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THE BLACK FAMILY AND SUBSTANCE ABUSE

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The Black Family and Substance Abuse

By

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To

The Detroit Urban League, Inc.

For

The City of Detroit

NCJRS

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ACQUISITIONS

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INTRODUCTION

The research and analyses presented in this report reveal the magnitude of the needs and problems of urban, Black families has increased to crisis proportions. However, social support has decreased considerably—in great part due to federal cutbacks to and economic hardships on urban cities. The reversal of a trend toward Black single-parent families, Black children in poverty, and high rates of substance abuse will take the efforts of all sectors of private and public leadership as well as that of Black families themselves. The extreme rates of problem drinking and drug abuse in urban cities were found to be influenced by numerous family-related conditions including family instability, poverty, family migration, fatherless households, unstable employment, high accessibility to alcohol and illicit drugs, and urban residence. Moreover, substance abuse was found to be associated with various family problems such as financial problems, family fights, homicide, illness, parental irresponsibility, unstable work habits, police arrest, and marital disruption.

The reading of the report follows as outlined in the table of contents on page iii. The recommendations present a variety of suggestions aimed at facilitating stable and strengthened Black families as well as preventing, minimizing, and correcting substance-abuse problems.

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SECTION I

Brief Historical Background

This section presents a brief historical background of Black American families from their roots of West Africa to the Urbanization of Blacks.

The African Family

In the main, Black American families descended from the states and empires along the West African coast during the era of the European slave trade. Franklin (1967) notes that African families, in the form of large kinships with common ancestries, played a significant role in the scheme of rule over African states and provinces. In a study of the Black slave trade (1518-1865), Mannix (1962) found that many Black kings and their families participated and assisted in the slave trade with European companies that compensated the African leaders with gifts, hefty taxes for shipping rights, and lavish trips to Europe. Some African kings sold or assisted in the capture of prisoners of tribal wars and even entire villages at times.

It is difficult to profile the typical African family during the period of slavery since there were hundreds of tribal languages and differing physical attributes across tribes. For example, the Ashanti tribe tended to be dark and tall while the Bantu were brown and shorter in stature (Quarles, 1969). Nevertheless, some commonalities suggest that many African families' livelihoods involved hunting, fishing, farming, woodcarving, pottery, weaving, and iron work (among other forms of skilled work).

Marriage was often monogamous and frequently arranged between families with some form of payment to the bride's parents as compensation for her loss. Some men, who could afford it, had more than one wife (Quarles, 1969). In regards to motherhood, Frazier (1939) writes of the strong maternal personality of the African woman and the love for her children. During the slave trade, some African mothers refused food for themselves in order to feed their children, while others even offered themselves as slaves in order to save their children from being taken from the land of their roots.

The slave traders and buyers viewed a member of the African family as a commodity, asset or as capital for agricultural production. For trading purposes, strong young men and boys were valued for their work and young girls were valued for future sources of biological reproduction as well as field and house workers. Family members sold individually brought more money than a family sold as a whole unit; therefore, members of families at times were separated on African shores (before boarding slave ships), at slave trading posts in the United States and the West Indies, and on slave plantations (i.e., via sale or loan of individual family members to other plantations).

The Slave Family

The Black family during American slavery took on many faces and in some cases was nonexistent. On the slave plantation, the interests of owners were often antithetical to that of the Black family and its stability. The owners' primary business interests were stocking and breeding African slaves for agricultural output, slave trade, and some form of servitude. Franklin (1967) observes that mating in slavery and sexual activity were encouraged, often resulting in motherhood at ages 13 and 14, and yielding 10 to 15 children for their master in some cases. Bearing children was sometimes rewarded by better food and clothing and eventual freedom for some of the more productive women. It must be kept in mind that a child born to a slave woman was a slave or property of the plantation estate.

The slave family experienced much difficulty in maintaining stability, regardless of the numerous attempts and efforts of slave mothers. Moreover, there was lack of opportunity for education and expression. Too often, owners did not acknowledge the rights of and respect for the slave family and its members. There were few opportunities for courtship and marriage; and slaves who were allowed to do so were encouraged to choose mates on their plantations (Douglass, 1962). The Black woman played a significant role in keeping her family together while frequently attending to the needs of the White families of the plantation. The role of "mammy" to White babies and children was not unusual for many African slave women.

Some women were forced to cohabit with their master or a designated male slave breeder. Upon pregnancy, such women were many times expected to continue work in the planting and harvesting fields; and, upon childbirth, were required to return to the field immediately with the "unweaned child" along and often subjected to the whip if her work level had subsided (Frazier, 1939). It should be noted that some slaves were treated better or less severely than others, dependent upon the varied temperaments and personalities of slave owners and slave drivers. However, anxiety and suffering permeated much of American slavery, and very often for the Black family and its individual members. Mothers many times feared the family or a family member would be sold to another plantation, a son would be beaten or killed, or a daughter would get raped or even beaten for refusing sex. Social pleasures for slave families were very limited and tended to include singing, visiting, attending church, gambling, and sometimes drinking (when allowed by the master on weekends and holidays).

The dynamics of and consequences for the Black family in slavery are reflected in Douglass' (1962) three autobiographies. He indicated that (a) he had reasons to believe his father was a white slave owner, (b) he saw little of his mother because family members were separated, (c) sexual abuse and violent whippings of slaves were evident, (d) heavy alcohol drinking was encouraged on holidays to pacify slaves, and (e) the education of a Black slave was discouraged and even punished.

The Free Black Family

Early accounts of census reports revealed a significant number of free Black families and free Black persons during the period of American slavery (Frazier, 1939; Quarles, 1969). For example, the first United States census of 1790 reported 59,000 free "Negroes" in the country (27,000 in the North and 32,000 in the South). This figure reached close to a half million (488,000) by 1860. In studies of free Black families (Russell, 1913; Woodson, 1925), it was found that the free Black population increased rapidly by means of Black childbirths to White women and free Black women; Black children born of Indian and free Black parents; runaway slaves who escaped to freedom; and slaves actually freed by their owners for various reasons (e.g., slaves' purchase of their own freedom from money saved, as a reward for slave women's productivity in childbirths, or for sentimental reasons by slave owners upon their death or latter years).

Marriage was many times impossible or unwise due to laws and social attitudes; however, there were numerous interracial relationships that included free Black men who lived with White women, White married men who secretly kept free Black women as concubines, White masters who had sexual affairs with Black slave/servant women, Black slaves who cohabitated with White servants, and runaway slaves who took refuge in Indian villages with resulting families. Many of these unions produced free "colored" children, the largest proportion being mulatto.

Free Blacks could not enjoy all of the amenities and accoutrements of the White world, especially in the South. Their recreation and social pastimes were usually limited to attending meetings and church, holding street conversations, gambling, dancing, singing, and visiting.

The Post-Slavery Family

The reconstruction period found Blacks attempting to set up free, independent families and assuming responsibilities without the overseeing of White masters of slavery times. This new period of legal freedom and the remaining years of the 1800's brought adjustment and content for some families and conflict and instability for others. There were Whites who envied the new Black freedom and thus challenged their abilities as families to survive and thrive without White overseers. Moreover, there were Black men who encountered conflict from determined Black women when attempting to assert their new role as head of the household. Lastly, there was the challenge of economic survival as independent freed persons who were no longer dependent upon and enslaved to the White plantation.

The early 1900's began a move toward the urbanization of the Black family in both the North and the South as families moved from rural migrant work to seek work in urban, industrial cities. These work opportunities were improved even more by the industrial needs of World War I and later World War II. This urbanization may have been the beginning of the racial isolation of Blacks, the

dissolution and division of many extended Black families, and numerous increases in health-social problems for Black families and their members.

A Brief Profile of Contemporary Black Families

The United States Census Bureau estimates the 1985 population of the country at 237 million (compared to 226.5 million in the 1980 census) of which approximately 12 percent were Black Americans. About 74 percent of Americans live in urban, metropolitan areas, including a majority of the estimated population of 28 million Blacks. States that claim the largest numbers of Blacks (not by rank) are California, Florida, Georgia, Illinois, Louisiana, Michigan, New York, North Carolina, Ohio, Pennsylvania, Texas, and Virginia. With White flight to the suburbs, an increased number of large cities have gained a majority Black population, including Detroit with a Black population of 758,939 (63%) based on the 1980 census. (See the U.S. Census Reports, 1980 and the U.S. Census Director's Report of Estimates for 1985.) Richburg and Taylor's (1986) interviews with Black city officials indicate the current Black population of Detroit has increased to 65 percent since the 1980 count.

The contemporary status of Black families suggests an increase in the rates of poverty, single-parent families, and Black working mothers. Compared to White Americans, Blacks are less likely to complete high school and college, more likely to be unemployed, and more likely to encounter health problems and poor health services (U.S. Department of Health and Human Services, 1981; Calhoun, Grotberg, & Rackley, 1980). The median family income of Blacks continues to fall significantly behind that of Whites (about \$15,400 compared to \$27,700 for Whites, or approximately 56 percent of White family income based on 1984 figures).

The following are additional current findings that suggest the status of the Black family and its members and the direction in which they are moving. (See U.S. Department of Health and Human Services, 1981 and the U.S. Census Reports of 1980.)

1. The percentage of female-headed Black families has doubled over the last 20 years and since Moynihan's (1965) controversial study of the Black family, i.e., from 25 percent of female-headed families to approximately 50 percent.
2. The American birth rate or fertility rate has declined to about two children per family with the Black birth rate remaining slightly higher than that for Whites (approximately 3 children per family). The declining birth rate has been influenced by legalized abortion, more effective contraceptives, women's increased rate in the labor force, divorce, and housing problems.

3. More than 62 percent of mothers were reported to be working in 1978 compared to only 45 percent in 1970; and Black children are more likely than White children to have working mothers. This suggests an increased social need for child care and adolescent supervision. These statistics also reflect the impact of a changed economy on the dynamics of the American family, i.e., requiring both parents to work or divorced women to seek employment.
4. Three out of five Black children (60%) will experience marital or family disruption due to divorce, separation, or death of a parent.
5. The number of children living in poverty has increased, especially among single-parent families headed by women. This includes a very large proportion of Black women with children who are divorced or who never married.
6. In 1984, the cost of raising a child from birth through college was estimated to be \$100,000 and increasing compared to the 1977 figure of \$64,000. *The Chronicle of Higher Education* (1986) reports the entering college freshman class of the fall-1985 semester consisted of 9.1 percent Blacks; however, earlier reports suggest only 5.3 percent of Black college students receive the baccalaureate degree (Astelsek & Gomberg, 1977).
7. Most Black children of today will grow up in an urban environment, watch television longer than ever before, and have greater exposure to sexual activity, illegal drugs, and crime.

