An analysis of factors contributing to substance abuse among African-American women

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ABSTRACT

SOCIAL WORK ADMINISTRATION

THOMAS, MAKEBA K    B.S.W. BOWIE STATE UNIVERSITY, 1994
                    M.S.W. HOWARD UNIVERSITY, 1997

AN ANALYSIS OF FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONG
AFRICAN-AMERICAN WOMEN

Advisor: Professor Richard Lyle

Dissertation dated December 2003

This study examines the factors contributing to substance abuse among African-American women. The sample of this study consisted of 41 African-American women who identified themselves as substance abusers and were currently receiving treatment in either an inpatient or outpatient facility. African-American women are disproportionately affected by substance abuse, which has made an impact on their personal and family life. Life for African-American women can be immersed with a number of social problems such as poverty, racism, and sexism, which make life difficult to manage. In an effort to manage, many African-American women turn to a life of addiction. Once addicted, the African-American woman finds herself with limited effective options for treatment.

The purpose of this study was to determine whether there was a relationship between spirituality, African self-consciousness, and substance abuse among African-American women. An additional objective was to determine whether spirituality was a
predictor of substance abuse among African-American women. This study was based on
the premise that little research has been conducted on factors that relate to lifetime years
of substance abuse among this population, more specifically Spirituality and African self-
consciousness.

An exploratory research design was utilized. Statistical treatment of the data
employed descriptive statistics, Pearson’s r, chi-square, and logistic regression analysis.
In addition, two focus groups were used to explore the respondents’ ascribed meanings of
the two independent variables of this study. While the findings did not show a significant
relationship between Spirituality and substance abuse or between African self-
consciousness and substance abuse, Spirituality was found to be a predictor of heroin use
among this population.

Additional findings in qualitative analysis as respondents self-disclosed about the
relationship between Spirituality, African self-consciousness, and their substance abuse
experience suggest there the two variables are related. Implications for conducting more
qualitative analysis with this population are discussed.
AN ANALYSIS OF FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONG AFRICAN-AMERICAN WOMEN

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
MAKEBA K. THOMAS

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
DECEMBER 2003
ACKNOWLEDGEMENTS

I would like to give honor and praise to God for allowing me the opportunity to meet this challenge. It is only by his grace and mercy that I have been kept through it all. Most of all I thank God for my mother’s spirit that dwells in me. I thank my father Linwood, my aunt and second mother Naomi, and the rest of the Thomas family for their emotional, financial, and spiritual support. My dearest friend, Meshelle, words cannot express what you have meant to me through this process. To Dr. Bernice Liddie-Hamilton and Dr. Jenny Jones, thank you for your love and encouragement. I acknowledge my cohorts, Irma, Jimmy, Greg, and Larry, for your support and encouragement. I thank Dr. Jerome Schiele, for encouraging me to “Keep hope alive.” I thank Mrs. Edith Gray for her support. Finally I give thanks to my chairperson, Dr. Richard Lyle, and committee members Dr. Sarita Davis and Dr Mary Jackson for their support and encouragement.
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CHAPTER I
INTRODUCTION

Drug abuse is a social ill affecting every aspect of life for those who become addicted or affected by illicit drugs. One of the leading reports, the National Household Survey on Drug Abuse conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA, 1999), reported that an estimated 14.8 million Americans are currently using illicit substances (SAMHSA, 1999). More specifically, there are overwhelming increases in the number of women who use drugs and alcohol (Curtis-Boles & Jenkins-Monroe, 2000; Jackson, 1995).

Additional prevailing research has been well documented and categorizes illicit drug use and addiction among women as a major public health concern. Drug use among women has been well documented in research. One study conducted by SAMHSA (1999) among adult women, suggested that the highest prevalence of illicit drug use was found among women ages 18 to 34 who were unemployed, never married, and initiated drug use at age 15 or younger. Further analysis of substance abuse among women revealed that a disproportionate number were African American (Wingo, 2001).

Research shows that life for African-American women can be overwhelmingly immersed with varied social problems that include, but are not limited to, poverty, racism, sexism, spousal abuse, rape, and incest, which make daily tasks difficult to
manage (Davis, 1997). As with any challenge, there is a desperate need to define effective strategies for coping with life stressors; African-American women’s strategies for coping with life stressors can be self-destructive.

Rhodes and Johnson (1997) suggest that failed attempts to provide successful therapy to African-American women can be ascribed, in part, to the conventional models of treatment, which identify addiction as a unitary experience and disregard environmental and spiritual factors. As a result of failed treatment, African-American women are thrust into a life of addiction, thereby lessening their likelihood of having productive lifestyles.

This leads to the need for further research on substance abuse, one of the less noted problems facing African-American women (Davis, 1997). Moreover, research that exists on African Americans lends little attention to the drinking patterns, problems, or prevalence among this group (Clark & Midanik, 1982). Instead, much of the research was derived from studies conducted on African Americans in the 1960s as a component of the “War on Poverty” (Clark & Midanik, 1982). Substance abuse has been more commonly defined as one of the self-destructive behaviors used to gain control over some of the challenging life situations experienced by African-American women (Taha-Cisse, 1991).
Statement of Problem

Substance abuse among the African-American population has been of major concern for the past decade and continues to occur at a disproportionate rate. Numbers of African-American women use illicit drugs as a means of reducing stress and often become addicted, thereby causing need for treatment. Treatment programs have historically ignored the unique qualities of African-American women that should be addressed in therapeutic environments. Thus, many African-American women have not been able to benefit from substance abuse treatment. As a result, recidivism rates have been high, thus making recidivism abundant among this population.

Review of the literature has shown that spirituality and African self-consciousness are among variables that may affect substance abuse in this population (Jackson, 1995; Gary & Berry, 1985; Azibo, 1999; Roberts et al., 2000). African Americans have used spirituality and religion as a positive force to guide through life’s challenges. Organized religion and spirituality has been, and continues to be, vital to the existence and resilience of African-American families, providing the impetus for African Americans’ ability to become stronger during stressful situations. Religion and spirituality have been used interchangeably in the literature; however this study made a distinction between the two and focused solely on spirituality.

Religion has been defined as a set of rituals, ceremonies, symbols, and patterned actions. Conversely, spirituality has been defined as the connection with self, others, and a higher being. Spirituality, unlike some forms of organized religion, does not solely place God or a higher being in an institutional framework.
For example, Butler (1997) contends that “African spirituality” identifies a way of life that views all of life as connected with God’s spirit with no separation between sacred and secular. It is seen as an extension of one’s self and concentrates highly on the union of self, others, and the environment, as opposed to union of self with materialism and objectification of God.

Stewart (1999) defines spirituality as “the full matrix of beliefs, power, values, and behaviors that shape people’s consciousness, understanding, and capacity of themselves in relation to divine reality” (p. 1). Stewart (1999) further states that African Americans have been soul survivors as a result of what he refers to as “African American spirituality,” which has allowed them to adjust, rise above, and change the absurdities of racism, oppression, and undesirable human conditions into a culture that has maintained sanity, strength, and totality.

Thus, the relevance of spirituality is extremely significant in the discussion of African-American women who use drugs. Spirituality has been used to spring forth hope, healing, and determination for African-American people throughout history; it should therefore be explored in determining methods to prevent and treat substance abuse among African Americans. Spirituality may be a catalyst to reconnect addicted African-American women with self, family, community, and God without the restrictions that organized religion imposes, commonly ostracizing and isolating those considered morally deficit. This connection—offering needed support—may assist in prevention and recovery for African-American women.
African self-consciousness is another variable that may explain substance abuse among African-American women. African self-consciousness (ASC) speaks to (a) collective African identity, (b) opposition to oppression and racism, (c) value for African-centered institutions and cultural expressions, and (d) value for African culture (Baldwin & Bell, 1985). ASC would allow addicted women to have an awareness of the tenets of positive African life, with emphasis on the importance of collective survival and positive development, respect and active maintenance of African life, and resistance to oppression and racism (Thompson & Chambers, 2000).

African-American women with a moderate to high level of African self-consciousness would then value their health and take a more preventative and proactive approach to maintaining their well-being (Thompson & Chambers, 2000). The authors further contend that a person with high ASC would be more likely to maintain healthy eating habits and strive for the optimal level of health consciousness. This person would also be more likely to abstain from the use of alcohol and illicit drugs due to the awareness of problems associated with addiction.

Other studies have shown the relationship between ASC and substance abuse, indicating that African Americans with a high awareness and connection to the relics of the African culture and struggle tend to have negative attitudes toward substance abuse (Dixon & Azibo, 1998; Gary & Berry, 1985; Belgrave & Cherry, 1994; Rowes & Grills, 1993). Hence, prevention and treatment programs that assess and thereby initiate the development of a high level of ASC would assist African-American women. The presence of spirituality and ASC in African-American women may increase a sense of
self, community, and God, preventing substance abuse for those abstinent and offering recovery for those addicted.

In sum, current literature defines several factors affecting substance abuse among African-American women, such as parental substance abuse, traumatic events, child abuse, exposure to violence, and personal losses (Curtis-Boles & Jenkins-Monroe, 2000). The literature, although it has increased over the past years, focuses little attention on substance abuse among women in general. In particular, insufficient attention has been given to factors such as spirituality and African self-consciousness that affect lifetime years of substance abuse among African-American women, especially as they are used to assess their risk factors to develop effective treatment programs and increase recovery successes.

Purpose of the Study

The purpose of this study was to analyze factors that may have a relationship on lifetime years of substance abuse among African-American women. To achieve this purpose, the study examined two constructs—spirituality and African self-consciousness—in African-American women. More specifically, this study examined relationships between spirituality, ASC, and substance abuse among this population. In addition, this study seeks to determine if spirituality is a significant predictor of substance abuse.

The dependent variable of this study is lifetime years of substance abuse and the independent variables are (1) spirituality and (2) African self-consciousness. Analysis of
these variables is important to social work in that professional social work practitioners, social work faculty, social work students, and other professionals treating this population might enhance their knowledge base and acquire greater understanding of factors necessary in the development of services that meet the unique needs of African-American female substance abusers. Furthermore, this study may also reveal important knowledge that is significant to prevention among this population.

Significance of the Study

As previously stated, insufficient attention has been given to substance abuse among women, particularly African-American women. Moreover, insufficient attention has been given to the effects that various factors such as spirituality and ASC has on lifetime years of substance abuse among African-American women.

The negative consequences of not addressing or filling this gap in the literature and in social work practice with this substance abuse population are as follows: (1) The numbers of African-American women who abuse illicit drugs continues to rise, thus hindering the individual in her growth and development to include her family and community life; (2) current assessment and treatment modalities continue to fall short in addressing the unique needs of African-American women, thus increasing the likelihood of recidivism; (3) the numbers of African-American women exposed/affected by HIV/AIDS may continue to rise, thus contributing to negative health consequences; and (4) the lack of exposure to a diverse knowledge base, which provides information
pertinent to the treatment of African-American female substance abusers, will contribute to practitioners being less prepared to serve this population.

The first identified reason for filling this literature gap addresses the need for African-American women to remain drug free, thereby embracing their historically noted ability to add to African-American family and community life. The family is considered one of the strongest and most significant entities that comprise the black community (Franklin, 1997). As suggested by Nobles & Goddard (1985), drugs in the black community, which is often accompanied by violence, has hindered the quality of black life. “African American woman’s increasing involvement in the drug culture is tearing at the fabric of the extended family and compromising the development of African-American children already faced with the overwhelming challenges of poverty and oppression” (Curtis-Boles et al., 2000). Studies suggest family life and familial relationships are the victims of the drug epidemic (Mondanaro 1989; Chasnoff 1988; Nobles & Goddard 1985).

Some of the threats to the African-American family life, as posed by the continued use of illicit drugs by African-American women, are reflected in the numbers of young adolescents deserting their families to participate in activities to sell and buy; the increasing numbers of pregnant women who are addicted, thereby exposing their infants to drugs and risk of developmental delays; and lastly an increase in the number of African-American children who lack extended family networks (Staples, 1990). Staples suggest that the most strenuous part of a woman’s addiction is felt by her family,
ultimately leading to its instability. Some of the accompanied behavior includes stealing, prostitution, and female gangs.

Staples (1990) notes, "The surge in addiction among young African-American women has accomplished what colonialism, slavery, racism, and economic deprivation could not—subordination of the maternal instinct to the pursuit of an addiction" (p. 201). Black mothers, according to Staples, are known historically to have an indestructible bond with their children. However, the African-American mother's ability to nurture or sustain that bond, due to the impairment that accompanies drug use, is hindered.

Family is the entity responsible for nurturing and developing individuals, building self-esteem and teaching respect, restraint, and reciprocity through observation and learned behavior (Poiter, Niliwaambieni & Cyprian, 1997). Poiter, Niliwaambieni and Rowe (1997) suggest that family is also the entity in which children learn important lifestyle skills, mirroring cooperation, negotiation, oneness, and building relationships. Thus, neglect of African-American female abusers may further hinder their ability to serve in the role of mother, wife, grandmother, and pillar of the African-American community.

A second reason for this study is to examine variables that may impact illicit substance abuse among African-American women and to consider the possible relationships as they may affect substance abuse assessment and treatment strategies for this population. Considering the powerful nature of family as an interpersonal resource, the survival of its members, namely the African-American woman, is contingent upon effective treatment (Poiter, Niliwaambieni & Rowe, 1997). As stated by Poiter,
Niliwaambieni, and Rowe, “Drug treatment programs have been less than sensitive to women and to the cultural considerations that affect them, and women, as a whole, have seldom received adequate treatment” (p. 173).

Disproportionate allocation of resources for African-American women stems from the failure of traditional addiction models to recognize environmental factors that shape the experience of minority and female addicts. Most linear models of treatment have not addressed the unique daily reality of African-American women, including racism, sexism, poverty, spiritual alienation, low self-esteem, sexual abuse, drug infested neighborhoods, and other stressors that pose a threat to everyday survival.

The medical model, which is commonly used to treat addicts, focuses more on changing the individual’s pattern of thinking. Although treatment should assist the client in developing a recovered pattern of thinking, which can enhance coping skills, it has been suggested by Rhodes and Johnson (1997) that a more effective approach would address the various oppressions that affect African-American women, namely oppression, racism, and sexism. Rhodes and Johnson (1997) further suggest that an unwillingness to be familiar with environmental factors that may influence substance abuse among African-American women will inhibit appropriate strategies that will affect intervention efforts.

A third reason for this study is the increasing rate of HIV/AIDS cases that will decrease a healthy African-American population. Overall, substance abuse is thought to have a more significant effect on the health and social functioning of African-American women than on white women, because women of color have more health issues and less
HIV/AIDS is a major health concern associated with substance abuse. More specifically, increases in the incidence rate of HIV/AIDS diagnosis among African-American women, as discussed by Hatchett (1990), is related to the increase of illicit drug abuse. Along with other factors for HIV/AIDS, intravenous drug use accounts for 60% of all new HIV infections (Gasch, Poulson, Fullilove & Fullilove, 1991).

Furthermore, African-American women are among the fastest-growing group to contract HIV (Quinn, 1993). Examining African-American women substance abusers may uncover important insight to the precursors to substance abuse, such as low self-esteem, childhood sexual abuse, incest, and rape (Davis, 1997) that may be used to prevent more African-American women from using, subsequently preventing HIV/AIDS cases.

African-American women diagnosed with HIV experience a lack of support from the African-American community due to the stigma and miseducation around the disease, thereby increasing social and emotional isolation. In a qualitative study conducted by Russell and Smith (1999), HIV-positive African-American women reported living a secret or hidden life due to fear of rejection and stigma associated with the disease. The African-American woman who struggles with addiction and HIV/AIDS is less likely to abstain from continued use.

As a final point, this study is designed to add to the body of knowledge for social work and other health-related practices. As with any study, a researchable problem should increase the knowledge base of a profession. This study can increase the
knowledge base by enhancing and generating diverse information, which may aid in the
development of assessment tools, prevention techniques, and intervention methods used
to assist African-American women in drug abuse prevention/recovery. In addition, social
work students and other health professionals will be exposed to diverse information and
interpretation as it relates to African-American female substance abusers.

The curriculum is an important component to consider when we begin the process
of educating. Most schools of social work are just beginning to include addiction or
practice skills with clients who are drug addicted as a part of the academic curriculum.
In 1998, the National Association of Social Workers (NASW) administered a survey,
which yielded significant interest in NASW establishing and offering a national
certification program in areas of specialization. One of the noted areas was Alcohol,
Tobacco and other Drugs (ATOD). As a result, NASW developed what is now the
NASW ATOD specialty certification, which gives social workers national recognition in
ATOD.

It is evident that social work organizations have recognized the need for substance
abuse to become a specialty practice. Substance abuse has been increasingly present in
the curriculum of undergraduate and graduate programs across the country. Since
substance abuse has been noted to disproportionately affect minorities, more specifically
African Americans, there is also a need for the university curriculum to reflect an
integration of diversity and specialty practice.

