emphasis on collectivity, group centeredness, and community involvement. The agency provides opportunities for growth and development of its staff and encourages the staff to improve its academic achievement.

The MAU holds biweekly staff meetings as a means of team building, information sharing, and skills building. In this way MAU works to develop a comprehensive approach to the delivery of services to ensure that there is no duplication of services within the network and that service needs are met. We were able to witness one of these staff meetings during the site visit. The training session was devoted to team building and served to provide a framework for understanding interpersonal, as well as cultural, differences and the need to coordinate the provision of activities for the target population.

III. Prevention/Intervention Process

AAADP offers its activities in three phases as the core arena for its service delivery in three targeted areas in the city of Cincinnati. Phase I is a general orientation, evaluation stage in which participants receive basic information about alcohol and other drugs. Phase II is a structured 7-week program of individual/family therapy and participation in an intensive Afrocentric group process. During the 7-week program, 14 sessions about 2 hours long are given. Phase III is an outreach stage in which youth and their families participate in an extended recovery program at their neighborhood satellite center. AAADP provides its services through five components—clinical treatment, education/training, community outreach, the wazir, and research and evaluation.

Much of AAADP's activities are concerned with the development of the adolescents' communities as a necessary condition for the ultimate transformation of

the youth. As part of this thrust, AAADP has begun to disseminate and operationalize the *nguzo saba* as guiding principles to govern social behavior through its community outreach activities. In addition, AAADP has constituted a community "wazir," or council of elders, who are developing the community standards of behavior, and an agency wazir that provides input in case referral, problem identification, and resource sharing.

The education/training component is the arena in which the social transformation of the youth takes place. In this component, the formal programmatic curriculum activities for youth cover issues of cognitive restructuring, cultural awareness, identity formation, proactive coping skills, decision-making, and AOD use information. In addition, the youth in phase III of the program are being trained as change agents/facilitators to lead groups in their communities. These youth, some of whom have had AOD problems, have made a personal "no AOD use" commitment and/or have maintained a period of 30 days free from alcohol and other drugs. The program attempts to build on the experience of these youth in an interactive self-help mode.

During the site visit we witnessed one of the training sessions with the youth. The session was led by a team of two facilitators, a man and a woman. The session involved problem solving—critical thinking in an open discussion format. There was full participation by the youth. The two trainers worked well together and provided a supportive environment for the youth to express their viewpoints. At the conclusion of the training session, the participants joined hands in the "unity" circle and recited in unison a Pledge of Identity that affirmed their being and sense of purpose in life.

IV. Relevant Relationships/Links

The Alcoholism Clinic has established links with existing community organizations that provide the framework for the delivery of a coordinated set of services. The Alcoholism Clinic has established a consortium with 40 service delivery agencies to coordinate the service delivery to the target group. In addition, through its community advisory board and the community wazir the agency has taken steps to ensure the active cooperation of a wide cross-section of the city's population. During the site visit, we were able to witness one of the meetings of the wazir and assess the extent to which it is addressing issues relevant to the development of African-American youth. In this regard, the clinic has established close working relationships with the Cincinnati public schools, the social services department, and the juvenile justice system. The clinic is also working with Cincinnati Youth in Cooperation to conduct a weekly cable television program promoting an antidrug use message.

V. Program Consequences

AAADP has developed a pre- and posttest design to evaluate the effectiveness of its program activities. At the time of the site visit, program staff members were analyzing and writing up the results of the evaluation. However, preliminary analysis indicates that the program had achieved some success in terms of self-reported decreases in the frequency and amount of use of alcohol and other drugs. The greatest success was reported in those youth who had gone through all three phases of the program. The data indicated that, among this group, there was no recidivism in AOD use among 40 to 50 percent of the participants. There were also significant changes in self-esteem and other areas of social life. In particular, these youth showed changes in school performance and improvement in school behavior, with a reduction in suspensions from school. In addition, through the community involvement, the youths were able to develop social bonds with peers who reflected, and thereby reinforced, the youths' sense of identity.

VI. Assessment of Cultural Consistency

AAADP is Afrocentric in its orientation and philosophy. It is based on the belief that

some basic strengths exist in the African-American community, that the strengths come from traditional African-American culture, and that the strengths can be used to combat pressures to engage in AOD use. The philosophical orientation recognizes that there are, similarly, some processes in contemporary society that might lead to AOD use. The strategy is to ground the activities of the program in theoretical ideas developed over time. In a real sense, the program serves as a sort of empirical validation of theoretical issues.

The overall objective of the program is the development of the whole person. That is, the program is committed to the creation of a person who operates by an alternate mode of existence or being and whose action serves as a model for the community. The program's central focus is on creativity. In other words, there is the recognition that people have within themselves the ability to create something new and different to deal with and transcend their environment. Thus, staff members are always willing to try something new and different to get the job done.

In terms of practice, the program reflects a high utilization and application of African-American cultural principles and precepts. There is an emphasis on communalism, spirituality, and harmony in the program activities. Similarly, there is a deliberate infusion of culturally consistent materials into the content of the program. The *nguzo saba* as a code of ethics is utilized in the program as both a set of guiding principles and as an infusion into the curriculum materials in use. The program staff uses proverbs, folktales, and parables to illustrate points and to apply explicitly abstract general principles to specific life situations. In terms of skills acquisition, there is a deliberate attempt to provide systematic culturally consistent skills development and/or training for both staff and clients. As indicated previously, staff members are selected on the basis of their philosophical orientation and affiliation with or membership in the cultural community of African Americans. In terms of the people factor of the program, there is no discontinuity between the staff and the target group for whom services are developed. In addition, there is support for special "enculturation activities/experiences," as manifested in the program's rites-of-passage activity.

Site Visit: Targeted Primary Prevention Demonstration Project—Substance Abuse Prevention Program (SAPP), Roxbury, Massachusetts

I. Program Mission/Description: Abstract

Roxbury/North Dorchester is a neighborhood of lower social-economic status in greater Boston. The Substance Abuse Prevention Program (SAPP) is targeted on youth who are economically disadvantaged and who experience a number of the factors of high risk known to contribute to AOD use problems. Factors such as delinquency, school failure, and emotional difficulties, as well as family isolation and parental stress all contribute greatly to the status of the program's targeted population. Roxbury Comprehensive Community Health Center is collaborating with local schools, religious institutions, and social and community service agencies to provide an integrated network of prevention, intervention, and evaluative services for the community. SAPP seeks to reduce AOD use through coordinated activities with the community institutions. This coordinated referral and treatment system will be responsive to the specific needs of the target population.

The program provides comprehensive education sessions to youth (including pregnant teens), parents, and key community members about the causes and consequences of AOD use among the target population. Education sessions are held in schools, community recreation agencies, and religious institutions. Pregnant teens learn

about the adverse effects of alcohol and other drugs on the fetus and themselves. In addition, training sessions are given to youths, parents, and key community members on identifying youth at high risk, making treatment referrals, and undertaking specific prevention strategies. This training prepares participants to become prevention leaders and carry out prevention activities.

Teachers, counselors, social workers, and other professionals with limited formal training in AOD use are taught to identify youth at high risk, to give them appropriate referrals and other assistance, and to learn effective prevention strategies.

SAPP has been working with several city and State agencies, schools, community organizations, developers of low-income housing, and churches in the local area. Working together provides an integrated network of prevention, intervention, and evaluation services for community residents. This program is the only integrated network of prevention, intervention, and evaluation services in this part of Boston. SAPP's involvement of community service organizations will increase community awareness about the effects of AOD use, particularly on unborn children; about where users can get help; and what can be done to prevent its occurrence. The project will also stimulate social support networks among community members; such support should relieve much of the stress that low-income people confront daily.

