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African American Male Drug Use and Gambling and Criminal Behavior the Need for More Effective Treatment

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Abstract

Ethnic, cultural, social class and community issues are important factors in the relationship between behavior health counselor and the African American client-a role not often understood or fully appreciated by treatment providers of different ethnic backgrounds. President Obama has taken several initiatives to provide more open conversations pertaining to mental health issues. This paper addresses some of the challenges confronting the nation when professional treatment is provided to low income inner-city communities. Severe substance abuse and dependence, problem gambling and criminal behavior and the intersection thereto are considered from the standpoint of improving factors of cultural sensitivity resulting in more effective treatment.

Keywords: Alcohol and drug use; Gambling; African American males; Relapse and treatment recidivism

Introduction

Historically, in the field of chemical dependence treatment, counselors have rejected a client's need to talk about race related issues. Counselors have often assumed that would claim uniqueness or use any difference as an excuse, "cop out" in addressing his or her addiction. The reality is that many black client (like all other clients 0 will sometimes use difference as an excuse for their addiction and other inappropriate behavior. This fact, however, does not invalidate the very feelings and conflicts many blacks have around racial and cultural issues. A client would not be allowed to go through a treatment or aftercare program without talking about other personal characteristics. This has come to known in various treatment professions as the "total person" concept. Unfortunately, issues of race, culture, social class have been exempted from the concept [1-4].

Illegal drug use

In the 1970s and 1980s African American began to use cocaine. According to Mark Sanders, the drug was attractive to African American men for several reasons [5]:

- The myth that the drug was not very addictive
- A status symbol for some middle class African American males
- A self-destructive solution to self-hate
- The sexual myth affiliated with the drug
- The stimulating effect of the drug makes them feel more grandiose, powerful and in control (very important in a society where individuals feel that they have no control)
- The income generated from the drug sells gave many African American males another avenue for becoming entrepreneurs: selling drugs became another source of income such as gambling.

Today, the onset of addiction for African American males appears to be getting younger and younger as crack cocaine has invaded central areas of America's cities. Drug selling has increased which has contributed to the public school dropout rate as selling drugs offers a quicker rate of success than academic pursuit. Lately, in the Chicago metropolis heroin has reemerged as a drug of choice and sell of it emanates in the central city of Chicago. Certainly, some of the renowned Hip Hop artists present their version of these factors with an emphasis on defiance of authority and decadence. Saunders [5] provides the tip of the Iceberg Model in the treatment of African American males. He claims that the presenting problem is often the tip of the iceberg. What is underneath the presenting problem in the symptoms associated with substance abuse is some combination of these core issues: many loses, self-hate, bottled up emotions, pain caused by racism, I agree with Saunders that emotional and family/social abandonment has played a role in the self-hatred of African Americans males. I think it was John Bradshaw in a workshop entitled" Shame and Addiction" which aired on public television who points out that abandonment leads to toxic shame. A toxically, shamed person feels worthless and useless. They feel that they are a mistake and that they should not have been born. Bradshaw points out that since young children idealize their parents, when they are abandoned, they blame themselves and begin to believe it happened because they are bad children. This is often the beginning of self-contempt and ultimately self –hate. I claim even when both parents are in the home, a child may experience emotional abandonment. Fred Dyer has made an important contribution to the substance abuse and dependence in inner-city Chicago particularly its initiation during adolescence. He posits the following risk factors for adolescent drug and alcohol use [1]:

1. **Laws and norms favorable toward behavior**
2. Availability
3. Extreme economic deprivation
4. Neighborhood disorganization
5. Physiologic effects

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6. Family alcohol and drug use
7. Poor and inconsistent family management practices
8. Family conflict and low bonding to most family members
9. Early and persistent problem behavior
10. Academic failure
11. Low degree of commitment to schooling
12. Peer rejection
13. Association with alcohol and drug-using peers
14. Early onset of alcohol and shortly thereafter drug use
15. Alienation and rebelliousness
16. Possible drug use by individual must be monitored continuously by caretaker.

Before addressing problem gambling I would like to make a brief comment. Because it falls outside the scope of this paper the issue of adolescent relapse has not been addressed however one must be aware of such an outcome. Recovering adolescents are at risk of relapse because they are in a stage of growth, which involves many physical and emotional changes. Chemical dependence delays normaladolescent development. This makes it difficult for recovering adolescents to function in ways that fit their age. This can cause them to be very uncomfortable, sometimes to the point of being dysfunctional in the way they think, feel, and behave. Sometimes relapsing adolescents return to using alcohol and drugs to medicate this discomfort. Even though rehabilitation has taken place, continuation of ongoing support and treatment is a must. Research from the National Institute on Drug Abuse (NIDA) indicates principle of drug abuse treatment which provide opportunities for fruitful and appropriate, interpersonal relationships (NIDA, 2000). In June of 2013 President Obama called for a more open dialogue on issues pertaining to mental health, which he said is poorly understood and undertreated because of the stigma it carries. His remarks opened what the White House dubbed a national conference on mental health.