The importance of a diverse curriculum can be most effective with students at all
universities, given that this area of study is absent in the present curriculum. The national
accrediting body for all undergraduate and graduate programs for social work, the Council on Social Work Education, mandates a curriculum policy statement that establishes the following,

Professional social work education is committed to preparing students to understand and appreciate human diversity. Programs must provide curriculum content about differences and similarities in the experiences, needs, and beliefs of people. The curriculum must include content about differential assessment and intervention skills that will enable practitioners to serve diverse populations. Each program is required to include content about population groups that are particularly relevant to the program’s mission. These include, but are not limited to groups distinguished by race, ethnicity, culture, class, gender, sexual orientation, religion, physical or mental disability, age, and national origin. (CPS B6.4 & M6.6)

An absence of this diverse knowledge would further hinder the profession and its ability to recognize the unique needs of substance abuse in African-American women. In addition, treatment with this population continues to minimize cultural competence, thereby lessening successful completion of drug abuse treatment programs. Social workers must be prepared, with the assistance of a diverse knowledge base, to advocate for policies and practice methods that will address factors that affect substance abuse, as well as barriers to treatment that interfere with recovery.
Definition of Terms

Substance Abuse – self report use of one or more illicit substances included in the drug and alcohol section of the Addictions severity scale.

Spirituality – a connection and awareness of a nonhuman element that governs life.

African Self-consciousness - an awareness of one’s black identity and legacy; recognition of the necessity of customs and values that affirm black existence; partaking in a movement concerning survival, liberation, and development of black people; and the acknowledgement of racism and oppression.
CHAPTER II
LITERATURE REVIEW

This chapter provides a formal definition of substance abuse, and discusses the historical precedents of substance abuse in the U.S. population, in the African-American population, and in African-American women, and policy issues concerning substance abuse. Lastly, it will more specifically focus on variables that have not been sufficiently explored by previous researchers in relation to substance abuse among African-American women. Although there is a plethora of research that covers the substance abuse epidemic in the black community, this literature review concentrated on the factors that are the primary focus among the African-American female population.

Substance Abuse

A formal definition of substance abuse disorder has been established by the Diagnostic Statistical Manual (APA, 1994) as a maladaptive pattern of drug use leading to clinically significant impairment or distress, as manifested by one or more of four symptoms occurring within a 12 month period. Those symptoms are identified by the DSM-IV as:
(1) Recurrent drug use resulting in a failure to fulfill major role obligations at work, school or home, (2) Recurrent drug use in situations in which it is physically hazardous, (3) Recurrent drug-related legal problems, such as arrests for disorderly conduct or DUI, and (4) Recurrent use despite having persistent or recurrent social or interpersonal problems, caused or exacerbated by the effects of the drug.

These four factors are considered to be indicative of a person experiencing substance abuse disorder.

Consequently, there are additional criteria that transform substance abuse to substance dependence. The DSM-IV (1994) defines substance dependence as a maladaptive pattern of drug use, leading to clinically significant impairment of distress, as manifested by three or more of the following symptoms occurring in the same 12 month period. These symptoms include:

(1) Tolerance;

(2) Withdrawal;

(3) The drug is often taken in larger amounts or over a longer period than was intended;

(4) There is a persistent desire or unsuccessful efforts to cut down or control drug use;

(5) A great deal of time is spent on activities necessary to obtaining the drug, use the drug, or recover from its effects;
(6) Important social, occupational or recreational activities are given up or reduced because of the drug use; and

(7) The drug continues to be used despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have caused or worsened by the drug.

According to Sussman and Ames (2001), there are four steps of drug processing that demonstrate how the drug phenomenon applies to individual use and abuse. The first step involves administration, which refers to the entrance of the drug into a human body. Those methods include ingestion, inhalation, injection, and absorption. The second step involves distribution, that is, how well the drug travels through a human body (Sussman & Ames, 2001). The third step, action, describes the effects a drug has on an individual. Sussman and Ames (2001) suggested that all drugs have a different “feel good” experience. Drugs are known to have a direct or indirect effect on brain reward systems (Sussman & Ames, 2001). The researchers identify the final step as elimination, which is the excretion of the drug from the human body through sweat, urine, and vomiting.

While there are formally acceptable definitions of substance abuse and dependence and identifiable stages of drug use, an important factor in understanding the intricacies of this epidemic can be accounted for in the history of drug use in the United States. Drug use in the United States can be traced as far back as the 1800s (Musto, 2002; MacCoun & Reuter, 2001). Two of the most widely used drugs in the United States are marijuana and alcohol.
History of Drugs in the United States

One of the earliest accounts of drugs is the conception of morphine in the nineteenth century, when first it was isolated from crude opium, and later in 1898 introduced to the world by Bayer Pharmaceutical Company under the name heroin (Musto, 2002). It was introduced as a cough suppressant, but since then, as described by Musto, is used for its ability to alter the mind. Current use, as described by Musto, is in “its powers as a cough suppressant now reflected only in the manner which death from overdose occurs, respiratory depression” (p. ix). Consequently, millions of people have become addicted to heroin.

A second, more commonly used illicit drug in the United States is cocaine. MacCoun and Reuter (2001) report that in the 1800s physicians prescribed cocaine for medical ailments. During the subsequent decades, the legal use of cocaine became abandoned by physicians, pharmacists, and pharmaceutical manufacturers (MacCoun & Reuter, 2001). These authors suggest that the acceptance of the legal use of cocaine changed because of several factors, namely its addictive nature, its destructive effect on the user, and the low socioeconomic standing of those who, although aware of the dangers, continued use. Later its prohibition was integrated in the Harrison Act of 1914, which made the purchase of cocaine illegal, while leaving its manufacturing legal (MacCoun & Reuter, 2001).

Despite legislative mandates, drugs continue to plague communities that make up the United States and have destroyed individuals and families and ultimately suppressed their capacity to prosper. In an attempt to address the substance abuse epidemic, various
policies, treatment programs, and research have been a part of the “War on Drugs.” One of the attempted efforts to measure the level of incidence among the United States population has been tracked by four major surveys, to include: The National Household Survey on Drug Abuse, Monitoring the Future, Arrestee Drug Abuse Monitoring, and the Drug Abuse Warning Network.

Although these surveys report the incidence of drug use among the population in the United States, researchers (National Research Council, 2001; MacCoun & Reuter, 2001) suggested that populations known to have the highest risk for drug abuse, who are found in prisons, hospitals, residential treatment centers, and on the streets, are not sufficiently included in any of the surveys. Although the results of the surveys may perhaps be questionable, they are widely used in substance abuse-centered research.

U.S. Drug Policy

There have been numerous policies implemented to control drugs in the United States since its rampant destruction of communities. One of the oldest laws addressing drug control in the United States is the Harrison Act of 1914. The Harrison Act of 1914 was enacted as a national attempt to control opiates and cocaine, replacing the sporadic drug policy already in place in various states (Musto, 2002). This act placed taxes on the transfer and sales of opiates, with the exception of transactions between physicians, pharmacists, and patients.

An additional hallmark in drug policy in the United States was the enactment of The Narcotic Control Act of 1956, which amended the internal revenue code of 1954 by
controlling import and export acts to control narcotic drugs and marijuana (Musto, 2002). Since the first set of laws was passed to control drugs, numerous policies have attempted to control, prohibit, and eliminate the use and sale of illicit drugs on a national level.

Despite the policy system developed to combat the drug epidemic, Rugh (2002) states that “the results of this system include continuing very high levels of drug use (some of the highest in the world); escalation of costs to society; an extremely high prevalence of HIV and other diseases, especially among drug users (some of the highest rates in the Western world); and rapid prison expansion” (p. 221). Furthermore, despite increased spending to control drug supply, cocaine is less expensive than in the previous decade and heroin purity has increased by 30% (Riley, 1998). Research shows that current policy that addresses drugs in the United States disproportionately affects African Americans.

The more recent effects of policies that address substance abuse are reflected in the disproportionate numbers of African Americans arrested on drug charges. Mauer and Hauling (1995) suggests that African-American arrests, which are 45% of arrests nationally, are disproportionate when compared to their population makeup. Research shows that African-American women were more than eight times as likely as whites to be in prison in 1997. A large percentage of the arrests experienced by black females are due in part to the War on Drugs and statistics indicate that 42.2% of all African-American women were convicted of drug offenses (Human Rights Watch, 2000).

The War on Drugs may be viewed as a strategy to incarcerate African-American males in disproportionate numbers. Some scholars have compared the War on Drugs to
slave codes, suggesting that it selects petty drug offenses as grounds for extensive law enforcement, resulting in the imprisonment of large numbers of African-American men (Wolpert, 1999). Although drug activity has no distinction in race, socio-economic, and geographic areas, law enforcement practices have generally concentrated in the communities characterized as low-income and minority areas (The Sentencing Project, 1998).

According to Wolpert (1999), “While African Americans and Hispanic make up the bulk of those arrested, convicted and imprisoned for drug crimes, the U.S. Public Health Service’s Substance Abuse and Mental Health Services Administration has estimated that seventy-six percent of drug users are white; only fourteen percent are black” (1999, p. 267). More importantly, there has been a noted increase in convicted drug offenders, which increased from 25% in 1980 to 59% in 1994. It has also noted that harsher sentencing for drug convictions can be attributed to the difference in punishment for crack cocaine as opposed to the powder form, which represents a 30% average longer sentence for African-Americans. Mauer and Hauling (1995) contend that the number of African-Americans in the criminal justice system is drastically increased by current drug law practices.

In addition to the concern for unfair practice in drug sentencing for African-American people involved with drug use is the rising concern for policy that affects drug-addicted pregnant African-American women. Zerai and Banks (2002) reported that African-American mothers who suffer with addictions, more specifically crack cocaine, face punishment as opposed to treatment. Increasing numbers of women are losing
custody of their children in jurisdictions where drug use is considered proof for unfit motherhood (Neuspiel et al., 1993).

There is a battle between liberals and conservatives, wherein conservatives view the women as deviants, while liberals suggest that the problem stems from a racially stratified social system with unequal distribution of resources (Zerai & Banks, 2002). More importantly, poor black women are among those who are increasingly being prosecuted. As a result, these women face temporary or permanent custody loss of their children.

They also face other charges that include incarceration, distribution of drugs to minors, child abuse and neglect, manslaughter, and assault with a deadly weapon (Roberts, 1991). Furthermore, African-American women are more likely to receive punitive measures because they are disproportionately affected by poverty, and therefore have more contact with government agencies that have the ability to detect drug use.

U.S. Trends in Illicit Drug Use

The National Household Survey on Drug Abuse (NHSDA), a project of SAMHSA, reported that in the year 2000, an estimated 14 million Americans were illicit drug users (NHSDA, 2000). Illicit drug use as defined by the NHSDA includes marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used non-medically (2000). Since 1972, the NHSDA has been the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use in the general population aged 12 years and older.
The sample size used to complete the survey is approximately 70,000 persons a year. The NHSDA uses a computer-based questionnaire, which has the capacity to be interactive and bilingual. The report provides estimates of rates of use, number of users, initiation of use, and other measures related to use of illicit substances that are used for purposes other than medical. The following findings highlight drug use trends in the United States from 1999 to 2000 as reported by the NHSDA:

(1) As compared to previous years, men had higher rates of non-medical drug use than women (7.7% vs. 5.0%) in 2000.

(2) Between 1999 and 2000, the rate of past-month marijuana use increased among women aged 12 and older from 3.1% to 3.5%. This increase was due to an increase in use among women aged 26 and older, from 1.4% in 1999 to 2.0% in 2000.

(3) Residents in metropolitan areas were more likely than those in non-metropolitan areas to have used an illicit drug during the past year.

(4) An estimated 25 million individuals aged 12 or older in the U.S. population had used an illicit drug during the past year (2000).

(5) Those 18 or older residing in metropolitan areas were more likely than those residing in non-metropolitan areas to have used an illicit drug during the past year.

(6) Young adults aged 18 to 25 living in urban areas were more likely than those living in less urban counties to have used an illicit drug.
An additional database used to measure the prevalence of drug use in the United States is the Drug Abuse Warning Network (DAWN), which provides additional information on the current trends of drug use in the United States in reports. The DAWN is a national surveillance system that gathers data on drug-associated emergency room visits and drug-related deaths reviewed by medical examiners and coroners (DAWN, 2001).

The data is collected from a national probability sample of non-federal, short-term hospital stays in the emergency departments of the United States, to include 21 metropolitan cities. This system receives data from emergency departments if the visit involves a person age 6 to 97 who displays indications of misuse of drugs.

According to DAWN’s latest findings, the four major drugs currently in distribution in the United States are heroin, cocaine, marijuana, and methamphetamine (2001). In the United States in the year 2000, there were an estimated 243 drug abuse-related emergency department visits per 100,000 population.

The breakdown in types of drugs is as follows: 71 cocaine mentions per 100,000; 39 heroine mentions; 39 marijuana mentions; and 6 methamphetamines mentions per 100,000, together accounting for 35% of all mentions in emergency room visits (DAWN, 2001). In other reports of current trends of drug use described by the Drug and Alcohol Services Information System (DASIS, 2002), three main findings were highlighted in the breakdown of treatment admissions for injection drug abuse:

1. In 1999, there were 179,000 treatment admissions for primary injection drug abuse and 34,000 admissions for secondary injection drug abuse.
(2) Opiates accounted for 83% of admissions for injection drug abuse, followed by methamphetamine/amphetamine (11%) and cocaine (5%).


Information reported in the DASIS is generated by Treatment Episode Data (TEDS), which collects an estimate of 1.6 million annual admissions from mostly publicly funded facilities (DASIS, 2002). The records kept by TEDS reflect admissions as opposed to individuals, of which 179,000 admissions were reported in 1999 (DASIS). The DASIS 2002 reports that 83% of all admissions were heroin or other opiates and the next highly reported injection drug was methamphetamine (11%) and cocaine (5%).

An increase in admissions for primary injection drug use was reported at 14% between the years 1992 and 1999 and admissions for injected opiates rose 17% between the years of 1992 and 1999 (DASIS, 2002). More alarming results from this report reflect a 197% increase in the use in methamphetamine/amphetamines, whereas admissions for injected cocaine dropped by 58%.

According to the DASIS 2002 report, injection drug admissions for treatment increased for people aged 15 to 25 between the years 1992 and 1999. The racial/ethnic breakdown indicated that opiates were the drug of choice for 95% of Hispanic and 92% of black (non-Hispanic) injection admissions (DASIS, 2002). American Indian/Alaska Native admissions were 23% and white (non- Hispanic) reported 16% for methamphetamine/amphetamine injections as the primary drug of choice.
Overall, the DASIS (2002) reports the demographics for injection drug abuse admissions for primary opiate injection as 56% White, 15% Black, 13% Mexican, and 8% Puerto Rican. Moreover, one third of primary opiate injection admissions were female, 44% of the admissions for methamphetamine/amphetamine admissions were female, and 37% of admissions for primary cocaine injection were female (DASIS, 2002).

The DASIS (2002) found that injection drug users are more apt to use for many years before entering treatment. As reported in 1999, injected drug admissions averaged 14 years of use before entering treatment for the first time, whereas those admitted for injecting methamphetamine/amphetamine averaged 12 years and those injecting cocaine reported 13 years.

Prior treatment results show that injection drug users found it complicated to maintain abstinence. Data reported on prior treatment also found that among injection drug admissions in 1999, 32% of opiate admissions had five or more prior treatment episodes, along with 16% of injected cocaine and 6% of injected methamphetamine/amphetamine admissions (DASIS, 2002).

Furthermore, results in the characteristics of repeat admissions to substance abuse treatment highlighted these important findings:

(1) In 1999, 58% of substance abuse treatment admissions had at least one prior treatment episode.

(2) Admissions with five or more prior treatment episodes were more likely not to be a part of the labor force (54%) than were new admissions (32%).
(3) About 24% of those with five or more prior treatment episodes were homeless compared with 8% of first-time admissions.

In a breakdown of repeat admissions according to race, whites represented 57%, blacks 61%, Puerto Ricans 71%, and the lowest were among Mexicans at 52% and Asian and Pacific Islanders at 45% (DASIS, 2002). DASIS indicates that two-thirds of all admissions had no health insurance, while admissions with five or more prior treatment experiences were likely to be insured by Medicaid. Those who had five or more prior experiences with treatment were also more likely to have a psychiatric problem coupled with a substance abuse problem, as opposed to those who were newly admitted or those who had less than four treatment experiences (DASIS, 2002). While noting the distribution of drug use in the United States, it is also important to note the history of substance use practices among African-American people.

Historical Precedents in Substance Abuse Among African Americans

James and Johnson (1996) suggested that research on African-American addiction is often examined without considering the traditional uses of alcohol and drugs in Africa. Moreover, James and Johnson stated that slaves came to America with exceedingly developed patterns of drug and alcohol use for religious, social, and medical purposes. Some of the historical facts imply that wine made from palm trees and brewed beer were a part of social interaction among men in numerous African tribal societies (Heath, 1975, p. 15). Netting (1964) adds that drinking patterns were a well-established part of social activity in the Kofyarian society. Consumption of beer in this society was a group
activity that was marked by harvest time and other cultural celebrations (Netting, 1964). Although for some time there was an established drinking pattern for many African societies, it was tainted by slave trading.

Slaves were often traded for alcohol such as gin, that was until then absent in African society. James and Johnson (1996) reported that gin eventually replaced palm oil as the major source of income for villages. This practice continued throughout the slave trade, transporting thousands of gallons of distilled rum and whiskey and additionally introducing techniques for producing them. Nonalcoholic drug use in Africa included the use of marijuana, hashish, and other African herbs that had mind-altering characteristics (du Toit, 1991).

