

Substance Abuse in Rural African-American Populations

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Although alcohol and drug abuse are general problems in America, there is increasing recognition of the need to focus on special populations in which substance abuse magnifies other problems. African-Americans have been particularly vulnerable to the negative social and health consequences associated with substance abuse. For example, in comparison to whites, African-Americans experience an earlier onset of alcoholism and other drug problems, a greater likelihood of being channeled to the criminal justice system rather than to treatment for legal problems caused by substance abuse (Lowe and Alston 1973), higher rates of drug-related homicide deaths (Harper and Dawkins 1977), and a higher rate of illnesses such as liver cirrhosis and esophageal cancer (Franklin 1989). The surge in problems associated with crack cocaine use has compounded the substance abuse problem in the African-American population (Carlson and Siegal 1991).

In addressing the impact of substance abuse on African-Americans, subgroups within this special population should not be overlooked. For example, the role of substance abuse in the continuing crisis of inner cities may overshadow the need to assess the extent to which substance abuse has permeated rural areas. Yet, a substantial proportion (approximately 17 percent) of African-Americans reside in rural areas (Asante and Mattson 1991), and some indicators of community well-being suggest that rural black communities may be as vulnerable as their urban counterparts. These conditions, if left unaddressed, may exacerbate and be exacerbated by substance abuse.

Bureau of the Census figures (Lahr 1993) have shown, for example, that a higher percentage of blacks (39.5 percent) compared to whites (13.8 percent) live below the poverty line in rural areas. If a family is headed by a woman with children, the rural poverty rate increases to 50.7 percent. Not only has the condition of rural poverty persisted through the 1980s and early 1990s, there has been increasingly limited availability, access, and choice of rural health care services, particularly for southern blacks (Logan and Dawkins 1986). Population projections for African-Americans predict that "there is a real possibility, if current trends continue, that the population will flow from the northern urban communities back to the southern small

towns" (Asante and Mattson 1991, p. 160). Therefore, a comprehensive approach to addressing substance abuse in the African-American population will require an understanding of the problems faced in both urban and rural settings.

The purposes of this chapter are (1) to assess the state of knowledge regarding substance abuse among African-Americans in rural areas of the United States, (2) to report preliminary findings on substance use among African-Americans in rural America based on a national longitudinal survey, and (3) to suggest current needs and future directions for research.

RESEARCH LITERATURE ON SUBSTANCE ABUSE AND RURAL BLACKS

This is not intended to be a comprehensive and exhaustive review of general research findings with regards to substance use and abuse in the African-American population. Numerous reports provide comparisons of general patterns of substance use and abuse among African-Americans and other groups. For example, the African-American population continues to report lower rates of illicit drug use, alcohol use, and smoking than whites (Bachman et al. 1991; Clark and Midanik 1982; Harford 1986; Herd 1988; Johnston et al. 1991; Novotny et al. 1988; Wallace and Bachman 1991), but more social and health problems related to substance abuse (Department of Health and Human Services (DHHS) 1991; Ronan 1987). The primary purpose of this review is to highlight findings concerning substance abuse among rural African-Americans.

Most of the research literature on substance abuse issues in the African-American population has focused on alcohol problems (see examples: Benjamin and Benjamin 1981; Caetano 1984; Dawkins 1980, 1986, 1988; Dawkins and Dawkins 1982, 1983; Dawkins and Harper 1983; Fernandes et al. 1986; Franklin 1989; Gary and Berry 1985; Harper 1980*a*, 1980*b*, 1984; Herd 1986, 1988, 1990, 1993; King 1983; Maypole and Anderson 1987; Mosley et al. 1988; Robyak et al. 1989; Watts and Wright 1983, 1988; Williams et al. 1993). However, only a small portion of that literature has produced studies of rural populations. Among these are: (1) ethnographic studies of rural black community life that describe the integration of alcohol use into the culture of rural African-Americans,

(2) studies based on community surveys of blacks and whites to determine racial differences in drinking behavior, attitudes, and problems, and (3) findings drawn from regional and national surveys that report results for regions of the country where rural blacks are concentrated (Benjamin 1976; Blazer et al. 1987; Dawkins 1976; Globetti 1967, 1970; Globetti et al. 1977; Herd 1990; Lewis 1955; Scott et al. 1992).