II. Program/Site Characteristics

The Roxbury Comprehensive Community Health Center is the sponsoring agency for SAPP. The center has a long history of involvement with the local community, operating in the community for 21 years. This history has enabled the agency to earn the trust and support of the local community and to establish a number of links with other organizations. The staff of SAPP is predominantly Black (85 percent) at the program and treatment level and at the support staff level; however, at the administrative/management level, the staff appears to be predominantly White. This was a demonstration project initially funded for 2 years; the original staff was terminated at the end of the grant period for lack of funds. A new staff has been reconstituted. The program's director indicated that, while academic degrees are important, the program is more committed to hiring people who demonstrate a high level of experience and involvement in the community and awareness of the community's needs. This makes the agency very responsive to the needs of the community and enables the agency to better provide services to the target population. The agency offers opportunities for the growth and development of its staff through regular monthly training sessions.

III. Prevention/Intervention Process

SAPP's goal is to reduce AOD use among the targeted youth through education, training, and intervention. The first focus of activities at SAPP is on education, through which participants receive basic information about the causes and consequences of AOD use/abuse. The education component of the program is aimed at youth of ages 11 to 21 and their parents, as well as key community members. The education sessions are given in local schools, churches, and youth recreation centers. The education activities are delivered in eight sessions, each lasting 1 hour, at eight sites—three schools, two recreational youth centers, one church, the local Department of Social Services, and the Roxbury Comprehensive Community Health Center. Seminars are also presented, in an informal manner, in the waiting rooms at the Roxbury Comprehensive Community Health Center and in conjunction with teen pregnancy classes. The second focus is on training activities. Training sessions are held for service providers, housing officers, and other community residents, with the goal of helping them develop the skills to identify, assist, and intervene with youth at high risk and their families. The training activities are geared to the development of

"gatekeepers" who can identify the early signs of AOD use and begin the process of intervention and early treatment. A critical component of the training is the peer educators, who are adolescents trained to provide support and AOD use education to youth. Through this strategy, the program attempts to influence the decisionmaking skills and values of youth in a way that helps them make informed choices about their behavior. The final focus of SAPP is on intervention services, which provide consultation, assessment, counseling, psychotherapy, and referrals for adolescents and their families currently involved in AOD use.

SAPP uses a two-pronged approach to primary prevention. The peer educators are the lead change agents in getting the message out onto the streets, while the professional staff delivers the message in the schools and community-based organizations. Through this coordinated set of activities, SAPP expects to have an impact on the incidence and prevalence of AOD abuse in the targeted population.

IV. Relevant Relationships/Links

The Roxbury Comprehensive Community Health Center has established links with existing agencies and organizations providing the framework for the delivery of a coordinated set of services. The center has close networking with the school system, churches, the public housing agency, the social services department, and other community-based organizations. These links provide the center with the opportunity to reach youth at high risk.

V. Program Consequences

Based on pre- and posttest analysis, data indicate that the SAPP is achieving some significant effects in knowledge, attitudes, and behavior related to alcohol and other drugs. Data from the project indicate that there are significant self-reported decreases in the frequency and amount of use of alcohol and other drugs. There also is a reported increase in knowledge of alcohol and other drugs among both parents and youth. The data indicate that the educational activities have a greater effect on older children: youth in the fifth grade and higher showed a significant increase in knowledge about alcohol and other drugs, with third and fourth graders least affected.

In summary, SAPP has been able to achieve some success in reducing AOD use and improving the knowledge base of its participants. In addition, the program has achieved some success in enhancing areas of psychosocial competencies that are likely to reduce the likelihood of engaging in AOD-abusing behavior.

VI. Assessment of Cultural Consistency

SAPP appears to be a program searching for an identity. On the one hand, it might reflect a commitment to and orientation toward African-American cultural beliefs, values, and practices; on the other, it appears to be a traditional service delivery program. That is, the health posters displayed in the waiting room of the parent organization, Roxbury Comprehensive Community Health Center, reflect African-American images; there is a highly visible and committed African-American staff and an intense participation in the local community. However, apart from these visual images of African-American people, there does not appear to be a prevailing emphasis on cultural orientation in the actual training activities. Although the program delivery is done primarily by African-American facilitators, there is no evidence of infusion of culture in the content of the training materials. The materials are the standard information about alcohol and other drugs and some practical skills (e.g., self-esteem, decisionmaking, assertiveness) common to all people. The success of the program has a great deal to do with the ability of SAPP's staff to establish links with existing agencies in the community and to be perceived as acting in the interest of the target population. It is the staff that through its knowledge of,

and experience with, the community is able to bring to life the training materials.

Program Comparisons and Summaries

The three sites visited reflect the diversity of the African-American community and the variety of orientations developed to address AOD abuse concerns. The three sites represent the continuum of programs in existence in the African-American community. The SUPER II program could be considered the traditional approach to AOD use prevention, while the Alcoholism Clinic represents the infusion of African-American cultural values and principles in the service delivery process. Between these two extremes is SAPP. It is not fully infused with African-American cultural orientation, but it has recognized the need for a program to represent the image and interest of its client population. All three programs demonstrate some level of success in their program activities. The available evidence indicates that there is an increase in knowledge about alcohol and other drugs and their harmful effects. Similarly, self-report data indicate a decrease in the use of alcohol and other drugs. The relatively short life of these programs does not allow us to determine the extent to which these early changes can become long-term and permanent. The Alcoholism Clinic provides us with some tentative evidence that suggests that a change in value orientation could lead to substantive changes in behavioral practices.

It is not clear what aspect(s) of these three programs provides the success we observe. Each site differed in terms of the techniques used, the information provided, and how it was provided. Similarly, leadership and characteristics differed from site to site. However, what was common to all three sites was a dedicated and committed staff at the service delivery level. All training facilitators observed during the site visits showed their commitment to the youth in their training sessions. The training facilitators were genuine, enthusiastic, and inspired. It was clear that this was not just a job to them, but that they had some vested interest in the youth. As such, they were able to hold the youth's attention and interest.

The results of the site visits highlight the complexity and, at the same time, the simplicity of prevention efforts in the African-American community. Simply stated, trainers and facilitators who are genuine, enthusiastic, and believe in what they are doing can, and does, have an impact on African-American youth at high risk. The key implication is that the agent of change is critical in whatever interventions are developed and implemented for African-American youth at risk. A somewhat more complex issue is the processes or techniques utilized in the prevention activities. Providing basic information on alcohol and other drugs without a cultural basis does lead to an increase in knowledge and change in attitudes, but not necessarily to changes in beliefs and behavior. Cultural reorientation does lead to changes in behavior and beliefs. However, the processes by which these changes become apparent are not clearly documented. Thus the programmatic mix of cultural issues, information base, skills development, and staff inputs are still largely undefined and speculative in nature. The benefits of the site visits are to highlight the need to provide for a systematic approach grounded in both theory and practice in an attempt to create programmatic components that can be replicated in other sites across the country.

Section III

Toward an African-Centered Model of Prevention for African-American Youth at High Risk

Chapter 12

An African-Centered Model of Prevention for African-American Youth at High Risk

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There is an African proverb that states, "When spider webs unite, they can tie up a lion." It is the expectation that an African-centered model of prevention would help to create and guide the programs, activities, and practices that would enable African-American people to "tie up the lion" of alcohol and other drugs in the community.

In the process of restoration of order in the African-American community, there are several critical components of an African-centered model of prevention for the family that need to be implemented.

- Establish African-centered theories of human development and transformation;
- Develop culturally consistent intervention, prevention, and treatment methods;
- Create African-based development and training programs in response to the concrete conditions affecting the viability of African peoples;
- Create contemporary examples of traditional African-American techniques of child development without violating the traditional cultural core; and
- Develop methods and processes designed to force societal institutions to respect, reflect, and incorporate the cultural integrity and expressions of African peoples.