Traditionally used substances in Africa include palm wine, millet beer, marijuana, and other African herbs; some were used for celebratory practices and others for traditional medical practices (James & Johnson, 1996). The consequent development of substance abuse among African Americans is marked by slavery, as it was practiced in the United States. Social structure of drinking for African-American people in slavery was distinguished by celebrations, holidays, and weekends (James & Johnson, 1996). James and Johnson further noted that drinking among African-American slave women during this period appeared to have been less than the men.

Essentially, liquor became significant in African Americans’ lives in several ways during slavery, as reward for good crops, used during holidays and celebrations, and for illicit trade between blacks and whites. Stamp (1961) described liquor as “providing their
only satisfactory escape from the indignities, the frustration, the emptiness, the oppressive boredom of slavery" (370-371).

Subsequent to the Civil War, alcohol and drug use among African-American people was more a coping mechanism for emotional affliction as a result of racism, discrimination, and poverty, as opposed to the traditional African societal use for celebratory purposes (James & Johnson, 1996). As time progressed, drug abuse among the African-American urban population grew and was contributed to in part to the great migration of African-American people, discharge of veterans in Vietnam, and use at middle-class parties and in middle-class communities (James & Johnson, 1996).

Throughout history alcohol and drug use has been a part of African life and transitioned to African-American life. It dates to the ancient history of African civilization but progressed in a downward spiral with the beginning of the slave trade and further denigrated as slaves were introduced to a wider selection of drugs and alcohol in America. Several contributing factors such as racism, poverty, discrimination, and unemployment experienced by African-American people have and still plague their communities, thus generating feelings of hopelessness. The hopelessness continues to be a major cause of the beginning and continued addiction and alcohol abuse by many African Americans.

Current Issues Affecting Substance Abuse Among African Americans

Wright (2001) discusses four explanations for contemporary substance abuse patterns as depicted in the African-American community. Those explanations are
historical patterns of alcohol use and abstinence in the African-American community, the
overwhelming availability of alcohol and illicit drugs, the disproportionate level of
poverty, and finally racism and discrimination.

Substance abuse and alcohol patterns as described by Wright (2001) are alcohol
use in African-Americans that include reward and use to relieve stress in slavery,
excessive drinking after payday in the great migration era, and abstinence due to
prohibitive religious beliefs and family tasks. Fisher and Harrison (2000) suggest that
alcohol is viewed by the African-American culture as a means for attaining
impulsiveness, hospitality, and leisure.

There are several risk factors that lead to substance abuse in the African-
American community. One the most highly noted risk factors is the availability of
alcohol and illicit drugs. There is a reported 10 times more liquor stores in African-
American communities than in any other community (Gordon, 1994). Brown and
Alterman (1992) state that increased rates of illicit drug abuse and negative consequences
of use plague the African-American community because of impoverishment and
depprivation of resources. Both alcohol and drug availability has been known to lead to
higher rates of drug-related crime in the African-American community. This behavior
has ultimately led to a restructured cultural orientation.

In Nobles And Goddard (1985), the Institute for the Advanced Study of African-
American Family Life and Culture described developed components of the emerging
drug culture in the African-American community. The institute developed a chart that
describes and compares the shift in African-American cultural orientation of the normal
black family value orientation to the emerging drug culture value orientation. Both value orientations have cultural themes; the black family value orientation’s cultural themes are a “(1) sense of appropriateness and (2) a sense of excellence, whereas the drug cultural value orientation’s cultural themes consist of themes (1) anything is permissible and (2) trust no one” (Nobles & Goddard, 1985, p.172).

The chart also describes the cultural value system. The cultural value system for the black family value orientation is indicative of mutual aid, adaptability, natural goodness, inclusivity, unconditional love, respect, restraint, responsibility, reciprocity, interdependence, and cooperativeness (Nobles & Goddard, 1985). On the contrary, the drug culture value system for drug culture orientation is described by the following characteristics: selfishness, materialism, pathological lying, violence, short temperament, individualism, manipulation, immediate gratification, paranoia, distrust, non-family orientation, not community-oriented, and self worth that equals quantity.

The comparison of black family orientation and the drug culture orientation indicates the shift in how the normal family culture is transformed by the increasingly disproportionate drug culture in African-American families. Whereas in the black family value orientation there are components that offer support, strength, agility, and values that support family growth and respect, likewise the emerging drug culture value orientation encourages a detachment from family, society, and anything that resembles acceptable values (Nobles & Goddard, 1985). The drug culture for African-American people, as it stands today, is marked by trends.
Recent Trends in Substance Abuse Treatment for African Americans

Recent research findings suggest that substance abuse in the African-American population is linked to three processes: (1) economic deprivation, (2) racism, and (3) stress (Gordon, 1994). An examination of the National Household Survey conducted by Brown and Alterman (1992) found that African-American males 35 and older were more likely to use illicit drugs than European Americans.

The communities that African Americans live in have 10 times more liquor stores than in European neighborhoods. This is seen as a major contributing factor to the consumption of alcohol in the African-American community. Brown and Alterman (1992) state that “to the extent that many African Americans are and continue to be impoverished and deprived on many of the resources and benefits of our society, we should expect to find greater rates of substances and more severe consequences of drug use” (p. 861).

The DASIS (2002) reported that although non-Hispanic blacks made up 12% of the U.S. population in 1999, they represented 23%, which is roughly 366,000, of admissions to treatment facilities that were publicly funded. Also in 1999, reports showed that alcohol and cocaine were the primary drugs of choice among African Americans entering treatment, accounting for about two thirds of all African-American admissions (DASIS, 2002).

A further breakdown of drug use among black males indicates that alcohol accounts for 35%, followed by cocaine at 28%, and marijuana at 19%. African-American female admissions results indicate that cocaine accounts for 40%, followed by alcohol at
27%, and opiates (heroin) at 18%. African Americans admitted for alcohol abuse fell
into two categories: 60% represented those with alcohol abuse with a secondary drug
problem and 40% represented those abusing alcohol only (DASIS, 2002). Cocaine abuse
among African Americans admitted in 1999 showed that smoking crack was the mode of
use for 81% of African-American males and 86% for African-American females, but
71% and 77%, respectively, of male and female admissions in the total treatment
population (DASIS, 2002).

African Americans entering treatment were reported to be between the ages of 30
and 39 for African-American males as well as females in 1999 (DASIS, 2002). Drug use
was reported to increase with age until 40 years of age unless the drug of choice of
alcohol, whereas the age tended to be higher with an increased age until 50. Marijuana
users for both black males and females were 30 and younger, while the admissions for
black males using opiates were 40 to 49 years of age (DASIS, 2002).

The main source of referral in 1999 for African-American male admissions was
from the criminal justice system and for females the main source was by self-referral or
referral to treatment by a family member or friend. Consequently, 37% of all admissions
were through the criminal justice system, followed by 33% from self-referral and referral
by family or friends (DASIS, 2002). While there were approximately 366,000 substance
abuse treatment admissions for African-American males, there was a reported decline of
about 15% from 1994 to 1999, as well as an increase in admissions for both female and
male use of marijuana (DASIS, 2002).
African-American Women and Substance Abuse

Jackson (1996) stated that historical stressors associated with the treatment of African-American women in slavery have caused a negative impact on their self-esteem. Jackson further notes that the significance of the view of African-American women that depicts them as commodities, inferior to men, and both politically and economically powerless set up a system where their personal needs were neither validated nor addressed.

Although African-American women find themselves far better off in the most recent century, research shows that African-American women’s needs have still been neglected. The consequence of this neglect is seen in the numbers of African-American women who, instead of having appropriate coping mechanisms for the stressors of life, turn to a life of addiction. Wright (2001) suggested that myths depicting black women as superwomen or women who weaken men (Jackson, 1996) have influenced and limited their options to address and cope with stress.

African-American substance abusers’ overall experience with intra-psychic issues, which include low self-esteem, separation fears, over-dependence, and escapism (Foulks & Penna, 1995), is further noted as a factor that leads to substance abuse. African-American women experience unique daily stressors that lead to an increased need to cope (Wingo, 2001). Besides racism and sexism, one of the most serious problems faced by African-American women is poverty. Wingo stated that more than one third of all African-American women live in poverty. As previously stated, research has indicated several problems associated with substance abuse among this population,
such as a spouse or significant other who is addicted, parental desertion, parental rejection, lack of caring childhood experiences, and depression (Cohen, 1999; Davis, 1997; Roberts, 1999).

Wingo (1999) stated that although research on women and substance abuse has increased, research concerning African-American women remains partial. As a result, illicit intravenous drug use among African-American women, more specifically use of crack cocaine, continues to increase at a disproportionate rate. Once addicted, African-American women fail to seek treatment for a number of reasons, which include, but are not limited to, lack of financial resources, child care responsibilities, lack of support from their significant others, fear of spousal abuse, and fear of having their children removed from their homes (Wright, 2001).

Accessibility and cost have been indicated as major barriers to treatment for African-American women (Saulnier, 1996; Wingo, 2001). Additional barriers include, but are not limited to, fear of the removal of their children and lack of transportation (Allen, 1996). In one study, African-American women were among those who were found to be less likely to complete treatment (Scott-Lennox et. al., 2000). Moreover, Levi and Easley (1999) suggested that in order to address treatment needs, programs should develop modalities that address self-concept of women and increase their ability to cope with social, physical, financial, and emotional stressors indicative of their experience growing up in a society that is gender- and race-biased.

Although current research has investigated factors that relate to the continued substance abuse and failed treatment status among African-American women, little has
focused on the relationship between spirituality and African self-consciousness and substance abuse among this population. The following section of the literature review will concentrate on these two variables.

Spirituality and Substance Abuse

Spirituality has been well documented in its use and benefit in the African-American community. Brome et al. (2000) described spirituality as a significant contributor to assumptions regarding self, others, and self-world relationships. Stewart (1999) indicates that “the positive aspect of African-American spirituality is the way it has enabled black people to develop, translate, and ritualize the hazards and adversities of their social condition into some meaningful spiritual culture of survival” (p.16).

Some researchers identify spirituality as a primary characteristic of African Americans (Akbar, 1991; Meyers, 1988; Phillips, 1990). In a study conducted by Mattis (2000), African-American women were asked to discuss their definitions of spirituality to include cited differences between spirituality and religiosity. In the first study, 13 categories defining spirituality were revealed by a content analysis of narratives from 128 women.

Those categories included: (1) connection to or belief in a higher external power; (2) consciousness of metaphysicality; (3) understanding, accepting, being in touch with self; (4) life direction, life instructions, guidance; (5) peace, calm, centeredness; (6) influences or affects relations with others; (7) life purpose, destiny, meaning; (8) connection to or belief in higher power in self; (9) support strength, ability, and
willingness to cope; (10) faith, positive outlook, positive outcomes; (11) nothing, very little, not sure; (12) positive feelings; and (13) clarity, wisdom, and focus.

In the second part of the study conducted by Mattis (2000), an analysis of the interviews revealed three major differences between spirituality and religiosity. Those differences were (1) spirituality as the internalization and expression of key values, (2) religion as the conduit for achieving spirituality, and (3) spirituality as a relational phenomenon. The author concluded that among the participants there was a general sense that religiosity was connected to organized worship, and spirituality was an outcome of religion. Furthermore, where religion is related to worship, spirituality was connected to relationships. Spirituality has also been noted to have positive effects on treatment.

Frame, Williams, and Green (1999) describe the use of spirituality in counseling for African-American women. The authors explain how African-American women come seeking therapy with a wide range of problems, which include isolation, internalized oppression, and low self-esteem. These authors propose the use of culture and spiritual traditions to present opportunities to improve counseling with African-American females.

These researchers applied therapeutic tools used from their professional experience counseling African-American women. The first technique described was the “God within” drawing. In this exercise, the client was be instructed to complete two drawings, one representing an image of the God she was taught to believe in, and the second representing her image of God reflected in self. The purpose of this was to encourage self-empowerment.
The second technique described was the “Song of Self” exercise, in which the client is encouraged to develop words to a song that tells a story of her power and success. This is also viewed as a source of empowerment. The third technique described was “Letting Loose” and encourages clients to focus on letting go of a problem, through a visualization in which the client envisions having a grip on the problem and imagines releasing the problem.

The last technique discussed was “Balm in Gilead,” which utilizes bibliotherapy to introduce the women to read stories of African-American women who have shared similar problems to their own and have overcome those problems. These techniques were seen to be instruments of healing for African-American women. The authors contend that as a result of participation in these exercises, some clients who were previously indifferent with their awareness of racial identity and spirituality became more involved with both. Research has also been conducted to examine possible relationships between spirituality and substance abuse.

Maton and Zimmerman (1992) found religiosity to be an important correlate of substance abuse among African Americans. In this study, spirituality was found to have a significant relationship on substance abuse, namely hard-core illicit drugs and marijuana. The findings suggest that the internalization of spirituality (relationship with God, Agape love) had a negative relationship on substance abuse among African Americans.

In conceptual study, Miller (1998) examined how spiritual dimensions were pertinent to and appropriate for substance abuse research. This author suggests that
spiritual/religious involvement serves as a protective factor against substance abuse, and that it is logical that individuals who are currently caught up in addiction would be expected to be less spiritually active or religiously involved. Moreover, Miller suggests that spiritual variables can be understood as potential determinants or correlates when assessing the severity of drug problems.

While some researchers have examined the relationship between spirituality and substance abuse in general, Gary and Gary (1985) examined spirituality and substance abuse on treatment attainment among African Americans. The results of this study indicated that African-American women who were involved in church had more critical attitudes toward alcohol and drug use. Consequently, spirituality was viewed as a significant factor in sustaining sobriety for African-American alcoholics (Gary and Gary, 1985).

Similar research examining spirituality and its relationship to substance abuse treatment was conducted by DiLorenzo, Johnson, and Bussey (2001). These authors describe the benefit of using spirituality in child casework to advance the recovery process for women. They further note that addiction overcomes a person’s body, mind, and spirit thereby causing negative consequences for children living with an addicted parent. Spirituality was discussed as the foundation for recovery of an addictive lifestyle. The researchers suggest that caseworkers play a significant role in moving clients toward finding a spiritual balance and improving parenting skills (DiLorenzo, Johnson & Bussey, 2001).
Other studies have considered the reported patterns of spirituality among substance-abusing pregnant African-American women. Exploratory research conducted by Bass and Jackson (1997) investigated 83 African-American women who used crack cocaine during and after pregnancy. This research examined drug use patterns and sexual risk behaviors. In addition, it examined characteristics that African-American women felt would make substance abuse treatment intervention strategies more effective for them and their families.

The women in the study lived in urban areas and had an average age of 29.2 years. Among the 83 women, 42% graduated high school, 7.2% reported full-time employment, and 80.7% reported having never been married. Additionally, 20.5% were currently living in residential drug treatment programs and 38% were in their own apartments. The study subjects were identified by medical records as using crack cocaine during their pregnancies and were selected from three residential drug treatment facilities.

The qualitative phase of the study consisted of face-to-face interviews that took place at the treatment facilities and in some of the women’s homes. The results of the qualitative component of the research showed that 16% of the women stated that religion was not important to them, while 83.1% acknowledged the importance of religion in their lives. Additionally, 27.7% of the women reported that they stopped attending church although 61.4% reported attending church every Sunday when they were adolescents.

In addition to studies that have examined patterns of spirituality and/or the connection between spirituality and treatment, others have examined the relationship between mental health outcomes and spirituality among this population. For example,
Brome, Deaneen, Allen, and Vevaina (2000) examined the relationship between spirituality and mental health outcomes among women in recovery from substance abuse. The mental health outcomes were identified as self-concept, familial attitudes, and satisfaction with social support. These researchers used the Spiritual Well-being Scale to measure spirituality and to divide the group into high and low spirituality groups.

This study tested three major hypotheses which assumed that African-American women in recovery who expressed higher levels of spirituality would express more positive mental health outcomes, would express more positive attitudes toward their family climate, and would express greater satisfaction with their social support network, as opposed to those who expressed lower levels of spirituality. The participants used in this study were 146 mothers who participated in the pretest phase of the evaluation of the New Directions Family Program of Roxbury Comprehensive Community Health Center in Roxbury, Massachusetts.

The study used two one-way ANOVAs (analysis of variance) and two MANOVAs (multivariate analysis of variance) to measure how spirituality relates to mental health outcomes in participants, as well as chi-square analyses to compute the perception of how drug abuse affected the women’s families. The findings suggest that women in recovery from substance abuse who had high spirituality expressed more positive self-concept and active coping styles than those who had low spirituality. A MANCOVA (multivariate analysis of covariance) was performed to test the second hypothesis to test for difference in family climate. The results showed a significant difference between the high and low spirituality group, indicating that the high
spirituality group expressed more positive perceptions with respect to family organization, intellectual orientation, and activity and recreation.

In addition, the high spirituality group experienced greater satisfaction with their support systems than those in the low spirituality group. Although this study performed statistical procedures that suggest a significant relationship between spirituality and substance abuse, a qualitative approach with some of the participants may have added depth.