(Also see recent works on the Black family by McAdoo, 1981; Hare & Hare, 1984; Dunmore, 1976; Shimkin, Shimkin, & Frate, 1978.)

SECTION II

The Urban Black Family and Alcohol Use

Alcohol drinking has been of social and family value over the years for people in general as well as for Blacks. For example, in early African history, Blacks of the Islamic faith did not drink at all, while families of other religions very often viewed moderate alcohol use as playing a functional role in spiritual rituals or social ceremonies (Harper, 1976). However, for Blacks in American slavery, heavy alcohol use (when allowed) took on a convivial or recreational value during weekends and holidays as an escape from enslaved work conditions and as a tension reducer (Douglass, 1962). During the postslavery, racial-segregation era, convivial heavy drinking became even more pronounced due, in part, to the stress of racial discrimination and the limited social and recreational opportunities for Black Americans (Larkins, 1965; Alcoholism, 1949).

Therefore, it seems possible that the history of Black America has played a significant role in shaping the drinking patterns of Blacks in general and specifically of Blacks in urban metropolitan areas. Much of the patterns for a great number of Blacks include heavy drinking, street drinking, house parties, drinking while gambling, and drinking that often results in social-health problems (Watts & Wright, 1983).

Family Alcohol Use and Social Problems

Several studies have focused on the nature, dynamics, and consequences of drinking among Black urban families of St. Louis (Sterne & Pittman, 1976; Robins, Murphy, & Breckinridge, 1968), New York (Bailey, Haberman, & Aiksne, 1965; Kane, 1981), and urban Connecticut (Strayer, 1961).

Sterne and Pittman (1976) carried out a comprehensive descriptive case study of drinking families in a low-income, housing project of urban St. Louis and found (a) heavy drinking was not frequently viewed as a problem but as one's right to get high, i.e., regardless of the study's findings that such drinking led to or was associated with marital disruption, loss of money, sexual infidelity, gambling, and lack of child support, (b) adolescent drinking in public and at parties was associated with harassment of others and disturbing the peace, (c) heavy-drinking mothers tended to neglect their maternal duties and to embarrass their children by their own drunkenness, (d) drunk relatives who visited families many times, accidentally damaged household items (e.g., toys and furniture) or intentionally created tension and conflict, and (e) heavy drinking of family members resulted in numerous social problems such as automobile accidents, arrests, damage to apartments, health consequences, financial problems, fights/assaults, and disturbance of the peace.

The Sterne and Pittman (1976) study also reveals some mothers gave alcohol to their babies and children; adult members' behaviors influenced attitudes and practices of youth; and liquor stores located in the residential neighborhood contributed to heavy, frequent drinking.

Another St. Louis study of Black alcoholism also links drinking to family status and social problems (Robins, Murphy, and Breckinridge, 1968). The authors examined ex post facto school, arrest, and family records of 235 low-income, Black men and found that social problems related to drinking included arrests, family complaints, and job problems. Furthermore, they found predictors of heavy drinking to include the variables "disrupted families," poor academic performance in elementary school, first juvenile offense record after age 14, and failure to complete high school.

In a study of clinical data on Black families and family members in treatment from 1972-1975 in urban New York City, Kane (1981) likewise found heavy drinking among Blacks to be associated with family conflict and family disruption. In another study of New York subjects, Bailey, Haberman, and Alksne (1965) studied 4387 families, primarily Black and White by race. The findings indicated the highest rates of alcoholism were among Blacks from families of low income, poor housing, and high occupational and residential mobility. Moreover, it was found that urban, Black alcoholics presented more chronic health problems compared to the general population.

One of the most serious alcohol-related problems affecting Black families is that of "Black-on-Black" homicides that more times than less involve the use of alcohol by the victim and/or the perpetrator. One study of four urban cities of Atlanta, Cleveland, Miami, and Washington, D.C. found the Black male between the ages 15 to 30 to be the prime victim of homicide (see Harper, 1976, Chapter 12, "Alcohol & Crime in Black America"). This study involved data, from the cities' chief medical examiners, related to autopsied homicidal deaths and circumstances of the deaths—including incidence of blood alcohol content. The study reveals that a majority (56% average across cities) of the homicide victims were under the influence of alcohol at the time of death and the Black male was much more likely than Black females, White males, and White females to be a victim. Data were collected for the 1974 year and the total number of homicides for the four cities was 886. (The homicide rates for these cities were not significantly different from rates of other major, urban American cities.)

Homicidal death places an emotional hardship of grief upon Black families and loved ones. Also, it usually results in the removal of two Black persons (often males) from the family system, i.e., the victims and the perpetrator (or murderer). Gary (1983) reports homicide is the number one cause of death for young Black men; and young Black men are very often the major perpetrators of homicide against each other—frequently while under the influence of alcohol. Moreover, the U.S. Department of Justice (1980) reports that Black families are many times the direct or indirect victims of violent crimes such as homicide, forcible rape, robbery, and aggravated assault. Gary (1983) concludes that violent criminal behavior and its disrupting circumstances for Blacks cannot be explained by a single causative factor, but is probably explained by a number of influencers, including alcohol and other drugs, extreme stress conditions, and economic hardship.

Alcohol Use and Health Problems

Alcoholism is a disease or syndrome that usually results in a variety of associated medical problems. Some of these health consequences include gastrointestinal problems (e.g., ulcers), liver disease, cancers (e.g., mouth, throat, and esophagus), nerve and brain damage, metabolic disorders, and cardiovascular problems (*Alcohol and Health*, 1978). These health problems can be magnified considering the cultural lifestyle and disease predisposition of many Blacks. For example, Williams (1975) reports many Blacks do not go to hospitals for treatment with symptoms or pain, may not be in the habit of preventive medicine involving regular medical checkups, and/or may lack access to quality health care. Reports also show that Black alcoholics, in particular, are not likely to seek treatment on their own and that Black family members can frequently interfere with successful treatment of alcoholism due to preestablished attitudes about alcohol use, alcoholism, illness, and treatment (Coney, 1977; Harper, 1976; Harper, 1979). These research reports suggest a large proportion of Black alcoholics get into treatment not by self- or family-referral but as a result of (a) a medical crisis calling for emergency care, (b) referral by the courts for alcohol-related offenses, (c) referral by a social agency, or (d) outreach efforts of alcoholism treatment programs. Lifestyle and genetic orientation have caused Blacks to be predisposed to a number of diseases or conditions that include hypertension, sickle cell disease, diabetes, and cardiovascular diseases. Patterson (1976) observes that heavy drinking for an extended period can magnify the disease symptoms and conditions of such Blacks.

There is evidence that Black alcoholics, admitted for treatment, tend to be younger, have more medical complications, and progress faster in their alcoholism disease (*Alcohol and Health*, 1978; Dawkins & Harper, 1983; King, 1983). Rimmer, Pitts, and Ninokur (1971) studied Black and White patients in urban midwestern hospitals and found Blacks have a larger proportion of medical complications associated with alcoholism, and some showed evidence of using both alcohol and other drugs. Along this line and within the context of an issues paper, Williams (1983) makes the point that Blacks' use of alcoholism treatment services is not just a question of availability, but also one of their underutilization of health care and alcoholism services, especially in urban areas where they exist (i.e., more so than rural areas). She goes further to mention that Employee Assistance Programs (EAPs) and Black community-based programs offer about the best hope in reaching and helping Black alcoholics and their families.

Youth-Family Dynamics

Black urban youth tend to grow up in drinking families and drinking neighborhoods that appear to play a significant role in their attitudes toward, use of, and accessibility to ethyl alcohol. Also, alcoholism of parents or a parent

can have a variety of negative consequences for their children. For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports the following consequences for youth with drinking parents (*Alcohol and Health*, 1983):

1. Children of alcoholics have lower self-esteem and higher levels of anxiety, aggression, and psychosomatic symptoms compared to youth of the general population.
2. Separation and divorce among alcoholics is seven times that of the general population, very frequently resulting in stress and family disruption for youth.
3. Family violence, including abuse of children, has been associated to some degree with heavy drinking; however, the extent is not clear.
4. Children of alcoholics are more likely to have school problems and display antisocial behavior compared to youth in general.

As alluded to earlier in this report, the Sterne and Pittman (1976) study of urban St. Louis drinking families is in agreement with much of the above, especially in regards to school problems, family violence, and separation/divorce. Moreover, several studies indicate that Black youth are more likely than White youth to get their first drink from parents (Dawkins, 1976; Dawkins, 1981; Globetti, 1970).

In general, national surveys (*Alcohol and Health*, 1983) and rural studies (Dawkins, 1976; Globetti, 1970) have shown no significant differences in rates of drinkers when comparing Black youth and White youth. However, there is still a need for more research on urban drinking patterns of Black youth to make definitive conclusions and inferences.

One of the very few studies on alcohol use by Black teenagers (84% at high school level) was carried out by Dawkins (1981) with the assistance of the Washington Area Council on Alcohol and Drug Abuse. The survey involved 1,095 youth (93% Black) of Washington, D.C. who were administered a questionnaire on the subject of their alcohol and drug use. The findings of the study indicated Black youth:

1. Were likely to drink at night, during weekends, and on holidays. (A minority of the youth reported skipping school at times and drinking at day in the homes of working parents.)
2. Took their first drink between ages 11 and 15 (the most frequent range).
3. Received their first drink either from friends at a party or from parents.
4. Were very likely to drink in a group or with a preferred drinking partner.
5. Drank primarily for the reason of celebrating an occasion.

In addition, Dawkins (1981) reports that 80 percent of the youth had used alcohol in the previous year and 56 percent reported drinking at least once a month.

The limited studies with findings on alcohol use as related to Black youth and their family suggest Black youth are acquiring drinking patterns similar to Black parents or adults, and that Black parental alcoholism is disrupting the need fulfillment and normal development of Black youth.

Section III

The Black Family and Drug Abuse

In the main, this section discusses the relationship of the Black family to the use of illicit drugs with a focus on urban populations. The complexities of drug variety, changing rates of use over successive years, research interaction of drug use with other factors (mainly socioeconomic), and limited findings on Black populations all create some empirical inconsistencies in some areas of outcome.

