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Alcoholism among Black Americans

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Abstract

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), alcohol abuse is the leading health and social problem in Black America today (Hacker, Collins, 1 & Jacobson, 1987). Data analysis from the Secretary's Task Force on Blacks and Minority Health (Ronan, 1986/87) indicated that Blacks suffer disproportionately from health consequences of alcohol abuse and appear to be at disproportionately high risk for certain alcohol related problems. Upton and Jallah (1986) cited another early study, released in 1979 by Dr. Lewis King, which found that alcoholism was the number one social problem in Black America. They further cited how Blacks suffer demonstrably greater consequences of alcohol abuse. Finally, there is also evidence that Blacks surpass Whites in the rates of physiological illness resulting from alcohol abuse and in rates of the disease of alcoholism (Harper, 1979).

ALCOHOLISM AMONG BLACK AMERICANS

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According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), alcohol abuse is the leading health and social problem in Black America today (Hacker, Collins, & Jacobson, 1987). Data analysis from the Secretary's Task Force on Blacks and Minority Health (Ronan, 1986/87) indicated that Blacks suffer disproportionately from health consequences of alcohol abuse and appear to be at disproportionately high risk for certain alcohol related problems. Upton and Jallah (1986) cited another early study, released in 1979 by Dr. Lewis King, which found that alcoholism was the number one social problem in Black America. They further cited how Blacks suffer demonstrably greater consequences of alcohol abuse. Finally, there is also evidence that Blacks surpass Whites in the rates of physiological illness resulting from alcohol abuse and in rates of the disease of alcoholism (Harper, 1979).

Is Black alcoholism different from White alcoholism? That familiar question is asked by nearly everyone who has explored the topic of treatment and alcoholism among Black Americans (Brisbane & Womble, 1985). To fully answer the question, we might first address the definition of alcoholism from a Black perspective, recognizing that there is a limited quantity of literature on alcoholism and Blacks, and, therefore, being cautious in drawing conclusions about the

subject at hand (Harper, 1979). According to Bell and Evans (1981) the definition for Alcoholism is as follows:

> Alcoholism is a primary, progressive, pathological love/trust relationship with a mood-changing chemical, alcohol. The chemical is used at the repeated expense of a person's values and goals. It can be diagnosed, treated and prevented most successfully when taking into account the cultural context in which the alcohol abuse developed. (p. 1)

When culture is part of the definition, then one might conclude that there are significant differences which have certain implications for treatment. Harper (1979) concluded that Black alcoholics are different from White alcoholics due to hundreds of years of segregated cultures which resulted in Blacks having different needs, perceptions, values, attitudes, and language. He maintains that most Blacks are still residentially segregated and thus culturally distinct, needing culture-specific oriented treatment. Lastly, we might find that "Alcoholism is colorblind, but being Black means one runs a different set of hurdles" (Brisbane & Womble, 1985, p. 1).

The purpose of this paper is to review the literature exploring the impact of alcohol abuse and alcoholism in the Black community, the significance of culture, and the implications for counseling.

Health and Social Consequences Related to the Use and Abuse of Alcohol

A large proportion of the research literature addresses alcohol use and alcoholism among Black adult males, however, it contains few findings which deal with Black youth, Black women, or the Black aged (Harper, 1979). Still, even though the data is limited, the majority of studies do show that Blacks of all ages and both sexes consume less alcohol, less frequently than Whites, and yet suffer the most severe consequences of alcohol abuse. For example, although alcohol abstinence is significantly more prevalent among Black women than among White women, survey data suggests a greater frequency of heavy drinking among Black women than among White women and that the prevalence of Fetal Alcohol Syndrome (FAS), a health consequence associated with alcohol use by pregnant women, is higher in the Black population than in the White population (Hacker, et al., 1987). Further, Ronan (1986/87) reported that Black males have high rates of heavy drinking and alcohol-related social problems after the age of thirty, while among White males, heavy or problem drinking is concentrated in the eighteen to twenty-five year old age group. Despite the reported late onset drinking pattern of Black males, they continue to be at greater risk for chronic disease related to alcohol consumption. Also, while there

is a lack of specific research on Black youth, it appears that black alcoholics are often younger than White alcoholics based on admission rates to hospital-based programs (Harper, 1979).

Other consequences of alcohol abuse, documented in a pamphlet "Chemical Dependency and The Black Community: Strategies for Change" (1986) included:

1. Alcohol abuse resulted in greater absenteeism and poor job performance. Alcoholism was found to be a contributing factor to unemployment, which is higher among Blacks than Whites.

2. Alcohol abuse and alcoholism was found to be expensive. An estimated four to five million minority/Black abusers "waste" about ten billion dollars annually--enough to finance full employment for all minority/Black people for a decade.

3. Alcohol abuse was found to be a major contributor to high drop-out rates, poor performance, and school behavior problems.

4. Fifty percent of all violent crimes were found to be alcohol related. A study completed in 1982 reported that alcohol was present in seventy percent of Black men and sixty-seven percent of Black women who committed homicide.

5. Cirrhosis mortality for all Blacks was nearly two times that of Whites nationally, and up to twelve times higher in selected inner city neighborhoods.

