

Black Females: Drug Subculture, Inner City, and Black Family Life

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Abstract

Objective: The paper draws from a National Institutes of Health project titled "Heterosexual Black Females: Socialization and HIV Risks in Scripts and Practices." It was carried out in New York, NY. Focus is on heterosexual Black females relationships. Females were between the ages of 18 to 50 and used drugs.

Method: The research was an ethnographic study. Respondents consisted of low income, heterosexual Black females ages 18-50. Total respondents in study was 99: 16 respondents ages 18-20, 39 respondents ages 21-29 and 44 respondents ages 30-59. Three major activities provided ethnographic data: Focus Groups, Observations and Qualitative Interviews. From 2-4 interview sessions were administered in order to complete qualitative protocols. Participants completed follow-up interviews at 6-month intervals after the baseline.

Results: Findings demonstrate the process by which street drug subculture heavily impact upon inner city Black family. The extended Black family has historically been the safety net which enabled survival of the Black Family. The drug subculture overtime is weakening the extended Black family.

Conclusion: Findings from this study can be used to focus on behaviour patterns. Programs can begin to address conduct norms and behaviour patterns related to drug subculture. Such programs can be implemented in inner city areas.

Keywords: Drug subculture; Socialization; Black family; Behaviour patterns; Extended black family; Black females; Pregnancy

Introduction

The main contention in this analysis is street drug subculture continues to impact on Black Family life. Although the Black family remains a functional social institution, the street drug subculture sets the agenda for interaction patterns and conduct norms. Much emphasis has been placed upon the Black family structure. An extensive line of thought started with Moynihan who argued that "a tangle of pathology" existed which was afflicting Black communities had emerged because "the Negro family in the urban ghettos is crumbling" [1]. Other literature stipulated a critical cultural attribute of the black family has been the flexibility of male-female roles and its relationship to the functioning and structure of the family [2]. Historically, Blacks wove together a culture around which the family remained an important socialization unit [3,4]. As such, Black families receive help from kin network and have a large number and more diversified types of relatives living with them and contributing to family functioning. It is argued that this cultural attribute has enabled the Black family to survive while struggling to maintain its existence even while facing overwhelming odds [2].

Growth of the drug subculture overtime has introduced factors that have become detrimental to the inner city Black family. This paper examines the damage inflicted on the black family through the street drug subculture. The main contention is that street drug subculture sets the agenda for interaction patterns inside and outside the household. It defines behavior patterns and conduct norms related to family life. Within the inner-city, the Black family remains a functional

social institution and the foundation from which children acquire early socialization. The major problem is the black cultural glue that held Black families together in the past, is being weakened by the continuing growth of the illicit drug market. This paper examines the impact of the drug subculture today on the Black family through the experiences of Black females.

Illicit Drugs in American Society

Illicit drug use and sales in American Society has increased overtime. The variety of drugs on the market also has increased with various illicit substances being introduced at different times. The 1960s ushered in LSD marijuana and amphetamines. In 1969, 48% of Americans felt drug use was a serious problem in their community. In the 1970s marijuana, cocaine, and heroin became problematic [5,6]. In the late 70s and early 80s drugs became glamorous. The number of those who tried illegal drugs grew. Marijuana became popular in the late 1970s; cocaine grew in popularity. In the 1980s cocaine, crack cocaine, heroin, and other opiate drugs along with marijuana were most problematic [5,7]. In the 1990s LSD and psychedelics, heroin, marijuana, crack cocaine and amphetamines, particularly methamphetamines were well-known illicit drugs. By 1995, 31% of Americans saw drug use as a crisis and a serious problem for the nation as a whole [6,7].

According to SAMHSA, five substances were commonly abused from 2000 to 2010; Alcohol, opiates, cocaine, marijuana and stimulants, particularly amphetamines [8]. Substance abuse is a problem that has been persistent and growing for generations, especially in inner city areas. Although the type of drugs that were

abused each decade may have changed, drug use and sales grew and the drug subculture became embedded in particular areas.