Regardless of areas of disagreement, Lee (1983) attempts to pull together key findings concerning the dynamics of drug abuse as related to Black families and their youth. She synthesizes the following major findings on the topic:

1. Black family instability is associated with illicit drug use, while stable and strong family ties are associated with nonuse of illicit drugs.
2. Black adolescents with parents who use drugs are more likely to become users; that is, to a degree, influenced by the principle of social modeling or imitation.
3. Black males who lack the presence of fathers in the home during the teenage years are more likely to become drug addicts compared to those with fathers present. Also, males from single-parent, female-headed families are at greater risk for drug use compared to their counterparts with both parents.
4. The *onset* of drug addiction for Blacks often starts between the ages 14 and 19 (although the drug use, itself, may peak later). Therefore, prevention efforts must occur early in childhood and at the elementary school level.
5. Additional contributors to or predictors of drug abuse include high, Black unemployment rates; urban (versus rural) residential status; neighborhoods with a high prevalence and availability of illicit drugs; migrant family status; and neighborhoods characterized by low-income and low-education status.

In keeping with the Lee (1983) review of drug-use literature, a large proportion of studies involving Blacks and drugs tends to examine the topics of drug use (type, frequency, and setting), drugs and youth, family factors that predict drug addiction, drug abuse and crime, and the relationship of drug use to employment status.

Drug Use Among Black Youth

The drug-use scene among youth differs by geographic region and from year to year. However, a recent study by Smith (1984) indicates marijuana remains the most popular illicit drug used by youth; and the age at first use has decreased since the early 1970's. Nevertheless, recent findings from Johnston, Bachman, and O'Malley's (1981) national survey of drug use by school youth show a decrease in regular or daily use of marijuana. Also, the survey reveals (a) about 67 percent of graduating seniors indicated use of some type illicit drug, (b) a decline in smoking since 1977, (c) a decline in use of PCP and

tranquilizers, (d) an increase in amphetamine use, and (e) no change in the use of heroin, barbiturates, LSD, and alcohol. It has to be kept in mind that this was a national sample and thus may not be consistent with use rate of particular urban youth populations when taken alone or separately.

Available and reliable comparisons of drug use by race is limited; however, Gary (1983) reports that Blacks are eight times more likely to be hospitalized for drug use, while the U.S. Department of Justice (1980) reports that 21.8 percent of all persons arrested for drug-abuse violations are Black (a disproportionate rate when compared to Blacks' representation in the general United States population—i.e., around 12%). Dawkins' (1981) survey of 1,095 Washington, D.C. youth (93% Black) indicates 31.5 percent of adolescents used drugs from time to time (this rate did not include alcohol and tobacco, that were taken separately).

Some of the most recent data suggest an increase in serious drug use among urban Black youth and young adults. For example, the Washington, D.C. police department's data show that PCP admissions to emergency hospital treatment increased from 4,988 in 1982 to 6,242 in 1984; and that PCP arrests for possession, sale, or distribution increased from 310 in 1982 to 3,030 in 1985 (see Wheeler & Engel, 1986).

In regards to smoking and tobacco use, Diehl's (1969) national survey of youth and young adults revealed urban subjects showed higher rates of smokers than rural; Black males showed higher rates of smokers compared to White males (57% versus 50%); and White females smoked at higher rates than Black females (33.7% versus 31.2%). A more recent national survey (National Institute of Education, 1979) of teenagers only (ages 12-18) shows smoking rates between 1969 and 1979 for boys decreased, however, rates for girls increased (both groups decreased from their 1974 levels, however). The 1979 smoking rates indicated higher rates of girl smokers (12.7%) versus boy smokers (10.7%). Moreover, social and family predictors of youth smoking included (a) smoking behavior of parents and older siblings, (b) parents' educational level (the lower the education, the higher the rate of youth smokers), and (c) smoking behavior of best friends.

Abelson and Fishburne's (1976) national survey of smoking youth (ages 12-17) yielded a smoking rate of 23 percent, while Dawkins' (1981) survey of Washington, D.C. youth (ages 13-20) showed a rate of 35 percent. It must be kept in mind that these surveys differ by year of study, age range of subjects, and geographic status of subjects in many instances. The higher rates of the Dawkins' (1981) survey is possibly affected by a higher upper age range (up to age 20) and the urban status of the sample. Whether race influences smoking rate is not clear due to confounding socioeconomic factors as well as the racial breakdowns in recent surveys.

Causes and Predictors of Drug Abuse (Family & Developmental Factors)

A large proportion of the studies on causation and prediction of drug abuse/addiction has focused upon male subjects. For example, Lee's (1983)

survey of research found that fatherless (lack of presence in the home) Black, teenage boys were more likely to become addicts than Black, teenage boys with fathers present. This conclusion was also drawn from Robins and Murphy's (1967) study of 235 Black men (ages 30-35) of urban St. Louis, based on interview data and records. Other predictors of drug use and addiction among these men included delinquency during youth and school dropout. Still in another study, Kellam, Stevenson, and Rubin (1983) investigated early predictors of drug use in 1,242 Black, poor, urban Chicago teenagers, ages 16 to 17 (i.e., based on elementary school records and interviews). The authors' results indicate "aggressiveness" in first grade was found to be a predictor of heavy drug, alcohol, and cigarette use as well as delinquency. The authors also cite that early aggressiveness does not predict the same behaviors for Black females.

Bates' (1968) study of 99 Black, addicted, male patients indicates a history, in their development, of no employment or unstable employment. A very large percentage of those low-income addicts who started steady work before drug addiction were not able to keep their jobs. Additional developmental factors of Black addicts suggest a large percentage tend to have (a) some school problems before age 14 (80-90%), (b) a history of school dropout at some point due to disciplinary problems (33%) (Halikas, Darvish, & Rimmer, 1976).

Criminal Behavior and Drug Use

Roizen (1979) notes the inconsistency in the "crime-and-drug-abuse" research findings via concluding there is no consensus that drugs and alcohol are a prepotent cause of crime vis-a-vis other social conditions and predrug phenomena. Although some addicts are motivated and do commit crime to support drug needs, there is also sufficient evidence that other conditions create crimes that occur prior to the onset of drug use. The findings become even more complex when type of drug use by crime is analyzed with the factor of "period of crime committed" (i.e., before or after the onset of drug use). For example, Rosenthal and associates (1973) examined an urban, Philadelphia sample of Black and White multi-drug users in treatment and found heroin use prior to treatment was associated with burglary, while nondrug factors were associated significantly with other crimes that included robbery, prostitution, and shoplifting. The authors also concluded that designated criminal activities persist through time without regard to drug use. That is, certain crimes that occurred before drug use tended to continue after the onset of drugs.

Among the few studies of Black, female addicts, Inciardi and Faupel (1982) examined the criminal activities of 63 Black, female heroin users of Miami. The results indicate a wide variety of both drugs used and crimes committed. Specifically, the authors found the Black, women addicts (a) used alcohol first at a median age of 14.6 years followed by use of marijuana (15.5 years), barbiturates (17.3 years), heroin (18.3 years), cocaine (19.3 years), and illegal methadone (20.9 years), (b) began criminal involvement, typically, prior to expensive drug use, and (c) did not rely on a single type of criminal activity.

On the topic of violence and drugs, Gary (1983) documents the association of drug abuse with homicide and emphasizes the impact of homicide on the Black family and the Black male. He summarizes drug-and-homicide research in citing (a) the drug user who is a homicide victim tends to be younger than the nondrug victim, (b) the drug user who is a homicide victim is more likely to be a male, (c) the homicide victim, in general, is most likely to be a Black male under the influence of alcohol and/or other drugs, and (d) the drug victim is more likely to die on the street or in an empty lot.

SECTION IV

Related Conceptual Models and Theories

This section presents theoretical models of Black families, as well as models that explain the dynamics of alcohol and drug use by Black families and their various members.

Black Family Perspectives

Historically, and up to the mid-1960's, schools of thought on the Black family tended to either ignore its treatment in the literature or to treat the Black family as a social problem (Adams, 1978). Starting in the late 1960's, models began to focus on the strengths (Billingsley, 1968; Hill, 1971) and uniqueness (Staples, 1971; Ladner, 1971) of Black families. Martin and Martin (1978) acknowledges two major theoretical viewpoints of Black family life in America: (a) the *pathology-disorganization perspective* (or the pathological viewpoint) and (b) the *strength-resiliency perspective* (or the strength viewpoint). The former emphasizes instability, pathology, maladaptation, and deviance among Black families, and is associated primarily with the works of Frazier (1939) and Moynihan (1965). The latter focuses upon the strength, survival, adaptation, and growth of Black families, regardless of historical hardships and ongoing racism (Billingsley, 1968; Hill, 1971).

Frazier's (1939) significant but often negatively oriented studies of Black family life did much to influence subsequent pathological interpretations of Black families. For example, Myrdal (1944) was very much influenced by the work of Frazier. His *American Dilemma* examined race relations and Black families from a negative or deviant perspective, although concluding that the problem of "the Negro" was a problem in the minds of White Americans (Myrdal, 1944). Myrdal's major theoretical thesis of the "vicious cycle" viewed Blacks as unable to escape their plight from generation to generation and thus destined to perpetuate subsequent generations of the same family problems of poverty, crime, educational underachievement, poor health, early pregnancy, and high fertility rate. Moynihan's (1965) concept of a "tangle of pathologies" described Black families in serious trouble, as being negatively deviant from White norms, and as being the cause of many of the urban social problems that faced America.

The pathological perspective or school of thought (Frazier, 1939; Moynihan, 1965; Myrdal, 1944) tends to (a) dwell on lower-class Black family life, (b) view Blacks as the victims of themselves to a large degree, and (c) omit interpretations or conceptualizations of positive attributes, achievements, and strengths of the Black family *in situ*.

In regards to the strength-resiliency viewpoint, Billingsley (1968) was among the first to change the focus from pathology to approximating a balance or objectivity in theoretical formulation. His book (a) did not focus on the lower class, however, included successes of middle- and upper-class Black families,

(b) examined the resiliency of Black families against the odds of racism and various socioeconomic barriers, and (c) did not take the matricentric approach but included the role and contributions of the Black male in terms of Black family survival and achievement.

Another "strength-resiliency" proponent is Hill (1971) whose *Strengths of Black Families* focuses on theoretical concepts of family adaptability, achievement orientation, strong religious values and practices, strong kinship bonds, and strong work orientation of many Black families. Ladner's (1971) work has been classified both under the strength-resiliency viewpoint and the "uniqueness" (of Black families) viewpoint. Her family concepts related to strength include the strengths of the Black extended family, Black mothers, and Black girls.