Problem gambling

Problem gambling in the African American perspective has increased but the lack of stigma is historically based. In Chicago, for example, illegal gambling had been become organized by several African Americans individuals and afforded the poor and working class folks to speculate on number combination. Many local in Chicago regard it as the forerunner to the state- run gambling enterprise, named the lottery. The criteria for problem gambling includes various patterns of that listed here: repeated unsuccessfulto control the desire or impulse touse money or proxies to make speculative transaction for financial gain; preoccupied with reliving past or planning for future gambling; relies on other to provide money; gambles to escape problems or mood alter; short –term focus in terms of consequences (obsesses on "gaming" or event losses); family secrets and concealments; illegal acts to finance gambling; gambles more and more to achieve desired excitement or reduce anxiety; and restless and/or sleepless if cut off from gambling resource(s).

The prevalence of problem gambling is as follows:

1. There are growing numbers of gambling problems among adolescents, older adults, women, people of color, low income populations and those with lower education (high school or less than high school).
2. The Indian Gaming Act of 1888 now allows tribal casinos gambling in what used to be limited to Nevada and New Jersey.
3. Estimates indicate that about 2-4% of the adult population of the U.S. has a gambling problem. This may be 3-5 million people.
4. Problem and pathological gamblers seem to come in general types: action and escape types.
5. Action gamblers are often male, competitive, play games of skill, seek the rush of gambling like cocaine addicts.
6. Escape gamblers are often female, less competitive, passive, play luck games to seek escape like narcotic addicts.
7. First generation of youth exposed to ready access and varied gambling venues.

Legalized gambling in 2003 was estimated as a $775 billion industry up from $400 billion in 1997. In Inner- city America gambling is provided though state-run operations referred to as the lottery. This has been the principal means for the poor to be involved in gambling. Illegal gambling persists in many part of the country and legal gambling competes with the organized crime activities in areas such as sports betting.

Drug use and criminality

Inner- city communities have also been impacted by heavy availability of alcohol and illegal drugs. The sale of alcohol by in inner-city communities has proliferated. In many communities the only business is the corner liquor store. There is an additional source of great concern which is high levels of incarceration and recidivism of Black male who typically reside in inner-city communities. Black males makeup 40.1 percent of the jail and prison population. In 2010, 4 percent of the United States black males were in prison, compared to 1.7 percent Hispanics, and 0.7 percent of white males. Many black males get involved in the gangs and drugs, for some it becomes all they know especially at a young age. For example Black males convicted of drug felonies in the state of Illinois and Cook County court systems are sentenced to prison majority of the time. Let us examine some of the conditions of Cook County Jail. Cook County jail is at 97% (96.69%) capacity. Ninety percent of the people in Cook County are awaiting trial. Seventy percent of them are awaiting trial for non-violent crimes drug related activity. Judges have 37 considerations that they have to embrace. The charge is just one of them: conviction record, circumstances surrounding the arrest, their history, court records including prior referral to drug court and treatment provided by a social service resources. There has been a dramatic decrease in offenders released on i-bonds/ electronic monitoring. Fifty percent of the time when judge's order for the person to be released on electronic monitoring the sheriff does not release them on electronic monitoring. The majority of the people that they did not put on electronic monitoring was because they did not have a residence to go to, they bonded themselves out, or they didn't want to leave the jail (protection from gang, stay with friends there, building time up for serving, etc.), cannot force people to accept those who have nowhere to go. A sheriff, according to a federal Court order can release those on electronic monitoring; pre-trial detainees, to prevent overcrowding in Cook County jail, no more than 1,500. As of 2012, due to the jail often being overpopulated and recidivism concerns

18-year olds are no longer housed with older adults. Those offenders cannot be charged with a violent crime or have documented violence in their history; 85% of the people in Cook County jail have at least one violent crime in their background, average is 4. The jail is at the intersection of racism and poverty because the jail population doesn't reflect the severity of the crime you were accused of but the ability to pay ones bond. Over 2,000 people in custody that have a serious mental illness. Cook County jail is the largest mental health provider in the country right now.