Drug Subculture

Street drug subculture provides a framework for understanding drug subcultural behaviour patterns and conduct norms in inner city neighbourhoods [9,10]. It helps to provide insight into intergenerational transmission of behaviours, the interconnection between behaviours, and the subcultures significance of human activity. As drug use and sales become embedded in the community, participants increasingly become dependent on each other for social contact and validation of their beliefs and way of life [11]. Through participation in use and or sales overtime, along with the continue introduction of a variety of illicit drugs, the drug subculture became firmly based in the inner city. Role models are presented for those growing up in the community to learn how to use and sell illicit drugs and how to interact with one another [11]. With the escalation of drug use/sales and the introduction of new drugs, a drug subculture evolved. Specific behaviour patterns developed around the use of various drugs [12]. The popularity of different illicit drugs required the rise of subcultural attributes to include the various drugs coming onto the illicit drug market. Innovations, historical events, and individual choices caused drug subcultures to emerge and change over time [10].

Drug subculture theory can pertain to illicit drug use among a range of socio-economic groups. Within inner-city populations, however, there are limitations to the options residents have. The issue of poverty, inadequate education and lack of resources impact heavily on inner city communities. The drug subculture presents norms around use, social interaction, and activity. Precise activity may be geared toward a specific drug (the use of the drug), the larger subculture, however, is drawn upon by all illicit drug users. Users conform to conduct norms which are generally unwritten and unspoken. Behaviour patterns, ways of thinking and social interaction allows users to function within the drug subculture social context [13-15]. The social context encourages individuals to engage in various behaviours attached to the drug subculture, both set and setting.

Aspects of social learning theory are integrated with drug subculture theory in the analysis of findings [16]. Unconsciously, imitative and adaptive behaviours are acquired. Home and family are primary influences in young children's lives at an early age. Parents and other household members' behaviours present main beliefs, conduct norms and values that children adopt. As children grow up in inner-city neighbourhoods, influences, stemming from the neighbourhood also impact on individuals. Spatial arrangements isolate inner city black families into segregated areas [17]. These areas are isolated economically, socially, and politically. A culture of segregation creates structural conditions for an oppositional culture. Such subculture stresses attitudes and behaviours that negates and many times is in conflict with that of the larger society. A characteristic of American cities is segregated areas in which large numbers of blacks are concentrated in inner cities.

Methods

The methodology of this research was ethnographic and qualitative; it emphasized the voice of the participant. Staff built strong rapport with participants. Interviews gained detailed information on sexual socialization, sexual behaviour patterns and conduct norms, as well as detailed recollections of the females' present and families of

orientation. The strategy of repeated visits at various times during different days, months, and years was implemented. Direct observations were made in the household and at locations where women met and negotiated with new sex partners.

The Population of respondents consisted of females from African-American, Caribbean, African backgrounds, and Hispanic backgrounds who consider themselves Black. Respondents consisted of females who were between the ages of 18 and 50. They were low-income individuals, unemployed, part-time employed; or full-time employed earning less than \$35,000 a year. Females self-identified themselves as heterosexual, having multiple sexual partners and of using illicit drugs. Total respondents for this study: 99: 16 respondents' ages 18-20, 39 respondents' ages 21-29 and 44 respondents ages 30-59. Three major activities provided ethnographic data: Focus Groups which met about 2 h to discuss a specific topic; Observations, field notes from ethnographers, and Qualitative protocols. Protocol had four major substantive sections: 1) Abbreviated life history, 2) Sexual socialization, 3) Sexual scripts, and 4) Safe sex. It took from 2-4 interview sessions to complete qualitative protocols. Follow-up interviews occurred at 6-month intervals after the baseline. Narratives were entered into a major database program (FileMaker Pro®) for electronic storage, coding, and data analysis. The ethnographic interviews, field notes of observations and focal group transcripts provided extensive information for analysis.