A third and probably most recent school of thought on Black family life is the "uniqueness viewpoint". This theoretical perspective posits the Black family is unique and thus should not be compared to norms of White families; that Black uniqueness stems from African origins and a common Black identity with its own values, customs, and attitudes (Ladner, 1971; Staples, 1971). The uniqueness viewpoint appears to be the model that is most related, among the three, to what is generally referred to as "the Africentric viewpoint" in the study of Blacks.

Dodson (1981) classifies major schools of thought on Black families under two rubrics, the "cultural relativity school" and the "cultural ethnocentric school". The *cultural relativity school* views the Black family as possessing a degree of cultural integrity that is neither related to nor modeled after White American norms. This cultural integrity, with its imbuing values, can be traced back to Africa. Moreover, this viewpoint assumes America's multiculturalism should allow for the acceptance of cultural differences among ethnic families as opposed to the coercion of cultural homogeneity for all families. The *cultural ethnocentric school* views Black families as being deviant from White norms and as having to assimilate into a White ethnocentric society for social acceptance and adjustment.

Dodson (1981) notes the cultural relativity school is associated with the works of Hill (1971) and Billingsley (1968), while the cultural ethnocentric school is associated with Frazier (1939) and Moynihan (1965). Inspection of the two models suggests the "cultural relativity school" is synonymous to or overlapping with the previously discussed "strength-resiliency viewpoint", while the same appears to be the case with the "cultural ethnocentric school" when compared to the "pathology-disorganization viewpoint".

Research in support of Black-family theories is limited and to some degree based upon soft data. The studies available are very often case studies that employ interview data and/or records (e.g., Ladner, 1971; Liebow, 1966; Lewis, 1955), clinical data from Black families in therapy (Grier & Cobbs, 1968; Washington, 1970), and research based on Census Bureau data and/or government data (Frazier, 1939; Moynihan, 1965; Bernard, 1966).

Theories on Alcohol and Blacks (Explanations of Drinking Patterns)

Theories of alcohol abuse fall under causes of heavy drinking and non-drinking to a great degree. In terms of etiological reasons for alcoholism and heavy drinking, a variety of theoretical explanations have been presented in general—without regard to racial differences. Such reasons have included genetic predisposition to alcoholism, acquisition of heavy drinking as a learned response, alcoholic personality (dependency, low tolerance, feelings of inferiority) social influencers of heavy drinking, and metabolic abnormalities that contribute to heavy drinking and alcohol addiction (*Alcohol and Health*, 1971).

Theories of Black alcohol use center around heavy drinking as well as non-drinking by a large proportion of Black women. Reasons set forth to explain heavy drinking among Blacks include (a) reducing anxiety and stimulating sexual seduction (Maddox & Borinski, 1964; Lewis, 1955), (b) escape from racial discrimination and feelings of lack of control over one's life (Frazier, 1962; Larkins, 1965), and (c) drinking as a utilitarian mechanism of coping with hardships or as a convivial means of facilitating sociability, happiness, recreation, and interpersonal smoothness (Sterne & Pittman, 1972).

Harper (1976) conceptualizes four hypotheses in delineating an etiological theory to explain why a large proportion of Blacks drink heavily (especially on weekends and holidays). These hypotheses include historical, social, psychological, and economic reasons that are peculiar to Black Americans as a distinct ethnic group.

Hypothesis 1 (Historical Reasons): The historical patterns of alcohol use and nonuse by Blacks have played a significant part in influencing their current drinking practices and their current attitudes toward drinking (e.g., the encouragement of heavy drinking during slavery, on weekends and holidays, to control Blacks and the use of alcohol during racial segregation as a means of recreation due to limited social opportunities).

Hypothesis 2 (Social Reasons): Many Blacks choose to drink because (a) liquor stores and dealers are accessible and (b) because Black peer groups often expect one to drink and at times to drink heavily (e.g., this is explained to a degree by the high prevalence of liquor stores in Black residential neighborhoods and the traditional pattern of group drinking and "partying").

Hypothesis 3 (Psychological Reasons): Numerous emotions and motivations influence heavy drinking among Black Americans in their attempt to escape unpleasant feelings or to fulfill psychological needs (e.g., these emotions, motivations, and needs include frustration, hopelessness, anxiety, physiological maintenance, trauma, and need for psychological escape; psychological conditions that are often influenced by racial discrimination and racial circumstances).

Hypothesis 4 (Economic Reasons): Many Blacks, especially men, drink heavily due to the economic frustrations of not being able to get a job or not being able to fulfill financial responsibilities to one's self and one's family (e.g., economic conditions for Blacks are often rooted in unemployment, underemployment, job discrimination, and educational/training discrimination).

In regards to Black women, there is both a large proportion of heavy drinkers on the one hand and a large proportion of nondrinkers on the other. The most recent national survey of drinking practices, with broad socioeconomic analyses, indicate 51 percent of Black women were nondrinkers compared to 39 percent of White women (Harris & Associates, 1971; also see Cahalan & Cisin, 1968). Considering this slight majority of Black female nondrinkers, theories have been set forth to explain their abstention. For example, Strayer (1961) posits Black women tend to head a large proportion of households with exceptional responsibility, therefore, having little time, money, and desire for drinking. Benjamin (1976) theorizes Black women do not have the time and luxury to drink because they are too busy keeping their families together and their drinking husbands and men out of trouble. Other explanations of Black female nondrinking include parental and religious teaching that "nice ladies don't drink" and Black women's dislike for the bitter and dry tastes (versus sweet) of many alcoholic beverages (Harper, 1976).

Theories on Drug Abuse and the Family (Implications for Black Families)

Similar to alcoholism theories, drug abuse theories take on a broad spectrum of explanations as to why one becomes an addict. As compiled by Lettieri, Sayers, and Pearson (1980), examples of such reasons are bad habit (susceptibility), need fulfillment, attempt to cope ("ego/self theory"), availability of drugs, perceived effect of drugs (pleasure, etc.) developmental factors, threatened self-esteem, drug use as learned behavior, biological/genetic factors, interactional factors, and drug use as a protective system for the insecure, hurt and inadequate person.

Stanton (1980) summarizes a number of family-related, theoretical viewpoints that explain drug use.

1. "Traumatic loss" of a family member or members through migration or unexpected death contributes to family instability, parental dependency on children, and eventual drug use by the offspring.
2. "Fear of separation" contributes to the acquisition and maintenance of drug abuse. The addict tends to be too dependent on the family, and the family or a parent becomes accustomed to and in need of that dependency. Therefore, the addict's move toward becoming independent and autonomous is inadvertently disrupted or sabotaged by a parent or the family. The addict's drug serves as a symbol both of this inability to leave the family and the family's inability to release the addict.
3. The majority of addicts (to the 30's age group) live with their family (or a parent) or they maintain close contact via visiting and phoning daily. The dependency is often on a parent of the opposite sex (typical of the Black male addict and his mother).
4. Overindulgence of the Black mother and distance or absence of the father can contribute to drug abuse for Black males (also, see Robins & Murphy, 1967).

5. There is a higher frequency of intergenerational and multigenerational substance dependency, especially among male addicts.
6. The addict serves as a protective source of maintaining balance in the family system (sometimes a pathological balance).

These assumptions and viewpoints of family and drug abuse lend themselves to Black family nature and dynamics; particularly, since a large proportion of Black families (a) are headed by women (with the father absent), (b) are recent migrants from the South, (c) suffer from premature death of a family member of other unstabilizing phenomena, and (d) suggest a degree of sibling dependency through youth adulthood—all hypothesized as familial contributors to drug abuse.

SECTION V

Summary and Implications

This section's purpose is to pull together, in brief, key research findings on "the Black family" and "the Black family as related to substance abuse." In the main, the summary statements are based on studies and scholarly works on urban Black families. Since the great majority of blacks live in urban metropolitan areas (an estimated 70%), these summary statements can be said to have generalizability to the majority of Black families—particularly those families from low-income, urban backgrounds. Moreover, this section discusses implications of some of the major research findings and theoretical works on the Black family and the Black family as related to substance abuse.

Although a very small proportion of Black families has improved since the 1964 Civil Rights Act, the masses of Black families are worse off. For example,

1. Black families headed by Black females have doubled from 25% to 50% since 1965.
2. The median income of Black families is 56% of that of White families (no improvement over 20 years ago).
3. Approximately 50% of Black youths live in poverty compared to 17% of White youth.
4. Approximately 60% of today's Black children will experience family disruption due to divorce, separation or death of a parent.
5. Black teenage boys and young men have become even more vulnerable to unemployment, underemployment, homicide, imprisonment, drug abuse, alcohol problems, and health problems—circumstances that very often create barriers to the fulfillment of their roles as father and husband.
6. The enrollment of Blacks in higher education has decreased since the mid-1970's, primarily due to an increase in college cost and a conservative retrenchment of White colleges and universities in regards to the recruitment and support of Black students.

The Black Family and Alcohol Use

The research on alcohol and the Black family indicate the following general findings of significance:

1. Inappropriate and heavy use of alcohol seems to be associated with instability of and negative consequences for the Black family. (Examples of alcohol-related problems and consequences for the Black family have been delineated on pages 6 through 8 of this report.)
2. The urban Black family has enabled circumstances for heavy drinking and problem drinking moreso than contributing to their prevention and treatment. This situation can be explained by a number of reasons that include (a) drinking styles and cultural traditions, (b) lack of knowledge and inappropriate attitudes about alcohol and alcoholism, and (c) outright irresponsibility.

3. In terms of drinking behaviors, Blacks are more likely than Whites to drink in groups, to drink heavily on weekends, to drink on street corners, and to encounter problems related to their drinking (e.g., arrest, homicide/violent acts, accidents, and illness).
4. Heavy drinking tends to play an intimate role in Black family disruption and instability (e.g., family problems centered around drinking as related to gambling, loss of money, sexual infidelity, unstable work habits, family violence, neglect of parental duties, damage of property, police arrest, and marital dissolution).
5. Historical and social conditions contribute to current alcohol problems that impact Black families. Such forces and conditions include (a) inappropriate drinking patterns developed during slavery and racial segregation, (b) the high prevalence of liquor stores in urban Black residential neighborhoods, (c) peer pressure to drink and often to drink heavily, and (d) various psychological, economic, social, and racial stresses that can motivate a need to drink heavily.

