

**Center of Alcohol Studies
Pamphlet Series**

**Alcoholism Treatment Issues
Affecting African-American Youth**

by
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INTRODUCTION

Although the U.S. African-American population is approximately 12% of the total U.S. population, about 30% of all persons under the age of 18 in U.S. central cities are African American. General perceptions associate heavy drinking and drug use with inner-city African-American youth (see, for example, Gibbs, 1987), yet the evidence from epidemiological research is contradictory. Some studies report lower rates of problem drinking among African Americans, other studies report higher rates, and still others report no differences (Blane and Hewitt, 1977).

Herd (1986) notes that "surveys of youth in the general population have been consistent in showing that fewer African-American than White adolescents drink at all and that those who do drink, get drunk less often than Whites, and have lower rates of heavy and problem drinking than Whites" (p. 110). However, Welte and Barnes (1987) and Harford and Lowman (1989) point out that a possible explanation for lower levels of reported alcohol use among these students is that surveys of school populations exclude school dropouts who tend to show high levels of alcohol-related problems. This fact is significant given the high drop-out rate among African-American teenagers.

Most prevalence estimates regarding youthful use of alcohol are based on surveys of school populations. For instance, Welte and Barnes (1987) surveyed 27,335 students in the 7th through 12th grades from randomly selected public and private schools in New York State. They found that, in spite of lower use of alcohol, African Americans had a higher average number of alcohol-related problems per month. Problems were defined as trouble with teachers because of drinking, difficulties of any kind with friends because of drinking, driving a car after having a "good bit" to drink, criticism by a date because of drinking, and trouble with the police because of drinking.

In addition to this indication of high problem rates among African-American youth, there are other studies that indicate serious biomedical consequences. Perhaps the most significant and consistent finding is that the age-adjusted rate of mortality from liver cirrhosis for African-American people is approximately twice the rate for Whites (Grant et al., 1987).

The cirrhosis mortality rate for young African-American men between the ages of 25 and 34 in seven central U.S. cities is as much as ten times higher than for White males in the same age decade (U.S. National Institute on Alcohol Abuse and Alcoholism, 1981). Because alcohol-related cirrhosis normally develops over a period

of ten to fifteen years of heavy drinking, these rates indicate to some observers that there may be early initiation of heavy drinking among African Americans (Bast, 1988). However, other studies indicate a later onset of heavy drinking among African-American youth (Harford and Lowman, 1989).

Practitioners and clinicians are understandably frustrated and feel that waiting for conclusive epidemiological evidence would be a fatal delay. Treatment data and service utilization rates are even more limited or biased by methods of data collection and reporting (Lex, 1987). Therefore, without regard to numbers, this paper provides an initial exploration of issues that affect African-American inner-city youth, treatment of their alcohol problems, and aftercare.

Our approach in this pamphlet is to review the literature and to develop treatment strategies based on the proposition that to be effective, such strategies must address the elements that contribute to the alcohol problem. Because alcohol problems are multidetermined (Lex, 1985; Mello and Mendelson, 1971), no one solution will be found. We offer multiple suggestions for designing an effective treatment program. The means for translating these ideas into practice are not fully known at this time nor have they been exposed to well-defined and extensive evaluative tests: we offer them on the basis of our knowledge, insight, and experience.