Findings

Findings reveal the process by which the drug subculture impact on Black Family life. Black cultural heritage historically provided a foundation of strength from which to experience uncertain economic and social conditions. The extended family steps in to provide help to maintain the family as a functional unit. The following findings display the influence of drug subculture.

School Experience

These findings analyze school experience of respondents. The question, "How far in school did you go?" Behaviour patterns and conduct norms displayed are related to household experience and socialization processes. 26% of respondents had some college, 17% acquired GED, and 31%, did not complete high school. Of the 31%: 16% became pregnant in 10th grade, 56% became pregnant in the 11th grade, 13% became pregnant in 9th grade and 13% became pregnant in the 12th grade. The highest percentage of pregnancy occurred in the eleventh grade, where 56% of females became pregnant. School and household experience display the process by which Black inner city females are socialized into street drug subculture at an early age, often resulting in pregnancy.

Household socialization and school

The following excerpts show a connection between home environment, school experiences, and street drug subculture. Parents, and other household members', behaviours and interaction patterns greatly influence children. Through interaction; beliefs, conduct norms, behaviour patterns and values are passed to children. Unconsciously, children imitate and adapt behaviours through interaction with household members. Interaction with teachers shows what is learned in the home environment. Lady M in relating her school experiences talked of having frequent disagreements; Lady M (age 35):

"I was a fighter. . . I don't know, I guess 'cause I was small...I was always short and I had a mouth on me, I wasn't bowing down to nobody."

Fighting was often mentioned by respondents. It was a conduct norm anchored around protecting one's self. Lucy graduated from high school also mentioned similar behaviours. Lucy (age 21) in talking about her school experience recounts:

"I graduated. . . I hated it school. The teachers telling me what to do, . . . I used to read a lot. I read my whole history book, and they couldn't tell me that I was wrong about anything that had happened and they always used to and I would get mad and so I hate them."

Lucy also further related:

" . . I used to fight... Because they would question what you had read in the book. That was kind of crazy, and why would they do that? They should have been like wow yeah that's great, you're a good student right."

Fighting was a common behaviour when females felt they were threatened or mistreated. The home environment is seen through interaction patterns at school. In the home environment one is socialized on how to conduct one's self and how to interact with others. Angel's household experiences also connect to drug subculture. There was a high level of stress in her home life. Angel (age 25):

"I ran away. . . I was hanging out with a whole bunch of white kids. In Long Island. Yep, started sniffing coke, going to school, sixth grade. Sniffing coke. Started running away in the sixth grade. Stealing from the malls and stuff like that. Not coming home, sixth, seventh, eighth grade. One day I just didn't come home."

As will be seen later, Angel's home environment pushed her to participation in drug subculture and leave home at an early age. Delicious (age 32) left school in the eleventh grade. In sharing her experiences, she further discloses interaction and behaviour patterns related to drug subculture, she related:

" . . Smoking weed, and cutting school. I couldn't, no, I won't lie, I couldn't get past math and science. It's like every time I walked in I'd just leave. I just stayed with attitude problems. I cursed everybody out, the principals, teachers, everybody."

Participants acted out behaviour patterns, values and conduct norms learned from their home environment. Those behaviours and interaction patterns are also connected to the drug subculture. Findings from these females' experiences suggest the process by which they are socialized in their households for participation in drug subculture. Behaviour patterns, conduct norms, main beliefs and values can be seen as respondents interact with their teachers and fellow school mates.

Pregnancy and school

31% of respondents did not complete high school. The majority of pregnancy occurred starting in the tenth grade. Stressful home environment and difficult school experiences left respondents with limited options. Home life socialized them to participate at young ages in 'street life' (hanging out in street, going to parties, consuming alcohol and drugs etc.) which appeared stress-free. As such, early pregnancy was experienced while still in high school by a large percent of the respondents in this study.

Participation in street drug subculture led to early pregnancy. Shrelle dropped out of school in the tenth grade. Shrelle (age 47):

" . . I just wanted to play hooky, hang out. Actually, I got pregnant."