The Black Family and Drug Abuse

The key research studies and scholarly works on drug abuse and the Black family indicate the following:

1. Family factors that predict or are associated with illicit drug use/addiction include family instability, family migration, urban residence, living in a neighborhood with a high prevalence of illicit drugs, and low-income as well as low-education status.
2. Black youth with parents who use illicit drugs are more likely to become drug users, i.e., compared to Black youth whose parents do not use illicit drugs.
3. Black males who lack the presence of fathers in the home during their teenage years are more likely to become drug addicts compared to those with fathers present.
4. Predictors of illicit drug use for Black men include extreme "aggressiveness" in the first grade, school problems before age 14, and a history of school dropout and school transfer (i.e., change of schools due to disciplinary problems). (This finding has reference to regular use of drugs.)
5. Black male addicts find difficulty in keeping a job and tend to maintain a dependency relationship with their mother and family. This dependency relationship is encouraged by the family and inadvertently serves to keep the addict with the family, on drugs, and unwilling to seek his/her independence.
6. The young Black male is not only the prime victim of illicit drug addiction, but is very often the victim of drug-related arrests and drug-related homicide.

Tables 1 and 2 provide tabular profiles for some of the essential but limited literature on the Black family as related to alcohol and drug abuse. These tables present a number of the key research studies and reviews; each by author(s), year of publication, nature of subjects studied, type research methodology (as footnoted for each citation), and major findings of the study or review.

TABLE 1
A SUMMARY TABLE OF MAJOR STUDIES
RELATED TO ALCOHOL USE AND THE URBAN, BLACK FAMILY

Author(s)/(Year)	Subjects Studied	Major Findings
Sterne & Pittman (1972; 1976)	Black families of St. Louis ^a	Heavy drinking created numerous problems including marital, financial and household problems; adult heavy drinking created various problems for youth and the adjacent neighborhood
Kane (1981)	Black families of New York City ^b	Heavy drinking was associated with family conflict and disruption, medical problems, unstable employment, and use of illicit drugs
Robins, Murphy & Breckinridge (1968)	Black men of St. Louis ^c	Social problems related to Black men's heavy drinking included family complaints, police arrest, and job problems; predictors of heavy drinking for Black men included growing up in a disrupted family and with school problems (academic and behavioral problems)
Bailey, Haberman & Alksne (1965)	Black & White families of New York City ^b	The highest rate of alcoholism were found among Black families with low income, poor housing, high occupational/residential mobility, and a high rate of health problems

^aCase study method of research

^bDescriptive/epidemiological method

^cEx post facto (organizational records/data)

TABLE 2
A SUMMARY TABLE OF MAJOR STUDIES
RELATED TO DRUG ABUSE AND THE URBAN, BLACK FAMILY

Author(s)/(Year)	Subjects Studied	Major Findings
Lee (1983)	Black families & youth ^a	Family instability, problems in school migrant family status, availability of drugs, low-income status and parents' use of drugs were found to be predictors of drug abuse/addiction
Dawkins (1981)	Black youth of Washington, D.C. ^b	Approximately 32% of Black youth (ages 13 to 20) used illicit drugs from time to time and 35% indicated they smoked cigarettes; the homes of working parents were often used for day-time parties that involved cigarettes, illicit drugs and alcohol
Robins & Murphy (1967)	Black men of St. Louis ^c	Predictors of drug abuse/addiction for Black men included absence of the father during teenage years, delinquency during youth, and school dropout
Stanton (1980)	Black families & youth ^a	Overindulgence and parental dependence on children were found to lead to the child's drug abuse as an adult as well as his or her reciprocal dependence on a parent and/or the family unit

^aLiterature review of studies

^bDescriptive survey method

^cEx post facto method

Implications

An analysis of the available literature on substance abuse (alcohol and illicit drugs) indicates a limited number of empirical studies with findings relative to Black populations. When this pool of Black-substance-abuse literature is narrowed down to "Black families and substance abuse", the literature is even more sparse. This paucity of studies on substance abuse and Blacks have been documented both in the alcohol literature (Harper & Dawkins, 1976; Inge, 1976) and the illicit drugs literature (Austin, Johnson, Carroll, & Lettieri, 1977). A related problem is that although a number of substance-abuse studies may include Black subjects, their representation in the sample is often too small for any meaningful statistical analysis or valid external generalizability to Black populations.

In general, the literature on alcohol and alcoholism has focused on a variety of research topics to the neglect of the family. These foci of study have often been on epidemiological factors (demographic and health parameters), biomedical aspects and effects, patterns of alcohol use, causes and predictors of

alcoholism, effectiveness of treatment modalities, vehicular and pedestrian accidents, occupational alcoholism, psychological effects of heavy drinking, and social consequences of alcohol abuse and alcoholism.

By the same token, illicit drug studies have examined topics such as biomedical effects of various drugs/substances, drug use by socioeconomic groups (age, sex, social class, race, etc.), the relationship of crime to illicit drugs, drug abuse and the labor market, predictors of drug abuse and addiction, personality and career attributes of addicts, treatment and rehabilitation of the addicted, and social consequences/correlates of level of drug abuse.

Although the topic of "the family and substance abuse" has received some attention in the literature, its investigation has been underrepresented in regards to its importance as the core unit of societal functioning and stability as well as its significance as contributor to and victim of substance-abuse problems. For the urban, Black family, the question of stability, causation, and victimization looms even more greatly in terms of need for further substance-abuse research.

Wherein today's White working class and lower-middle-class American family may find it more difficult to attain the American dream of yesterday, the typical urban Black family has inherited a nightmare they find practically inescapable. Analysis of the research suggests current trends forebode even worse things to come for Black families in urban America. For example,

1. The proportion of female-headed Black families is expected to increase as suggested by (a) today's increased rate of Black, unmarried, teenage mothers and pregnant girls, (b) Black divorce and separation rates, and (c) the extreme rates of death for Black men (e.g., due to homicide, accidental death, and increasing suicide).
2. Increased rates of female-headed Black families imply increased rates of Black children living in poverty (due to a limited single-parent income) and the increased probability of Black males encountering drug problems and social problems. That is, Black teenage boys without a father in the home tend to encounter more social problems than teenage girls without fathers present (Smith, 1973). Moreover, they tend to run a greater risk of drug abuse when compared to teenage boys with fathers present (Lee, 1983; Robins & Murphy, 1967).
3. High rates of alcohol and drug abuse are likely to persist as long as there are high levels of predicting circumstances (e.g., developmental problems related to school and social adjustment, fatherless families, unemployment, easy accessibility to alcohol and illicit drugs, and family instability among others).
4. The research suggests the needs of the urban Black family have increased in magnitude over the last five to ten years while family services (including

federal government support) have decreased. Therefore, we are experiencing an inverse relationship between the rates of urban family needs and level of family aid and services.

5. The decrease in the enrollment of Blacks in higher education as well as loss of Black talent to White-owned corporations may further impact the waning leadership and technical skills in urban Black communities, i.e., unless special efforts and programs are established to reverse these trends.
6. The continuing negative effects of American slavery and racial segregation have been grossly overlooked in research on and analyses of Black family life. The conditions of slavery and racial segregation created or influenced habits, expectations, attitudes, health practices, male-female interactions, drinking behaviors, family dynamics, and values necessary for Black survival in many cases. However, a great number of these continuing cultural ways and thoughts no longer contribute to Black survival but rather to Black self-victimization.
7. The core of the social problems of the urban Black family appears to center around (a) insufficient income and resources to meet basic needs, (b) unproductive and sometimes destructive lifestyles, (c) lack of education necessary for survival and growth in today's society (i.e., knowledge, skills, and appropriate attitudes), and (d) stressful conditions related to urban residency.

Section VI

Issues and Recommendations

This final section of the report discusses issues centered around substance abuse and Black families and recommendations for consideration and possible action. Issues presented were derived from documented comments of Detroit citizens (from reports and interviews), the reviewed literature, conference reports, and the consultant's professional judgment on the topic. The recommendations were based on suggestions from literature on the topic as well as the consultant's recommendations from the analysis and review of the literature.

Richburg and Taylor (1986) recently interviewed working people, unemployed persons on the streets, and leaders of the city of Detroit. The voices of those Detroit citizens interviewed were analyzed and reduced to the following issues.

- Do Blacks who succeed educationally and/or financially have a responsibility to help those they "left behind" in the Black ghetto?
- Is the high rate of Black teenage motherhood primarily due to accidental pregnancy or intentional pregnancy for welfare money or as proof of womanhood?
- Are the Black middle-class families of today isolated from the urban, Black underclass to a greater degree than the era of the 1960's and earlier?
- Is racism the primary cause of the current Black family crisis or are Black people the major cause of their own dilemma?
- Have morals of Black Americans deteriorated significantly over the last generation or is there no real change in moral behaviors of Blacks?
- Are Whites and foreigners (e.g., the Chaldeans from Iraq) getting better breaks in employment due to racial discrimination or are they earning these opportunities over Blacks?
- Are Blacks divided among themselves and suspicious of their own professionals (e.g., doctors and lawyers) and leaders?
- To what degree has the urban, Black family been impacted by the infiltration of illicit drugs, welfare policies, White flight to the suburbs, and recent, negative economic changes of the late 1970's and early 1980's?

According to the interviewers (Richburg & Taylor, 1986), the tone of the typical Detroit citizen interviewed suggests a sense of frustration, defeat, and self-blame. However, the interview with the Mayor, Coleman A. Young, served to balance this sense of self-blame via his observation that regardless of social class, all Blacks are affected in some way by racism.

For additional issues based on the Black family and community of Detroit, see historical and sociological studies of the city; e.g., those before and after the Detroit riot of 1967 (Gordon, 1971; The Kerner Commission, 1968), during the great migration of low-income, Black families to Detroit in the early 1900's (Haynes, 1918), and concerning Detroit politics of racial transition (Eisinger, 1980).

Issues on Prevention and Treatment of Substance Abuse

The following are prevention and treatment issues related to the Black family. These issues were deduced or summarized from professional meetings on substance abuse and from the published literature (e.g., see Lettieri, Sayers, & Pearson, 1980; Harper, 1976 & 1979; Lee, 1983; & Austin, Johnson, Carroll, & Lettieri, 1977).