Theoretical Foundations of an African-Centered Model

The importance of culture in program development and implementation is derived from the fact that culture represents the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, and practices "peculiar" to a particular group of people, and that it provides them with (1) a general design for living and (2) patterns for interpreting reality. As such, culture is a critical component in determining program development and implementation because it determines how we see the world, and the way we see the world is reflected in our behavior.

Based on over 20 years of research on Black family life and culture we have been able to document that Black culture in the United States is the result of a special mixture of our continued African orientation operating in another cultural milieu that is primarily defined by the philosophical assumptions and underpinnings of the European-American community (Nobles 1985; Nobles and Goddard 1984; Nobles et al. 1987*a*, 1987*b*; Nobles and Goddard 1989). Accordingly, it is the African perspective that is at the base of the Black cultural sphere. Similarly, it is the continuation of that African worldview that is at the root of the special features in Black lifestyles. It is the continuation of the African orientation that, in part, helps define the "general design for living and the patterns for interpreting reality" for, or characteristic of, Black people. The term used to classify the African and African-American cultural system is Africanity or "the African-centered paradigm." A brief discussion of African philosophical principles and cultural substance is provided here.

African Philosophy and African-American Cultural Precepts

In terms of the nature of being in the universe (ontology), the African belief system understands that all things in the universe are "force" or "spirit" (Mbiti 1970). In believing that all things, including humanity, were endowed with the same Supreme Force, the African also believed that all things are "essentially" one, i.e., interdependent and interconnected. For the African, the world view is based on the identification of "being (existence) in the universe" as characterized by a cosmological "participation in the Supreme Force." Parenthetically, it follows that, if ontologically the African believes that the nature of all things is force, the African, accordingly, views the variety of cosmic beings as quantitative alterations of the same Supreme Force (Thomas 1961). That is, the classification of "beings" and the "level of being" becomes a classification of forces or spirits.

For the African, a natural feature of the universe is the multiplicity of forms and moments. That is, the African believes the universe to be alive. Consequently, the African's relation to the universe is characterized by a belief in the paramountcy and primary importance of life. What characterizes African peoples' understanding of the universe is, consequently, a simultaneous respect for the concrete detail in the multiplicity of forms and the rejection of the possibility of an absence or vacuum of forms.

In terms of the primary characteristic of relations within the universe (i.e., axiology), the African conception of the world and phenomena in it amounts to a set of interchanging syntheses (connections) and contradictions (antagonisms) linked to the particular classification of beings as differential quantifications of force. As interchanging syntheses and contradictions, the primary characteristic of universal relations is rhythmic and harmonious. Combined, these "connective" and "antagonistic" participatory sets form the whole of universal relations. Accordingly, Africans traditionally believe that relations in the universe are determined by elements belonging to the same metaphysical plane, "participating by resemblance," or by elements belonging to different metaphysical planes, "participating by difference" (Thomas 1960). The

dynamic quality of the total universe is, however, thought to be the conciliation of these various "participatory sets" (i.e., connective and antagonistic). Therefore, the African believes that all things are the same or on one level while different, yet interconnected and interdependent, on another level. Thus the African thinks (conceives) of experience as an intense complementary rhythmic connection between the person and reality. In fact, the conciliation of, on the one hand, the unity of the cosmos and, on the other, the diversity of beings within the cosmos, makes for the special features (e.g., dynamism, interdependence, egalitarianism, variety, vitalism, cooperation, synergism, transformation, optimism) of the traditional African worldview. These principles combined represent the core quality and fundamental nature of African and African-American beingness. Some of the most critical traditional African and African-American cultural precepts are the principles of consubstantiation, synergism, vitalism, egalitarianism, humaneness, harmony, interdependence, transformation, and collectivism (figure 6).

Figure 6. Cultural structures and African-centered cultural precepts

Cultural Structures	African-Centered Cultural Precepts
Ontology (Nature of being-essence)	**Consubstantiation** Notion of all elements (humans, animals, inanimate objects) being of the same substance
Cosmology (Origin/structure of universe)	**Interdependence** Idea of all elements in the universe being connected
Axiology (Primary character of universal relations)	**Egalitarianism** Nature of relations being harmonious and balanced
Ethos (Set of guiding principles)	**Collectivism** Codes of conduct based on idea of group and/or collective survival/advancement
Ideology (The ideational basis of conduct)	**Transformation** Change is movement toward higher level of functioning
Worldview (Most comprehensive ideas about order)	**Cooperation** The way things function is based on mutual respect and viability
Values Orientation	**Humaneness** Behavior is governed by sense of vitalism and viability
Central Belief System	**Synergism** Notion that sum of complementary actions is greater than total effort of individuals

The cultural precepts serve to guide the assessment, understanding, and evaluation of reality as well as give meaning to it. As part of the cultural substance, values define, select, create, and re-create (or reformulate) what is considered good, valuable, or desirable in the social milieu. In a general sense, the cultural substance of a particular group of people functions like a special set of glasses that, in focusing on reality, perceives and is aware of those situations that are "meaningful" and excludes those that are not. Hence, it is primarily through this special set of glasses that the myriad of sensory impressions received by the organism is filtered, organized, and transformed into mental impressions and behavioral dispositions and/or responses.

The values indicative of this African cultural orientation are reflected in the high regard for life, cooperation, interpersonal connectedness by differences, and collective responsibility. Similarly, African behavioral and mental dispositions emphasize notions of commonality, similarity, and synthesis. The traditional African and African-American lifestyles are guided by the added principles of restraint, respect, responsibility, and reciprocity.

Given that all is not well with the African-American community, it is especially critical that one does not mistake the current behavior of the African-American community for an expression of the culture of the African-American community. It is important to remember that current behavior results from the interaction of the culture and the material condition of a people and that both, culture and condition, must be understood and manipulated if intervention and change is to be achieved.

African-Centered Model of Prevention

The African-centered paradigm is a quality of thought and practice rooted in the cultural image and interest of African people. As the core and fundamental quality of our beingness and becoming, the African-centered paradigm reaffirms the right of African people to (1) exist as a people, (2) contribute to the forward flowing process of human civilization and culture, and (3) to share with as well as shape the world in response to our energy and spirit. The African-centered paradigm is the intellectual and philosophical foundation upon which we create the political, scientific, and moral criteria for authenticating the reality of African family processes. The African-centered paradigm refers to the life experiences, history, and traditions of African people as the center of one's analyses.

This African-centered model of prevention takes as its fundamental premise the notion that the most effective prevention techniques are those that promote a natural resilience to pathology. In a sense, the model acknowledges that the best prevention strategy is a plan that promotes positive development rather than prevents dysfunctional behavior.

An African-centered model of prevention recognizes that intervention strategies designed to address behavioral dysfunction in the African-American population must be culturally consistent. "Culturally consistent" means that the phenomena (prevention programs, training activities, and so on) can be judged as congruent with the particular cultural precepts that provide people with a "general design for living and patterns for interpreting (i.e., giving meaning to) their reality." Accordingly, in this African-centered model *culturally consistent service praxis* is a systematic process whereby one develops and/or stimulates the knowledge, skill, ability, attitudes, and character necessary for people to undertake socially defined, goal-oriented, and culturally meaningful activity designed to allow them to (1) achieve mastery of all aspects of human functioning; (2) reproduce, refine, and make explicit their personality in the objective world; and (3) validate their self and kind.