6. Blacks had higher rates of fatalities due to accidents and murders, both of which had a strong correlation to alcohol abuse.

Additionally, the pamphlet cited social factors that contributed to Blacks being more likely to abuse alcohol, but less likely to seek treatment, or to seek treatment in the later stages of addiction when prognosis for recovery is greatly diminished. Those factors included:

1. Black communities are inundated with liquor establishments and liquor advertizing, which resulted in alcohol being readily visible and available.

2. Clear social norms among Blacks that dictated the appropriate role of alcohol consumption, i.e., religious, ritualistic or social, were missing.

3. There was a high tolerance among Blacks for dysfunctional behavior, such as: public drunkenness, openly drinking on the street, and drinking parties that last the entire weekend.

4. Rules of use, what is acceptable and unacceptable drinking behaviors, were not clearly defined.

5. Misinformation about alcohol treatment was abundant, partly due to treatment centers being outside the community and providing little, if any, information directly to the community.

6. Blacks who were not successful in treatment returned to the community with negative commentary and affected perceptions of family and friends with regard to the value and nature of treatment.

7. Blacks entered treatment at later stages of addiction, usually by way of the courts, and had lower success rates than Whites.

8. Denial among alcoholics of all races tends to be high, however, it was compounded for Blacks, in part, due to limited outreach efforts, a lack of trust, fear, and a higher threshold for emotional pain.

Upton and Jallah (1986) concluded that while alcohol abuse and alcoholism are problems that have reached epidemic proportions in White America, they are of even greater magnitude for Blacks when consideration is given to the greater consequences of that abuse.

The Significance of Culture in Relation to Patterns of Usage

It has been estimated that ten percent of all drinkers in the United States are alcoholics. However, the differential

rates among ethnic groups are enormously varied, from a negligible rate below one percent for Jews, to approximately eighty percent for Indian and Eskimo groups (Milam, 1978). Furthermore, Milam found that there is an inverse correlation between the length of time an ethnic group has been exposed to alcohol and their rates of consumption.

Two speakers at the Seventh Annual Alcoholism in the Black Community (ABC) Conference in East Orange, New Jersey expounded on the cultural aspects of usage. According to Dr. Peter Meyers (October, 1988), when alcohol is not integrated into a culture, with clearly defined rules of usage and is used without social controls or is associated with efforts to relieve anxiety, then increases in use and abuse occur with resulting higher rates of alcoholism. He further indicated that alcoholism as a Black problem only became significant somewhere around the prohibition era. Prior to that time it was contained and Blacks as a group had the highest rate of abstinence of any ethic group in the United States.

Although contained, the practice of using alcohol as a reward and as an anxiety agent found its roots in slavery. As stated previously, usage in this way tends to produce higher rates of alcohol abuse and alcoholism. John Lambert (October, 1988), another ABC Conference speaker, noted that

at least one attitude regarding drinking that was perpetuated during slavery remains a part of the Black attitude and culture yet today. He pointed out that the slave-culture mentality rewarded slaves by giving them alcohol at the end of each week purportedly for having worked hard, and also for purposes of control. He suggested that it was believed that keeping Blacks intoxicated would reduce the likelihood of their running or uprising. Heavy weekend drinking remains a socially accepted practice among Blacks today (Upton & Jallah, 1986).

The Impact of Racism

Bell and Evans (1981) concluded that alcoholism is a primary presenting problem for the individual and further contended that too often, alcohol abuse is perceived as secondary to other psychological or emotional problems. It may even be perceived, erroneously, as just one factor resulting from racism and oppression. This viewpoint is supported by Dr. Harper's (1979) review of the literature finding that in general, biologically an "alcoholic is an alcoholic" (p. 26). However, Harper (1979) also found that because Blacks suffer from more stress as a result of racism, they are more prone to become alcoholic than Whites. Bell and Evans (1981) agreed that racism and oppression are contributing factors to alcohol abuse, but found they are not causal. The authors pointed out that one only need look

at the rampant alcoholism found in White middle-class America, where racism against Whites is essentially non-existent and certainly not a causal factor in White alcoholism to refute the position or theory that racism is the cause of Black alcoholism. In fact, Brisbane and Womble (1985) concluded that something called Black alcoholism does not exist although they did find that Blacks suffer from alcoholism in ways unique to them because they are Black. Further, they reported finding that Blacks frequently experienced different problems from those experienced by other ethnic and racial groups both in their search for treatment and in their ability to maintain sobriety.