1. To what degree, if any, should the extended Black family be utilized in developing support systems for treating and educating Black substance abusers?
2. Is alcohol necessary for Black survival or is it a catalyst to Black self-destruction?
3. Can White counselors and psychotherapists be effective in the treatment of urban, Black families with substance abuse problems?
4. Has the Black church played a significant role in the prevention, education, and treatment of alcoholism and drug addiction; or has it retarded such efforts by viewing these problems punitively as reflecting individual weakness and sin?
5. Should family dynamics be a focus in substance abuse treatment; and should alcoholism and drug addiction be treated primarily as an individual problem or a family problem?
6. Is Alcoholics Anonymous (AA) effective with Black alcoholics; and, if so, to what degree and in what situations (e.g., with lower-class versus middle-class Blacks or with Black alcoholics in Black AA groups versus those in White AA groups)?
7. Should alcohol- and drug-abuse treatment be oriented to the culture of Blacks, or should all treatment be the same regardless of ethnicity (e.g., "an alcoholic is an alcoholic" and "a drug addict is a drug addict")?
8. Should Black families be moved to a drug-free or moderate-drinking neighborhood, if necessary; or should they be treated and returned to a heavy-drinking or drug-abusive neighborhood, thus risking relapse and recidivism?
9. Are Black families better served in decentralized, neighborhood treatment programs or in centralized, hospital programs that serve a district or entire city? (This issue has implications for Blacks controlling treatment in their own neighborhood or for Black abusers going "across town" to be treated in predominantly White programs by mainly White clinicians.)
10. Are Black families basically the cause of their own alcohol/drugs problems; or do these problems stem primarily from social factors external to the Black family?
11. Are substance abuse policies at the local, state, and federal levels as relevant and sensitive to Blacks as they are for Whites?
12. Do Black family members use alcohol and drugs more so for individual coping and escape or more so for group conviviality, fun, recreation, and partying?

13. Do we have an accurate representation of Black drug abuse; or are the statistics underrepresented due to user anonymity surrounding the illegal status of illicit drugs?
14. Does heavy use of alcohol and drugs present a major contribution to birth defects; or are there additional, independent and interacting factors related to the lifestyle of the substance abuser that are undervalued in research and theory on this issue (e.g., improper nutrition, poor health care during pregnancy, physical trauma during pregnancy, various environmental hazards such as damaging chemicals/radiation, and the male's spermatic contribution)?

Recommendations

The following recommendations for consideration and action are presented under topics of (a) Black behavior and family dynamics, (b) youth and prevention, (c) treatment and therapy, (d) self-help, (e) community efforts, (f) employment and training, (g) governmental responsibilities, (h) education and health, and (i) miscellaneous.

Black Behaviors and Family Dynamics. In order to minimize Black substance abuse and improve urban Black-family life, particular behaviors and family dynamics would have to cease or be modified. Examples of such behaviors and dynamics include:

(Inappropriate Black family characteristics related to substance abuse)

- Heavy drinking and gambling
- Giving alcohol to babies (e.g., beer to "put them to sleep")
- Participating in drinking contests (which can result in death)
- Using alcohol and illicit drugs in sexual seduction
- Gulping down alcohol (versus drinking slowly or sipping)
- Drinking on an empty stomach
- Using a combination of drugs (e.g., alcohol with illicit drugs)
- Using alcohol and/or illicit drugs before and during driving of a motor vehicle
- Using alcohol or illicit drugs on one's job or before going to work
- Parental drinking or drug use with teenage offspring
- Using alcohol and/or illicit drugs as a pain reliever
- Using children and teenagers in the selling of illicit drugs
- Fostering a parent-child, dependency relationship that involves alcoholism or drug addiction
- Neglecting parental duties due to alcohol and drug abuse
- Allowing drinking and drugs to cause or influence family violence, abuse, and disruption

In contrast to the inappropriate characteristics above, Primm and Wesley (1985) outline and recommend desirable behaviors, attitudes, and achievements of family members who do not abuse alcohol and drugs, i.e., based upon research findings on nonaddicted persons:

(Characteristics of family members who do not abuse alcohol and drugs)

- Have realistic perceptions of what insures happiness
- Demonstrate the ability to solve problems versus trying to forget them
- Display feeling of self-worth
- Are accessible, positive role models
- Exploit opportunities for alternative forms of relaxation and entertainment
- Show confidence and skills to overcome environmental handicaps
- Identify with a proud group that has achieved
- Possess achievable short-range goals
- Possess and use sources of help
- Do not glamorize drug effects and a drug lifestyle
- Set personal standards versus an acceptance of normative standards

In general, the Black family must minimize irresponsible behaviors related to alcohol and drug use and maximize its responsibility to the goals of family stability, family well-being, and child development. Moreover, Black fathers must take a more active role in all-around family responsibility and a greater involvement, especially, in the development of their sons during the critical teenage years. Within this framework, Lee (1983) notes the importance of the family as the major source of preparing children to grow up to handle drug pressures and adolescent stress.

Youth and Prevention. The primary concerns of urban families and planners must reflect and act upon the following crucial conditions of today's urban Black youth: (a) the increasing rate of Black children growing up in poverty, (b) the increased rate of single, Black teenage mothers, (c) the strong influence of urban peer groups on drug abuse and other nonproductive behaviors, (d) the influence of early developmental factors on alcohol and drug problems, (e) Black youth's exposure to negative social models (e.g., pimps, drug pushers, and uncommitted fathers), and (f) lack of supervision of developing youth by parents and responsible adults. The following are specific recommendations related to these concerns:

1. Substance-Abuse efforts of prevention and education should start in preschool or early elementary school with a focus on teaching appropriate information, attitudes, values, behaviors, and decisionmaking about alcohol, illicit drugs, and tobacco (see Harper, 1982).
2. There is a need for alternative social activities to Black youth's limited recreation that too often include TV watching, sexual activity, street socializing, and parties that involve alcohol and drugs (Caution, 1984; Dawkins, 1981; & Department of Health & Human Services, 1981). Caution (1984) documents the long hours of TV watching by Black children and its impact in terms of negative role models and advertisements that influence poor food and beverage choices. Moreover, Black parents must be careful not to intentionally or inadvertently use television as a baby-sitter, but rather attempt to expose their youth to a variety of growth-oriented experiences.

3. Adequate resources must be made available in order to assist the large proportion of urban Black youth in poverty to satisfy basic needs including those related to proper nutrition, health, clothing, adequate shelter, safety, and school activities.
4. The increased number of single, working Black parents suggests need for quality child care and organized, supervised activity for teenage youth.

Treatment and Therapy. The effective treatment and therapy of Black substance abusers should consider the commitment and qualifications of chosen staff, the resourcefulness of services, the appropriateness of therapeutic approaches to Black patients, and the relevance of the treatment philosophy to Black culture and the Black family. Specific recommendations include:

1. The consideration of directive and action-oriented counseling theories that have been observed to be effective with urban Blacks; e.g., reality therapy (Glasser, 1965), rational-emotive therapy (Ellis, 1962), transcendent counseling (Harper & Stone, 1974), and rational behavior therapy (Maultsby, 1984).
2. A priority for the use of outreach counseling in the identification, on-site counseling, and recruitment of Blacks with substance-abuse problems—also in an attempt to learn the community network and identify families in need of help and assistance.
3. A flexibility of counselor and therapist roles in helping Black families with substance-abuse problems. These roles can include educator, trainer, advocate, problem solver, role model, and service provider (e.g., see Grevious, 1985). Counselors and therapists have also underused their potential role as consultant to those who impact substance abusers or potential substance abusers (e.g., consultants to teachers, clergymen, parents, and various community leaders). (Also, see Brisbane & Womble, 1985.)
4. The use of existing AA groups as part of Black alcoholism treatment as well as the use of family-related alcohol groups such as Al-Anon and Alateen. Also, there should be consideration in establishing these groups in Black neighborhoods and/or treatment programs where such needs exist. Moreover, substance-abuse treatment programs should consider the use of proven, self-help, drug-abuse organizations as adjuncts to therapy.
5. The misuse of treatment by patients and the motivation to maintain addiction and use cannot be discounted. Examples of such cases have included (a) drug-addicted patients who "boost" methadone effect with alcohol (see Primm & Wesley, 1985), (b) inpatient alcoholics who sneak out to drink with friends (Harper, 1979), (c) sympathetic family members who smuggle alcohol in to alcoholic hospital patients who plead for a drink, and (d) substance abusers who seek treatment in the harsh winter in order to avoid the cold and acquire free meals, however, with no intention of becoming alcohol- or drug-free.

Self-Help Efforts. Proven self-help organizations, programs, and activities should be employed and encouraged. Moreover, new efforts should be initiated or institutionalized. Traditional self-help efforts against alcoholism and illicit drug use have included those of the World Community of Islam in the West (formerly the Nation of Islam). This group has been very effective in minimizing Black alcohol and drug use, especially among its own members. Consultation from the World Community of Islam in the West should be explored, its methods should be studied, and its assistance considered. Moreover, traditionally White self-help models should be employed when feasible; models such as AA, Al-Anon, and Alateen. Blacks can consider replicating these self-help groups in Black neighborhoods where sufficient need and interest exist; or Black alcoholic patients can be referred to the nearest available group in the metropolitan area. In the latter case, transportation and follow-up support are very important in the alcoholic's maintaining attendance.

Although some controversy has existed in regards to Blacks' benefits from AA, Hudson (1985) purports this group has had cross-cultural success with Blacks from all socioeconomic backgrounds and that affiliate groups and fellowships have grown in urban Black communities. This consultant strongly recommends use of AA as an adjunct to the treatment process, preferable AA meetings in Black neighborhoods for greater accessibility and cultural similarity.

Brisbane and Stuart (1985) recommend a self-help model for Black Women of Alcoholic Parents (B-WAP) and documents its success based on themes of (a) rotating facilitators or leaders, (b) focusing on racial and sex themes, (c) fostering a club atmosphere that allows for new entrants, (d) meeting on Sundays (or any convenient time for everybody), and (e) maintaining a spiritual atmosphere.

Effective self-help, drug treatment and prevention should definitely involve Black youth programs as well as neighborhood groups and campaigns that involve parents and families.

Community Efforts. The Black family is a system or institution that often interacts with supportive community systems such as churches, schools, universities, civic organizations, social clubs, and business groups. These supportive systems bear social responsibility and can provide information, resources, and services for the purposes of substance-abuse prevention, education, and treatment. Specific suggestions for these community groups follow:

1. Schools can promulgate information about alcohol and drugs via required courses, special prevention campaigns, and extracurricular activities (e.g., clubs and special projects).
2. Occupational programs of employers can encourage and/or provide for the treatment and recovery of employees with alcohol or drug problems that apparently become a factor in their health and job performance. Williams (1983) strongly advocates Employee Assistance Programs (EAPs)

in helping Black employees with alcohol and drug problems. Some motor companies of Michigan have already established health services programs for employees with alcohol and drug problems-many of whom are Black. For example, the Ford Motor Company Employee Health Services of Wixom, Michigan is described in *Alcoholism Treatment and Black Americans* (Harper, 1979, p.78). Along the same line, the Detroit Convention and Visitors Center (259-4333), Chamber of Commerce (964-4000), and Better Business Bureau (962-7566) may be consulted for ideas of initiating occupational programs involving the business world. These groups can also be instrumental in getting prevention messages out to the public.