Ethnographic research has emphasized the sociocultural aspects of alcohol use among African-Americans in rural communities. These studies highlight cultural norms of the rural black setting that often permitted and approved of drinking behavior even though the prevailing cultural norm of the larger rural culture promoted abstinence. In a study of rural blacks in South Carolina, Lewis (1955) found that alcohol use was pervasive and heavy drinking was tolerated and even approved as long as norms of respectability such as public drunkenness were not violated. Benjamin (1976) described alcohol use among African-Americans in rural Mississippi and classified drinkers in relation to times, places, and circumstances under which light, moderate, and heavy drinking occurred. Benjamin (1976) found that the behaviors observed by Lewis (1955) more than 20 years earlier were largely unchanged. The tolerance and acceptance of abusive drinking extended to even the most respectable members of the community as long as it did not attract public attention. In describing some upper-income members of the community who were regular patrons of Sally's Place, a local gathering point for respectable blacks such as public school and junior college teachers and self-employed skilled tradesmen, Benjamin states that:

Several of the upper-income group who frequent Sally's Place occasionally admitted that they drank too much. However, they felt that as long as they were ready to work the next day there was no problem. One can hear the respect in the persons' voices when they tell how old 'Bill' can drink several pints in one night and really 'hold class' the next morning. Everyone in the locality knows about Sally's Place but feel that the upper-income persons are maintaining their 'proper' roles as long as they drink 'out of sight' of the public (Benjamin 1976, p. 57).

Surveys of blacks and whites in rural areas have provided some evidence of similarities and differences in patterns of alcohol use and

abuse between racial groups. Contrary to the assumption that alcohol use is more unrestrained among African-Americans, studies by Globetti (1967, 1970) in Mississippi and Dawkins (1976) in North Carolina revealed few differences in alcohol use and the sociocultural factors influencing drinking between rural black and white high school students. These results are consistent with studies of racial differences in alcohol abuse in the urban setting. For example, Higgins and colleagues (1977) tested the assumption that compared to white youth the lifestyles of urban blacks would result in heavier involvement with drinking. However, they found that there was no significant difference between black and white urban teenagers. Despite the limited racial difference in drinking behavior between black and white teenagers and the traditionally lower rates of alcohol consumption in rural areas (Distilled Spirits Council of the United States, Inc. 1978; Williamson 1993), some evidence indicates that those rural African-American youth who do drink experience more problems than those who do not drink. For example, rural black youth who used alcohol were more likely to violate norms of community, home, and church (Globetti et al. 1977).

In addition, among nearly 4,000 residents of urban and rural areas of the North Carolina Piedmont, rural blacks were found to be at greater risk for alcohol abuse and dependence than other subpopulations (Blazer et al. 1987). Other evidence of alcohol-related problems among rural African-Americans comes from national survey results. Data from a major U.S. national survey of drinking patterns examined sociocultural correlates of drinking patterns for black and white males (Herd 1990). Although black men are more likely than white men to be urban dwellers, southern black men are more likely than northern black men to reside in nonurban areas. The States with the largest proportion of rural black men are located in the South. When age and income are included with race and region in subgroup comparisons of heavy drinkers, southern black men aged 30 to 59 years with incomes of \$6,000 to \$20,000 (middle age and middle income) displayed the highest proportion of heavy drinking among black men (Herd 1990). This rate is significantly higher than that of other subgroups of black men and twice as high as that of southern white men. Despite this finding, the overall effect of race (across all age-income subgroups) indicates that the odds of being a frequent heavy drinker are greater for whites than blacks (Herd 1990).

Although alcohol abuse in the African-American population continues to be a major concern, problems associated with the use of illicit drugs such as heroin, marijuana, and cocaine also persist. The 1988

National Household Survey on Drug Abuse (NHSDA) (National Institute on Drug Abuse (NIDA) 1990) revealed that crack cocaine smoking is more common among African-Americans and Hispanics than whites (DHHS 1991). Although African-Americans accounted for only 12 percent of those who regularly used illicit drugs in 1988, they comprise 38 percent of all drug arrests (Staples 1990). Illicit drug use is viewed as a problem that has major negative consequences for African-Americans, especially those who live in inner-city, urban communities (Dembo et al. 1985*a*, 1985*b*; Bourgois 1989; Fullilove et al. 1990; Lillie-Blanton et al. 1993). There is increasing concern that African-Americans and others who are concentrated in urban social environments may be at greater risk for the transmission of human immunodeficiency virus (HIV) infection due in part to the high level of intravenous heroin and cocaine use and the exchange of sexual favors for crack cocaine (Carlson and Siegal 1991; Day et al. 1988; Friedman 1993; Fullilove et al. 1990; Malow et al. 1993; Peterson and Bakeman 1989; Pivnick et al. 1994; Rolfs et al. 1990; Siegal 1990). Despite these concerns, little attempt has been made to examine the extent to which these problems occur in rural areas. Rather, research on illicit drug use in rural areas tends to concentrate on drug abuse related to marijuana (Goe et al. 1985; Kirk 1979; Mandel 1988; Napier et al. 1981, 1983, 1984). Evidence from some of these reports indicates that drug abuse (marijuana) is quite common among teenagers in rural areas. However, racial differences are seldom found or reported. On the other hand, national surveys continue to show that despite a decline, marijuana use continues to be a serious contributor to the drug abuse problem among teenagers, regardless of race.