An African-centered approach to the delivery of alcohol and other drug (AOD) use/abuse prevention and treatment programs, then, reflects in its philosophy

and practice the cultural precepts, ideas, and beliefs of African and African-American people. It is grounded in, and based on, the cultural precepts that represent the cultural substance of African Americans. In terms of African-American culture, eight cultural precepts, listed in figure 6, have been identified as influencing the general design for living and patterns for interpreting reality in the traditional African-American community. These eight precepts represent the philosophical foundations on which the African-centered model is based. In terms of the model, these precepts are made operational as follows:

1. *Consubstantiation* assumes that all things in the universe have the same essence. In terms of prevention, this precept supports, in part, the belief that every person is innately and inherently AOD free and can become free from AOD use/abuse.
2. *Interdependence* assumes that everything in the universe is connected. In terms of prevention, this precept requires, in part, that the information, the process of knowing, and the knower (i.e., the target population) be connected for optimal information internalization to take place.
3. *Egalitarianism* assumes that the correct relationship between people is one of harmony and balance. In terms of prevention, this precept requires, in part, that the delivery of services and the process of learning be characterized by cooperation and mutuality between the service provider and the client.
4. *Collectivism* assumes that individual effort is a reflection and/or instrument of communal or collective survival/advancement. In terms of prevention, this precept defines, in part, how the intrinsic value of prevention/intervention activities are related to one's ability to contribute to the well-being and welfare of one's community.
5. *Transformation* assumes that everything has the potential to continually function at a higher level. In terms of prevention, this precept requires, in part, that the delivery of services (prevention/intervention) be designed to guide each client to a higher level of performance/functioning and understanding of self, family, and community relative to AOD abuse.
6. *Cooperation* assumes that the optimal way of functioning is with mutual respect and encouragement. In terms of prevention, this precept requires, in part, that the service delivery process provide clients with the attitude, ability, and willingness to contribute to their own, as well as other, human wellness and fulfillment.
7. *Humaneness* assumes that all behavior is governed by the sense of vitalism and goodness. In terms of prevention, this precept requires, in part, that every aspect of the AOD use/abuse prevention process restore and reinforce in each client a compassionate commitment to the common destiny of the client and community well-being and welfare.
8. *Synergism* assumes that the performance outcomes of cooperative effort is greater than the sum total of individual effort. In terms of prevention, this precept requires, in part, that every aspect of the AOD use/abuse prevention process complement every other aspect and, in so doing, result in greater resilience in the client and protective factors in the community.

African-American culture defines and determines effective human functioning for African Americans. African-American culture should be understood as a significant intellectual and philosophical tool that directly influences our perception of reality and how we come to develop as fully functioning members of society. Hence, every aspect of the AOD use/abuse prevention process (e.g., program development and management, site leadership, program curriculum, learning styles, instructional techniques) will benefit from the infusion

and/or application of African-American culture. In utilizing African-American culture in the service of drug use/abuse prevention with African-American youth, a culturally consistent service delivery process would reflect (1) the belief that every African-American youth can lead an AOD-free life; (2) a process whereby knowing and knowledge are connected directly to the youth; (3) programmatic techniques and practices characterized by cooperation and mutuality; (4) the blending of individual achievement with collective advancement; (5) the desire to continually guide each youth to a higher level of understanding and functioning; (6) the underlying goal of personally contributing to one's own, as well as everyone's, fulfillment; (7) training and learning linked to the student's and community's well-being and welfare; and (8) a process whereby cooperative effort is used to continually develop and expand the natural resilience of youth.

The Cultural Foundations of Program Development

Most program developers recognize that program development is always in response to a specific human problem and that there is a direct relationship between identified human needs and human functioning. Specifically, when human needs are being met or satisfied, human functioning reflects that condition. When human needs are not being met or satisfied, human functioning will reflect equally that state or condition. Programs, particularly human services programs, are, in part, created in order to structurally address behavioral dysfunction as a reflection of unmet human needs. In effect, the rule of operation is that "needs" influence "function(ing)," which in turn determines "structure." In regard to human services program development, the formula becomes: "To the extent that human needs are not satisfied, human dysfunctioning will occur; and, in order to remedy the human dysfunctioning, activity must be developed and structured so as to be responsive to the unmet needs."

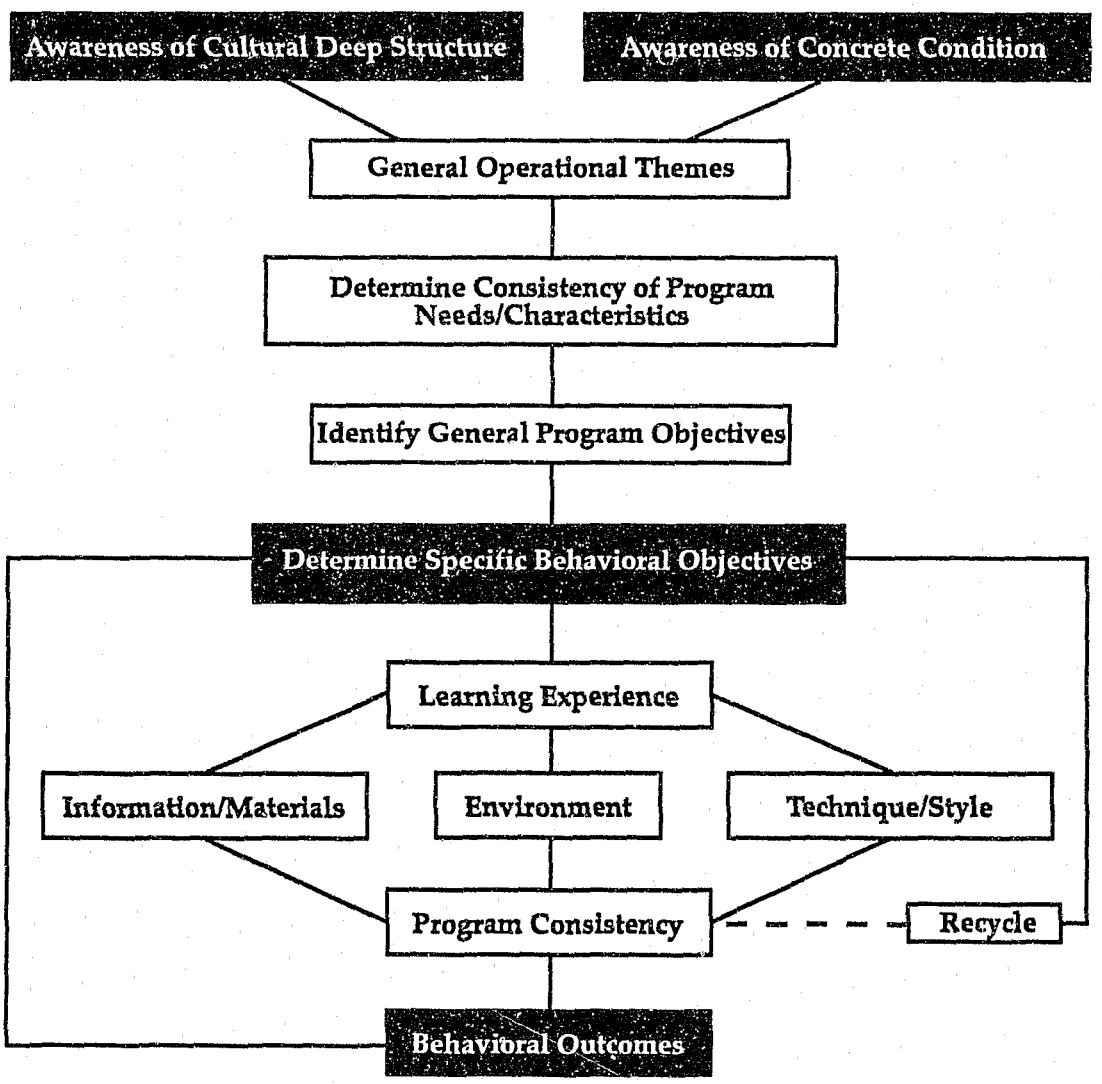
Beyond basic needs imperative for species survival (e.g., sex, food, and shelter), most human needs, as well as the importance of (and the method for) satisfying human needs are determined by culture. As mentioned above and restated here, culture represents the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, and practices that give people a "general design for living and patterns for interpreting reality." As such, culture emerges as a dynamic human system of features, factors, and functions with sets of guiding principles, assumptions, conventions, beliefs, and rules that permit and determine how members of a group relate to each other and develop their creative potential. Hence, if there is a direct relationship between the meeting of human needs and human functioning, and if the significance of both human needs and functioning is culturally determined, then program development must be grounded in the same culture that determines human needs and functioning. The cultural grounding of program development is further reinforced by the recognition that the effectiveness of human service programs is maximized when programs are in response to or designed for a particular community, constituency, or clientele. A "community" is both an identifiable area and collection of people who share a common set of experiences, a worldview, and a value system. A "problem," in turn, is any issue, agent, or condition that prevents a person or community from meeting or satisfying their needs and/or achieving a sense of well-being. Hence, in program development, one must make sure that the program in its structure and function is as follows:

1. It is grounded in the same culture that gives meaning to human needs and functions;
2. It is relevant and responds to the conditions in the target community; and
3. It addresses the real (actual) problems experienced and defined by the community.

To ensure the cultural grounding of a program or program development, one must design the program so that it is responsive to both the culture of the community and the concrete conditions (problems) experienced by the community (figure 7).

In so doing, one should be able to demonstrate how the general operational theme or the "mission statement" of the program is related to the culture of both the community or the client and the problems (concrete conditions) they experience.

Figure 7. Culturally consistent program development flow chart



Having determined the consistency between the characteristics (structure and function) of the program and its mission statement, a "culturally consistent program" must also demonstrate how its structure and functions are designed to accomplish a particular objective.

Hence, in terms of program development, the learning/training or therapeutic experience, the facility or programmatic environment, and the training or treatment information/materials, as well as the teaching or therapeutic techniques and methods, must all reinforce and reflect the desire to accomplish specific program objectives, which are evidenced by specific behavioral outcomes in the community or client population.

Five Critical Components of an African-Centered Model of Prevention

A program/model of services is generally thought of as a set of activities, courses, and/or instructions bound by an area of specialization. Its essential components are objectives, content, intent, process, and outcomes. If the program is to be effective, then it must be consistent with and predictable from the cultural substance of the population on whom it is targeted. Accordingly, the philosophical grounding of an African-centered model of prevention is presented in figure 8.

In terms of programmatic activities, we believe that the model should have the following characteristics.

Objectives

In its objectives the African-centered model aims at the development of a sense of consciousness, confidence, competence, commitment, and character in Black adolescents that would make them contributing members to family, community, and society. The program activities must enable African-American adolescents to believe, and experience the feeling, that there are positive things they can do well and that benefit the

Figure 8. Philosophical components of Afrocentric model of prevention

Cultural Precepts	Intent	Content	Process	Objectives and Outcomes			
				Knowledge	Attitudes	Beliefs	Behavior
Consubstantiation	Confident	Culture	Dramatic consciousness	Black history	Self-pride	Interdependence	Respect
Interdependence	Competent	History	Mind modeling	Black culture	Race-pride	Primacy of group	Reciprocity
Egalitarianism	Conscious	Values	Image/interest/discussion/dialoguing	Family history	People-oriented	Humaneness	Responsibility
Collectivism	Contributing	Skills	Culturally consistent problem solving	Black values	Harmony with nature	Spirituality	Restraint
Transformation	Committed	Virtues	Metaphoric memory	Academic skills	Egalitarianism	Unit	Righteousness
Cooperation	Character		Analogical thinking	Nutrition	Cooperation	Balance	Reliance
Humaneness				Life management skills	Communalism	Change	Resiliency
Synergism				Path to fulfillment		Order	
				Purpose			

family or the community. By providing the youth with the opportunities to experience success, the program would help to develop a sense of confidence in these youth. Additionally, the program would develop competence in the youth through providing them with opportunities to acquire new skills, knowledge, and practices. Finally, the program activities would develop a sense of consciousness in the adolescents by providing them with an understanding of their resolute position in world history. If African-American adolescents understand the critical contributions they have made to world civilization, then pride, awareness, and commitment to self, family, and community would become possible. The essential task of the service delivery process is to create the conditions wherein youth can acquire essential information about the African and African-American contribution to world civilization. By knowing what was in the past youth can begin to conceive an alternate reality to what is at present.

Intent

The African-centered model in its intent requires a systematic and intentional process of enculturation, immersion in the African-centered cultural traditions that provides the basis for insulation, and inoculation of African-American adolescents against contemporary pressures to engage in self-destructive behavior. These cultural traditions provide the basis for the development and expansion of the natural resilience factors that exist within youth and that have traditionally enabled African-Americans to overcome some of the worst excesses of racism without being destroyed by the process. It should be clear to all participants in the program activities that there is a cultural basis to the program and that it is rooted in African and African-American traditional cultural precepts.

Content

The content of the African-centered model should be based on, and reflect, an emphasis on spirituality. This emphasis is designed to enable youth to perceive and understand such principles as reciprocity, responsibility, restraint, and respect. The content of the program should serve to develop a consciousness, an awareness, of a Supreme Being and the intimate relationship that exists between human beings and the Supreme Being. The language used in the program should be simple and direct, yet challenging to the target population. In their activities the service providers should make use of symbolic imagery—proverbs, analogies, folktales, and so on—as a primary mechanism for the transferral of information. The use of proverbs represents an important teaching process within traditional African and African-American communities that allows the learner to engage in abstract thinking by applying general principles (the proverb) to a specific situation (the event). It is through this process of synthesis and induction that the learner comes to acquire knowledge of more complex problems. The details of the content component of the African-centered model of prevention are presented in figure 8.

Process (Methods)

The prevention specialist is the "bridge." It is the prevention specialist's job to make this information come "alive." The prevention specialist must carry the complex and technical information supporting human growth and development to the life and minds of the Black adolescents. The prevention specialist must be able to translate or exchange the information in the content component of the program to experiences and applications that the Black adolescents can use and understand.

In this regard, the following African-centered processes (training techniques) should be useful:

- Dramatic consciousness,
- Mind modeling,
- Image and interest discussion/dialoguing,
- Culturally consistent problem-solving,

- Metaphoric memory, and
- Analogical thinking.

Dramatic consciousness is a training and development technique wherein the prevention specialist teaches youths (1) the five dimensions of consciousness and how overall awareness can be revealed by the acts (drama) one performs; (2) how human consciousness results from the interaction between (interdependence of) an actor, other actors, the dramatic situation, and the residuals of the various dimensions of consciousness; (3) to use creative drama to help the trainee understand the underlying issues and/or events that drive feelings, thoughts, and behaviors; and (4) to obtain greater awareness by studying the verbal and nonverbal "script" of both the actors and the situation, combined with the appropriate dimension of consciousness. When youths analyze and understand these relationships, this gives greater meaning to awareness and provides them with a better understanding of what is really happening.

Mind modeling is a training and development technique whereby the prevention specialist utilizes the African-centered ideas, as represented in the lives and work of African and African-American men and women of excellence, to think and act differently about situations and problems. In so doing, this technique replaces the trainees' destructive and deviant ideas (thinking) with ideas that are positive and consistent with the cultural precepts and ideas of African people.

Image and interest discussion/dialoguing is a training and development technique whereby the prevention specialist teaches youths to (1) locate the image and interest of their own cultural reality in the discussion/dialogue, and (2) use the image and interest of their cultural reality as the basis for appropriately responding to issues and problems they confront.