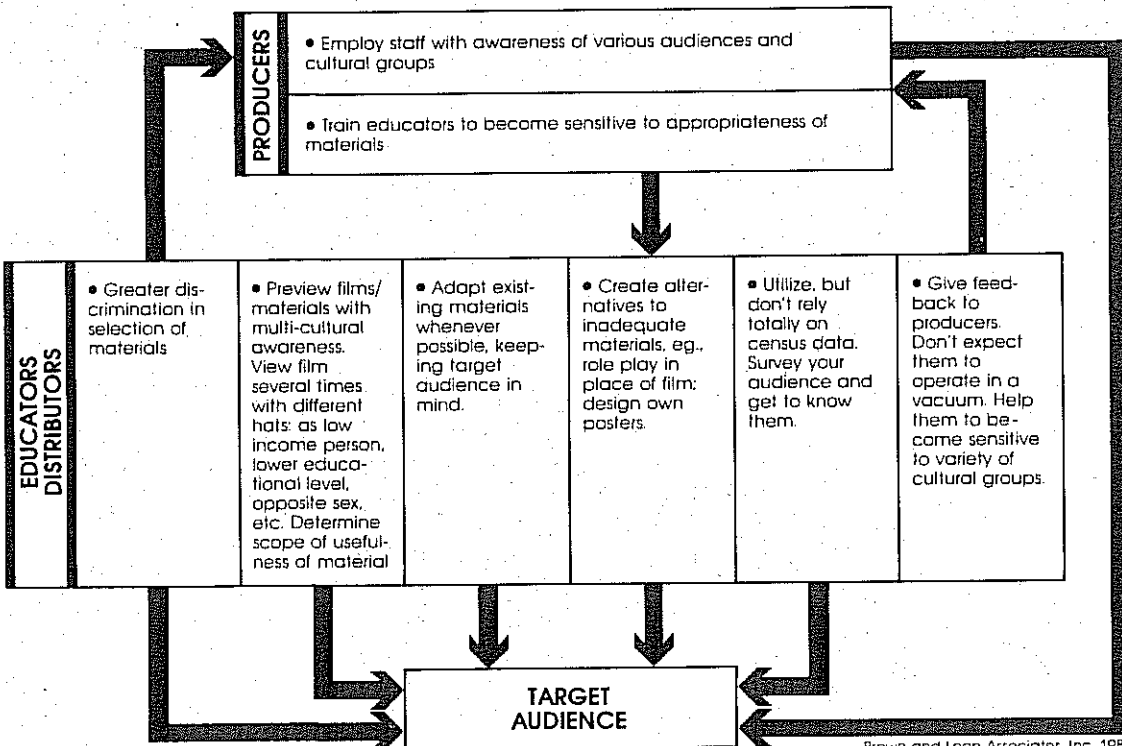
TREATMENT ISSUES

Effective programming would build upon the following elements:

Eastern-Building Component. African-American youth exhibit several characteristics that make them susceptible to alcohol problems and which should be addressed in treatment. These characteristics have more often been discussed in terms of prevention programs; however, treatment can be viewed as relapse prevention. These characteristics are low self-esteem, inadequate interpersonal and social skills, poor family relationships, a lack of refusal skills, and an absence of a sense of power (Monroe-Scott and Miranda, 1981).

Cultural Component. The rich history and culture of African-American people should be incorporated into a cultural component of the treatment program; discussion of pre-slavery, slavery, and its aftermath is essential to finding one's personal identity. Encourage the reading of African-American authors, such as James Baldwin, Ralph Ellison, Nikki Giovanni, Toni Morrison, and Robert Staples. Alice Walker's *The Third Life of Grange Copeland* deals directly with the issues of alcoholism and family dynamics in a rural setting.

Substance Abuse Educational Materials: Awareness Chart



Drug and Alcohol Education Component. A study involving a nationwide sample of young and low-income men and women revealed that the majority were uninformed about the effects of illicit and illicit drug use and drug-related consequences (Myers, 1977). In this verbally administered test of simple drug and alcohol knowledge, African Americans and Chicanos scored lowest in a sample that also included Whites and Caribbeans.

There is no assurance that knowledge leads to attitude and behavior change, and too many times alcohol and drug education has been employed as a "quick fix" to behavior problems. However, it is an essential component of a comprehensive treatment program. Drinking to the point of drunkenness is sometimes viewed as normal behavior, and drinking large quantities of alcohol, especially wine and liquor, among African-American males is sometimes seen as a male status symbol. African-American youth need to know facts, such as that a person can drink too much alcohol all at once and die from it, and that blackouts are a sign of a problem with alcohol.

Abstinence Component. Most treatment programs emphasize personal abstinence. This is, of course, of primary importance. In addition, it may be helpful to emphasize that there is a strong abstinence sentiment in African-American and other minority communities, and this sentiment exists for strong survival and political reasons. As African-American activist Jesse Jackson pointed out a decade ago, one "cannot stagger to freedom."