Further research examined a program developed specifically to nurture and develop spirituality in addicted African-American women. Research conducted by Jackson (1995) suggests that professionals are coming to realize that the needs of African-American women in substance abuse programs are not being met. Jackson highlights three reasons for this dilemma: "(1) there is a focus on the AA model only, (2) there are few agencies that provide treatment for the children simultaneously while serving the mother, (3) and there are very few treatment programs that focus on the Afrocentric perspective to treatment" (p. 17). In response to these dilemmas, components to an Afrocentrically-based substance abuse program, Iwo San (House of Healing), were discussed. Jackson (1995) suggests that this approach would meet the demands of the African-American female substance abuser and her children.

The basis of the program's Afrocentric approach is to nurture spirituality, importance of community, profound respect for tradition, harmony with nature, and the creation of self-identity and dignity (Jackson, 1995). The overall goal of this program recognizes spirituality as invested in all things and teaches the women that "the creator
exists in everything, and everything can give meaning to the person's life (e.g., raindrops, grass, etc.)" (p. 19). The women were taught that they have been entrusted with the knowledge and wisdom of their ancestors, thereby giving them power to build paths for their children and those unborn to come to an awareness of the Creator that is greater than that which they possess.

The goal was for the females in this program to develop a perception of harmony with nature that in terms of treatment suggests harmony exists between the spiritual, mental, and physical (Jackson, 1995). Development of a profound respect for tradition in the program consisted of having the staff and program participants experience information from an Afrocentric perspective. Jackson further suggests that the optimal goal of this component of the program is to increase the responsibility of self, the person's affinity group, and the community for everyone involved. This author notes the importance of community as the shared responsibility in the treatment process. Furthermore, the individual receiving treatment is responsible for establishing and maintaining the integrity of the community and responsible for the growth and development of the individual (Jackson, 1995).

In some studies, the substance-abusing population was compared to the non-abusing samples. For example in a study conducted by Curtis-Boles and Jenkins-Monroe (2000), a qualitative and quantitative design was used to investigate substance abuse among African-American women ages 21 to 48. In this study, the investigators compared the life experiences of women who had histories of drug abuse with women who had no prior history of drug abuse. Variables measured were parental substance abuse, child
abuse, exposure to racism, traumatic events, social support, and spirituality. The researchers were able to differentiate non-abusing women from substance-abusing women in the areas of family connectedness and spirituality.

This study was guided by four major hypotheses: African-American women with a history of substance abuse, as compared to women without substance abuse history, will (1) report less involvement in spiritual practice (while growing up and at present), (2) more frequently report histories of parental substance use and childhood abuse, (3) demonstrate less consistency in the availability of social support over their lifetime and fewer current supports, and (4) report a greater number of life stress events, including incidents of racism (Curtis-Boles & Jenkins-Monroe, 2000).

The sample consisted of 30 African-American women with a history of substance abuse and 30 without a history of substance abuse. Researchers in this study used a structured life history interview that comprised 112 questions covering demographics, health, substance abuse history and use, spirituality, social support, experiences of trauma, and significant losses and experiences with racism and discrimination.

Results of the chi-square analyses conducted to investigate the differences in reported parental substance abuse and child abuse for both groups of women showed that there were no significant differences in the two groups. Furthermore, of the two groups of women, 33% of the substance-abusing and 30% of the non-abusing reported having mothers who abused substances, while 52% of the substance-abusing and 72% of the non-abusing reported having a father who abused substances. Additionally, there were
no significant differences found between the groups in reported childhood physical or sexual abuse.

Chi-square analysis was performed to determine differences in the two groups in age of first involvement in church, having stopped their religious practice at some time in their lives, and in current religious practices. It was found that a significantly higher percentage (93%) abusing as opposed to non-abusing (69%) reported involvement in church at an early age. Additional analysis indicated that a higher percentage (84%) of abusing as opposed to non-abusing (57%) reported having stopped their religious practice at some time in their lives. The qualitative results of this study indicated that 62% of the women reported substance abuse as the primary reason for leaving church. These women also reported loss of faith, feeling of shame, and worthlessness while absent from church. Finally, results indicated no reported differences in the types of religious practices as reported by both groups of women.

Aside from examining relationship and comparison studies that explored spirituality and substance abuse, other research examined the utility of spiritual practices in work with substance-abusing African-American women. In one study conducted by Washington and Moxley (2001), the value of using prayer in addressing recovery of women from substance abuse was examined. Prayer was described as a facilitator in the process of rehabilitation and recovery for women who were addicted. Women in this study participated in groups where prayer was introduced as part of the intervention. The introduction of prayer was in the form of stimulated interaction among participants, and
reflection on intimate conversations about goals and dreams, social inadequacies, and personal responsibility.

Washington and Moxley (2001) contend that the prayers became narratives, wherein participants were able to openly speak about their roles and responsibilities as parents, their desire for change, and other issues associated with the recovery process. The women, as described by Washington and Moxley, were able to use prayer to assist them in clarifying the purpose and direction of their lives. While many of the previously-mentioned studies describe spirituality as it relates to substance abuse, several researchers limit the definition of spirituality to the belief in God, church involvement, or religious practices and belief; still others use spirituality and religiosity interchangeably.

A conceptual study on addiction, spirituality, and politics conducted by Morrell (1996) suggests that treatment centers and self-help recovery programs focus solely on supporting individual solutions to substance abuse through altering negative behavior and relying on spiritual beliefs and practices. In response, Morrell states that social empowerment should be added. The author proposes the term socio-spiritual approach, which would focus on a combination of a spiritual and political worldview, therefore restructuring the current treatment models to merge spiritual and political empowerment.

For example, Morrell (1996) suggests using strategies like assertion skills training to promote individual and group assertiveness; skills-training to educate clients politically by sharing the historical role of women versus a new self-definition that proposes a feminist consciousness; and bibliotherapy that introduces clients to progressive writers of different races and ages to enhance treatment models. The socio-spiritual approach views
addiction as a deficiency in spirit and in power; in response it offers recovery methods as well as social justice methods for addicted persons. Furthermore, Morrell states that spirituality would enhance the overall liberating aspect to recovery.

In addition to examining spirituality as it may explain lifetime years of substance abuse among African-American women, this researcher also examined African self-consciousness.

African Self- Consciousness (ASC) and Substance Abuse

ASC is operationally defined as an awareness of one’s black identity and legacy; recognition of the necessity of customs and values that affirm black existence; partaking in a movement concerning survival, liberation, and development of black people; and the acknowledgement of racism and oppression (Sabnani & Ponterotto, 1992). In Schiele (2000), it is theorized that persons with low ASC, as opposed to those with high ASC, may fail to acknowledge that substance abuse inhibits their ability to contribute to the struggles of liberation for African-American people. Westermeyer (1995) suggests that ethnic affiliation and cultural participation are seen to have a relationship to substance abuse. The author goes further to suggest that the relationship between misorientation of culture would increase the level of substance abuse among African-American people (Westermeyer, 1995).

The relationship between ASC and substance abuse has been limited in research, specifically among African-American women. However, researchers have examined this relationship among African-American males (Dixon & Azibo, 1998). In a study
conducted by Dixon and Azibo (1998), the African Self-consciousness Scale was used to measure the relationship between ACS and crack addiction among African-American males.

These researchers found that those respondents reporting higher levels of ASC were less likely to be involved in misorientation behaviors (namely selling of drugs), and those who reported having lower levels of ASC were more likely to be involved in misorientation behaviors (selling illicit drugs). This study was among the few that addressed ASC and substance abuse among adults; others studied this construct among college students. Similar studies examined Afrocentric values, self-identity, and ethnic identity, which may be considered closely related to ASC.

For example, an empirical study conducted by Townsend and Belgrave (2000) tested for positive relationships between two components of the self-system to determine the contribution of each component to drug use and drug attitudes among African-American youth. This study had a sample size of 104 fourth grade students attending an inner-city school. The youth were administered several tests to include The Children's Black Identity Scale, the Piers-Harris Self-concept Scale, and the Attitudes Toward Drugs Scale.

A stepwise multiple regression analysis was conducted to answer the study hypothesis, which stated that it was expected that personal identity and racial identity would significantly predict drug attitudes and drug use. Results indicate that personal identity and racial identity were significant predictors of intolerant drug attitudes in this population. It was further noted that personal and racial identity accounted for 25% of
variance in drug attitudes. Racial identity, which accounted for 20%, was found to be a stronger predictor of drugs attitudes than was personal identity among the study sample.

In a similar study, Belgrave and Cherry (1994) conducted a study on the influence of Africentric values, self-esteem, and black identity on drug attitudes among African-American fifth graders. The study sample consisted of 54 African-American fifth graders attending public school in Washington, DC. The youth were administered four scales, the Children’s African Value Scale, the Children’s Black Identity Scale, a modified version of the Rosenberg Self-esteem Scale, and the Attitudes Toward Drugs Scale. The results indicated that Africentric values made a significant contribution to understanding drug attitudes. Self-esteem and black identity did not predict drug attitudes. The researchers in this study concluded that Africentric values were more important than racial identity or self-esteem among this population.

Gary and Berry (1985) examined demographic and sociocultural factors that best predicted the attitudes of black adults toward substance abuse. This study consisted of 411 respondents who were interviewed in their homes and were asked questions about their socio-demographic traits. In addition, the participants completed the Community Behavioral Inventory. The investigators employed multiple regression analyses on the independent variables that included racial consciousness, gender, age, marital status, education, community involvement, and church involvement.

A major finding in this study was that racial consciousness was significant in predicting substance abuse attitudes among the study sample. Participants in this study who reported more racial consciousness were less tolerant of substance abuse than those
with less racial consciousness. Some studies examined ASC or similar constructs measuring one’s awareness with cultural identity and attitudes toward substance abuse, while others explored treatment programs utilizing these constructs.

In a conceptual study by Rowe and Grills (1993), Afrocentric values would require African Americans to commit to activities that echo the image, interests, and objectives to reproduce the best in Africans. Rowe and Grills also contended that Afrocentric treatment principles may be useful when treating African-American people. These authors further suggest that the development of self-consciousness that is African-centered may discourage African Americans from participating in addictive behavior.

In a comparable conceptual study by Roberts, Jackson, and Carton-Laney (2000), African-centered treatment is perceived to assist African-American female substance abusers. These authors suggest that the Afrocentric perspective, the black family, and black feminist theory may offer opportunities to enhance their academic syllabi with theories that are more appropriate for minority groups. In addition, these theories were seen as helpful in developing culturally sensitive treatment tools and interventions that may negatively impact substance abuse among African-American women.

An additional study conducted by Castro and Alarcon (2002) suggested that the majority of contemporary models for prevention and treatment of substance abuse are “culturally blind” to the cultural variables that affect substance abuse among minorities. Furthermore, acculturation, Afrocentricity, biculturism, ethnic identity, ethnic pride, machismo, and spirituality are some of the most frequently mentioned cultural variables in alcohol and substance abuse research literature (Castro & Alarcon, 2002). However,
these researchers suggest that the inclusion of cultural variables in previous research literature lacks emphasis and has superficial coverage of these factors in substance abuse prevention and treatment, thus diminishing the benefit of the programs.

In research conducted by Longshore and Grills (2000), it was noted that public health interventions might be more effective when including cultural variables of the target community. The investigators of this study conducted a randomized trial of motivational intervention to promote recovery from illegal drug use among 269 African Americans. The trans-theoretical stage-of-change concepts were used as a basis for the intervention. It featured a needs assessment and service referrals that were culturally relevant to African Americans. The study found that those who were randomly assigned to the study intervention were less likely to be actively using illegal drugs one year later. The researchers concluded that motivational intervention compatible with cultural values of the target population can be effective at encouraging recovery from drug use.

Thompson and Chambers (2000) conducted empirical research that examined the relationship between cultural identity and health-promoting behavior. The researchers suggested three models of relationships among ASC, health consciousness, and health-promoting behaviors in African-American college students. The study’s three major research questions included: (1) Does health consciousness mediate the relationship between African self-consciousness and health-promoting behavior? (2) Does health consciousness moderate the relationship between African self-consciousness and health behaviors? (3) Are African self-consciousness and health consciousness unique and independent predictors of health-promoting behaviors?
The participants in this study were randomly selected from students enrolled at historically African-American universities located in the southeastern United States. The sample size was 90 and ranged in age from 18 to 25 years old. Participants were given the ASC scale and the health-consciousness scale. Analysis of the data supported the third model of the study, which suggested that ASC and health consciousness contribute uniquely to health-promoting behavior.

A similar study examining health-related issues and African-centered values was conducted by Jackson and Sears (1992). This study examined the implications of using an Afrocentric worldview as a means of reducing stress in African-American women. Jackson and Sears suggest that the framework, noted for supporting African-American women's values, has the potential to be a protective factor against the oppression and hardships in the immediate environment.

The researchers suggest that the Africentric worldview is a way to recognize and understand the experiences of African-American women in a more constructive manner, thereby decreasing stress (Jackson & Sears, 1992). Jackson and Sears further contend that professionals who provide intervention to African-American women with their stress must have in-depth knowledge and sensitivity to African-American culture and people. An appreciation of their worldview, their unique stressors, and the implementation of the Africentric worldview as a coping mechanism may be useful in providing empowerment.

Spirituality and ASC had been documented in research examining African-American women. These constructs require extensive research.
The Afrocentric theory was chosen as the theoretical framework for this study because it allows the investigator to address the diverse nature and distinctive environmental and psychosocial experiences of African-American female substance abusers by applying culturally relevant theory to the problems that they experience. As stated by Sue and Zane (1987), a criticism charged against the spoken need for culturally competent treatment is the lack of a practical interpretation of theory into programmatic actions. Thus, it is proposed to explain factors that may be relevant to substance abuse treatment among African-American people.

Asante (1987) contends that the Afrocentric paradigm is concerned with establishing a worldview developed from the writing and dialogue of an oppressed people. He further contends that current worldview theories and current structuralism cannot be applied to African themes and subjects. Schiele (1996) suggests that the application of Eurocentric theories to the behavior of African Americans can be inappropriate. The Afrocentric theory assumes that social science theory is based on the specific experiences and cultural perspective of the theorist, thus implying that the Afrocentric theory be used to develop methodologies to promote change in the African-American community.

The intention of this study is not to suggest that successes with treatment efforts for African Americans are obsolete; however, it is more important to note that "the failure to include non-pathological understanding of the culturally normative behavior of African Americans and the absence of treatment and recovery strategies to confront the
prevailing life conditions of African-Americans” is a hindrance for future treatment successes (Schiele, 1996, p. 22).

Afrocentric Paradigm

For the purpose of this study, the Afrocentric paradigm as defined by Asante (1987) is used as the theoretical framework to explain the independent variables’ relationship to the dependent variable. Several authors have contributed to the development of the Afrocentric worldview (Akbar, 1979; Mbiti, 1970; Myers, 1988; Nobles, 1980). Some of the most well-noted contributions to the Afrocentric framework were made by Asante (1987, 1988, 1998), who states that Afrocentricity is a conscious philosophy that structures one’s life and behavior (Asante, 1990).

Asante (1988) describes the Afrocentric thought as a redevelopment of the frame of reference so that the history, culture, and worldview of Africa become the perspective for understanding African Americans. Some of the basic concepts of Asante’s themes are oneness of being, interconnectedness, and collective consciousness. The Afrocentric worldview’s underlying philosophy conveys that in African culture, humanity is viewed as communal as opposed to individual. It further portrays this communal view as a shared responsibility for the welfare of others (Daly, Jennings, Beckett & Leashore, 1995). “Afrocentric” refers to one’s ability to center on Africa and to place it at the center of one’s belief system (Warfield & Coppock, 1990).

This perspective extends beyond historical oppression and captures those historical elements to recreate a worldview that upholds the philosophy, culture, and
heritage throughout the African diaspora (Graham, 1999). Graham suggests that the Afrocentric perspective is initiated through the holistic thought of the human condition that reaches across the cosmological (the consideration of nature and structure of the universe), ontological (the nature of all things), and axiological (consideration of values and value fondness in a culture). “African-centered philosophy is a holistic system based on values and ways of living that are reinforced through rituals, dance, storytelling, proverbs, promoting of family, rites of passage, naming ceremonies, child rearing, death, elderhood and values of governance” (Graham, 1999, p. 107).

Schiele (1997) suggests that the Afrocentric worldview consists of a set of philosophical assumptions that derived from familiar cultural principles of traditional Africans. These cultural principles are thought to free people of African descent and promote positive human behavior and social change (Schiele, 1997). The Afrocentric worldview's underlying philosophy states that humanity, as portrayed in the African culture, is viewed as communal as opposed to individual.

The communal aspect is portrayed as a shared concern and responsibility for the welfare of others. African philosophy realizes that people are interconnected to everything in the environment. People are entrenched in nature as a part of it and not apart from it. The hierarchal order is said to include God, humans, animals, plants, and insensate objects (Turner, 1991). The interconnectedness stretches from the not-yet-born to those who have crossed over.

Afrocentric theory is based on three major assumptions about human beings. Those assumptions include:
(1) A collective human identity vs. an individual identity;

(2) Inclusion of the spiritual/nonmaterial element of human beings as essential; and

(3) A worldview where affective epistemology is valid. (Asante, 1988; Nobles, 1980; Schiele, 1990)

The first assumption implies that although there is uniqueness in individuality, there is greater common gain when a person views one's individuality as it affects the whole (Nobles, 1980). It is the assumption of the Afrocentric theory, which supposes that a collective identity was a cultural belief practiced in Africa and continued on into the behaviors of slaves (Turner, 1991). Within this framework, it is common to assume that the entire group shares the glory, criticism, or disgrace. Furthermore, the concept of interconnectedness is depicted in the Ashanti proverb: “I am because we are, and since we are therefore I am.” Sharing this collective versus individual view therefore suggests that any aggression against another person is also aggression against oneself (Turner, 1991).