For these individuals probation and parole is typically viewed as an inconvenience, unfair and demeaning. However, the chief thinking is that these consequences interfere with criminal activity and drug use. Returning to inner-city life is highly problematic due to following: lack of an assessment of needs and abilities; follow-up on any and all medical needs (mental health and drug use most important on the check list); values development training not in required or in place; efforts to improve language skills not in place; development of positive social unit and connection to family unit; replace anti-social with pro-social behaviors; developing skills to avoid high risk situations pertaining to violence (perpetrator or victim) and drug use; getting a job; improvement in impulse control, self-regulation and self-discipline; involvement in quality recreational and social activities; a return to criminal and drug using associates-criminal "hangouts".

However, to be more effective with African American male clients I suggest the following:

Counselor is: Aware of changes in the field; integrate "new" and evidenced based information into their treatment as needed; have the capacity to ask questions tailored to the specific social ecology of the client; seek guidance and supervision from others as needed; understand that counseling is a continuous examination for self and the other person; Accept and recognize the power projected onto them by the client when the client feels out of control due to the addiction; assist the client to make better choices; recognize inherent therapeutic frustration, misinterpreted confrontation, and avoid complacency/ stagnation: Examine your own motivation and behaviors; bear witness to client's stories of trauma and abuse and re-enactment of pathological relationship, loss of trusts; loss of connection to others, despair, cynicism, and incapacity for intimacy; recognize possibility of vicarious trauma due to empathic relationship to the client and any need to self-medicate.

However, there is always the possibility of relapse by the client.

Adult relapse differs from adolescent patterns even if the behaviors exist on a continuum. Drawing upon the work of Michael E. Johnson, adult relapse entails the following phases. The first phase is preceded by a return of denial-minimizing the impact of drug use and/or gambling activities. There is an unrealistic expectation of self and others and return of "self-pity" and repressed feelings of profound shame. If in counseling, it is not taken seriously. Phase I Discomfort with drug free image, having worked to develop an image consistent with addiction street culture; Experience an identity crisis; Return of "Euphoric recall" when high on some or gambling; Will experience depression and confusion; Feelings of despair begin to surfaces; There is a lack of confidence in an ability to "fit in" with a more adaptive lifestyle;. Minimal experience at being/ doing "good"; Have underdeveloped decision making skills; As if a child, the attitudes and "remarks" of adults echo in their mind; Aware of poor social skills; Under the influence have no fears and regard for consequences (with gambling more financial; Recovery is viewed as burden— what they have to give up and "romanticizes" about drug using and/ or gambling lifestyle; Disenchanted with the family; Won't admit to feeing "lonely, isolated, sad"; Loses touch with sponsor or support group; Phase II Increase family/ social conflict; Self- esteem is diminished and appearance is often neglected; Increase in "unhappiness" about being an addict; Blame others "externally" focused Locked in crisis, loss of ability to problem solve, fake it to you make has worn thin; Depression and confusion intensifies; Problems at home increase and intensify; Phase III Setting up the relapse Avoid people who will confront them; Begins a series of rationalizations to make drug use and or gambling acceptable; Phase IV Active relapse; "It is not as bad as the last time; "If it gets bad I'll quit again"; Drop out of NA/AA or GA; Loses touch with recovering friend; Phase V Total relapse; Loss of control Feel shame; Suicidal ideation; Truancy from home life and related responsibilities; and Self-defeating attitude.

Conclusion

Some of the trends in the African American community have persisted over recent decades. Many inner-city communities have been further marginalized with few internal systems of accountability. The role of black middle class people in the community has changed. In the past, as a result of segregation, the black middle class was forced to live in close proximity with poorer, less educated black who could benefit from their counsel and modeling of success, at least in theory. Today, middle class blacks often live apart from poor blacks. At best they provide professional services (medical, educational, counseling and law enforcement) to poor blacks directly in inner-city locations or through mediated circumstances such as the media. The community–stabilizing and leadership roles does not exist in low income black neighborhoods. In addition, large segments of the black low income population question the legitimacy of middle class goals and aspirations. The influence of indigenous institution (such as the church which historically provided stability and counseling and a response to those in need have been undermined and made less relevant. Today, social services are provided by primarily by government and private agencies. The void created by the departure of the black middle class and reduced influence of the black, church is filled by drug dealers, gangs, and various aspect of the gambling. When an individual is concerned about the alcohol/and or other drug use of a family member, there is frequently little trust in outside resources available to the family. The family often views treatment as culturally insensitive and more important as generally ineffective. Frequently, those who fail in treatment return to the community or those with other recidivist patterns (incarceration) serve as negative role models while criticizing the legitimacy of alcohol and drug treatment program. This often was the pattern for black veteran of the Viet Nam era affected by alcohol and drug use.

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