DRUGS AND RURAL BLACKS: FUTURE RESEARCH NEEDS

Both large-scale surveys and small-scale ethnographic studies are needed to provide an understanding of the macrolevel and microlevel processes supporting substance abuse behavior in the black rural context. As large-scale quantitative designs, national surveys on the use of alcohol, tobacco, and other drugs have been an important means of monitoring changes in the use of licit and illicit substances as well as attitudes toward substance abuse. NIDA, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) have sponsored major surveys of young people and adults that can be used to make subpopulation comparisons on the basis of characteristics such as race-ethnicity, gender, age, and region. However, less use has

been made of data from national surveys sponsored by other public agencies that might be useful in gaining insight into various issues related to substance abuse. As an example, the National Educational Longitudinal Study (NELS) of 1988, 1990, and 1992, conducted by the Department of Education's National Center for Educational Statistics, included substance use items that would permit examination of factors associated with drug use among young people from middle school through young adulthood (Department of Education 1993). This nationally representative sample includes data on tobacco, alcohol, marijuana, and cocaine use; involvement in drug education and counseling; disciplinary actions resulting from drug violations; and student perceptions of the impact of drugs on selected aspects of the school setting. The longitudinal design of this survey allows for the monitoring of changes in attitudes and behaviors related to specific substances. Preliminary results from NELS illustrate its potential for addressing gaps in the study of substance abuse among rural African-Americans. The 1988 sampling design was a two-stage procedure that first selected a nationally representative sample of schools containing eighth graders and then randomly sampled eighth grade students within those schools. Students were followed in 1990 and in 1992. In all, data were collected from 24,599 eighth grade students in 1,052 schools. Teachers and school administrators were also surveyed. The African-American student subsample included 3,009 respondents in the base year. Over 90 percent of the base-year respondents were surveyed in the 1990 and 1992 followups. Comparisons of African-Americans residing in rural and urban areas are made possible by the inclusion of an urbanicity measure. This measure combines the urban and suburban dwellers into one category and the rural category includes all areas outside of metropolitan statistical areas (MSAs).

One issue that can be addressed with these data is whether patterns of substance use among rural and urban blacks are similar. For example, figure 1 illustrates changes in the proportion of tobacco abstainers among rural and urban black youth. As these youth moved from middle school through high school, the proportion of nonsmokers sharply declined (from more than 90 percent to less than 50 percent) for both rural and urban blacks. This finding supports the argument that norms and values regarding substance use in the rural and urban youth subcultures are similar. The use of tobacco and alcohol data from prospective longitudinal panels permits the analysis over time of social influences such as alcohol and tobacco advertising that has targeted African-American populations for many years (Scott et al. 1992).

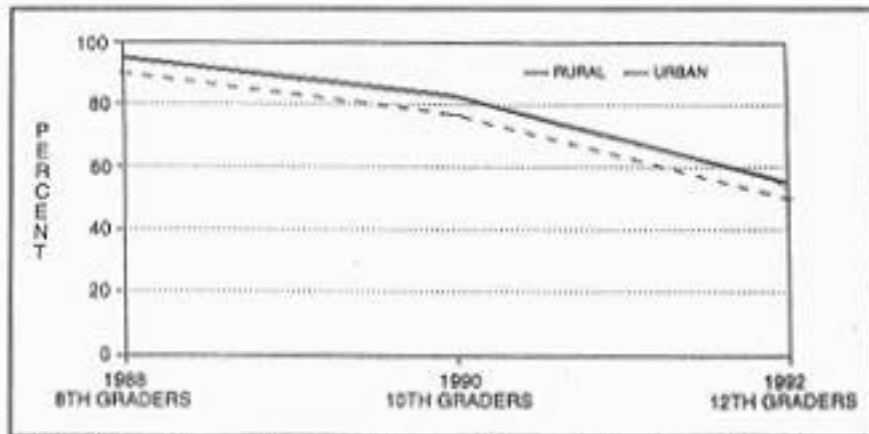


FIGURE 1. *Proportion who abstained from smoking in a national longitudinal survey of African-Americans.*