The collective view is based on relationships that are seen to cultivate a feeling of direction and connection with family and community (Graham, 1999). Maintaining these positive social relationships enhances positive self-esteem and social proficiency (Graham, 1999). Therefore, disconnection becomes apparent when social problems occur.

The sense of oneness of being is the common thought that the creator, spiritual energy, humans, non-humans, and nature all share one spirit, which leads to respect for
all life (Warfield-Coppock, 1990). The outgrowth of wisdom, self, mind, body, and spirit is the source of human objectives to strive for truth, integrity, and honesty within the self through a condition of desirable health (Graham, 1999).

Furthermore, King (1994) contends “being in harmony with life means that one is living with life, cooperation with natural forces that influence events and experiences while taking responsibility for one’s life by consciously choosing and negotiating the direction and paths one will follow” (p. 20). The Afrocentric paradigm creates balance, consequently allowing all living beings to sustain balance in the presence of negative outer forces that may violate inner peace, thereby making the mental, social, and physical well-being vulnerable.

The second assumption, spirituality, engages one to view the material and non-material as one entity. Schiele (1997) contends that spiritual growth guides one to appreciate the interconnectedness of all things. It is assumed that religion in Africa was more than a collection of beliefs one adheres to and silently participates in. Instead, spirituality is experiential and participatory, where one experiences a spiritual, clairvoyant altering of the conscious (Turner, 1991). It is further proposed that spirituality is understood as being universalistic, stressing the interconnectedness and unanimity of all components of the universe and is an acceptance of a nonmaterial force that permeates all of life’s matters (Schiele, 1997).

Asante (1987) suggests that the secret of African-American spirituality is that while we acknowledge the accountability of individuality, we know that it cannot be sustained without others. Moreover, spirituality is seen as the essence of human beings
and orders a transformation in thinking around valuing human beings above social and economic status appointed to them (Graham, 1999). It is further implied by Schiele (1997) that spiritual development generates the belief in a comprehension of the interconnectedness of all human beings and the universe, which in turn leads to a collective consciousness.

Finally, the third assumption that undergirds the Afrocentric perspective is the validation of epistemology that includes emotions as essential in the process of self-exploration and in the advancement of knowledge. Within the context of this framework, epistemology, or the true way of knowing for African Americans, is expressive; therefore suggesting that one knows through symbolic imagery such as words, gestures, and objects, to express multiple meanings (Dixon, 1976). From an Afrocentric perspective, human experience would be considered significant because life cannot be derived from a linear viewpoint (Schiele, 1997).

The Afrocentric theory then poses that the feelings of African Americans are important in respect to researching and observing their behavior patterns as indicators of their ways of living.

Afrocentric Paradigm and Social Work Practice

To grasp the Afrocentric paradigm’s potential contributions to social work practice, one must first understand the historical context of oppression experienced by African Americans. Swignoski (1996) states that European slave traders removed Africans from their country and alienated them from their culture. Having been removed
from their land and culture, Africans were victims of acculturation. Schiele (1996) suggests that the Eurocentric worldview promoted African people to adopt individualism and alienation from spirit and moral development.

Afrocentric social work practice is defined by its foundation, which uses African philosophy to define and resolve human and societal programs (Schiele, 1997). Social work that is based on an Afrocentric perspective challenges practitioners to assist clients in developing alternative social structures that enable them to challenge the oppressive nature of society.

There are five methods of social work practice that can be used to assist in eliminating the negative effects of oppression and spiritual alienation. They include: (1) transforming people from sub-optimal thinking to optimal thinking; (2) fighting against political, economic, and cultural oppression; (3) building community strength; (4) maintaining an affective professional relationship, and (5) supporting mutuality within the professional relationship.

Finally, English (1991) suggest that the worldviews of African-American people are beneficial as a source of knowledge for achieving such goals as empowering African-American families and individuals and designing programs and interventions. The African-American community has a tradition of embracing the importance of history, education, and achievement (Gomes & Mabry, 1991). The Afrocentric paradigm encourages reculturalization, which refers to the conscious integration of African traditions in everyday life (Carter, 1997). As a result, African Americans will have a developed sense of ethnic pride, and appreciation and respect for self, others, and nature.
Afrocentric Paradigm and Substance Abuse

From an Afrocentric perspective, substance abuse—the dependent variable of this study—among African-American women may be explained by two variables: (1) African self-consciousness, and (2) spirituality.

ASC suggests that there is an awareness of one’s black identity and legacy; recognition of the necessity of customs and values that affirm black existence; partaking in a movement concerning survival, liberation, and development of black people; and the acknowledgment of racism and oppression (Sabnani & Ponterotto, 1992). A high level of ASC would then allow for the confrontation of the deep-seated cultural-political power imbalance that interferes with strides toward self-determination. Consequently, African Americans would then make a commitment to develop activities that reflect images, interests, and intentions for reproducing the best in African Americans (Nobles, 1990; Rowes & Grills, 1993).

With this in mind, one can assume that as a person’s ASC increases, the desire to abuse drugs decreases. It is assumed that when a person has a high level of ASC, there is a developed understanding of the level of racism and oppression felt by their race.

Consequently, one internalizes a desire to refrain from any activity, namely drug abuse that would further oppress the race, community, or family. Additionally, it is assumed that a person with high ASC would embrace those African customs and values and mobilize to preserve their race and the development of future generations, as opposed to those who have low ASC. It is therefore suggested that those with high ASC, they are
more in tune with the underlying oppressive nature of drug abuse in their communities and would be more likely to abstain and promote abstinence.

A lack of spirituality, which may also explain substance abuse among African Americans, is the sense of detachment from self, others, the environment, and God that upholds self-worth and promotes healthy social relationships (Schiele, 1997. From an Afrocentric worldview, a person who has a spiritual connection with self and others has a concept of a higher power that is omnipresent and represents the force that connects all other humans and inanimate objects for the purpose of complete universal harmony.

Therefore, when one realizes the connection between self, others, and inanimate objects, they then begin to understand that their behavior affects not only themselves but also those in their immediate and not-so-immediate space. When people internalize this spiritual posture, they can begin to consider negative behavior and the effect it has on entities other than themselves. Therefore, it would be safe to suggest that those women who experience low levels of spirituality would be more likely to abuse illicit drugs, possibly with greater severity.

When a person begins to connect to a higher power, one tends to subscribe to a higher level of moral values. Therefore, a person with high levels of spirituality has a connection with the spiritual self and is aware of the values and belief systems that assist them in making healthy decisions, consequently assisting them in refraining from drug use. An additional aspect of a person with low levels of spirituality is the concept that material is the only source of gain. One then becomes inundated with thoughts of
accumulation of materials instead of a level of spiritual freedom. The inner peace experienced by spiritual freedom tends to be a greater asset than materials.

Those who have low levels of spirituality continuously pursue that which they presume will make them whole, which consequently leaves them spiritually impoverished, physically exhausted, and mentally incapable. Thus, those who experience high levels of spirituality and have graduated to a level where material things have less significance will be more equipped to abstain from abusing drugs.

Research Questions

Based on the previous literature review, theoretical framework, and general purpose of this study, below is the research questions:

(1) Is there a relationship between spirituality and lifetime years of substance abuse among African-American women?

(2) Is there a relationship between African self-consciousness and substance abuse among African-American women?

(3) To what extent does spirituality explain substance abuse among African-American women?

Hypotheses

(1) There is a statistically significant relationship between spirituality and lifetime years of substance abuse among African-American women.
(2) There is a statistically significant relationship between African self-consciousness and lifetime years of substance abuse among African-American women.

(3) Spirituality will be a predictor of substance abuse among African-American women.

Summary of Related Literature

In sum, the review of literature provides several major assumptions. First, there is indication that shows that African-American women are disproportionately affected by substance abuse. This has been shown to affect every aspect of their lives, whether it is family life, personal life, or social life. Second, studies have shown a correlation between racism, oppression, poverty, child abuse, and other social ills that lead to substance abuse among African-American women. Consequently, the epidemic among this population has also been noted to lead to other health issues such as HIV/AIDS, which continues to affect the makeup and survival of the African-American family.

Moreover, once addicted, African-American women face several barriers to treatment, preventing them from recovery and further decreasing their opportunity for a high quality of life. Research often states that the unique realities for African-American women, reflected in their daily lives, are very seldom explored in components of treatment.

Furthermore, the types of studies conducted on this population are primarily quantitative, which leads to the need for qualitative analysis to expand on factors that
contribute to the epidemic as explained by African-American women. Lastly, studies conducted on African-American female substance abusers have not explored the relationship between factors related to the severity of substance abuse among this population.
CHAPTER III

METHODOLOGY

This chapter explains the methods and procedures used to conduct this study. The chapter includes a discussion of the setting, sample, instrumentation, measurement of variables, procedures, data analysis, and limitations of this study.

Setting

In the state of Maryland there are an estimated 285,994 adults in need of substance abuse treatment, according to a survey conducted by the CESAR for the Maryland Alcohol and Drug Abuse Administration (DEWS, 2002). In Baltimore alone, there are 58,316 residents in need of substance abuse treatment (DEWS, 2002). The sites for data collection consisted of three residential treatment facilities and one outpatient facility. Each facility provides a substance abuse treatment and an array of associated services that include transportation, group counseling, life skills training, substance abuse education, and various other services that encourage the women to re-enter society. These sites were selected because of the high concentration of African-American female substance abusers and their ability to participate in the study.
Sampling

The target population for this study was African-American women identified as substance abusers in Baltimore, Maryland. To address the aforementioned research questions and hypotheses, a survey of treatment facilities that provided services to African-American women substance abusers in the Baltimore city area was conducted. A sample size of 41 was ascertained using the convenience-sampling method. Convenience sampling was seen to be most appropriate for this study because it relies on the most available research participants and is cost effective.

The women were asked, during a scheduled time designated by the facility liaison, if they were interested in participating in the study. Those who agreed were given an informed consent form followed by the study survey. All women present had the opportunity to participate, as long as they were African American. The focus group sample was conducted with a sub-sample and was made up of a total of 14 women between the ages 24 and 55, from the facilities that gave the researcher the permission to facilitate the group.

Measurement of Variables

The data for this study was collected using two methods of measurement, a questionnaire and two focus groups. The questionnaires used were the Spiritual Perspective Scale, the Black Survey of Life, a section of the Addictions Severity Scale,
and a demographic scale which captured the participant’s socioeconomic status, level of education, age, and existence of family support.

The following section will describe the measurement of the independent and dependent variables and demographic variables of this study.

**Dependent Variable**

Substance abuse was the dependent variable to be explained in this study. It was measured using two indicators, self-reported use and lifetime years using. The scale used was the Addiction Severity Scale. The Addiction Severity Scale is a semi-structured interview. It has been widely used for substance abuse treatment planning and evaluation. The substance abuse items were recoded to create a dichotomous variable, which reflected whether the respondent had ever used any of the 12 drugs represented on the scale. The drugs included on the scale were (1) alcohol, (2) alcohol to intoxication, (3) heroin, (4) methadone, (5) opiates, (6) barbiturates, (7) sedatives, (8) cocaine, (9) amphetamines, (10) cannabis, (11) hallucinogens, and (12) inhalants.

In addition, substance abuse was also measured by lifetime years using each substance. The respondents were asked to record the number of years using each of the twelve drugs. The section of the scale used for this study measured drug and alcohol use and lifetime years using each. The scale has an internal consistency for the alcohol and drug use items found to be 0.73.
Independent Variables

Two independent variables were used in this study, spirituality and African self-consciousness.

Spirituality

The Spiritual Perspective Scale, which measured the first independent variable, spirituality, was developed by Reed (1986) and measures the saliency of spiritual views in a person’s life. The scale has 10 items that measure a person’s perception of the extent to which they hold certain spiritual views and engage in spiritually related interactions. It can be administered as a questionnaire or in an interview format. For the purposes of this study, the Spiritual Perspective Scale was used as a questionnaire.

The instrument, as discussed by Reed (1986), is based on conceptualization of spirituality as a human experience that is applicable in day-to-day life, during health-related trials and times of increased consciousness of death. Participants respond to items based on their own understanding of spirituality. Qualitative data obtained by use of open-ended questions indicated the validity of the scale for participants in a study conducted by Reed (1987). The scale consists of four items that address the frequency of spiritual activities and six items that measure feelings about aspects of spirituality. The items on this scale are responded to on a 6-point Likert scale. The scale is as follows: 1 = not at all; 2 = less than once a year; 3 = about once a year; 4 = about once a month; 5 = about once a week; and 6 = about once a day.
This scale has reliability, as estimated by the Cronbach’s alpha, of consistently 0.90. The scale also has demonstrated criterion-related validity and discriminate validity (Reed, 1986b, 1987). This scale has been widely used in research; more specifically it has been used in the African-American population (Gray, 2002).

African Self-consciousness

The second variable of this study, ASC, was measured using the Black Survey of Life. The Black Survey of Life is comprised of measures taken from existing instruments (Baldwin & Bell, 1885; Milliones, 1980; Montgomery et al., 1990; Thompson, 1990) and included items developed by Resnicow and Ross-Gaddy (1997). The edited version was developed by Resnicow and Ross-Gaddy (1997) in an effort to assess several dimensions of racial identity appropriate for African-American adults with low literacy skills. The instrument consists of 48 items, which measure recognition of racism, Afrocentric attitudes, Afrocentric involvement, integrationism, and interpersonal trust. The scale uses a 4-point Likert that ranges from 1 = agree a lot; 2 = agree; 3 = disagree; and 4 = disagree a lot.

The scale has an internal consistency of 0.70 and a test-retest reliability of 0.62. Its reading level is approximately fifth grade, which suggests that it is appropriate for individuals with a low level of literacy.
Qualitative Measurement of Variables

The use of focus groups represents a research method that is often used to explore feelings of participants around certain issues. Some of those issues include, but are not limited to, coping strategies around HIV, feelings around sexuality, and people's experience with natural disasters (Esterberg, 2002). Group interviews are viewed as useful when a researcher wants to learn more about the opinions and attitudes of participants, as opposed to learning about people's behavior (Esterberg, 2002).

There are three major attributes of using focus groups in research that include: (1) the opportunity to gain insightful data from participants as they are able to build on one another's ideas and opinions, (2) the ability to collect large amounts in a short span of time, and (3) they enable women to speak with others who have had similar experiences, thus empowering women by creating a collective testimony (Esterberg, 2002; Madriz, 2000).

Furthermore, Calderon, Baker, and Wolf (2000) state that focus groups are of particular use when addressing cultural characteristics that impact a population's health status. Consequently, focus groups are instrumental in helping researchers understand the needs of minorities and other vulnerable populations who experience disparities in health care (Calderon, Baker & Wolf, 2000).

Focus groups are usually made up of 8 to 10 participants and are also typically homogenous (Esterberg, 2002). Focus groups can be structured or semi-structured. Most focus groups last between 1 and 2 hours. The atmosphere of focus groups is one that encourages open discussion around the topic, which is generally guided by the moderator.
Information gathered in focus groups are often recorded via tape or video recorder and/or written in notes by one of the two facilitators. Tape recordings and video use is then transcribed for data analysis.

This study conducted two semi-formal focus groups that consisted of 5 to 10 participants. The purpose of the focus groups was to obtain relevant information that pertained to the views and personal definitions of participants around the independent variables and the effects these variables have on the dependent variable of this study.

The two groups conducted were between 1 and 2 hours. Each group was audio taped, which was later transcribed for the purpose of analyzing themes common among participants.

Demographic Variables

*Age.* Age was obtained by asking respondents, “What is your age?” The age of the respondents ranged from 24 to 55.

*Educational attainment of respondents.* Educational status was obtained by asking respondents to select the education status that best described their educational attainment. The response categories were (1) never completed high school; (2) high school diploma; (3) Graduate Equivalency Diploma; (4) Associates degree; or (5) graduate degree.

*Income.* Income was obtained by asking the respondent to select the income bracket that best described their income status. The response categories were (1) 0-14,999; (2) 15,000-24,999; (3) 25,000-34,999; or (4) 35,000-44,999.
Location of last address. Location of last address was obtained by asking respondents, “What was the location of your last address?” The respondents were able to select from two categories, (1) city, or (2) county.

Employment over the past 3 years. Employment status was obtained by asking the respondents to give the employment pattern over the past 3 years. The responses were (1) full-time; (2) part-time; (3) disability; (4) unemployed; or (5) in a controlled environment.

Support past year. Support over the past year was obtained by asking the respondents if they had support over the past year. The responses were (1) yes, or (2) no.

Data Analysis

The statistical treatment of the data employed descriptive statistics to include frequency distributions, while hypotheses were tested using Pearson’s r, chi-square, and logistic regression analysis. Descriptive analysis was used to organize and analyze data collected from the survey questionnaire. Frequency distributions were utilized on select study variables to summarize the central measurements of the study. Frequency distributions were also used to describe and present the demographic information of the participants as presented in the corresponding table.