The legacy of alcohol in this society has been its use as an instrument of control to keep the disadvantaged powerless (Baker, 1982; Williams, 1982). African-American treatment professionals have found it useful to point this out, saying to clients, "We don't need to kill ourselves with alcohol and other drugs." This can be an important part of a treatment program strategy, redirecting anger and encouraging group as well as individual abstinence.

Spiritual Component. The role of the church in African-American communities and the importance of having a religious identification have been discussed as factors favoring abstinence (Herd, 1986). In addition, religiosity or a spiritual belief in general has been shown to function as a personal control and is an important antecedent in structuring the exposure to drinking environments among youth (Rohrbaugh and Jessor, 1975; Donovan and Jessor, 1978; Oetting et al., 1988). Encouraging an African-American youth to find or return to a church in which he or she feels comfortable should be an important factor in treatment and aftercare.

Family Involvement Component. There is often a parental lack of understanding of alcohol as an addictive drug. Related to this, there is often parental relief that their son or daughter is only drinking.

not "drugging." Inner-city, low-income parents often express a sense of relief that their children are not using "hard" drugs, and, thereby, deny the possibly negative impact of alcohol on their children's lives. There can be denial that alcohol is creating a problem.

Sometimes a parent's personal involvement with alcohol can prevent family involvement in treatment. In addition, it is important to remember that counseling is a new concept to many African-American families, particularly low-income, inner-city families.

Many families fear having one more label added to their children: "alcoholic." This can be particularly true in single parent, female-headed households. Too often these mothers have seen their children defined as society's troubled youth.

In a survey of problems related to minority programs, Maypole and Anderson (1986/87) noted that African-American clients frequently believe that the required social and health questions asked in treatment were an invasion of privacy and not related to their alcohol abuse problems. A strong educational component could help to overcome such fears.

In treating youth, family sessions should begin with an educational component, which is often less threatening and assists in breaking down the barrier of denial. African-American youth and their families need assistance in understanding the early warning signs of dependency and the possible genetic factors involved with alcoholism. Alcohol abuse is rarely addressed in the media, other than in the relationship to drinking and driving. Lower socioeconomic youth, who often do not begin driving until a later age, can ignore this message that seems unrelated to their lives. Families need to be taught the warning symptoms of alcohol dependency and the simple facts and signs of alcohol problems that are related to their lives.

In adding the family component to a therapeutic program, the following questions need to be asked:

1. Does the family component mean additional expense?
2. Are low-income family members easily able to reach the program? Is public transportation available?
3. Do low-income family members feel intimidated by different socioeconomic backgrounds of other families in the program?
4. Is the staff sensitive to each client's dignity, e.g., is permission requested prior to the use of first names of family members?

5. Is the program known and respected by African-American community leadership?
6. Is the extended African-American family system understood and respected by staff?
7. Does the staff reflect the community it serves?

ONE-TO-ONE AND/OR GROUP THERAPY

Drinking alone has long been regarded as one of the warning signals that a person is having a problem with alcohol (see, for example, U.S. National Institute on Alcohol Abuse and Alcoholism, 1974, p. 164). Studies of drinking patterns have suggested that African-American people have a tendency to be group drinkers, drinking with friends and relatives as opposed to drinking alone (Monroe-Scott and Miranda, 1981, p. 6). Could the recommended treatment for individuals whose problem drinking occurs in groups possibly differ from the recommended treatment for those whose problem drinking occurs alone?

The major, and frequently the only, treatment model for alcoholism has been group therapy and/or groups of Alcoholics Anonymous. The authors do not question the efficacy of these modes of treatment. However, we'd like to suggest that there might be therapeutic value in offering treatment that is the opposite of the style in which one drank. The establishment of a one-to-one relationship might have great therapeutic value for African-American youth. Because the cost to a program of using professionals on a one-to-one basis would be prohibitive, we suggest the use of peer relationships, using earlier graduates of the program and establishing a consistent, ongoing relationship with the new client. This suggestion may raise eyebrows; however, it points out the problem — a total lack of theoretical models that take into account cultural factors in treating alcohol abuse among African-American youth.

