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Mark Sanders is a faculty member of the Addictions Studies Program of Governors State University. Mark and I have collaborated many times on the development of lectures and papers. Since 2002, Mark Sanders, Tanya Sanders and I have collaborated on research to reconstruct the history of addiction and recovery within African-American communities (See papers on this site.). We hope to continue these studies in the coming years. The following article reveals Mark's ability to connect local dots into a larger story and his ability to tell that story simply and clearly and explore its meaning. There are a score of people I hope will carry my work into the future. Mark is one of the most gifted and committed of these people.

William White

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The Response of African American Communities to Addiction: An Opportunity for Treatment Providers

By Mark Sanders, LCSW, CADC

Abstract

The closing decades of the twentieth century were marked by a rise in culturally indigenous responses to alcohol and other drug problems in the African American community, and a consistent call for more culturally sensitive and competent addiction treatment services. This article provides a brief description of several indigenous recovery movements and discusses how addiction treatment agencies can collaborate with these movements to better respond to the needs of African American clients and families.

Key words: African American, Addiction, Religion, Treatment

In the late 1960s and early 1970s, a federal, state and local partnership was forged to create community-based alcoholism treatment programs across the United States. During this same period, there was a growing recognition of alcohol problems in the African American community (Larkin, 1965; Bourne, 1973) and documentation of the need for special responses to these problems (Davis, 1974). Harper's (1976) mid-1970 review of the alcoholism literature revealed only 11 of 1,600 indexed articles that dealt specifically with alcohol problems among African Americans. Growing agitation to respond to alcohol and other drug (AOD) problems by activist groups (Tabor, 1970) brought a heightened awareness of these problems within the African American community and set the stage for expanded treatment services. Treatment programs initiated by the anti-poverty and mental health programs of the 1960s were significantly expanded in the 1970s under the sponsorship of NIAAA and NIDA.

The 1980s brought a heightened interest in the history of alcohol and other drug problems in the African American community (Herd, 1983, 1985) and a growing body of literature calling for cultural frameworks for understanding and responding to the treatment of AOD problems (Bell and Evans, 1981), including calls for responses to the special needs of addicted African American women (Corrigan and Anderson, 1982). This period also witnessed the creation of organizations such as the National Black Alcoholism and Addictions Council and the Institute on Black Chemical Abuse.

These positive responses were overshadowed by contextual changes that exerted an enormous impact on the African American community. These changes included 1) a perceived cocaine “epidemic,” signaled most dramatically by the death of basketball star Len Bias in 1986 and the growth of cocaine-related urban violence, 2) a heightened “war on drugs” that called for “zero tolerance” of illicit drug users, and 3) virtual hysteria surrounding the phenomena of “crack babies.” Differential arrest and sentencing practices moved an ever-growing number of African Americans into the criminal justice system. While African Americans make up 15% of illicit drug consumers, they make up 37% of those arrested on drug offenses and 60% of felony drug offenders in state prisons (Human Rights Watch, 2001). These trends apply to African American women as well as men: incarceration rates for African American women increased 828% between 1986 and 1991 (Chavkin, 2001). The racialization of drug policy was further extended to responses to cocaine-exposed infants, the effect of which was to place a large number of African American infants and children in the custody of child protection authorities. This practice was based on a view of the prenatal effects of cocaine that is being increasingly challenged by research studies (Frank, 2001).

Growing concerns about alcohol and illicit drug problems and the consequences of drug policies on African American communities left these communities no recourse but to mount their own responses to AOD problems.

Indigenous Recovery Movements

The 1980s and 1990s witnessed attempts to adapt traditional recovery support structures, such as Alcoholics Anonymous and Narcotics Anonymous, for increased cultural relevance, as well as attempts to develop culturally sensitive and competent treatment (Sanders, 1993). There were also a growing number of indigenous addiction recovery movements within African American communities. Five such recovery movements are briefly described below.

Glide Memorial Methodist Church

Feeling a sense of hopelessness as crack cocaine invaded the poor San Francisco community, where his church is located, Pastor Cecil Williams was excited when he received a phone call from William Bennett, the Drug Czar for President Bush’s Administration. Bennett invited him to help with the “War on Drugs.” Pastor Williams soon concluded that the War on Drugs was a war on Black males and the poor as thousands were imprisoned.

In 1989, Pastor Williams took matters into his own hands. He held a conference in San Francisco to which a network of Black leaders were invited, including medical and criminal justice professionals, addictions specialists, ministers, civil rights leaders, recovering addicts and community members. The purpose of the conference was to collectively come up with solutions to the addiction problem that plagues African Americans and poor people. Pastor Williams then

created, as an offshoot of that conference, his own church-based recovery program. He described the program in his book, *No Hiding Place*.

At Glide, 80% of the congregation is working on recovery. The program is culturally based, as Pastor Williams believes that African Americans need a recovery effort that takes their culture into consideration, recognizes their history and socially spirited manner of relating to each other. Most of the members of Glide Church had tried traditional 12-step groups prior to joining Glide and felt isolated, as many were the only African Americans or the only crack addicts in the group.