Chi-square analysis was used to test for relationships found between the dependent variable and the demographic variables. Pearson’s r analysis was used to determine the separate and relative effects of the independent variables on the dependent
variable. Logistic regression was used to determine group membership of the independent variable as measured by the dependent variable.

Procedure

The design of the current study was approved by the Dissertation Committee at Clark Atlanta University (CAU). The Spiritual Perspective Scale, the Black Survey of Life, and the Addiction Severity Scale were approved by the Institutional Review Board at CAU. Recruitment for the study was conducted by the researcher by making contact with various treatment facilities in the Baltimore metropolitan area.

Confirmations for permission to conduct this study were ascertained by phone conversation, with follow-up letters signed by the agency contact (presented in Appendix B). Upon receiving permission, the researcher set appointments to meet participants recruited by the contact person at the treatment facility and began to conduct the study.

The participants who volunteered for the study were given an introduction of the study and upon agreeing to participate were also given a letter of consent and confidentiality to complete (presented in Appendix A). All consent forms were kept separate from data collected and stored in a secured container.

A 6- item demographic questionnaire was administered (see Appendix C). The questionnaire consisted of the following questions: age; level of education; income; location of last address; employment pattern for the past three years; and support received from family.
Three instruments were utilized in the current study: the Spiritual Perspective Scale, the Black Survey of Life, and a section of the Addiction Severity Scale. The statements on the Spiritual Perspective Scale pertain to the woman’s perceived sense of spirituality and its practical use in their daily lives. The statements on the Black Survey of Life pertained to a woman’s awareness of recognition of racism, Afrocentric attitudes, Afrocentric involvement, integrationism, and interpersonal trust. The Addiction Severity Scale measured the person’s level of addiction to alcohol and other illicit drugs.

The data was collected at each of the four facilities. The facility liaisons for each facility assigned a time for the research to take place, at which time the researcher explained the purpose of the study, ascertained participation, and disseminated research materials. The questionnaires were completed at the time of the visit, after which focus groups were conducted for two participating facilities.

Finally, the participants for this study were comprised of African-American women who were active participants in one of four substance abuse treatment facilities in the Baltimore metropolitan area.

Limitations of the Study

The major limitation of this study involved the sample population. The sample population was recruited from treatment facilities, which may have limited the measurement of the two independent variables and the possible relationship between lifetime years of substance abuse. This is due in part to components of treatment that may offer spiritual awareness, self-esteem building, and other intervention that may raise a person’s awareness of self.
A second limitation concerns the sample size used in the current study. The sample size was relatively small, and is due, in part, to issues of confidentiality expressed by treatment facilities. Treatment facilities as well as participants were often found to be very hesitant in disclosing information concerning their history or current drug use, consequently leading to the lack of ability to generalize the findings to the larger population. This is due in part to possible criminal consequences and society’s view of this behavior as deviant.

In sum, this chapter provided a discussion of the sample and setting of the study. In addition, it provided measurement of variables, data analysis, procedures, and the limitations of the study. The chapter provided presents the study’s findings. For this research, tables and graphs were selected to illustrate data collected and analyzed by frequency and descriptive analysis, as well as chi-square, Pearson’s r, and logistic regression analysis.
The primary objective of this study was to analyze factors related to substance abuse among African-American women. This chapter presents the findings of the study and the test for the significance of the variables, as stated in the hypothesis of this study. The findings are presented in sections that include the following: (1) demographic data, (2) frequency distributions of the dependent variables, (3) Pearson’s r statistical test of the independent and dependent variables, (4) logistic regression statistical test of the independent and dependent variables, (5) cross tabulation, via chi-square statistical test of the dependent variable, heroin, with the demographic variable, age, and (6) the qualitative analysis of the focus groups conducted.

Forty-one African-American women identified as substance abusers in the Baltimore, Maryland metropolitan area were recruited. The respondents were actively receiving treatment in residential or outpatient treatment facilities.

Descriptive Analyses of Participants’ Demographic Characteristics

This section provides a demographic profile of the study respondents. Descriptive statistics utilized included frequency percentages to present the profile. The demographic characteristics of the study sample are illustrated in Table 1. Forty-one (n = 41)
African-American females from Baltimore metropolitan area participated in the current study.

The following information was acquired from the sample: age, education status, income, location of last address, employment, and family support over the past year.

Table 1

Demographics of Study Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24-31</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>32-39</td>
<td>16</td>
<td>39.0</td>
</tr>
<tr>
<td>40-47</td>
<td>11</td>
<td>26.8</td>
</tr>
<tr>
<td>48-55</td>
<td>5</td>
<td>12.2</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never completed hs</td>
<td>16</td>
<td>39.0</td>
</tr>
<tr>
<td>High school diploma</td>
<td>17</td>
<td>41.5</td>
</tr>
<tr>
<td>GED</td>
<td>5</td>
<td>12.2</td>
</tr>
<tr>
<td>Associates degree</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>2</td>
<td>4.9</td>
</tr>
</tbody>
</table>
Table 1 (Continued)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14,999</td>
<td>35</td>
<td>85.4</td>
</tr>
<tr>
<td>15,000-24,999</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>25,000-34,999</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>35,000-44,999</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Location of last address</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>35</td>
<td>85.4</td>
</tr>
<tr>
<td>County</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td><strong>Employment over the past 3 years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>20</td>
<td>48.8</td>
</tr>
<tr>
<td>Part-time</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>Disability</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>11</td>
<td>26.8</td>
</tr>
<tr>
<td>In a controlled environ</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>Support past year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>31</td>
<td>75.6</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>24.4</td>
</tr>
</tbody>
</table>

The women who participated in this study ranged in age from 24 to 55 with a mean age that fell in the category of 32 to 39 years of age. The mode also fell in the
category of 32 to 39 years of age. As shown in Table 1, most of the respondents, 61%, were between the ages of 24 to 39. Eleven or 26.8% were between the ages of 40 to 47 years of age and 5 or 12.2% were between the ages of 48 to 55 years of age.

Regarding educational status, most of the respondents, 80.5%, reported that they had either never completed high school or had obtained a high school diploma. The highest percentage of the respondents had obtained a high school diploma. Sixteen or 39% had not completed high school and 17 or 41.5% had obtained a high school diploma. Five or 12.2% had obtained a GED, 1 or 2.4 had an associates degree, and 2 or 4.9% had a graduate degree.

The women reported their socioeconomic status, which was determined by income level, and results revealed that 35 or 85.4% earned between $0- $14,999; 2 or 4.9% earned between $15,000- $24,999; 3 or 7.3% earned between $25,000-34,999; and 1 or 2.4% earned between $35,000- $44,999.

Regarding geographical location, which was defined as urban or rural, 35 or 85.4% reported living in the city and 6 or 14.6% reported living in the county. In relation to employment status over the past three years, of the 41 women 20, or 48.8%, reported full-time employment, 11 or 26.8% were unemployed, 4 or 9.8% reported part-time and disability, and 2 or 4.9% reported having been in a controlled environment. When asked about family support over the past year, 31 or 75.6% reported that they had family support and 10 or 24.4% reported not having family support.
Dependent Variable Profile

Substance abuse, the dependent variable of this study, was measured using two indicators, self-report use and lifetime years of use. The following table represents the frequency distributions of reported use of substance abuse among the women who participated in this study. It is an indication of the number of participants who have used 12 substances. Those substances include alcohol, alcohol to intoxication, heroin, methadone, opiates, barbiturates, sedatives, cocaine, amphetamines, marijuana, hallucinogens, and inhalants.

Table 2 indicates that of the 41 participants, 22 or 53.7% used alcohol. Regarding alcohol use, 19 or 46.3% of the respondents had not used alcohol, concluding that alcohol use among the respondents was close to being equally distributed among those who reported yes and those who reported no.

Of the 41 women, 31 or 75.6% reported not using alcohol to intoxication and 10 or 24.4% reported using alcohol to intoxication. Most of the respondents reported not using alcohol to intoxication. The majority of the respondents reported using heroin. Results indicate that of the 41 respondents, 30 or 73.2% reported heroin use, while 11 or 26.8% reported not using heroin.

The greatest number of the respondents reported that they had not used methadone. Regarding methadone, 38 women or 92.7% reported that they had not used methadone. Results revealed that 3 or 7.3% reported using methadone. An overwhelming number of the respondents reported that they had not used opiates. Results indicate that 39 or 97.6% responded that they had not used opiates, while 1 or
2.4% reported using opiates. The mean score was 1.97 and the standard deviation was 0.156. A majority of the respondents had not used opiates.

Table 2

_Drug and Alcohol Use Among Study Respondents_

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Alcohol</td>
<td>22 (54%)</td>
</tr>
<tr>
<td>Alcohol Intox</td>
<td>10 (24%)</td>
</tr>
<tr>
<td>Heroin Use</td>
<td>30 (73%)</td>
</tr>
<tr>
<td>Methadone</td>
<td>03 (7%)</td>
</tr>
<tr>
<td>Opiates</td>
<td>01 (2%)</td>
</tr>
<tr>
<td>Barbiturate</td>
<td>00 (0%)</td>
</tr>
<tr>
<td>Sedative</td>
<td>02 (5%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>37 (90%)</td>
</tr>
<tr>
<td>Marijuana</td>
<td>04 (9%)</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>01 (2%)</td>
</tr>
<tr>
<td>Hallucinogen</td>
<td>02 (5%)</td>
</tr>
<tr>
<td>Inhalant</td>
<td>01 (2%)</td>
</tr>
</tbody>
</table>

All of the respondents reported that they had not used barbiturates. Results of this analysis also revealed that 41 or 100% of the population reported that they had not used...
The majority of the respondents reported that they had not used sedatives. The mean score was 1.951 and the standard deviation was 0.218. Results indicate that 39 or 95.1% reported that they had not used sedatives, while 2 or 4.9% of the respondents reported that they had used sedatives.

Most of the respondents reported that they had used cocaine. Table 2 indicates that 37 or 90.2% of the respondents reported using cocaine, while 4 or 9.8% of the respondents reported that they had not used cocaine. The majority of the respondents reported that they had not used amphetamines. Table 2 indicates that 39 or 97.6% of the respondents reported that they had not used amphetamines, while 1 or 2.4% of the respondents reported using. The majority of the respondents reported that they had not used marijuana. Moreover, 37 or 90.2% of the respondents reported that they had not used marijuana, while 9.8 percent reported that they had used marijuana.

Most of the respondents reported that they had not used hallucinogens. Table 2 indicates that 39 or 95.1% reported that they had not used hallucinogens, while 2 or 4.9% reported that they had used hallucinogens. The majority of the respondents reported that they had not used inhalants. Results indicate that 40 or 97.6% of the respondents reported that they had not used inhalants, while 1 or 2.4% of the respondents reported use.

While the majority of the respondents reported using at least one or more of the twelve drugs identified on the addiction severity scale, the most highly noted were cocaine at 90.2%, heroin at 73.2%, and alcohol at 53.7%. In addition, there was one substance that was not prevalent among the populations, barbiturates.
Substance abuse, the dependent variable of this study, was also measured by determining the frequency of lifetime years of the 12 substances identified on the Addictions Severity Scale. Figure 1 illustrates the reported years of use for the three most highly reported substances.

![Figure 1. Lifetime Years of Substance Abuse](image)

The results for lifetime years of alcohol use show that 19 or 46.3% of the respondents reported never using alcohol. Results indicate that 12 or 29.3% of the respondents reported that they had used alcohol from 1 to 12 lifetime years, 7 or 17% reported 13 to 24 lifetime years of use, and 3 or 7.3% reported 25 and above lifetime years.
The results for lifetime years of cocaine use show that 5 or 9.8% of the respondents reported never using cocaine, while 1 or 2.4% reported using less than 1 year, 21 or 58.5% reported using between 1 to 12 years, 11 or 26.9% reported using between 13 and 24 years, and 1 or 2.4% reported using 25 years and above. Finally, lifetime years of heroine use show that 10 or 24.4% of the respondents reported never using heroin, while 21 or 51.2% reported using between 1 to 12 years, 9 or 22.0% reported using between 13 to 24 years, and 1 or 2.4% reported using 25 years and above.

Bivariate Analyses

The data in Table 3 present the bivariate analyses for spirituality, African self-consciousness and substance abuse and are used to test the validity of Hypothesis 1, which stated there will be a relationship between spirituality and substance abuse and Hypothesis 2, which stated there will be a relationship between African self-consciousness and substance abuse. Pearson’s r was indicated as the appropriate statistical procedure for the levels of measurement used for each study variable.

Pearson’s r was employed to examine the bivariate relationship among the two independent variables—spirituality and African self-consciousness—and the dependent variable, substance abuse. The significance level was set for .05 for this analysis. Table 3 presents the results of the analysis.
Table 3

Results of Pearson’s r Analysis of Substance Abuse on the Major Study Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pearson’s r</th>
<th>Significance (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality</td>
<td>.081</td>
<td>.614</td>
</tr>
<tr>
<td>African</td>
<td>-.124</td>
<td>.440</td>
</tr>
</tbody>
</table>

The resulting Pearson’s r indicated that spirituality was positively related to substance abuse; however, the strength of the correlation was minimal. Pearson’s r indicated that African self-consciousness had a negative relationship; this correlation was found to be weak. Thus, both Hypothesis 1 and Hypothesis 2, testing for a relationship between substance abuse and the major study variables, were not supported.

It is noteworthy to mention that although the correlation for African self-consciousness and substance abuse was minimal, the direction of the correlation was inverse, therefore suggesting that as African self-consciousness increased the substance abuse decreased and vice-versa. The weakest correlation was between spirituality and substance abuse. The strongest relationship was found between African self-consciousness and substance abuse.

A further analysis was conducted at the bivariate level to test for relationships found between the dependent variable and independent variables to answer hypotheses one and two as stated previously. Since the dependent variable measurement contained 12 mutually exclusive substances, the researcher was able to perform Pearson’s r
analyses on the three most highly reported substances (alcohol, heroine, and cocaine) to examine whether each exclusive substance had a relationship with the two independent variables, spirituality and African self-consciousness.

The data in Tables 4 through 6 present the bivariate analyses for alcohol, heroin, and cocaine and are used to further test the validity of Hypothesis 1, which stated that there would be a relationship between spirituality and substance abuse and Hypothesis 2, which stated that there will be a relationship between African self-consciousness and substance abuse. Pearson’s r analyses were conducted on the three most highly reported drugs and the two independent variables, spirituality and African self-consciousness. The data in Table 4 present the bivariate analyses for alcohol use, spirituality, and African self-consciousness.

Table 4

*Results of Pearson’s r Analysis of Alcohol on the Major Study Variables*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pearson’s r</th>
<th>Significance (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality</td>
<td>-.142</td>
<td>.375</td>
</tr>
<tr>
<td>African</td>
<td>-.80</td>
<td>.617</td>
</tr>
</tbody>
</table>

The results from the analysis indicate that alcohol and both of the independent variables had weak correlations. However, the direction for both of the relationships was inverse, indicating that as alcohol use increased both spirituality and African self-
consciousness decreased and vice-versa. The results from this analysis did not support hypothesis one or two.

Table 5 presents the results of the Pearson’s r analyses of heroine on the major study variables, spirituality and African self-consciousness.

Table 5

*Results of Pearson’s r Analysis on Heroin on the Major Study Variables*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pearson’s r</th>
<th>Significance (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality</td>
<td>.271</td>
<td>.087</td>
</tr>
<tr>
<td>African</td>
<td>-.091</td>
<td>.573</td>
</tr>
</tbody>
</table>

The relationship between spirituality and heroin did not reach statistical significance. However, the direction of the relationship between heroin and African self-consciousness was negative, indicating that as heroin use increased African self-consciousness decreased and vice-versa.

Table 6 presents the results of the Pearson’s r analysis of cocaine on the major study variables, spirituality and African self-consciousness. The results from the analysis indicate that cocaine and both of the independent variables had weak correlations. Neither of the relationships between cocaine and the two independent variables reached statistical significance. The results from the analyses did not support hypothesis one or two.
Table 6

Results of Pearson’s r Analysis on Cocaine on the Major Study Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pearson’s r</th>
<th>Significant (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality</td>
<td>.054</td>
<td>.736</td>
</tr>
<tr>
<td>African</td>
<td>.202</td>
<td>.206</td>
</tr>
</tbody>
</table>

Relationships Between Demographic Variables and Reported Substance Abuse

Chi-squares were conducted to describe the relationships found between the demographic variables and the dependent variable. Twelve substances were tested to determine relationships with the demographic variables. Findings indicate that heroine was significantly related to participant’s age. Table 7 illustrates the findings. Table 7 indicates that a significantly higher proportion of women who were between the ages of 32 and 39 reported using heroin. The chi-square was significant at $p < .05$. 
Table 7

Comparison of Heroin Use and Age

<table>
<thead>
<tr>
<th>Variable</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24-31</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>32-39</td>
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<td>1</td>
</tr>
<tr>
<td>40-47</td>
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<td>6</td>
</tr>
<tr>
<td>48-55</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Percentage</td>
<td>17.7</td>
<td>18.2*</td>
</tr>
<tr>
<td>Number</td>
<td>17.7</td>
<td>2.4</td>
</tr>
<tr>
<td>Percentage</td>
<td>12.2</td>
<td>11.0</td>
</tr>
<tr>
<td>Number</td>
<td>7.3</td>
<td>12.2</td>
</tr>
</tbody>
</table>

a. df = 3  b. *p < .05

Multivariate Analysis

Multivariate analysis conducted on the study variables was logistic regression. This test was appropriate based on the dichotomous nature of the dependent variable. Logistic regression was also deemed appropriate because the independent and dependent variables do not have to be linearly related, or have equal variances between each group. In addition, logistic regression was used to examine whether spirituality would be a predictor of lifetime years of substance abuse among the population. Logistic regression analysis was used to test the validity of Hypothesis 3, which stated spirituality would be at predictor of substance abuse when compared to African self-consciousness.
To test this hypothesis, a logistic regression model was created with the dependent variable, substance abuse, measured dichotomously. The two independent variables for this model were spirituality and African self-consciousness.