3. In general, the Black church has failed to address Black alcoholism and drug addiction effectively in the past. In the main, Black Baptist and Methodist churches must cease to perceive these problems as a sin or weakness and move toward the acceptance of substance abusers into the church. In addition, there should be greater development of organized efforts for the prevention, education, and treatment of substance abuse among Black families.
4. College and universities can provide special grant projects related to alcoholism and drug programming, training courses, and alcohol-drug research that can accrue to the benefit of the Detroit metropolitan area. Universities such as Wayne State and the University of Detroit may present a larger capacity for training, programming, and research; however, colleges should not be ruled out-those such as Marygrove, Mercy, and Sacred Heart Seminary College as well as the various community colleges. Moreover, the large state universities outside the Detroit area cannot be disregarded in terms of possible collaboration and consultation (e.g., Michigan State University and the University of Michigan).
5. Civic and social groups can play a significant role in awareness and prevention campaigns; especially the traditionally Black organizations with a history of Black civic responsibility (e.g., the Urban League, the NAACP, Black professional associations, and Black fraternities and sororities).

Employment and Training. The persistently high rates of Black unemployment and the lack of training for job skills appear to be at the core of Black family instability and its related alcohol-drug problems. Stable employment among Black fathers and Black family members in general can do much to relieve stresses and pressures that often contribute to alcohol and drug problems. A general recommendation for enhancing Black employment is related to removing barriers to employment. Miller and Oetting (1977) surveyed possible barriers to Black employment and established the following listing of conditions and circumstances that preempt Blacks' acquisition and maintenance of jobs.

- Child care
- Health problems

- Transportation (to and from the job)
- Social and interpersonal conflict
- Financial problems (e.g., bad credit, lawsuits, and evictions)
- Legal problems (e.g., police record and probation)
- Emotional or personal problems
- Substance abuse problems
- Job-Qualification problems (e.g., lack of references, education, & work experiences)
- Discrimination (e.g., racial, religious, & sex)
- Communication problems (speaking and reading)

Related to the above job barriers, there is serious need for a variety of training activities for Black parents and youth that include job-skills training, communication-skills training, and social-skills training. Programs similar to Opportunities Industrialization Centers (OIC) should be encouraged as well as training that is supported by government and community groups.

Governmental Responsibility. The following are recommendations related to local, state, and federal governments.

1. The citizenry and leadership of Detroit should make every effort to impact policies of the primary federal agencies that administer alcohol and drug concerns, i.e., the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) respectively.
2. City agencies, non-profit organizations, community programs, and local corporations should seek funds from federal and state programs for the purpose of establishing and/or supporting substance-abuse prevention, treatment, and research efforts.
3. City government should make a special effort to identify barriers to Black family stability and growth; and thereafter, design effective and efficient programs for removing or limiting these barriers so that Black families can be self-sufficient units that will be more equipped to contribute back to the tax base and growth of the city.
4. Local policies related to alcohol and drugs should be reviewed with care for the purpose of considering changes that will enhance the prevention of alcohol and drug problems as well as their remediation.
5. This report and other supportive documents should be presented to state agencies and the state legislature with appropriate justifications and recommendations for program development and innovative laws that will favor the improvement of urban, Black families who suffer most from social pressures and stresses related to alcoholism, illicit drugs, and their urban status.
6. The significant decreases in federal support for social programs must be addressed fervently by urban leaders toward impacting federal legislators and politicians who influence and determine budgetary outlay to urban cities and their citizenry for social programming.

Education and Health. The education of the Black family about living and health is quintessential for the prevention of numerous problems of substance abuse and instability. These health-and-living educational campaigns should take place via public media (e.g., TV, radio, workshops, and public posters) as well as school courses and programs that impact Black youth (the next adult generation). The content of this public and school education on health should include knowledge and appropriate attitudes about (a) alcohol, drugs, and tobacco, (b) proper nutrition, (c) urban stress management, (d) exercise and fitness, (e) caloric intake and weight management, (f) time management, (g) sexuality, (h) child care and parenting, (i) marriage and family life, and (j) healthy personality—among other topics of consideration.

The importance of public education and school preparation cannot be underestimated in their worth for the prevention of family problems and the formation of quality lifestyles. In order to be of help to itself, the urban Black family must learn new and positive information, values, attitudes, and skills about living and surviving.

Miscellaneous Recommendations. These concluding recommendations are categorized as miscellaneous since they may not fit under any of the subtitles above or may cut across two or more of the subtitles. The miscellaneous recommendations follow as listed below:

1. The idleness of Black men and Black teenage boys due to unemployment and lack of meaningful activity has to be reversed by a total community and governmental effort. If not, this behavior is predicted to increase its prevalence with continued consequences of nonsupport of family/children, alcohol and drug abuse, criminal careers, wasted talents, and loss of contributions to the community and the city.
2. Racism and racial discrimination are continued realities, although in more sophisticated forms at times, that must be confronted and minimized as a means of removing racial barriers to the personal and family advancement of Black people. This new racism appears to be one of "exclusion", i.e., excluding Blacks from meaningful opportunities for employment, education-training, financial opportunities, and growth experience. In general terms, the new racism seems to have implications for the selection of Blacks to a less-favored status or the omission from a favored status.
3. If substance abuse problems are to be minimized, youth must be supervised. Urban cities, including families, need to reconsider the increasing status of an unsupervised youth culture; e.g. (a) due to a greater proportion of absent and working parents, (b) with schools that allow youth to leave campus for lunch (possibilities for poor food choices, sexuality, and substance abuse), and (c) due to insufficient summer and after-school programs.
4. There must be greater support for single, Black parents—especially the urban, Black mother with her numerous frustrations.

5. As with other urban cities with large proportions of poor Blacks, the challenge of the family is to a large degree a challenge of (a) developing human resources through proper training and education and (b) developing assets of the city (that can accrue to the citizenry) through attracting jobs and assets to Detroit. In this effort, everybody and every group share responsibility and blame—including outside groups such as state and federal governments.

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Appendix A

An Annotated Bibliography of "Selected, Major Works on the Black Family"

Bernard, J. (1966). *Marriage and family among Negroes*. Englewood Cliffs, Prentice-Hall.

Investigates and analyzes the phases of Black marriages and their relationships to the family and childrearing; also examines two distinct cultures among Black families as well as the process of acculturation. The book discusses male-female relationships prior to marriage in terms of courtship and mate selection, along with the roles and relationships of husbands and wives during and after marriage.

Billingsley, A. (1968). *Black families in White America*. Englewood Cliffs, NJ: Prentice-Hall.

Examines the Black family as a social system, historical backgrounds of Black families, social mobility of Black families, and sociopolitical issues related to Black families. In an appendix, Billingsley discusses the treatment of Black families in the research literature and by scholars or students of "group life".

Davis, L.G. (1978). *The Black family in the United States: A selected bibliography of annotated books, articles, and dissertations on Black families in America*.

Westport, CT: Greenwood Press.

Contains annotations of books, articles, and dissertations on the topic of the Black family. By subtopics, some of the works include the Black family as related to slavery, geography, region, social class, economics, health, and male-female roles.

DuBois, W.E.B. (1908). *The Negro American Family*. Atlanta: Atlanta University Press.

Examines the dynamics of the Black family during the time, and links the African past to and influence on the "Negro American family." Also, the book focuses on the potential role of the Black family and the Black church as potent institutions for the educational, industrial, and economic improvement of the "Negro race".

Dunmore, C.J. (1976). *Black children and their families: A bibliography*. San Francisco: R & E Research Associates.

Is a comprehensive listing of articles, books, and sources on the general subject of family "Black children and their families," with subtopics that life, (e) life in the ghetto, (f) include (a) adoption (of Black children), (b) education, (c) health and health care, (d) mental health, and (g) sex, contraception and family planning.

Frazier, E.F. (1939). *The Negro family in the United States*. Chicago: University of Chicago Press.

Presents a "natural history" or evolution of the Negro family in the United States with numerous statistical tables and footnotes. The book examines the Black family during slavery and the dynamics of the free Black family including the roles of mother and father. It also looks at the phenomenon of "roving men and homeless women" during the reconstruction period, the desertion of the Negro father with the urbanization of Black America, and the various Negro families (old families, new families, brown middle class, and Black proletariat).

Frazier, E.F. (1957). *Black bourgeoisie*. NY: The Free Press.

Is a sociological study of the Black middle class of the United States. It discusses the historical roots of the Black bourgeoisie, the acquisition of Black wealth and businesses, the economic basis of Black occupations and income, the education of the Black middle class, power and political orientation, alienation from the Black race and the White middle class, inferiority and "make-believe" of the Black bourgeoisie, the "Negro press", society and status seeking, and psychological consequences (insecurity, frustration, self-hatred, guilt, and escapism).

Gary, L.E. (Ed.), (1981). *Black men*. Beverly Hills, CA: Sage.

Includes five chapters under Part II: "Black Men and Their Families." These chapters by titles are "Black Male and Female Relationships: An Afrocentric Context"; "Interpersonal Relations Between Black Males and Black Females"; "Moms, Dads, and Boys: Race and Sex Differences in the Socialization of Male Children"; "Black Father and Child Interactions"; and "Black Unwed Adolescent Fathers."

Hare, N., & Hare, J. (1984). *The endangered Black family: Coping with the unisexuality and coming extinction of Blacks*. San Francisco: Black Think Tank.

Analyzes the dynamics of Black husband and wife interactions in the Black family unit with discussion of sexuality and power relations during courtship and in marriage. The book also examines internal and external threats to Black family survival.

Hill, R.B. (1972). *The strengths of Black families*. NY: Emerson Hall.

Analyzes the strengths and stability of Black families through prevailing data and statistics. Presents five traits of the strong Black family. The author rejects theories of Black family instability and pathology, concluding that the majority of Black families reflect strength and stability.

Klotman, P.R. (with W.H. Baatz), (1978). *The Black family and the Black woman*. NY: Arno Press.

Is a compilation of bibliographic works on the subject of "the Black family" and "the Black woman," and includes citations of books, articles, audiocassettes, unpublished papers, and government reports.

Kriesberg, L. (1970). *Mothers in poverty*. Chicago: Aldine.

Examines the causes and dynamics of poverty in mother-headed homes with a focus on Black families of Syracuse, New York.

Ladner, J.A. (1971). *Tomorrow's tomorrow: The Black woman*. Garden City, NY: Doubleday.