Pastor Williams goes on to state that at Glide meetings, members are allowed to openly express their feelings of anger and rage. This is significant. In interviews I have conducted with African American male substance abusers regarding their treatment experiences, many stated that they feared being kicked out if they really expressed their anger and rage while in treatment. Expressing pent-up anger and rage is an important part of the recovery process.

The program differs from traditional 12-step groups in that anonymity is not an important part. The co-founders of Alcoholics Anonymous had to build an anonymous program. Most of the original core members of Alcoholics Anonymous had reputations to protect. Most were successful White males, as were co-founders Bill Wilson, a stockbroker, and Dr. Bob, a surgeon. Healing for members of Glide Church involves members empowering themselves by being able to stand up in front of the entire congregation or go out into the community and tell their stories. Members are historically poor and for the most part voiceless in the society. Acknowledging powerlessness is not a part of this program. So many members of Glide Church have felt powerless for most of their lives.

Finally, members of Glide Church are taught that their recovery is important to the African American community. This is significant for those who feel stigmatized because of their illness and that they don't matter.

One Church-One Addict

Founded by the renowned Father George Clements in 1993, the purpose of the project is to recruit churches to help recovering addicts maintain their recovery. To date, over 900 churches in 31 states are involved with the project. At The Million Man March in October of 1995, Father Clements talked about his plans to launch, "One Church-One Inmate." The goal is to recruit faith communities (churches, temples and synagogues) to provide post-release aftercare for men and women leaving prison. (Source: Father George Clements Biography).

Free-N-One

Founded in 1987 by Ronald Simmons in Los Angeles, California, Free-N-One is a Christian centered recovery program that provides support groups for addicts and their family members. The program has spread to African American churches throughout the country. There are over 50 churches in Illinois alone holding Free-N-One meetings weekly.

Nation of Islam

The Nation of Islam is perhaps the most successful program in reaching African American male substance abusers in the criminal justice system. They began their efforts in the 1950s and continue their work today. In 1995, the author interviewed ten African American males who were chemically dependent, with criminal pasts and who credited their recoveries to the Nation of Islam. Some attended 12-step group meetings (Narcotics Anonymous) and were members of the Nation of Islam. All had been involved in two or more traditional treatment programs before establishing stable recovery within the Nation of Islam. They were asked what the Nation of Islam did for them that traditional treatment did not. Below are representative responses:

1. A Sense of Hope “Malcolm X seemed to have a worse problem than mine. When I read his story I had hope that I could turn my life around.”
2. Physical Changes “I started wearing a suit and bow-tie everyday. This is important, because when I was a hustler, I never dressed up. I started noticing that, as I looked better externally, I started to feel better internally.”
3. Role Models “I met many other Black men in the Nation who had been in jail like me, drug addicted and now living productive lives. This gave me something to shoot for.”
4. Ethnic Pride and Dignity “Imam’s (ministers) would talk about the greatness of the Black man. Gradually I began to have more pride as a Black man.”
5. Encouraged to Read “The way you keep a slave a slave is to never allow him to read. Reading is freedom for the Black man. In the Nation, we’re encouraged to read everything including the Qur’an, the Bible, and books on African American history. Reading changed my life.”
6. Proper Diet “For years we have eaten the diet that we were forced to eat in slavery, including the worst part of the hog—chitterlings. We don’t eat pork and most of us don’t eat a lot of fried foods. It is very liberating to not have to eat the food that our ancestors were forced to eat as slaves.”
7. Help with Employment and Classes on How to Live “I started out selling newspapers written by the Nation. They helped me find full-time employment. The classes taught me how to eat to live, how to treat women, and the responsibility of man.”
8. No Labels “I had been seeing counselors and psychiatrists since I was eleven years old, including counselors in jail. I always felt labeled by them. When members of the Nation of Islam came into the jails I felt loved” (Sanders, 1995).

The Nation of Islam also works with African American female inmates. Marilyn Muhammad was awarded the 2001 superintendent’s volunteer service award for her efforts at Cook County Jail, Chicago. According to Marilyn Muhammad, the National of Islam is playing a very important role in the prison rehabilitation ministry of women. Muhammad teaches classes at Cook County Jail geared toward helping women develop self-esteem and turn their lives around (Muhammad, 2001).

African American Survivors Organization

Founded by Benneth Lee of Chicago, Illinois, African American Survivors Organization provides recovering African American men a safe place to talk about issues they would be uncomfortable addressing in traditional, mixed-culture recovery support meetings. Lee explains:

African Americans experience racism; yet this is rarely mentioned in 12-step group meetings. I chose the name African American Survivors Organization realizing that Blacks have been victimized in this society and that some have turned to drugs to deal with the victimization. A survivor is a person who overcomes the victimization.