Because school is one of the primary institutions through which socialization occurs, it is important to examine the influence of this context on attitudes and behaviors that encourage substance abuse. In turn, it is important to examine the influence of substance abuse on academic advancement and other educational outcomes. It is often assumed, for example, that urban schools serving African-American youth provide a more fertile social context with regard to substance abuse than do demographically similar schools in rural areas. Data from the NELS suggest that African-Americans in rural and urban schools do differ in their perception of substance abuse as a problem in the school setting. However, as figure 2 shows, contrary to assumptions of greater consciousness of substance abuse as a problem in urban schools, African-Americans in rural schools are more likely to perceive alcohol and illegal drug use as a problem.

On the other hand, black students in urban schools are more likely to view alcohol problems and illegal drug use as major influences on students' decisions to drop out. These illustrative findings suggest that more detailed analysis of this and other data sources may provide a more comprehensive examination of substance abuse issues in this special population.

Qualitative research may also be useful in examining the impact of sociocultural factors on substance abuse at the community, family, and

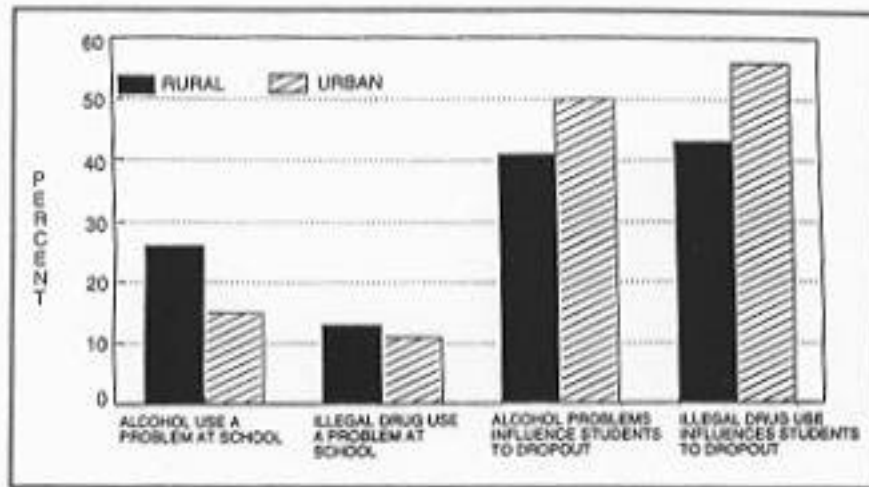


FIGURE 2. *Selected perceptions of substance abuse in the school setting among African-American youth.*

peer-group levels. In the tradition of Lewis' "Blackways of Kent" (1955) (rural setting) and Liebow's "Tally's Corner" (1967) (urban setting), direct examination of the subculture of abusers is needed to understand the factors that lead to and sustain this behavior in the rural African- American population. Such studies are needed to assist in the development of effective intervention and prevention strategies for addressing issues such as the spread of crack cocaine houses to rural settings. Ironically, the most current qualitative studies are not of rural communities where this type of research derived, but are ethnographic approaches to understanding the spread of the crack cocaine culture in urban areas (Carlson and Siegal 1991).

CONCLUSION

In summary, although this review is not exhaustive, it does point to the need for more research overall, especially studies of illicit substance abuse in rural African-American communities. The existing literature indicates that patterns of use for licit substances (alcohol and cigarettes) are either similar for rural blacks and whites or lower for blacks. However, the negative health and social consequences of smoking and abusive drinking are greater for African-Americans, and substance abuse among African-Americans, therefore, should be explained in the context of the sociocultural factors operating in the rural setting as well as sociodemographic factors, including age, sex,

income and occupation. Moreover, the lack of research on the impact of recent substance abuse issues such as crack cocaine on rural black populations should make this a priority area for future research. Finally, research should go beyond comparisons of racial differences and similarities in patterns of substance abuse to an exploration of the social processes that lead to and sustain substance involvement. The preliminary data presented here indicate that, at least for tobacco use, prevalence rates among urban and rural black youth are similar. However, other aspects of substance use behavior, such as perceptions about the effects of drugs, differ across geographic location. These findings suggest that understanding the complex processes involved in the initiation and maintenance of drug use behaviors will require complex research strategies. To accomplish this goal, future research should incorporate both qualitative and quantitative methodologies. By using these strategies in conjunction with one another, a more complete picture of substance abuse in the rural African- American population will emerge.

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[Click here to go to page 498](#)