Culturally consistent problem-solving is a training and development technique by which the prevention specialist teaches youths to develop strategies or solutions that will (1) eliminate and/or oppose any condition, situation, or agent that prevents the positive development of themselves, their families, and their communities; and (2) create and/or reinforce those situations, conditions, or agents that foster positive growth and development of themselves, their families, and their communities.

Metaphoric memory is a training and development technique wherein the prevention specialist teaches the youth how to go from the known to the unknown via the metaphoric device of comparing the underlying, invisible, and/or implied principles, attributes, and qualities of the known to the task of understanding the unknown. By stimulating the memory of known things, especially with proverbs, one is able to apply the principles, attributes, and/or qualities of the known phenomena to acquire an understanding of the unknown.

Analogical thinking is a thought process that (1) utilizes a reference system as an aid to conceptualization and (2) focuses on the identification of "relationships" and/or similarities among experiences or phenomena, and thereby reveals the "synthetic quality" and "synergistic capacity" of all phenomena. In so doing, the analogical process provides thinking with an ever moving and ever flowing quality, as well as the ability to produce a greater effect than the sum of the individual thoughts (ideas) connected by either inductive or deductive linkages.

This model, then, in its process includes a set of thinking, feeling, and doing activities that enable African-American adolescents to internalize the African-centered cultural precepts and stimulate the youths' natural resilience against disorder and disease. In terms of the process, the African-centered model must include the same set of symbols and rituals that derive from the cultural precepts. Simply stated, the programmatic activities must involve a set of rituals, ceremonies, and practices that provide for the expression of a sense of humaneness and respect for self and others. For example, youth should serve the elders

and honor and respect them. Similarly, the program site should be decorated to represent the image of African-Americans, with bright colors, pictures, and symbols of African society and the African-American contribution.

Outcomes

The African-centered model of prevention suggests the need for the acquisition of a core set of knowledge, attitudes, beliefs, and behaviors that serve as indicators of successful completion of the particular program activities. The core knowledge required is that which enables African-American adolescents to maintain their cultural identity and function effectively in an information-producing and -consuming society. The program must, of necessity, include an education component that motivates and inspires youths to pursue their education to the fullest. To this end, the African-centered model would provide for an educational thrust that would focus on and reinforce the basic educational skills that enable youth to transcend and transform the delimiting nature of the school system. The core set of attitudes that are needed in this process is an understanding of spirituality. Spirituality here refers to the process of understanding the dynamic and interactional relationship between and among elements in the universe. Spirituality is an inner feeling that reveals itself in an understanding of the universe and its operation and attitudes of humaneness and concern for the welfare of others. It manifests itself in behaviors that speak of a sense of being in the service of others rather than in the form of personal self-aggrandizement. The African-centered model has at its center a basic set of values representing the set of guiding principles that determine how the individual lives.

The African-centered model does not promote values clarification as a framework for prevention. Through the model the individual receives a set of values that represent how he should live his life, and these are standards to which the youth should be held accountable. One core set of values that is useful is the principle of *Maat*—values of truth, justice, righteousness, propriety, balance, harmony, and order. Another value system is the *nguzo saba*, developed by Maulana Karenga, comprising *umoja* (unity), *kujichagulia* (self-determination), *ujima* (collective work and responsibility), *ujamaa* (cooperative economics), *nia* (purpose), *kuumba* (creativity), and *imani* (faith). Whatever the system adopted, youths are provided with a set of guiding principles, an ethosic order that governs their social conduct. The African-centered model would produce behaviors that represent a sense of commitment to the greater good. In its philosophy, process, and practice the model indicates that the well-being and welfare of the group take precedence over the individual's. In this sense, youths become contributing members to their families, communities, and society. A feature of the African-centered model is that youths should do something to make their community a better place than it was before. In essence, the transformation produced by the African-centered model manifests itself in terms of feelings of achieved internal development, excellence in social relations, and sociohistorical service and achievement. These characteristics are expressed in the form of moral character, social responsibility, and human conduct governed by a devotion to a higher purpose. The expected behavioral outcomes are summarized in figure 9.

These features of the program aspects of the African-centered model are presented in figure 10.

The African-centered model of prevention, with its basis of holistic, humanistic, and naturalistic orientation, implies dealing with the totality of the individual's existence. It should address the social, physical, spiritual, and mental aspects of youths. It cannot be just an alcohol and other drug (AOD) use prevention program. It has to go beyond the prevention activities and begin to address issues of development in the broader context. Thus, the content of the African-centered model should provide

Figure 9. Desired outcomes of Afrocentric model of prevention

Attribute	Expressed In	Behavioral Modalities
		Behavior governed by sense of
Competence	Human Conduct	Purpose Planning Productivity Persistence Patience
Confidence	Social Responsibility	Duty Desire Devotion Discipline
Consciousness	Moral Character	Respect Restraint Responsibility Reciprocity Righteousness

youths with the psychosocial skills and attributes that increase their capacity to resist negative environmental influences. The African-centered model should have as a central feature an opening and closing ritual that reaffirms the sense of connectedness and interdependence created in the program. The program should use symbols representative of the importance and achievement of Africans and African-Americans in the development of world civilization. The teaching of an African-centered history is critical in the content of the African-centered model in that it would provide youth with an understanding of the resolute position of Africans and African-Americans in relationship to world rule and governance. Other symbols used in the model would be the wearing of *kente* cloth on occasions of honor and establishment of a dress code with formal and informal dress for project participants, such a code serving as a source of identification and as representative of the image the program is trying to project.

The African-centered model should place heavy emphasis on the traditional cultural themes of the sense of excellence and the sense of appropriateness. The sense of excellence requires that the service providers challenge the youths in the program to be the very best they can, that high standards of achievement are set for the youths, that the youths know what the expectations are, and that the youths collectively strive toward these levels of achievement. The service providers would be doing a disservice if they allowed the completion of activities without setting standards and holding the youths to the expectations. Holding youths accountable for their performance assists them in developing a sense of discipline necessary to ensure success. The sense of appropriateness requires that behavior be governed by notions of formality, civility, and deference. The youths have to understand that, while we recognize the principle of interdependence and interconnectedness, there still exists a clear distinction between and among individuals and that these distinctions need to

Figure 10. Programmatic components of Afrocentric model of prevention

Objectives	Promote fully functioning ("perfected") members of society Prevent alcohol and other drug abuse
Intent	Enhance psychocultural competencies Sense of belonging; sense of identity; sense of power; sense of security; sense of trust; sense of permanence; test of courage, character, and commitment Increase resiliency, protective factors, and inoculation
Content	Drug prevention specific information Nature, course of addiction; effects of addiction Human ("perfectibility") development specific information —Values internalization; decisionmaking —Psychocultural competency; capacity building —Academic skills—reading, writing, mathematics, science, history —African and African-American contributions to world history and civilization (from pre-KMT to present) —African-American cultural substance—philosophy of human perfectibility cultural precepts, cultural values, cultural themes; Cardinal Virtues of Ma'at, Principles of Initiatory Mastery, Nommo, Kra, Muntu, Nguzo Saba
Process	Thinking activities —Discussions, problemsolving, analysis of folktales, proverbs, literature, etc. Feeling activities —Empathic understanding, critical incident technique, introspection, "what if..." situations, etc. Doing activities Overall infusion activities —Language should be appropriate to level of youth, but should inspire them to raise their level—pattern of analogical thinking; use of proverbs, folktales, poems, analogies to convey messages —Emphasis on spirituality—spiritual connection as basis for action in community; revealed in human conduct, moral character, and social responsibility —Emphasis on sense of excellence and sense of appropriateness as guiding themes in programmatic activities
Outcomes	Self-conscious, fully functioning ("perfected") member of society Competent—acquires some skills, knowledge, etc. Confident—belief that he can do and become anything he sets his mind to Conscious—aware of who he is and his responsibility to self, family, and community Committed—willing to work for the better of the whole Contributing—makes a contribution to the community

be recognized and respected. Thus, the program should emphasize the principle of eldership whereby elders (anyone older than the youths) are respected; the practice of entitlement by which one refers to others by terms of relationship and thereby treats them with dignity (an older person or someone in authority is not referred to by a first name, but by titles like Miss, Mister, Auntie, Momma, Poppa, Uncle, and so on); and appropriate language to suit the occasion.