The two independent variables were tested against substance abuse. A logistic regression equation was computed by simultaneously entering the independent variables into a multivariate logistic regression analysis to determine which independent variables (spirituality or African self-consciousness) were predictors of the 12 substances.

Hypothesis 3, which stated *spirituality would be a predictor of substance abuse when compared to African self-consciousness*, was supported by the data. The results indicated that spirituality was the only variable in the regression to reach statistical significance. Logistic regression models were created for each illicit drug identified on the Addictions severity scale. However, of the 12 substances tested, heroin was the only drug to reach statistical significance in the logistic equation and only explained 12% of the variance.

Regression results indicate that of the independent variables, spirituality was statistically reliable in distinguishing between those who reported using heroin and those who reported not using heroin (-2 likelihood = 42.332; Goodness-of-fit = 41.924X2 (2) = 5.335). The model correctly classified 80.49% of the cases. Regression coefficients are presented in Table 8.

Although multivariate logistic analysis for the remainder of the substances classifying the dependent variable did not reach statistical significance, the impact of
these variables on substance abuse is noteworthy. These equations presented inverse relationships among the independent and dependent variables.

Table 8

*Logistic Regression Analysis Predicting Substance Abuse*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>p-Value</th>
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<tbody>
<tr>
<td>Spirituality</td>
<td>-.0912</td>
<td>.0441</td>
<td>4.2805</td>
<td>.0386*</td>
</tr>
<tr>
<td>African</td>
<td>-1945</td>
<td>.6704</td>
<td>.0841</td>
<td>.7718</td>
</tr>
</tbody>
</table>

*p < .05

Findings in the logistic regression equation for having ever used alcohol indicated an inverse relationship between African self-consciousness and those who reported alcohol use. There was an inverse relationship indicated in those who used alcohol use to intoxication and both spirituality and African self-consciousness.

Additionally, although a small number of the population reported using methadone (n = 3), opiates (n = 1), sedatives (n = 2), and amphetamines (n = 1), an inverse relationship was also found among independent and dependent variables.

In sum, bivariate and multivariate analyses indicate weak correlations between the independent variables, spirituality and African self-consciousness, and lifetime years of substance abuse among the population in this study. However, the majority of the findings did not reach statistical significance.
More importantly, a qualitative analysis was conducted to gain a more in-depth analysis of the independent variables, spirituality and African self-consciousness. This analysis was important in that it allowed the women to ascribe personal meaning and value to spirituality and African self-consciousness, especially how it related to their substance abuse experiences and treatment. The following section will expound on the findings.

Qualitative Analysis

The importance of conducting qualitative research, more specifically focus groups, is that the strategy enables the researcher to gather information on the participants' perceptions, beliefs, and values (Calderon, Baker, & Wolf, 2000). Moreover, it is useful in addressing cultural characteristics that impact a population's health status. Calderon, Baker, and Wolf (2000) state that qualitative research plays a major role in helping researchers better understand the needs of minorities and various other vulnerable target groups who experience disparities.

The purpose of using qualitative analysis was to acquire information that would lead the researcher to gain a deeper understanding of how African-American female substance abusers define spirituality and African self-consciousness as well as understanding how these factors relate to their addiction experience and recovery.

To achieve this understanding and gain a more intricate look at the women's feelings around these factors, the following questions were asked of 14 of the women who participated in both the quantitative and qualitative components of this research:
1. What does spirituality mean to you?

2. How do you practice spirituality in your everyday life?

3. In what ways do you think spirituality plays a part in your recovery?

4. In what ways have you used spirituality to assist you in recovery/treatment?

5. What components of spirituality would you include in treatment that you think are most beneficial to you in treatment/recovery.

6. What does African self-consciousness mean to you?

7. In what ways do you work on having/maintaining a level of African self-consciousness?

8. In what ways do you think African self-consciousness plays a role your recovery?

9. In what ways have you used African self-consciousness to assist you in recovery?

10. What components of African self-consciousness would you include in treatment that you think are most beneficial to your treatment/recovery?

Raw data from the focus groups included tape recordings and field notes, which were transcribed verbatim. After transcribing the tapes, a thorough reading, with consequent re-reads and notation of topics, themes, and issues were recorded. This process involved a methodical categorization of data for the purpose of noting similar and dissimilar patterns. There were two focus groups held at two facilities.
Ascribed Meaning of Spirituality

There were three common themes noted that emerged among all of the women when asked to define spirituality, which were (1) having a relationship with God, (2) prayer, and (3) church. There were also three sub-themes associated with their definitions of spirituality. The first commonality in defining spirituality was having a relationship with God or recognizing a presence and connection to a “higher power.” Of the 14 women, 85% indicated that they frequently felt very close to God or a “higher power” in prayer, during public worship, or at important moments in their daily lives. For example, one of the women stated, “spirituality to me is my belief in God and those in relationship with God,” and in continuing to define spirituality another woman stated, “to me it means, your higher power, God.”

A second commonality in defining spirituality was prayer. Of the 14 women, 87% indicated that they engaged in private prayer or meditation from about once a week to about once a day. For example, one woman stated, “I pray constantly, I pray all the time.” Another woman stated, “I go into a small room or bathroom or a bedroom and just meditate with complete silence, that’s where I do most of my praying is in the bathroom.”

The third commonality in defining spirituality was church. Although there was no direct question to the frequency of participation in church, the women responded in their accumulated life experience. For example, one woman stated, “I think about church,” while another woman stated, “My family used to make me go to church, but when I started going on my own, I actually like going to church.”
Three additional components were discussed by participants in determining their definition of spirituality, although they were not mentioned frequently enough to be considered overarching themes. Those components included bible study, yoga, and reiki. Reiki is a Japanese technique, used to reduce stress, create relaxation, and promote healing (Brennan, 2001). For example, one woman stated, “It’s whole lot of spiritual stuff other than reading the bible and ministry because yoga and stuff like that is a form of spirituality.” Additional comments by other women in the group identified “reiki,” which the ladies identified as a relaxation exercise.

Ascribed Meaning of African Self-Consciousness

The operational definition for African self-consciousness in this study was an awareness of one’s black identity and legacy; recognition of the necessity of customs and values that affirm black existence; partaking in a movement concerning survival, liberation, and development of black people; and the acknowledgment of racism and oppression. The following is an analysis of how the participants identified this variable.

There were two common themes noted that emerged among all of the women when asked to define African self-consciousness, which were (1) awareness of ancestry and (2) awareness of oppression. The first commonality identified by analysis to be discussed is awareness of ancestry. For example, one of the women stated, “It means to me keeping aware of where I came from.” She went further to state, “Well, I’ll say this just being an African-American woman and having little knowledge of where I came from, it does make me feel less than.” Another example was stated in terms of how the
participant described her identity, in which she stated, “I consider myself black. So I am more Americanized than anything.”

The second commonality in defining factors of African self-consciousness for the women was awareness of oppression. For example, for one of the women it was clearly illustrated in her awareness of environmental surroundings. For example, she stated, “I would be on the bus and I would just be looking and all I would see is people staggering. And it was always black people. And I am seeing them and their houses are all torn down and dirty clothes and half drawn curtains. And it is like, man. There is a sadness that overwhelms me.”

In sum, the women were able to ascribe personal meaning to both spirituality and African self-consciousness. Furthermore, the women were able to continue discussion around the connection they felt spirituality and African self-consciousness had to their experience with substance abuse.

Spirituality and Substance Abuse

The initial theme that emerged among all of the women in response to the relationship between spirituality and substance abuse was their belief that spirituality was the center of their recovery. Therefore, spirituality became the basis of their ability to progress in recovery because it was an aspect of their life that was missing when using. For example, one woman stated, “Because we come in already physically, mentally, and spiritually bankrupt. So, spirituality is what we did not have. The God that we used was a destructive one that we made up.” An additional statement by one of the women
further explained feelings of disconnection from a sense of spirituality while using; she stated, “I felt totally disconnected.” Summarily, another woman stated, “My recovery is based on spirituality.” The women who participated generally felt that their sense of spirituality was lost in addiction and is seen as a catalyst for their recovery process.

The second theme that emerged had to do with having guidance from a higher power, which was thought by the group to increase their success in recovery. For example, one woman stated, “Believing in a higher power than yourself that’s helping me through recovery.” Another woman detailed her experience with spirituality and substance abuse by stating, “It took me the first month of 8 months of my clean time to really find God, because I felt like I was going to die. I was angry with God, but after I released myself to God and opened my heart and mind and just prayed and asked for help because I couldn’t do it by myself. That’s when I wanted to live.”

The women generally concluded that they used their relationship with God or a “higher power” to get them through recovery. Respondents did not speak much about their relationship with God or a “higher power” while using, however the overall tone for the group was that their relationship with God or a “higher power” was vital in their recovery process.

**African Self-Consciousness and Substance Abuse**

The emerging theme that examined the relationship between African self-consciousness and substance abuse was the awareness, or lack thereof, of oppression. One woman stated, “I haven’t read a paper in a while. I watch the TV, but I haven’t had
an awareness of issues, I have been getting high." Another woman stated, "I have been disconnected 10 years of my life, because of alcohol and drugs." Although the overall tone of the group was a feeling of disconnect due to use, several of the women stated that although they had been using they were still affected and realized the oppression in their immediate environment. Some of the women identified this oppression in acts of prostitution and isolation felt due to their addiction.

For example, one woman stated, "I have been using but always conscious of it, mainly from television and the oppression felt by the police." Yet another woman described her awareness of oppression and her life of addiction was felt in terms of treatment. She stated, "The best treatment is offered in predominantly white areas, and the staff is white."

A second theme in the women's ability to describe the relationship between African self-consciousness to their experience as a substance abuser is the role they felt it would play in their recovery. One woman stated, "It makes me want to strive more for my recovery and be more aware of what's going on so I will not be treated the same way I was before."

The women overall felt very strongly that being aware of ancestry and oppression would further help them to push for recovery. For example, one woman stated, 

If you think about where your ancestors come from and the opportunities you have and then you are at a standstill because you are on drugs and you can get more, which we can get more than our mothers or their mothers.
We have more rights and more freedom and because we were addicted at one point we did not work with what we had.

Additional comments revealed a desire to increase self-esteem and pride.
CHAPTER V
DISCUSSION AND IMPLICATIONS OF FINDINGS

This chapter summarizes the major statistical findings of the current study and compares them to the prior literature. In addition, it will address implications for the tested relationships, implications for social work practice, and recommendations for future research.

The purpose of this exploratory study was to analyze factors related to substance abuse among African-American women. Moreover, the primary aim of this study was to examine the relationships between spirituality, African self-consciousness, and substance abuse among African-American women. The study also employed a qualitative component, which captured the women's ascribed personal meaning of the two independent variables and a personal account of how these variables are relevant to their substance abuse experiences. The significance of this study stems from the lack of research on African-American women substance abusers. Literature that discusses substance abuse among African-American women suggests that there are several precursors to substance abuse unique to this population.

The review of literature for this study revealed several barriers that contribute to insufficient treatment. These factors have been seen to increase the rate of women who chose substance abuse as a coping mechanism and to decrease recovery successes for those who are already addicted. Although the literature has increased over the past few
years, there remain two major concerns: the majority of the studies have been quantitative in nature, and more studies need to be done on socio-environmental and psychosocial issues that disproportionately affect this population.

The research questions were designed to determine whether there were relationships between spirituality, African self-consciousness and lifetime years of substance abuse. The research questions were as follows: Is there a relationship between spirituality and lifetime years of substance abuse among African-American women? Is there a relationship between African self-consciousness and lifetime years of substance abuse among African-American women? To what extent do spirituality and African self-consciousness explain lifetime years of substance abuse among African-American women? Data was collected using a sample of 41 African-American women substance abusers in the Baltimore metropolitan area.

The generalizability of this study is limited to African-American women substance abusers who were in treatment facilities in the Baltimore metropolitan area and have the following characteristics: ages 24 and up and are currently receiving treatment for substance abuse and or alcohol abuse.

Discussion of Findings

Dependent Variable

Research evidence for African-American female admissions for substance abuse treatment, as reported by the Drug and Alcohol Services Information System (2002),
show cocaine at 40%, followed by alcohol at 27%, and heroin at 18%. However, the findings in this study indicate reported cocaine use at 90.2%, heroin at 73.2%, and alcohol at 53.7%. The findings from this study supported previous literature in that the three most highly reported drugs were cocaine, heroin, and alcohol. However, findings in this study reflected a tremendous increase in the amount of reported use when compared to previous statistics.

One possible explanation for this finding is that the study was conducted in a large metropolitan city, where substance abuse is more prevalent among the population. Metropolitan cities have been well documented for the prevalence of illicit drug use. An additional explanation for this finding may be the increase in the use of cocaine in the form of crack, which is known to have a low street cost, thereby making this drug more affordable. This implies the need for social workers to become more aware of the prevalence of illicit drug use, the level of accessibility in the large cities, and the development of policy that will address drug trafficking and sales in metropolitan areas.

**Bivariate Findings**

Pearson’s r was employed to examine the bivariate relationship among the two independent variables—spirituality and African self-consciousness—and the dependent variable. The significance level was set for .05 for this analysis. Pearson’s r was indicated as the appropriate statistical procedure for the levels of measurement used for each study.
It was hypothesized that there would be a relationship between spirituality and lifetime years of substance abuse among African-American women. According to the literature, African-American women’s internalization of spirituality was found to have a negative relationship on substance abuse (Maton & Zimmerman, 1992). Additionally, those who are currently involved in substance abuse would be expected to be less spiritually active or religiously involved (Miller, 1998). Therefore, it was expected that those with low levels of spirituality, which infers a disconnect from one’s sense of spirituality, would have less lifetime years using substance abuse.

However, the bivariate finding that examined the relationship between spirituality and lifetime years of substance abuse did not reach statistical significance. Contrary to the researcher’s expectations, the findings suggest that regardless of lifetime years reported by the sample, they reported a connection with their sense of spirituality.

This finding is inconsistent with previous literature, which suggests that those who abuse drugs and alcohol are less spiritually inclined (Miller, 1998; Maton & Zimmerman, 1992; Curtis-Boles & Jenkins-Monroe, 2000). African-American women with a history of substance abuse as opposed to those who had no history of abuse reported that they stopped religious practices at some point in their lives, although they reported early onset of spiritual practices (Bass & Jackson, 1997).

A possible explanation for this finding is that the treatment facilities used for this study may have components that offer spiritual guidance. Additionally, treatment may have given the women an opportunity to regain their sense of spirituality, due to the intervention provided.
It was hypothesized that African self-consciousness would have a relationship on lifetime years of substance abuse. The second bivariate finding indicated that African self-consciousness did not reach statistical significance. This finding was not consistent with previous research that found African self-consciousness and Africentric values may be positive determinants for declining substance abuse as a lifestyle (Rowe & Grills, 1993). The literature suggests that African-American men who reported higher levels of African self-consciousness were less likely to be involved in misorientation behaviors, namely drug behavior (Azibo & Dixon, 1998).

A similar study suggests that factors that encourage the development of African self-consciousness may have a negative relationship on substance abuse (Longshore et al., 1998). A possible explanation for this finding regarding the direction of the relationship may be that women in treatment may be exposed to intervention components that assist in the development of esteem, awareness of self, and a collective identity.

Relationship Between Cocaine, Heroin and Alcohol Use and Independent Variables

Based on the Spiritual Perspective Scale, the relationship found between cocaine, heroine, and spirituality did not reach statistical significance; however, a negative relationship was found between alcohol use and spirituality. The findings regarding the direction of the relationship are supported in literature, which suggests that those who have an increased sense of spirituality have negative attitudes toward alcohol (Gary & Gary, 1985). The findings on heroin, cocaine, and spirituality were not consistent with previous literature.
Based on the Black Survey of Life, there was an insignificant finding between African self-consciousness, heroin, and alcohol. The correlation, although weak, was inverse, suggesting that, although insignificant, as one increased the other decreased. This finding was supported by the literature, which found negative relationships between African self-consciousness and substance abuse (Longshore et. al., 1998). The relationship found between African self-consciousness and cocaine did not reach statistical significance. This finding was inconsistent with the literature, which states that African self-consciousness was found to have a negative relationship on substance abuse (Gary & Berry, 1985). The strength of the correlations was found to be weak.

One possible explanation for the finding regarding cocaine is that most African-American women who have been documented to use treatment may have uncovered some level of African self-consciousness as a result of recovery. Women in treatment, with the assistance of recovery intervention, have the opportunity to work on issues of esteem, awareness of surroundings, and relationships, which all represent some of the factors included in African self-consciousness.