Butterfly's father was a drug user; she went to the eleventh grade: Butterfly (age 26):

" . . I got pregnant with my daughter . . . [Why you didn't go back to school after you had the baby?] 'Cause I was in a situation where I really didn't want to leave her, . . . 'cause I left Georgia, around 14 and I came back up here and my father was still getting high first after I came up here I stayed with him for about a month and I saw it and I was like, I can't stay with him getting high, there's basically no food over here, we gotta go to the next building, go eat at his girlfriend house – it was just really crazy."

Nene (age 37) further reveals:

"I had left school in 10th grade cause I got pregnant with my oldest daughter [Problems in school?]. It was a challenge. Because my mom she use to use drugs, so we always was moving. And it was just a struggle."

Finally, Onika dropping out of school in the tenth grade shows the mindset that encapsulates what a number of respondents related in different ways: Onika (age 48) revealed:

" . . we were using drugs, alcohol, and marijuana. Well, using alcohol and the drugs gave me problems to function on the school work."

Children in households where drugs are used and or sold draw from conduct norms and behaviour patterns learned from household members. Drugs are seen as the highest value in households in which significant members of the household use and or sell drugs. In such environments, children are socialized to participate in street/drug subculture with little or no alternatives. Hanging out with friends, drinking alcohol, and using drugs, is drug subculture behaviour pattern and conduct norm. An outcome of participation in drug subculture is pregnancy at a young age.

Drugs, alcohol, fast life

Household interaction patterns and conduct norms were push factors which led to drug involvement and heavy participation in street life. Princess (age 48):

"I went to the 11th grade. And I got out. . . Well actually I was a-sort of -what can I say, I had some bad experiences in my life, you know, as far as I loved the fast life. . . . High school? It was fun. Mostly we cut. We go to class. I took up dance for my gym I took up modern dance. . . you know we'd hang out; smoke weed and stuff like that. But school was fun. It was just...I wasn't going as regular as I should've been, you know, of course, cause I was doing me."

Excerpt shows the prominence of drug subculture and views. In the next excerpt the household environment is again seen. Angel's household life: Angel (age 25):

"I ran away when I was 14, I went to the streets. I got on the Long Island Railroad and came to Queens. Walked around for hours. Then I met some guy. He introduced me into prostitution. I did it for one day and I didn't like it. And then he put me in a club, got me a fake I.D. I started dancing. I danced and then I started going out of town. Going to D.C.: Prostitution. I and the other girls walk the street, at this time I was 15, I liked the money, not the sex. . . I got arrested for promoting

prostitution and kidnapping. I went to jail until I came out right before I turned 18. They tried me as an adult. I had my daughter in there with me for a year. I got raped when in Brooklyn. I thought I was going to see a regular date. The guy jumped up. He didn't want to pay me. And he took me. . . . I don't know why I kept the baby."

A succinct description of street life participation and the type of experiences encountered once full participation in street/drug subculture.

Growing Up Experiences

In this section, households in which respondents were raised are examined. Respondents were asked the question: "Who raised you?" Responses from this question rendered several categories: mother 39%, grandparents 17%, both parents 23%, foster care 2%, adopted 2% self and family 4%, family and system 6% and father 2%.

A few respondents felt they raised themselves. Ms. Jackie (age 29):

"first started raising myself at 10 in Barbados . . . because my mom wasn't around and my uncles and them was treating me like shit so . . . well one was like abusing me like physically and stuff like that and the other one was just like went into sexual abuse."

Respondents who stipulated they had raised themselves gave a picture of their household family life. Home environment pushed them to participate in street drug subculture at a young age. Inside and outside the household, street drug subculture became the prominent socialization agent.