Discusses the role and importance of the Black woman to the Black family; and examines concepts of socializing children, matriarchy, fathers, illegitimacy, extended families, African influence, and parental control.

Martin, E.P., & Martin, J.M. (1978). *The Black extended family*. Chicago: University of Chicago Press.

Explores the dynamics and functions of the Black extended family and focuses on concepts that include (a) family structure and formation, (b) family leadership figures, (c) mutual aid system, (d) sex, courtship, and marriage, (e) status, power, and social class, and (f) problems of urban living.

McAdoo, H.P. (Ed.), (1981). *Black families*. Beverly Hills, CA: Sage.

Presents a variety of contributed chapters on topics of conceptualizations and perspectives of Black families; demographic characteristics and economics; sex and racial attitudes toward family/marriage; socialization of Black families; and Black family policies and advocacy.

Parsons, T., & Clark, K.B. (Eds.), (1966). *The Negro American*. Boston: Beacon Press.

Contains several extensive chapters by authorities on the Black American family, such as Daniel P. Moynihan's "Employment, Income, and the Ordeal of the Negro Family," Lee Rainwater's "Crucible of Identity: The Negro Lower-Class Family," and Adelaide Hill and Frederick Jaffe's "Negro Fertility and Family Size Preferences: Implications for Programming of Health and Social Services."

Scanzoni, J.H. (1971). *The Black family in modern society*. Boston: Allyn & Bacon.

Is a report of a case study of 400 Black households with both husband and wife present. It examines marital relations/stability, economic opportunity, socialization, family structure, and persistence in surviving.

Shimkin, D.B., Shimkin, E.M., & Frate, D.A. (Eds.), (1978). *The extended family in Black societies*. Chicago: Aldine.

Presents research case studies, issues, and theoretical models on extended Black families of the United States, the Caribbeans, Latin America, and Africa. The book views the extended Black family as a "multihousehold descent group" characterized by defined values, emotional closeness, economic cooperation, supportive structure of child care, social regulation, and other social functions. The book has several chapters that focus on the urban Black family.

Staples, R. (1971). *The Black family: Essays and studies*. Belmont, CA: Wadsworth.

Examines the "myth of the Black matriarchy" as a media generated image of Black families headed and controlled by Black women. Also, Staples discusses two-parent Black families; common-law marriage among Black families; divorce; childrearing practices, and family organization and power dynamics.

Willie, C.V. (Ed.), (1970). *The family life of Black people*. Columbus, OH: Charles E. Merrill.

Presents a variety of chapters that explore the integrative, functional, and adaptive qualities of the many different Black families vis-a-vis approaching the study of Black families from a deviant perspective or as a social problem.

APPENDIX B
Census Data on
The City of Detroit and the State of Michigan
DETROIT

DEMOGRAPHICS

POPULATION	
1970:	1,511,482
1980:	1,203,339
Female, 1980:	52.7%
AGE GROUPS	
under 18 years:	30.3%
18-64 years:	58.0%
65 and over:	11.7%
Median Age:	28.7 years
RACIAL COMPOSITION	
White:	413,730
Black:	758,939
American Indian:	3,420
Asian & Pacific:	6,621
Other:	20,629
Spanish Origin:	28,970
Foreign Born:	68,303
Households:	433,488
Married Men:	49.4%
Married Women:	44.5%
Persons in School:	346,812
GEOGRAPHY & CLIMATE	
Size (sq. mi.):	135.6
Density (persons/sq. mi.):	8,874
Days over 90° F:	14
Days under 32° F:	124
Days of Precipitation:	133
Possible Sunshine:	54%
Heating Degree Days:	6,226
Cooling Degree Days:	743
ECONOMIC INDICATORS	
Civilian Labor Force:	484,203
Median value of a house:	\$21,000
Per capita income:	\$6,215
Household income:	\$13,981
Persons in poverty:	21.9%
Municipal bond rating:	Ba

SOCIAL INDICATORS

Total housing units:	471,412
EDUCATIONAL LEVEL	
5 years or less school:	5.0%
High School graduates:	54.2%
4 or more years college:	8.3%
Median school years completed:	12.1 years
HEALTH DATA	
Live Births, 1978:	20,198
Deaths, 1978:	14,386
Infant Deaths, 1978:	451
Number of Hospitals:	29
Number of Physicians:	2,301
Number of Dentists:	522
CRIME STATISTICS	
Total crime index:	152,962
Violent crime index:	23,746
CULTURAL STATISTICS	
Institutions of Higher Education:	15
Libraries:	80
Museums:	14
Zoos:	1
Botanical Gardens:	1
Ballet & Dance Companies:	4
Theater Companies:	1
Instrumental Music Groups:	1
Vocal & Opera Groups:	2
Music Festivals:	-
Professional Sports Teams:	BB/2BK/ FB/H/S
Newspapers:	2
TV Stations:	6
Radio Stations:	21
FOR MORE INFORMATION	
Office of the Mayor:	313-224-3400
Public Library:	313-833-1000
Chamber of Commerce:	313-964-4000

From: Garwood, A.N. (Ed.), (1985) *Almanac of the 50 states: Basic data profiles with comparative tables*. Burlington, VT: Information Publications.

APPENDIX B
Census Data on
The City of Detroit and the State of Michigan
MICHIGAN

STATE SUMMARY

Capital City:	Lansing
Governor:	James J. Blanchard
Address:	State Capitol Lansing, MI 48909 517-373-3700
Admitted as a State:	1837
Area (square miles):	58,527
Population, 1980:	9,262,078
Persons per square mile 1980:	162.6
Largest city:	Detroit
Population, 1980:	1,203,339
Personal income per capita, 1982: (in current dollars)	\$10,956
Leading industries, 1982: (by payroll)	manufacturing service industries retail trade
Leading agricultural commodities (1982):	dairy products cattle corn soybeans

From: Garwood, A.N. (Ed.), (1985) *Almanac of the 50 states: Basic data profiles with comparative tables*. Burlington, VT: Information Publications.

NOTES

NOTES

I want to join the Detroit Urban League. Enclosed is my check for annual dues in the following category (check one):

- Youth, senior citizen \$ 5
- Basic 25
- Supporting 50
(includes certificate)
- Patron 100
(includes State of Black America)



A
Torch Drive
Agency

All memberships include newsletter.

Mail to:
Detroit Urban League
208 Mack
Detroit, MI 48201

Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____

OUR MISSION

. . . to enable blacks and other minority members to reach their full human potential.



You Can Change a Life

Programs and Services

Employment Counseling and Placement

Assistance to job seekers. Monthly work readiness seminars, help preparing resumes and with interviewing skills.

Child Care Food Programs

Monitoring and reimbursement for USDA-approved food served in family day care homes.

Seniors in Community Services

Low-income persons over age 55 placed in part-time subsidized employment in government and non-profit agencies. Training and counseling provided, with goal of full unsubsidized employment.

Community Service

Information and referral for human service problems. Technical assistance for community groups and organizations.

The Urban League Guild

Agency's essential volunteer arm. Fund-raising for youth programs, income tax assistance, community service for League and for many other community programs.

Blue Monday Network

Young minority professionals develop leadership and networking in bimonthly meetings. Seminars and workshops on economic development, business management, career counseling and current events.

Programs and Services, continued

Adult Basic Education and General Equivalency Diploma (GED)

Students receive individual academic assistance, social, vocational and career counseling. Typing, sewing and upholstery classes are offered.

Social Adjustment Counseling

Counseling for young people ages 10-24 for behavior problems in home, school or community.

In School Street School (IS3)

An alternative education project in cooperation with the Detroit Public Schools focuses on the academic and social needs of troubled seventh-graders. Each IS3 student has a volunteer mentor.

Joy Middle School

Behavioral problems targeted by League streetworkers. Uniformed youth patrol monitors halls and dismissal.

Basic Education Skills Tutorial (BEST)

Volunteer tutorial project matches young people with adult volunteers as tutors and role models.

Scholarships and Financial Aid

Assistance in securing loans, grants and financial aid for minority students' continuing education. Scholarships awarded from the Whitney M. Young and Butzel-Stevens-Pope scholarship funds.

Reducing Incidence of Pregnancy Among Minority Adolescents

Part of the National Urban League Adolescent Family Life Demonstration Project, using minority volunteer organizations to train parents to be the primary purveyors of family life values to their children.

Research and Communication

The League responds to hundreds of requests for information on the black community. UPDATE, a quarterly newsletter, is distributed with information on issues concerning the black community and the agency's activities. A series of monographs, "The State of Black Detroit: Building from Strength" is published. "The State of Black America" and "The State of Black Michigan" are available for purchase.

You Can Change a Life

The "You Can Change a Life" (YCCAL) campaign is a media and community outreach effort of the Detroit Urban League designed to encourage Detroit area adults to provide positive adult attention and involvement with young people. The adult volunteers work directly with some 20 Detroit metropolitan area youth service agencies, organizations, and programs.

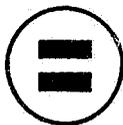
THE STRUGGLE CONTINUES!

Nelson Mandela Winnie Mandela Soehuza Moshesa Desmond Tutu
Marcus Garvey Nat Turner Paul Robeson Steven Biko Kwame Nkrumah
Jomo Kenyatta John Brown Frederick Douglass William E. B. Dubois
Mark Clark Fred Hampton Bobby Hutton Denmark Vesey Martin
Luther King, Jr. Charles Hamilton Houston Patrice Lumumba Viola Liuzzo
Malcolm X (El-Hajj Malik El-Shabazz) George Padmore Medgar Evers
Addie Mae Collins Carol Robertson Carol D. McNair Cynthia Wesley
Emmett Till Mack Parker A. Philip Randolph Dr. Ossian Sweet, M.D.
Harriet Tubman Gabriel Prosser Mary McCleod Bethune James Meredith
Fannie Lou Hamer Sojourner Truth Rev. Elijah P. Lovejoy William Lloyd
Garrison Andrew Goodman James Chaney Michael Schwerner William
I. Moore Amilcar Cabral Joseph Cinque Madison Washington David
Walker George Jackson Jonathan Jackson Samuel Petty Oliver Tambo
Whitney Young Vernon Jordan Joseph Billups Walter Hardin Chris
Alston Veal Clough Clarence Bowman Leon Bates John Conyers, Sr.
Hodges Mason Rosa Parks C.L.R. James Lucy Parsons Shelton Tappes



Register and Vote—You have a responsibility

Detroit Urban League Voter Education and Registration Project, 208 Mack Avenue, Detroit, Michigan 48201
Donald W. Woods, President. For additional information, please call (313) 832-4600.



Published By
The Detroit Urban League
208 Mack
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