The Protective Role of Ethnic and Racial Identity and Aspects of an Africentric Orientation Against Drug Use Among African American Young Adults

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Abstract

This study examined the protective potential of multiple components of ethnic and racial identity, as well as of aspects of an Africentric orientation, for moderating pscyhobehavioral risk and protective factors for drug use among a sample of 333 urban, low-income, African American young adults. Ethnic/racial identity and Africentric variables moderated the relationship between psychobehavioral variables and drug stage in 32.5% of the cases. Ethnic/racial identity and Africentric values for young African American adults appear to be important as moderators of the association between psychobehavioral factors and young adult drug use. Implications for future research and interventions are suggested.

Keywords

Young adulthood; African-American; Drug use; Ethnic identity; Racial identity; Africentric Orientation; Risk and protective factors

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Research conducted over the last 15 years has confirmed the importance of ethnic identity for the psychological well-being of ethnic and racial minorities (Phinney & Kohatsu, 1997). Empirical research has demonstrated the relationship between racial identity and mental health among African American adolescents and young adults. For example, a study by Helms (1993) of African American college students revealed that the internalization of a positive Black identity was related to healthy psychological functioning. Similarly, Goodstein and Ponterotto (1997) found that ethnic and racial identity contributed to the variance in self-esteem among a sample of African-American college students. A nationally representative study of African Americans by Hughes and Demo (1989) found that those who reported higher levels of racial self-esteem also had higher levels of personal self-esteem. Similarly, Crocker, Luhtanen, Blaine, and Broadnax (1994) reported that in their sample of African American college students those who felt more positive about their group and about belonging to their group also displayed higher levels of self-esteem.

One important aspect of psychological health in young adulthood consists of avoiding high levels of legal drug use and abstaining from illegal drug use. Empirical evidence supports the existence of a continuum of drug use, beginning with legal drug use (alcohol and/or cigarettes), progressing to marijuana, and then to other illegal drugs, such as cocaine (Kandel, 1975; Kandel, Yamaguchi, & Chen, 1992). To date, there is little research examining the relationship

between ethnic or racial identity and drug use in adulthood. In particular, the existing research examines this relationship in adolescent samples (e.g., Brook, Balka, Brook, Win, & Gursen, 1998; Brook, Whiteman, Balka, Win, & Gursen, 1998; Belgrave, Ridley, Brome, & Hampton, 2000; Townsend & Belgrave, 2000). Further, while the main effects of ethnic and racial identity were in the expected direction (i.e., negatively related to drug use and attitudes), they were generally modest in size. For example, in a study conducted with this sample at a younger age, Brook, Balka et al. (1998) found that the domain of ethnic identity predicted only 4% of the variance in drug stage.

Another way of examining the protective effect of ethnic identity is by applying an interactive framework (Brook, Brook, Gordon, Whiteman, & Cohen, 1990; Hawkins, Catalano, & Miller, 1992; Rutter, 1985). Some research has examined the potential of ethnic identity to moderate the relationship between risk factors and drug use by buffering against psychobehavioral risks or by enhancing psychobehavioral protective factors (Brook, Balka, et al., 1998; Brook, Whiteman, et al., 1998; Scheier, Botvin, Diaz, & Ifill-Williams, 1997). While the findings are not unanimous, there is moderate support for the protective function of ethnic identity for ethnic and racial minority adolescents (Brook, Balka, et al., 1998; Brook, Whiteman, et al., 1998). The aim of this study is to test whether several aspects of ethnic and racial identity and related constructs moderate the relationship between psychobehavioral risk and protective factors and level of drug stage in a sample of urban, low-income, African American young adults.

In this research, we focus on risk and protective factors that are endogenous rather than exogenous to the individual (i.e., personality traits, behavioral variables) based on the notion that personal and racial/ethnic identity are closely linked in people of African American descent (Azibo, 1998; Nobles, 1991; Semaj, 1985). According to Azibo (1998) African American personal identity is an extension of African American collective identity. Thus, the protective potential of aspects of ethnic and racial identity and related concepts may be particularly potent in interacting with risk and protective factors from the psychobehavioral domain. The psychobehavioral domain encompasses personality traits, attitudes, perceptions, and behaviors.

There is considerable consensus among researchers about the psychobehavioral factors that are related to drug use. In particular, unconventionality, deviancy, and, to a lesser degree, intrapersonal distress have been associated with drug use (Brook, Whiteman, Balka, Win, & Gursen, 1997; Castro, Maddahian, Newcomb, & Bentler, 1987; Newcomb, 1995; Vega, Zimmerman, Warheit, Apospori, & Gil, 1993). Of these, the most powerful predictors of more frequent drug use are the variables reflecting unconventionality; namely rebelliousness, deviance, tolerance of deviance, and low achievement (Brook et al., 1990). For example, Donovan (1996) found that tolerance of deviance, deviant behavior, low achievement, and a critical attitude toward society were all associated with marijuana use. Johnston, O'Malley, and Bachman (1995) found that adolescents who expected to attend college were less likely to use hallucinogens, cocaine, heroin, stimulants, or other illicit drugs. Garnier and Stein (1998) found that adolescents who had a stronger commitment to traditional values were less likely to engage in drug use while those who were committed to non-traditional values were at greater risk for drug use. According to Brook et al. (1997), dimensions of unconventionality affected drug use independently of family or peers; that is, despite benign family and peer conditions, drug-prone personality traits contributed to drug involvement among adolescents.