Family and System

Inner cities are closed neighborhoods with limited options. Growing up in such areas, intergenerational behaviors connected to drug subcultures set the agenda for activity and interaction patterns. This is a process that occurs overtime as the drug subculture become stable in an area. System here is seen as adoption, foster homes, and other social programs. Penny's case elucidates the process by which specific behavior patterns related to drug subculture are acquired overtime. The impact of this on the extended Black Family is seen. The next case is a two parent family unit in which drug use was a major impediment to the family being a viable unit. As Penny talked of family life she first saw herself as being raised by both parents. As the story unfolds the larger family network and role of drugs is seen. Penny (age 40):

". . . My mother and father, and then foster care when they couldn't do no more. Then my grandmother, basically lost it cause the drug use was getting really bad back then in the 70's and my mother couldn't hang no more, after a certain age she raised us to the best of her abilities, but she got caught up in addiction to crack. In the late 70's and 80's . . . It's just that between the drugs and then my father going back off to jail my mother, couldn't take it. She had a breakdown. Mental break, you know?"

Seeing herself as sick, the mother did not trust herself. She did not want to do anything that would hurt the children.

". . . I'll hurt one of y'all (that was her explanation) and I don't wanna kill you or be on the news cause, you know I'm so sick and you know it's true, you get sick and you can't do nothing for yourself, do nothing for your kids."

She decided to assign the children to different family members. She made sure the children went into foster care with each family member taking three of the children. Penny Related:

". . . So she made sure when we went into the foster care we got like three of each. . . We wasn't distant from our family, we grew up with family. Family is what raised us. Every weekend, . . . all are going together. . . . Yeah and with 10 aunts and uncles on one side and 5 on the other... my grandmother had a bunch of children. . . . My oldest sister took 2 young ones, another older sister took two younger, then another older sister took two younger, she didn't play that separating my kids stuff."

The process by which drug subculture starts in the household with two parents are indicated. Behaviour patterns overtime breaks down the basic family unit. For Black Families, the extended family is drawn upon to keep family members intact as a unit. Overtime, this becomes a burden on the extended family. This in turn led to the family breaking into smaller units. Cora (age 35) experience:

". . . I was raised by a number of people, my mom up until the age of 12, then I went to my uncle up until the age of 15, then I went to my aunt up until the age of 18, and then I was on my own."

Along with drug use and sells comes specific behaviour patterns and conduct norms. In inner cities, drug use has become intergenerational.

This section continued to examine respondents' primary socialization processes; two important and consistent findings emerged. First, drug subculture influence behaviour patterns and conduct norms; second this influence starts in households and continues outside the home environment as people interact in their neighbourhoods. Conduct norms and behaviour patterns learned in respondents' home life, drew from drug subculture through the use of drugs by household members. Parents and other household members were illicit drug consumers. Escaping their households, at a young age, respondents continued to draw from drug subculture through participation in inner city street life.

Discussion

This analysis examined important aspects of family life through the experiences of Black females. Focus is placed on areas of family functioning in order to look at the state of the Black family today. Findings illustrate the overwhelming impact of drug subculture on inner city neighbourhoods and Black Family life. The damage to Black families stemming from drug use and sales has become a norm for the inner city neighbourhoods. Children growing up in single-parent households where drug use is prominent are aided by the larger extended family network. Black family extended network however has been stretched almost to a breaking point by the use of drugs accompanied by specific behaviour patterns and conduct norms over time. As such, this study shows that prisons and jails, a by-product of drug subculture participation, continue to impact on inner city Black families.

Early socialization of youths in drug subculture encourage specific behaviour pattern and conduct norm. Young females adapt ideas and behaviours consistent with those of street drug subculture. The word street was used in combination with drug subculture in an attempt to express the process by which young people became involved in drug subculture. It starts by hanging out and acquiring friends in their neighbourhood. Since drugs were prominent, youths became familiar with drug set and setting; as such they acquired drug subculture

norms. In most cases, respondents were partially socialized through their households in particular behaviours consistent with those of the drug subculture.

This was carried out in New York, NY. Finally, results from this study may be used to focus on socialization issues. Programs may possibly address processes shown herein. Options for young females whose home environment pushes them into further participation in drug subculture could be explored further.

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