ADMINISTRATIVE AND STAFFING ISSUES

The selection and training of staff is important when working with inner-city, low-income African-American youth. A multidisciplinary approach is ideal, preferably with a staff that is multiracial and multicultural, and with African-American staff members represented in all levels of management and counseling. While it is likely that the color of a counselor's skin does not assure cultural sensitivity, the factor of role modeling for the clients should be considered. The key is not skin color but sensitivity, flexibility, and acceptance of youth.

Multicultural training for staff is strongly recommended. Such training enables the staff to explore their attitudes towards African-American youth and increases the development of successful treatment strategies. This training should include African-American counselors who also need an opportunity to explore their attitudes toward African-American youth. This is particularly true for African-American counselors who have had little exposure to a particular population.

Limited resources are a factor that must be mentioned. In a survey study of administrative issues, the programs with the fewest funding sources were found to be headed by African Americans and Native Americans (Maypole and Anderson, 1986/87).

Marketing treatment programs properly is essential to their survival. With limited resources, it's imperative that money spent on marketing a program be spent in the most cost-effective way. In a recent study comparing men from nine different ethnic-religious groups who were treated for alcohol problems, African Americans were most frequently directed to treatment via television advertisements (66.2%) (Babor and Mendelson, 1986).

AFTERCARE ISSUES

Maintenance of and continued sobriety for African-American inner-city, low-income youth means understanding the environment to which they will return. Liquor stores frequently play expanded roles in low-income communities. They often cash checks and sell groceries to residents who lack access to grocery chains and regular banks common in middle-income communities. It is not unusual, therefore, for African-American children in low-income communities to become familiar at an early age with liquor stores. The additional services offered encourage the children to view liquor stores as support systems for their families. Alternative sources of support must be explored in treatment and aftercare.

Establishment of adolescent support groups within the African-American community is recommended. Using peers as role models in addition to sports or music celebrities may give youth more realistic and more immediate goals to seek.

Skill enhancement and job placement should be an integral part of a comprehensive program. School performance has been shown to relate to levels of drinking. Students who attain higher academic status report lower levels of alcohol use (Blane and Hewitt, 1977; Rachal et al., 1975, 1980). Therefore, academic tutoring should be a component of aftercare. Encouraging clients to return to school and to improve academic performance need to be presented as positive and achievable goals. The tutoring component can be combined with using peers as role models.

Leisure Time Activities. In a study of urban adolescents, alcohol use was associated with leisure time spent in street activities (Dembo et al., 1978). In fact, there is a positive significant relationship between adolescents' socializing and the use of alcohol and other drugs (Atkins et al., 1987). These authors also found a negative relationship between academic tasks, sports, and religious activities and the use of alcohol and other drugs. It is clear that a major focus of aftercare should be the development of alternative and esteem-building leisure time activities.

In addition, African-American youth who use alcohol and develop patterns of heavy drinking are at high risk for drug use (Barnes et al., 1985; Welte and Barnes, 1982). Some social scientists believe that inner-city youth may be attracted to the "outlaw" nature of drug-using culture as much as to the effects of the drugs. According to this view, the use of drugs is less important than the adoption of street addict values in recruiting African-American youth into the drug-using lifestyle (Stephens, 1985). Furthermore, the search for "sensation" among young people who enjoy risk-taking, perhaps as a means of escaping the monotony and hopelessness of poverty, has been studied as a possible source of the attractiveness of drug use to some African-American youth (Kaestner et al., 1977). In addition, alcohol use is the single best predictor of juvenile delinquency (Dawkins and Dawkins, 1983). Therefore, leisure time activities in sobriety must equal the excitement of delinquency and the "outlaw" nature of the drug-using lifestyle. This is perhaps the ultimate challenge for an aftercare program.

Hope and belief in the future must be encouraged. Empowering youth to become involved in positive community activities is a recommended strategy. The serious problems of the minority community must be addressed. Monroe-Scott and Miranda (1981) state the focus of prevention programs must go beyond crafts, mountain climbing, and other nonchemical alternatives to focus on better housing, health care, and teenage jobs. This is doubly true for treatment programs.

In summary, treatment and aftercare for inner-city African-American youth need to address education, unemployment, and leisure time activities, and especially to build self-esteem and improve skills that enable youth to become more confident and competent. Wright and Watts (1988) say that "we cannot examine alcoholism among minority youth without seriously coming to grips with poverty, education and life condition." True. And people cannot change these conditions while in the grip of alcoholism. Treatment programs for youth can be viewed, not only as providing essential health care, but as vehicles for social change.