Implications for Counseling Black Alcoholics

In a discussion on the issues in treatment of Black alcoholics, Cody Barrett, another presenter at the ABC Conference (October, 1988) asserted "first things first." Barrett elaborated that priorities for effective treatment required first an understanding of the basics (having a thorough knowledge of the disease) and secondly having also acquired specialized knowledge and skill needed for culture-specific treatment. Having assumed that the counselor had acquired the basic knowledge and skill needed to treat alcoholism, Bell and Evans (1981) found that Black counselors in most instances have a head start on being effective with

Black clients. Although there are some factors that can inhibit Black-on-Black counseling, the ability to relate is increased by commonality of race and shared life experiences. Brisbane and Womble (1985) added that another advantage of the counselor being of the same race included being able to provide a positive role model, particularly in those instances where the counselor was also of the same gender. What appeared to be generally considered most significant throughout the literature, however, was the position taken by Lonesome (1985) concerning the needed "opportunity for the Black alcoholic to at least explore his or her Blackness, and to help the client assess how self-identity relates to both the development of alcoholism and the recovery" (p. 68). Of somewhat lesser importance, was the issue of whether or not this exploration could best be facilitated by Black counselors or White counselors. In fact, Barrett noted that most Blacks begin recovery in predominately white programs (1988). Unfortunately, however, Maypole and Anderson (1986/87) also found that the literature frequently suggested that White counselors lack the cultural sensitivity needed to successfully work with Black clients. This may, in part, account for the lower success rate of Blacks in treatment (Upton & Jallah, 1986). Indeed, Bell and Evans (1981) concluded that understanding and addressing cultural and racial issues are

essential to help Black alcoholics move away from the negative effects of cultural emotional pain toward a full recovery.

Spirituality, AA and Black Alcoholics

Knox (1985) addressed the importance of spirituality in the treatment of Black alcoholics and noted that "spirituality is deeply embedded in the Black psyche" (p. 31). The Alcoholics Anonymous (AA) program is a spiritual program and it has been suggested that it is a program of recovery that will work for almost everyone (This is AA, 1953). The AA program is a way of life which emphasizes sobriety as an end in itself. This, very simply, according to Hudson (1985) is how and why it works for Black alcoholics. Although agreeing that AA should be seriously considered in the treatment of Black alcoholics, Harper (1979) also expressed some reservations and recommended that sensitivity to cultural and racial differences be taken into account. He also noted that AA meetings located in Black communities have proved more successful for Black alcoholics than those AA groups attended by Blacks in White communities (1979). His concerns were echoed by Bourne (1973) who further suggested that AA held little appeal for inner city Blacks due to its White middle-class origins. Hudson (1985) reported, however, that while Harper and Bourne were expressing concerns about the racial and class limitations of AA, the fellowship was thriving

in nearly every major Black urban community. Additionally, Knox (1985) found that recovering Black alcoholics were more often crediting their sobriety to spirituality and she concluded that Blacks could be encouraged to use AA even more extensively if greater emphasis was placed on the spiritual aspects of that program. Hudson also suggested that AA works for Black alcoholics because of the nature of the disease and the process of recovery, which includes addressing spirituality (1985). Among a majority of others, Brisbane and Womble (1985) concluded that "Alcoholics Anonymous is a crucial part of successful sobriety and should be recommended to Black alcoholics" (p. 261).

Conclusion

Alcohol abuse and alcoholism clearly contribute significantly to the disparity that exists between minority/Black and non-minority populations (Ronan, 1986/87). Further, alcoholism has demonstrated its ability as an equal opportunity illness, wrecking havoc on the lives of everyone regardless of race, sex or culture (Brisbane & Womble, 1985).

Further compounding the problem, already enhanced by denial, alcoholism in the Black community is a socially accepted disease. Lacking guidelines or community sanctioned norms for appropriate or inappropriate use of alcohol (Brisbane, 1988), Blacks enter treatment later, at later

stages of addiction, and suffer significantly greater consequences (Upton & Jallah, 1986). Additionally, according to Barnett, Blacks enter treatment with more life problems and self-esteem issues than Whites. They must also, in order to take responsibility for their recovery, stop blaming racism for their drinking (1988). At the same time, the effects of racism present legitimate issues for counseling (Bell & Evans, 1981).

While a majority of available research indicates a need for culturally specific programming (Maypole & Anderson, 1986/87), Black Americans are not homogeneous and some Black clients will be receptive to specialized cultural counseling efforts and others will not (Bell & Evans, 1981). Still, the opportunity to explore Blackness and self-identity in relation to both the development of alcoholism and recovery are viewed as essential elements of effective treatment (Lonesome, 1985). Brisbane and Womble (1985) further asserted that counselors need to "understand that the doctrine of colorblindness has outlived its usefulness" (p. 258). Color has been singularly responsible for how Black Americans have experienced the social, economic and political context in which they live. To deny the importance of color is to deny reality and truth. Bell and Evans also reported that any conspiracy of silence (between counselor and client) around

issues of cultural pain lowers expectations for successful treatment of alcoholism and limits the recovery process (1981).

The differences between Black and White alcoholics, however, should be considered secondary and not be allowed to overshadow similarities common to all alcoholics (Harper, 1979). That is, to be successful, treatment programs must first address the primary problem, which is always alcoholism (Barnett, 1988). At the same time, cultural-specific needs should not be lost, or the potential for uninterrupted sobriety is greatly decreased. In addition to addressing the consequences of use, treatment issues should include working through Black emotional pain and enhancing racial pride (Bell & Evans, 1981). Lastly, treatment should be supplemented by referral to Alcoholics Anonymous, a viable resource which gives concrete expression to the spiritual foundation in Black lifestyles and culture (Brisbane & Womble, 1985).

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