African-Centered Evaluation Criteria for Program Components

The development of the African-centered model provides some broad operationalization of the core cultural precepts that provide the general design for living and patterns for interpreting reality for the African-American community. As such, these philosophical principles provide some guidelines for the evaluation of programs targeted on the African-American community. These guidelines are provided here.

Objectives

To the extent that the program objectives focus on collective development and/or transformation, they can be judged as culturally consistent with African-centered cultural precepts.

Intent

As far as the program intent can be judged as reinforcing and respecting the development of a being in harmony with the vital goodness of oneself, one's family, and one's community, it can be judged as culturally consistent with African-centered cultural precepts.

Content

To the extent that the program content shows evidence of materials, ideas, and information reflective of the image (any representation, reproduction, likeness, or impression of African peoples that symbolizes and/or reflects the basic quality and nature of a people) and interest (any thing or attribute belonging to, and consistent with, the benefit, growth, and development of a people) of African people, it can be judged as culturally consistent with African-centered cultural precepts.

Process (Method)

To the extent that the program process (method) shows evidence of being based on a strategy that promotes collective attachment, a sense of self-worth, and recognition and respect for self, family, and community, then it can be judged as culturally consistent with African-centered cultural precepts.

Outcome

To the extent that the proposed program outcome is a human being who is spiritually rejuvenated, has love of self, family, and community and is willing and able to respect, protect, and defend self, family, and community, then it can be judged as culturally consistent with African-centered cultural precepts.

In working with youth at risk from an African-centered perspective, the objective of the prevention/intervention program is the development of a particular kind of human being who is aware (with knowledge), and can express a sense of unity or collective self. The content of the prevention program shall reflect the same set of signs, symbols, rituals, and practices that give meaning and direction to proper conduct in the African-American community. The process of the African-centered model of prevention shall similarly reflect, for example, the practices of harmony and balance. The outcome of the prevention activity is a person who is cooperative; who understands and respects the sameness of self, as well as the diversity and difference of forms characteristic of the community; and who has a high sense of responsibility to self, family, and community. An African-centered prevention program aims to develop a person who is committed to the welfare and well-being of the larger entity rather than to individual self-actualization. That is, the African-centered model calls for the development of a person guided by the concept of "right conduct," which implies the notions of moral character, social responsibility, and devotion to a higher purpose. A person who possesses these characteristics is less likely to engage in such dysfunctional behavior as AOD use/abuse.

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Chapter 13

Selected African-Centered Readings

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Philosophical Foundations of the African-Centered Paradigm

The African-centered paradigm represents an important philosophical and theoretical concept in the understanding of the African-American experience. The African-centered paradigm is a quality of thought and practice rooted in the cultural image and interest of African people. The African-centered paradigm reaffirms the right of Africans to (1) exist as a people, (2) contribute to the forward flowing process of human civilization and culture, and (3) share with as well as shape the world in response to our energy and spirit. The African-centered paradigm takes the life experiences, history, and traditions of African people as the center of one's analysis. The paradigm represents an important paradigmatic shift in the social-scientific analysis of African-American experience. As a scientific paradigm, it suggests to the scientist what is important for consideration and how he or she should view the unit of analysis. In effect, the African-centered paradigm represents a formalized framework that guides the assessment of African reality, and should be the framework the scientist brings to bear on the analysis of any African-American phenomenon (e.g., alcohol and other drug abuse).

When African-American scholars began to question the validity of the philosophical basis of Western social science for explaining the African-American experience, they started the process of reformulating or recentering the paradigm for the analysis of that experience. The current African-centered movement is the continuation of a long tradition of questioning Western social science's ability to explain the Black experience, which was marked by the works of George James, Joel Rogers, and others who engaged in the reanalysis of Black historical experiences.

The following list represents some of the major theoretical writings on the African-centered perspective. The reading list is organized in three general sections. The first section provides some of the key writings of the initial group of scholars who began to articulate the call for the centrality of culture in the analysis of social phenomena. The African scholar, Cheikh Anta Diop, provided the theoretical framework that expanded on, and validated, the earlier works of scholars like J. A. Rogers, George James, and John Jackson. Diop, in Africa, and John Henrik Clarke and Ben-Jochannan, in America, represent the intellectual giants from whose work the African-centered paradigm developed.

The second section represents the accomplishments of the second wave in the development of the African-centered perspectives. Contemporary scholars like Molefi Asante, Ivan Van Sertima, Jacob Carruthers, Asa Hilliard, Maulana Karenga, Na'im Akbar, and Wade Nobles expanded upon and refined the theoretical orientations developed by the first generation of African-centered scholars.

The third section of the readings provides a list of some of the contemporary applications of the African-centered approach to the analysis of the African-American experience. These writings cover a broad spectrum of issues and concerns and reflect the diversity of the African-centered approach.

Use of the Reading List

This reading list is broad in scope and depth. It represents the historical growth and development of the concept Africancentrism and its application in the analysis of the Black experience. It represents, in part, the critical background preparation necessary for the development of authentic and accurate interpretation of the African experience and the empowerment of African-Americans. Prevention practitioners should help community people, where possible, to organize study groups[14] to read, discuss, evaluate, and apply the information provided in these readings. There is a variety of ways that study groups can be put together. Existing groups, be they religious, fraternal, social, or civic, can set aside some time to study the reading list selections as part of their regular program activities. Community-based organizations can develop study groups that bring together clients to work through the materials in the reading list. Families can establish a practice of one hour of study and reading per week with the reading list as the framework for study and discussion. An individual can invite one other person to join him or her one day of the week to work through the materials provided. Prevention workers can utilize the readings to develop criteria for judging the cultural consistency, appropriateness, and relevance of their practice.

The potential impact of the reading list can be awesome in that the study groups can form the basis for family reunification, community revitalization, and community empowerment. As individuals, families, and groups study, digest, and reflect on the materials in the reading list, they can begin

[14] See Rabishi, The Association for the Study of Classical African Civilizations (ASCAC) Study Group Guide 1991, for examples and guidelines for organizing and managing study groups.

the process of redefining their own reality and response to that reality. In a real sense, the community would become empowered.

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Key Concepts and Definitions Relative to African-Centered Prevention

The fundamental premise guiding an African-centered model of prevention is the notion that the most effective prevention techniques are those activities and processes that promote a natural resistance to pathology.

African-centered paradigm

This is a term categorizing a quality of thought and practice that is rooted in the cultural image and interest of African people and that represents and reflects the life experiences, history, and traditions of African people as the center of analyses.

Africentric (see Afrocentrism)

Afrocentricity (see Afrocentrism)

Afrocentrism

This term refers to and is responsible for (1) the intellectual and philosophical foundations upon which African peoples create their own scientific criterion for authenticating African reality, (2) African peoples' self-conscious act of creating (African) history, (3) the utilization of the African experience as the core paradigm for higher-level human functioning and liberty, and (4) the continuing quest for an indigenous African-centered historical and cultural anchor. This reaffirms the right of African people to exist as a people, contribute to the forward flowing process of human civilization and culture, and to share with as well as shape the world in response to our energy and spirit.

Attitude

This is a particular state of mind, an opinion, or a feeling about something that influences one's behavior or response toward the thing or person.

Axiology

This is a component of the cultural factor level that pertains to a people's assumptions or beliefs about the primary characteristics of universal relationships.