All educational materials used with African-American youth should be reviewed for cultural sensitivity and appropriateness. No matter how valid, the message is lost if young people do not identify with or understand it. Films often are not reflective of African-American inner-city lifestyles. Clarification and the validity of the message must be addressed. In order for African-American youth to accept the message it must be clear and true to the world they know. Time is needed to allow youth to explore similar situations in their own communities so that they can internalize the information.

Treatment staff should be able to address lifestyle differences in an honest and open way. Youth will then be able to understand and accept the realities of the messages, even though the example may differ somewhat from their own experiences.

Printed materials must be selected according to clients' racial, economic and educational levels. The following points need to be kept in mind when checking for the appropriateness of written materials.

1. Is the message understandable? The staff needs to keep in mind such factors as the reading levels of group members. For example, are words like abstinence and sobriety clearly defined and understood?
2. Is the information sensitive to the specific group? Do materials include African-American youth, African-American females? If not, modify materials so they can effectively work for all group members. Be creative! If posters or other materials are not appropriate for your African-American clients, improvise by using pictures from African-American magazines or other resources. Remember to include a range of lifestyles, in order to reflect the reality of the African-American community.

REFERENCES

- Atkins, B.J., Klein, M.A. and Mosley, B. Black adolescents' attitudes toward and use of alcohol and other drugs. *Int. J. Addict.* 22: 1201-1211, 1987.
- Babor, T.F. and Mendelson, J.H. Ethnic-religious differences in the manifestation and treatment of alcoholism. Pp. 46-59. In: Barbor, T.F. (Ed.) *Alcohol and Culture: Comparative Perspectives from Europe and America*. New York: New York Academy of Sciences, 1986.
- Baker, J.M. Alcoholism and the American Indian. Pp. 239-248. In: Estes, N. and Heinemann, M. *Alcoholism: Development, Consequences and Interventions*. 2nd ed. St. Louis: Mosby, 1982.
- Barnes, G.M., Welte, J.W., Frank, B., Lipton, D., Marek, R. and Schneider, J. *A Double Danger: Relationships between Alcohol Use and Substance Use among Secondary School Students in New York State*. Buffalo: New York State Division of Substance Abuse Services and Research Institute on Alcoholism, 1985.
- Basir, R.J. Patterns and consequences of alcohol consumption among Black Americans: A review of recent literature. Washington, D.C.: National Clearinghouse for Alcohol and Drug Information (unpublished manuscript, 1988).
- Blane, H.T. and Hewitt, L.E. *Alcohol and Youth: An Analysis of the Literature 1960-1975*. Prepared for the U.S. National Institute on Alcohol Abuse and Alcoholism, Report No. PB-268-698. Springfield, VA: U.S. National Technical Information Service, 1977.
- Dawkins, R.L. and Dawkins, M.P. Alcohol use and delinquency among Black, White, and Hispanic adolescent offenders. *Adolescence* 18: 799-809, 1983.
- Dembo, R., Burgos, W., Babst, D.V., Schneider, J. and La Grand, L.E. Neighborhood relationships and drug involvement among inner-city junior high-school youths: implications for drug education and prevention planning. *J. Drug Educ.* 8: 231-252, 1978.
- Donovan, J.E. and Jessor, R. Adolescent problem drinking: psychosocial correlates in a national sample study. *J. Stud. Alc.* 29: 1506-1524, 1978.
- Gibbs, J.T. *Young, Black and Male in America: An Endangered Species*. Dover, MA: Auburn House, 1987.