The format of an African American Survivors meeting begins with a reading entitled, “Who is a Survivor?” and “What is an African American Survivors Group Meeting?” This is followed by reading the Seven Principles of Nguza Saba, which are followed during a Kwanzaa celebration, and teach group members some of the principles of African culture. They are unity, self-determination, collective works and responsibility, cooperative economics, purpose, creativity—You have a responsibility to do as much as you can to leave your community more beautiful than how you found it—and faith.

The eleven personal development principles, based on the work of Wade Nobel, are then read. This is followed by group members being allowed to share their life challenges and whatever else is on their minds in a supportive environment. Some talk about relationships, concerns about how to build relationships with their children, how to deal with racism, temptations to get high, and feelings of inferiority when they go for job interviews and see people from other ethnic groups sitting in the waiting room.

The group meetings both support and challenge group members. Principles of African African culture are used to help members solve daily problems (Lee, Personal Communications).

The purpose of the above list was to introduce the reader to the ways in which the African American community has risen up to decrease the devastating impact of alcohol and drugs. This is by no means the complete story of the community’s efforts. One could write volumes about the work of Pastor James T. Meeks of Salem Baptist Church, Chicago, Illinois, who in addition to having a drug ministry at the church, led a referendum prohibiting the sale of alcohol in parts of the Roseland Community, where his church is located. His community organizing efforts led to the closing of a liquor store in his community, which was later transformed into the largest religious bookstore in Chicago. He regularly organizes the men of his church to help addicts on the street within the community.

Every major church denomination within the African American community is involved in helping addicts. There are current efforts to work inter-denominationally. This is significant in that many African Americans begin their recovery efforts in traditional 12-step programs and combine this with church-related assistance.

Implications for Addiction Treatment Providers

The professional community has an unprecedented opportunity to forge partnerships with indigenous recovery movements within the African American community. Such partnerships begin with becoming students of these movements. Treatment providers must move into the life of African American communities and build relationships with the indigenous healers and indigenous institutions. Treatment providers can learn from the therapeutic functions these movements meet in the lives of their members, whether it is the empowerment provided by Glide Church (an important function for a historically disenfranchised people), the self-esteem infused

in members of the Nation of Islam, the ways in which One Church-One Addict provides long term recovery supports, or the way in which African American Survivors Organization teaches how to address racism in the context of recovery. All of these indigenous movements contain lessons that can enhance the power of our service work with African American clients and families.

In the future, treatment programs serving African American clients will pioneer joint service delivery models with these indigenous movements and will use these movements as part of the menu of recovery support services. The African American community is not an homogenous community and no single recovery support structure can meet the needs of all its members who need such a structure. The task of the treatment provider is thus to enter into relationships with the African American community to expand this menu of recovery support services. The time for such partnerships is long overdue.

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References

- Bell, P. & Evans, J. (1981) *Counseling the black client: Alcohol use and abuse in Black America*. Minnesota: Hazelden Foundation.
- Bourne, P. (1973) Alcoholism in the urban Negro populations. In: Bourne, P. & Fox, R. (Eds). *Alcoholism: Progress in research and treatment*. NY: Academic Press.
- Chavkin MD, MPH, W. (2001). Cocaine and pregnancy. *JAMA*, V. 285 (28):12.
- Corrigan, E. & Anderson, S. (1982). Black alcoholic women in treatment. *Journal of Addictions and Health*, V. 3, 49-58
- Frank, D.A., Augustyn, M., Knight, W.G., et al. Growth, development and behavior in early childhood following prenatal cocaine exposure: A systematic review. *JAMA 2001*: 285: 1613-1625.
- Harper, F. (1976). *Alcohol and Blacks: An Overview*. Alexandria, Virginia: Douglas Publishers.
- Harper, F. (1979). *Alcoholism Treatment and Black Americans* Rockville, MD: National Institute on Alcohol Abuse & Alcoholism..
- Herd, D. (1983). Prohibition, racism and class politics in the post-reconstruction south. *Jouirnal of Drug Issues*, 13: 77-94.
- Herd, D. (1985). We cannot stagger to freedom: A history of blacks and alcohol in American politics. In Brill, L. & Winick, C. *The Yearbook of Substance Use and Abuse: V. III*. NY: Human Sciences Press, Inc.
- James, W. & Johnson, S. (1996). *Doin' Drugs*. Texas: University of Texas Press.

Levinthal, C. (1999) *Drugs, Behavior, and Modern Society*. Needham Heights, MA: Allyn and Bacon.

Muhammad, D. *Prison Report: Paving the Way Out For Sisters in Prison, The Final Call*. Online 8-28-2001.

Robinson, Randall (2002). *The Reckoning*. New York: Dutton.

Sanders, M. (1993). *Treating the African American Male Substance Abuser*. Chicago, IL: Winds of Change.

Tabor, M (1970) *Capitalism Plus Dope Equals Genocide*. Black Panther Party, U.S.A.

Williams, C. (1992) *No Hiding Place*. San Francisco: Harper.