Behavior

This is a particular manner of conducting oneself or acting in a given circumstance or situation.

Belief

This is an idea, concept, or notion held to be true or actual, or a mental conviction regarding a set of opinions or principles.

Ceremony

This is a special, regulated form or set of dignified and usually traditional practices or acts performed in a prescribed manner and only on special occasions.

Community

This means any identifiable area that (1) has recognizable boundaries (is locatable in time and space); (2) can be defined by its sharing of a common set of experiences, world view, value system, and social institutions; and (3) has a sense of its own "beingness."

Community empowerment

It is the process of developing and/or enabling a people to create experiences that are simultaneously designed to represent

their view of the world and to secure and/or establish the greater community well-being and welfare.

Consubstantiation

The African ontological precept asserts that the essence of all things is of the same substance (i.e., spirit or energy). This is the root foundation of African-American culture. In effect, we are one because we essentially have the same spirit.

Core culture

The central portion, strand, or essence of "the process which gives the group its general design for living and patterns for interpreting reality." It is the "essential spirit" or energy of the group that characterizes and is reflected in all processes consistent with the group's cultural reality.

Cosmology

Cosmology is a component of the cultural factor that pertains to a people's assumptions or beliefs about the origin and the structure of reality (universe).

Culture

Culture is a human process representing the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, and practices peculiar to a particular group of people, and that provides the people with a general design for living and patterns for interpreting reality.

Cultural aspects

The cultural aspects comprise ideology, ethos, and world view.

Cultural competence

This refers to the capacity of an agency and/or object to accept, respect, and give attention to cultural differences. However, if culture is the process that gives a people a general design for living and patterns for interpreting reality, and if competence is having the capacity to perform a task and/or know something exceptionally well, then cultural competence should refer to an agency's and/or agent's capacity to understand the knowledge, values, beliefs, and so on, and to perform the behaviors (tasks) belonging to a particular cultural community.

Cultural consistency

This refers to the criteria that personal and programmatic activity (e.g., behaviors, values, attitudes, beliefs, policies, practices, procedures) must be congruent within the cultural orientation and precepts of a particular target population.

Cultural factors

The cultural factors comprise ontology, cosmology, and axiology.

Cultural manifestations

The cultural manifestations are the overt expressions of a people's culture. They consist of behavior, values, attitudes, and so forth. The cultural manifestations may be authentic, adapted, adopted, or aberrant.

Cultural orientation

This is a people's generalized perception regarding who they are and what is their resolute position and purpose in the world. It is expressed as a set of themes and values.

Cultural postulates

Within the "thematic imprint" of a people's cultural orientation, there are basic underlying postulates or "cultural postulates" about the nature of reality and the appropriateness or utility of particular patterns of conduct. The cultural postulates of a people are revealed in the flow of human thought and action as they relate to and/or result from the need to develop solutions to common human problems.

Cultural sensitivity

This refers to the goal of developing an appreciation or admiration for the cultural manifestations (e.g., styles, music, habits, customs) of a particular target population.

Cultural substance

Cultural substance is a term used to connote the "aspect" and "factor" levels of the cultural model. Its importance is that the cultural substance gives "meaning" to the overt manifestations of a people's culture (i.e., their human conduct).

Cultural themes

They are dynamic affirmations (i.e., self-evident truths) that structure the nature of reality and reflect a people's purpose and their indigenous rules for responding to human experience.

Cultural values

A complex pattern of attitudes, beliefs, and ideas that give order and direction to human conduct.

Development

This is any identifiable and measurable change locatable in time and space and recognizable by the senses.

Ethos

An ethos is the tone, character, and quality of a people's life, its moral and aesthetic style and mode. It emerges as a set of guiding principles that define the underlying attitude people have toward themselves and their world.

Growth

This refers to any identifiable and measurable change locatable in time and space and recognizable by the senses.

Human imperatives

Human imperatives are those processes and functions that must be performed in order for a people to continue as a group irrespective of cultural form.

Idea

This is a single thought or theme established in the mind.

Identity

In regard to the psychology of a people, the principle of identity reveals and determines the form in which a people's human energy is structured. Identity is the component of oneself that is determined by one's cultural definition(s), and most closely represents and reflects who and how you are.

Ideology

Ideology is essentially a concept representing the instrument that provides a critique of reality. It determines how a people *should* see its reality; and, in so doing, influences (possibly dictates) the nature of a people's awareness (consciousness). Ideology serves as the "map" that clarifies and gives perspective to problematic aspects of a people's social reality.

Image

Image is any representation, reproduction, likeness, or impression of a people and/or that symbolically stands for, or reflects, the basic quality and nature of a people.

Institutions

Institutions are clearly defined units with rules, roles, and structures organized for the purpose of task fulfillment and human need satisfaction.

Interest

Interest is any thing or attribute belonging to, and consistent with, the benefit, growth, and development of a people.

Interpersonal relations

Interpersonal relations refer to the characteristic relations within the organized pattern.

Maat

This is a system of ethics based on the seven cardinal virtues of truth, justice, righteousness, propriety, balance, harmony, and order.

Microaggressions

They are small-scale affronts and assaults to the psyche of individuals that limit people in their attempts to realize basic human needs.

Offensive put-downs

They are social affronts or trace contaminants that promote acceptance of a devalued state and a sense of helplessness and hopelessness.

Ontology

Ontology is a component of the cultural factor level that pertains to a people's assumptions or beliefs about the nature of existence or the essence of being.

Organizational purpose

Organizational purpose refers to the primary purpose of being for the organization, its raison d'etre. Hence, it selects and determines what is of importance to the organization.

Paradigm

A scientific paradigm serves as the formalized framework that guides the assessment and evaluation of reality. The paradigm is, therefore, a perceptual, cognitive, and affective achievement representing the organizational process for understanding. It is the singular screen through which all understanding is filtered.

Philosophy

This is the original synthesis of knowledge; the attitude to the world and to life's problems; the elaboration, often implicit and more confusedly felt than clearly expressed, of a cosmology.

Power

Power is the ability to define reality and have other people respond to your definition as if it were their own.

Practice

Anything habitually done or repeatedly performed in order to become more proficient in a skill or attitude is a practice.

Prevention

Prevention refers to both the formal and informal processes or set of activities designed to simultaneously inhibit the susceptibility to and/or involvement in destructive and/or dysfunctional behavior and to enhance the positive functioning. The purpose of prevention is to inhibit and/or halt disease and debilitation by increasing resilience and protective factors within individuals.

Racism

This is an unfounded hatred and fear of a racially different group *accompanied* by the desire and/or power to dominate and destroy individually and/or collectively that which is hated and feared.

Relational essences

The dimensions of human functioning characterized by interactive and reciprocal processes and relationships that, upon being satisfied, result in the sense of human well-being.

Ritual

This is a prescribed and rule-governed form or method/procedures for the performance

of a solemn and/or sacred event denoting a significant change.

Role relations

Role relations refer to the proper and/or customary functions of members of the organization.

Social organization

By social organization we refer to the organized pattern of relations within the organization. In a general sense, social organization refers to the ethos or set of guiding principles by which the organization operates and by which its members must abide.

Synergy

This is the combined or correlated action of a group of organs or agents whose total effect is greater than the sum of the individual efforts. In theology, synergy is the combining of human will with divine grace, which results in "regeneration."

World view

A people's world view is its picture of the way things in sheer actuality are, the concept of nature, of self, and of society. It contains the people's most comprehensive ideas of order.

*U.S. Government Printing Office: 1993 — 715-025/88025

Prepared and published by the Center for Substance Abuse Prevention and distributed by
CSAP's National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
1-800-729-6686

DHHS Publication No. (SMA)93-2015
Printed 1993