- Grant, B.F., Zobeck, T.S. and Freel, C.G. *Liver Cirrhosis Mortality in the United States, 1970-84*. Surveillance Report No. 5. Rockville, MD: U.S. National Institute on Alcohol Abuse and Alcoholism, Alcohol Epidemiological Data System, 1987.
- Harford, T. and Lowman, C. Alcohol use among Black teenagers and young adults. Pp. 51-61. In: U.S. National Institute on Alcohol Abuse and Alcoholism. *Alcohol Use among U.S. Ethnic Minorities: Proceedings of a Conference on the Epidemiology of Alcohol Use and Abuse Among Ethnic Minority Groups, September 1985*. Research Monograph No. 18, DDHS Publication No. (ADM) 89-1435. Washington, D.C.: Alcohol, Drug Abuse, and Mental Health Administration, 1989.
- Herd, D. A review of drinking patterns and alcohol problems among U.S. Blacks. Pp. 75-140. In: U.S. Department of Health and Human Services. *Report of the Secretary's Task Force on Black and Minority Health, Vol. III, Chemical Dependency and Diabetes*. Washington, D.C.: U.S. Government Printing Office, 1986.
- Kaesiner, E., Rosen, L. and Appel, P. Patterns of drug abuse: relationships with ethnicity, sensation seeking, and anxiety. *J. Cons. Clin. Psychol.* 45: 462-468, 1977.
- Lex, B.W. Review of alcohol problems in ethnic minority groups. *J. Cons. Clin. Psychol.* 55: 293-300, 1987.
- Maypole, D.E. and Anderson, R.E. Alcoholism programs serving minorities: administrative issues. *Alc. Hlth Res. World* 11 (No. 2): 62-65, 1986/87.
- Mello, N.K. and Mendelson, J.H. (Eds.) *Recent Advances in Studies of Alcoholism: An Interdisciplinary Symposium*. HSM Publication No. 71-9045. Washington, D.C.: U.S. Government Printing Office, 1971.
- Monroe-Scott, B. and Miranda, V. *A Guidebook for Planning Alcohol Prevention Programs with Black Youth*. DDHS Publication No. 81-1055. Rockville, MD: U.S. National Institute on Alcohol Abuse and Alcoholism, 1981.
- Myers, V. Drug-related cognitions among minority youth. *J. Drug Educ.* 7: 53-62, 1977.
- Oetting, E.R., Beauvais, F. and Edwards, R. Alcohol and Indian youth: social and psychological correlates and prevention. *J. Drug Issues* 18:87-101, 1988.
- Rachal, J.V., Williams, J.R., Brehm, M.L., Cavanaugh, B., Moore, R.P. and Eckerman, W.C. *A National Study of Adolescent Drinking Behavior, Attitudes, and Correlates*. Report No. PB-246-002: NIAAA/NCAL-75-27. Springfield, VA: U.S. National Technical Information Service, 1975.
- Rachal, J.V., Malstro, S.A., Guess, L.L. and Hubbard, R.L. Alcohol use among youth. Pp. 55-95. In: U.S. National Institute on Alcohol Abuse and Alcoholism. *Alcohol Consumption and Related Problems*. Alcohol and Health Monograph No. 1, DDHS Publication No. (ADM) 82-1190. Washington, D.C.: U.S. Government Printing Office, 1982.
- Rohrbaugh, J. and Jessor, R. Religiosity in youth: a personal control against deviant behavior. *J. Personal.* 43: 136-155, 1975.
- Stephens, R.C. The sociocultural view of heroin use: Toward a role theoretic model. *J. Drug Issues* 15: 433-446, 1985.
- U.S. National Institute on Alcohol Abuse and Alcoholism. *Fourth Special Report to the U.S. Congress on Alcohol and Health, January 1981*. DDHS Publication No. (ADM) 81-1080. Washington, D.C.: U.S. Government Printing Office, 1981.
- U.S. National Institute on Alcohol Abuse and Alcoholism. *Second Special Report to the U.S. Congress on Alcohol and Health...* DHEW Publication No. (ADM) 75-212. Washington, DC: U.S. Government Printing Office, 1974.
- Welte, J.W. and Barnes, G.M. Alcohol use among adolescent minority groups. *J. Stud. Alc.* 48: 329-336, 1987.
- Welte, J.W. and Barnes, G.M. The relationship between alcohol use and other drug use among New York State college students. *Drug Alc. Depend.* 9: 191-199, 1982.
- Williams, M. Blacks and alcoholism: issues in the 1980s. *Alc. Hlth Res. World* 6 (No. 4): 31-40, 1982.
- Wright, R. and Watts, T.D. Alcohol and minority youth. *J. Drug Issues* 18: 1-6, 1988.

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