Multivariate Findings

The multivariate analysis conducted on the study variables was logistic regression. A logistic regression model was created with the dependent variable, substance abuse, measured dichotomously. The two independent variables for this model were spirituality and African self-consciousness. The two independent variables were
tested against each separate illicit drug. This test was seen as an appropriate test based on
the dichotomous measurement of the dependent variable.

It was hypothesized that spirituality would significantly explain lifetime years of substance abuse among African-American women. The literature suggests that African-Americans have been survivors as a result of "African spirituality" (Stewart, 1997). Spirituality has been seen to be the core of African American, thereby assisting in coping with the oppressive and devaluing realities of the broader society (Stewart, 1999). Other studies have indicated that those African Americans who have a moderate to high level of spirituality would have negative attitudes toward substance abuse and alcohol (Gary & Gary, 1985; Gary & Berry, 1985)

For these reasons, it was expected that spirituality would significantly explain lifetime years of substance abuse among the study population. Based on the Spiritual Perspective Scale and the Black Survey of Life, there was a statistically significant finding in a logistic regression analysis when the two independent variables were entered simultaneously with one of the 12 mutually exclusive drugs.

However, the statistically significant finding out of 12 mutually exclusive drugs was found between heroine use and spirituality. The remaining 11 drugs when tested did not reach statistical significance. The relationship was found to be negative and was significant at the $p = .0386$ level.

A possible explanation for this finding is that heroin was one of the most widely used and increasingly prevalent illicit drugs in the Baltimore metropolitan area. In the state of Maryland, there were a total of 16,462 admissions for heroin use (DASIS, 2002).
A breakdown of heroin admissions reflects 62.6% as African Americans (TEDS, 2002). Overall, the Drug and Alcohol Services Information System (2002) reported that heroin was the third most widely used substance, which accounted for 18% of African-American female admissions for substance abuse treatment.

In addition to the prevalence in the Baltimore area, research on the lifelong consequences of heroin addiction indicated that heroin addicts’ lives are characteristic of repeated cycles of substance abuse and abstinence and increased risk of crime or incarceration, health problems, and death (Zickler, 2001). Moreover, the high mortality rate points to the severe consequences associated with heroin addiction (Zickler, 2001). Another possible explanation explained in recent research indicates that the relapse rate for heroin users increases with time (Zickler, 2001). Furthermore, women who are addicted lose sight of their sense of self, their relationships, and regularly practiced spiritual behaviors.

Conclusions Based on Qualitative Analysis

A qualitative analysis component was integrated into the current study. Focus groups were conducted and analyzed with 14 of the women in the current sample. The sample included a total of 14 women because only two facilities were available and willing to participate in this type of methodology. Additionally, it is common that focus groups consist of 8 to 10 participants (Esterberg, 2002).
Ascribed Meaning of Independent Variables

Three themes emerged from the qualitative analysis when the participants were asked to ascribed meaning to spirituality. Those themes identified were (1) having a relationship with God or recognizing a presence of a higher power; (2) prayer; and (3) church. These findings were consistent with the literature, which states that women define spirituality as a connection with god or belief in a higher external power, and organized worship (Mattis, 2000). There were two themes from the qualitative analysis when the participants were asked to ascribe meaning to African self-consciousness. The themes identified were (1) awareness of ancestry and (2) awareness of oppression. In sum, the women were able to ascribe personal meaning to both spirituality and African self-consciousness.

Spirituality and Substance Abuse

Two themes emerged among all of the women in response to the relationship between spirituality and their addiction experience. The two themes that emerged from the qualitative analysis were, (1) The women believed that spirituality was the center of their recovery, and (2) Guidance from a higher power was thought to increase their success in recovery. These findings are consistent with previous literature, which suggests that prayer was used to assist women through the recovery process and was seen to aid African-American women in speaking openly about their life challenges.
(Washington & Moxley, 2001). Additionally, spiritual traditions were seen as a means of improving counseling with African-American women.

It is supposed that spirituality may be a vital part of prevention of antisocial behavior and other life stressors experienced by African Americans (Martin & Martin, 2002). The women in this sample attributed their success and ability to strive for recovery to their renewed sense of spirituality, namely their relationship with God or a higher power. The women discussed in detail how spirituality assisted them in regaining their self-worth and awareness of their surroundings.

**African Self-Consciousness and Substance Abuse**

Two themes emerged among all of the women in response to the relationship between African self-consciousness and their addiction experience. The two themes that emerged from the qualitative analysis were (1) the awareness, or lack thereof, of oppression, and (2) identifying the role African self-consciousness plays in recovery.

The women were able to define and connect African self-consciousness to their experience in substance abuse. The women discussed how the awareness of oppression and being connected to the African culture might assist them in maintaining abstinence. Thus, as suggested by Nobles and Goddard,

- efforts to liberate the African-American community from the substance abuse epidemic lies in our ability to conduct research on traditional African and African-American culture forms of human development;
- create modern techniques based on those cultural forms, without
disturbing tradition; and develop techniques that promote the institutions in society to become aware of, honor, and implement the cultural relics and experiences of African-American people. (p. 180)

Implications for Social Work Practice

Quantitative Analysis

The quantitative analysis conducted in this study points to some very obvious implications for the field of social work. The first noted implication is for social work researchers to explore more appropriate research methods that accurately assess the relationship between psychosocial and socio-environmental variables and the severity of drug abuse among African-American women. In turn, the assessment of these variables may lead to treatment modalities that address the needs of African-American women, thereby increasing treatment success.

The second noted implication is for social workers to advocate for funding to conduct more qualitative research that examines constructs that are difficult to measure quantitatively. Qualitative research has been noted to be an appropriate method of research when exploring issues relevant to African-American women. It allows women to tell their unique stories and ascribe meaning to variables that affect their daily life situations. These narratives may also assist social workers in developing culturally sensitive assessment tools for future quantitative research.
Substance abuse in the United States is a well-documented epidemic that affects all aspects of life for those addicted and those affected. There have been many discoveries concerning precursors to substance abuse in this country. Although the epidemic is rampant throughout society, it disproportionately affects African Americans; moreover, it is a rising epidemic in African-American women.

When considering the unique daily realities of African-American women, it is most common for these women to experience overwhelming feelings of hopelessness and powerlessness, due in part to disparate levels of poverty, sexism, and oppression. It is because these factors go unanswered that women turn to a life of addiction, thereby alleviating stress felt by the pressure of an unequal society.

African-American women’s misperception of escape from life’s pressures by using illicit drugs and alcohol further alienates them from family, community, and God, thus creating a life of uncertainty and a void of the support and resources needed to improve their quality of life, restricting their contribution to the broader society.

There are several issues that affect substance abuse among African-American women. Two of those issues will be discussed. First, there is a lack of prevention methods that address precursors unique to African-American women. Second, many of the treatment facilities have not successfully reached or treated African-American women. These issues will be addressed separately.
Prevention

The overwhelming majority of illicit drug use is common in the inner cities of the United States, disproportionately affecting African-American people. The current study was comprised of all African-American female participants (100%). Therefore, this section will address the implications for prevention for this population.

The majority of the population that make up the inner cities are African American. Consequently, African-American women who reside in these areas have easy access to an overabundance of common and new market illicit drugs. Therefore, it goes without saying that prevention and treatment should be patterned to the life experiences and daily struggles of the unique plight of the African-American woman in the United States.

Socio-demographic factors become paramount when assuming the responsibility for preventative methods for African-American women. One must take into consideration these factors, which include poverty, sexism, racism, and oppression. Society is structured such that these factors are interwoven in the lives of African-American women beginning with youth. African-American women are subject to live in poverty, be single heads of households, and be paid lower wages. It has been stated that African-American women have been less likely to cope well with these factors and often chose to drug use to cope.

Prevention methods that address this problem must start as early as elementary school (Levi & Easley, 1999). Prevention methods must include intervention that counteracts the injustices felt by African-American females. The programs should
address interpersonal and intrapersonal contexts, such as increasing self-esteem and increasing their abilities to appropriately cope with social, financial, and emotional stressors (Levi & Easley, 1999).

Additionally, professionals who develop prevention programs for this population must be able to implement these programs within the confines of the inner-city neighborhoods, where most of these women and young girls live. The location of the programs for prevention becomes vital because most of the women who will receive services may then begin to feel more invested in their personal efforts to make change where they live. Furthermore, African-American females must be taught to reject the stereotypical view of African-American women and be given the opportunity to embrace and learn about the positive relics of African life, subsequently increasing their self-image and promoting healing and an enhanced quality of life.

Treatment

Another consideration of factors that affect substance abuse among African-American women is the implications for effectively treating this population. African-American women substance abusers will likely experience treatment at least two to three times before successfully maintaining any duration of abstinence (Ross-Burrow and Boyd, 2000). Consequently, African-American women, when seeking treatment, often find that services are difficult to access due in part to cost, availability of space, and lack of cultural and gender competent intervention. Thus, many African-American women do not experience successful treatment, that likely leads to relapse.
African-American women who need treatment also experience shame, the fear of removal of their children, and depression (Allen, 1996). These women are generally isolated from any type of support, whether by means of relationships, community, or their sense of a higher power. Consequently, African-American women, because of substance abuse, may also experience compromising situations such as prostitution, criminal behavior, and other degrading behaviors in order to obtain drugs. Accordingly, the woman's sense of self is lost in the life of addiction.

African-American women have several barriers to treatment that go unanswered in current treatment modalities. Findings from this study and other research (Jackson, 1995; Allen, 1996; Rhodes & Johnson, 1997) have found that factors, namely spirituality and increased levels of self-esteem related to African-American life, may aid in successful recovery for this population. Finally, treatment and prevention must address the intricate needs of the African-American woman.

Social Welfare Policy

African-American women's survival depends highly upon their ability to cope with life stressors faced in the United States. This group has been noted to suffer from the copious affects of the disproportionate levels of racism, oppression, and poverty, thus propelling them into the life of addiction. The lives of these women can be improved with the implementation of effective policy and programs that aid in prevention and treatment. Treatment and prevention must effectively address issues exclusive to African-American female population. Based on the findings of this study, it is the
opinion of this researcher that more efforts need to be made for prevention and treatment efforts and should include those factors that directly affect African-American women.

Research suggests that prevention and treatment have failed at reaching this population. Consequently, the trickle-down effect is continuing to destroy the black family and community. Therefore, prevention and treatment modalities must include intervention that increases African-American women’s ability to cope, thereby increasing the survival of her family and community.

More importantly, action on the national and local levels that commits funds to the development of effective prevention and treatment interventions is needed to decrease the rising numbers of African-American women who abuse alcohol and illicit drugs. In addition, state and federal governments must increase their role in policy and planning that ensures that the needs of African-American women are met by:

1. increasing funds available for prevention and treatment programs that address the unique needs of African-American women;

2. increasing resources to aid African-American women in inner-cities to increase their quality of life;

3. expanding the availability of grant money to include more qualitative research that examines issues paramount to the substance abuse epidemic among African-American women; and

4. expanding services to include treatment facilities that include positive family intervention.
Recommendations for Future Research

Research on substance abuse and the African-American population is well documented in literature; however, it wasn't until the last few years that more attention was dedicated by researchers to African-American women. The research on African-American women has mainly been quantitative and is limited in analysis of psychosocial and socio-environmental factors that may correlate with substance in this population. In addition, most of the efforts for research in the African-American population have been concentrated in the black male population; therefore, the information neglects the unique needs of African-American women.

With the increasing numbers of African-American women who are now abusing drugs, it is also vital that practitioners who work with this population, students in MSW and BSW programs, and policy-makers become appropriately educated around issues that are principal to prevention and recovery. The most essential issues have to first be addressed by policymakers, which then trickles down to higher education and finally to practitioners who work in the field of addictions.

Continuing research that examines issues that affect African-American women and substance abuse are vital. Literature shows that there is limited research on African-American women and substance abuse. Issues associated with drug use patterns and prevalence rates among women in general, as stated Lex (1994) and Reed (1981), are (1) socialization, (2) life circumstances, and (3) socio-demographic factors. The differences experienced in these areas by women of different ethnic and cultural backgrounds points to obvious differences in addiction experiences.
Limited research on African-American women, specifically on treatment issues, suggests that traditional treatment methods are ineffective (Wingo, 2001). The linear treatment models are based on the premise that a person is powerless over her life, and places the blame on the addicted person. This approach to treatment, as stated by Rhodes and Johnson (1997), may in fact be dis-empowering for African-American women since they already are faced with sexism and oppression and typically have low levels of self-esteem.

Consequently, the issues associated with linear treatment and modalities may put African-American women at risk for relapse (Wingo, 2001). The lack of research on the unique issues that affect African-American women and substance abuse will continue to decrease their quality of life and dismantle the black family. Based on the findings of the current study and considerations of this researcher, the following recommendations for future research are made:

1. An evaluation study of current treatment facilities to examine whether treatment modalities address the unique needs of African-American women substance abusers.

2. Further examination of the psychosocial, psycho-spiritual and, socio-environmental factors that are precursors to substance abuse among African-American women.

3. Qualitative research that reflects African-American women’s experience using narratives and focus groups.
In sum, the state of the African-American family depends highly on the health and well-being of African-American women. If the rising epidemic goes unanswered, African-American families will continue to be dismantled.
APPENDIX A

INFORMED CONSENT

Whitney M. Young, Jr.
School of Social Work
Agreement to Participate in a Research Study
An Analysis of Factors Contributing to Substance Abuse Among African-American Women

The purpose of this study is to study the relationship between spiritual alienation, African self-consciousness and substance abuse among African-American women in treatment. Participation in this study will involve focus groups where questions will be asked that will engage participants in conversation around their own definitions of the spirituality and African self-consciousness. The questionnaire will ask questions about personal spiritual practices, cultural awareness, and substance usage. I have read the questions that will be asked or they were read to me. I have been invited to call the researcher on this study (Makeba K. Thomas) at 410-383-1684, if I have questions or need help with any reactions to the questions that will be asked.

"I understand that this research study has been reviewed and approved by the Institutional Review Board–Human Subjects in Research, Clark Atlanta University. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, I can contact the Institutional Review Board through Dr. Georgianna Bolden, Office of Research Sponsored Programs at (404) 880-6979; or (404) 880-6829."

For the purpose of the focus group, I am aware that it will be tape-recorded. I also understand that the tapes will be transcribed for research purposes only. I understand that I will receive a $5.00 AT&T phone card for my participation. I understand that if I feel uncomfortable, I may stop participation at any time and will still receive the $5.00 phone card. I understand that the information gathered will be kept confidential and no one will know what we said. Names will never be revealed publicly and the researcher (Makeba K. Thomas) will keep consents locked away from all other persons.

I know that participation in this study will not directly benefit me in any way although I am being compensated for my time. The results obtained will be used to support future drug treatment efforts in the African-American female population.
I, ______________________, acknowledge that the risks involved and the purpose of the research has been explained and any questions, which I may have concerning the procedures to be followed, have been answered. I understand that I can keep a copy of this consent form for my own information.

Participant

Investigator/Witness Date
APPENDIX B

Consent from Site

We, the representatives of Chrysalis House Inc., give Makeba K. Thomas permission to conduct research at our facility for the sole purpose of completing the degree requirements of the Doctoral program at Clark Atlanta University. It has been explained by the researcher that the participants will not be at risk and will not suffer from any stresses or discomforts. The participants are volunteers and may remove their data at any point during the research to protect the identity of the facility population.

__________________________
Researcher

__________________________
Site Liaison
APPENDIX C

Demographic Questionnaire

Demographic Summary

1. Age _________

2. Level of education
   None 01
   High School Diploma 02
   GED 03
   Associates Degree 04
   Bachelors Degree 05
   Graduate Degree 06

3. Income
   5,000-15,000 01
   15,000-25,000 02
   25,000-35,000 03
   35,000-45,000 04
   45,000-55,000 05

   122
APPENDIX C: Demographic Questionnaire (continued)

4. Identify the location of your last address.

City    County

5. Usual employment pattern for the past 3 years

1- Full time
2- Part-time
3- Student
4- Service
5- Disability
6- Unemployment
7- In a controlled environment

6. Have you had support of your immediate family over the past year? Yes No
APPENDIX D
Supplemental Questionnaire

1. What does spirituality mean to you?

2. How do you practice spirituality in your everyday life?

3. In what ways do you think spirituality plays a part in your recovery?

4. In what ways have you used spirituality to assist you in recovery/treatment?

5. What components of spirituality would you include in treatment, that you think are most beneficial to you in treatment/recovery.

6. What does African self-consciousness mean to you?

7. In what ways do you work on having/maintaining a level of African self-consciousness?

8. In what ways do you think African self-consciousness plays a role your recovery?

9. In what ways have you used African self-consciousness to assist you in recovery?

10. What components of African self-consciousness would you include in treatment, that you think are most beneficial to your treatment/recovery?
APPENDIX E

Letter Approving Study from Proposal Defense

November, 2002

To: Makeba Thomas

From: Dissertation Committee

Makeba Thomas, Doctoral Candidate in the Whitney M. Young, Jr., School of Social Work, successfully defended her dissertation proposal on November, 2002. Ms. Makeba Thomas may proceed at this time with data collection.

Dr. Richard Lyle, Chair  Date

Dr. Sartia Davis  Date

Dr. Mary Jackson  Date
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