Perceiving drug use as harmful, another aspect of a more conventional personality, has been linked to lower levels of drug use as well (Félix-Ortiz, Villatoro Velázquez, Medina-Mora, & Newcomb, 2001; Johnston et al., 1995). Some research has suggested that intrapersonal distress is associated with more frequent drug use (Brook, Cohen, & Brook, 1998; Pandina, Johnson, & Labouvie, 1992). The comorbidity rates of depression or depressive mood and substance

use disorders has also been documented (Glantz, Weinberg, Miner, & Colliver, 1999). Perceived racial discrimination has been shown to be positively related to problem behavior as well as intrapersonal distress in adolescents (Vega, Gil, Warheit, Zimmerman, & Apospori, 1993). Therefore, we expect to find it related to higher stages of drug stage as well.

Ethnic and racial identity are multidimensional concepts (Burlew, Bellow, & Lovett, 2000; Cross, 1991; Phinney, 1990). In this paper, we have incorporated several core components of ethnic and racial idenity, including emotional and behavioral aspects, as well as cultural values and behaviors. An emotional dimension of ethnic identity pertains to the individual's attachment and feelings of belonging to his/her ethnic or racial group in general (Cheung, 1993; Phinney, 1992). Related to this dimension of belongingness is the individual's perceived likeness to and identification with close members of her ethnic group (Brook, Balka, et al. 1998; Brook, Whiteman, et al., 1998; Crocker et al., 1994). A more behavioral aspect of this form of ethnic identification is the affiliation with same-ethnic peers, in this case with other African Americans. Furthermore, cultural values and behaviors associated with belonging to a particular ethnic group have been linked to ethnic identity (Wallace & Muroff, 2002).

For African Americans, an Africentric orientation comprises such a set of cultural values. Africentrism has been defined as a worldview including emphasis on (among others) the primacy of group relationships (communalism), interdependence, spirituality, and cooperation (Morris, 2001; Randolph & Banks, 1993). Within African American communities, the church has been a strong source of spiritual as well a political support (Morris, 2001). "The strength of the African American community lies in its churches and extended families" (Morris, 2001, p. 11). The importance of the extended family within African American social networks is an expression of the primacy of group relationships, which have been described as part of an Africentric orientation (Morris, 2001; Stack, 1974). Familism, the valuation of extended family ties above and beyond the advancement of the individual, has been described as having a protective function against the adverse conditions resulting from the marginalization that ethnic and racial minorities are often subject to (Hoppe & Heller, 1975). We have included measures of familism and church attendance in our study to reflect the importance of spirituality and kinship networks for African Americans. Thus, the purpose of this study is to assess the protective potential of aspects of ethnic/racial identity and two aspects of an Africentric orientation (religiosity, familism) to buffer or enhance psychobehavioral risk and protective factors among a sample of urban, low-income, African American young adults.

Method

Participants and Procedure

Data for the current study come from a three-wave, longitudinal study of adolescents and young adults self-identified as African American. Time 1 (T1) data (N=1332) were collected in 1990, Time 2 (T2) data (N=1190) were collected in 1995, and Time 3 (T3) data (N=662) were collected in 2000-1. The Mount Sinai School of Medicine's Institutional Review Board (our prior affiliation) approved the study's procedures for all three data collections.

Respondents at T1 were enrolled in grades 7–10 in 11 schools in a school district serving the East Harlem area of New York City. The school district was specifically selected in order to obtain a large sample of African Americans living in an urban area. The T2 response rate was 89.3% of those participating at T1. The T3 data collection did not use the entire T2 sample, but over-sampled those respondents who reported using marijuana or other illicit drugs and/or having a child at T2. There were two reasons for this sampling strategy: (1) the T3 study budget was cut, necessitating a reduction in the size of the sample; and (2) we wanted to examine the consequences of earlier substance use on functioning in young adulthood.

A comparison of the T2 marijuana users and separately of the nonusers who participated at T3 with those who did not participate at T3 revealed statistically significant differences for gender, but not for age, substance use, or mother's education at T2. The present focused on the T3 data collection because questions about ethnic identity were assessed extensively at T3. The study focuses on 333 surveys completed at T3 by African American respondents (169 females, 164 males). The mean age of the sample was 24.6 (SD=1.4) at T3. The T3 sample consisted of individuals with low income, with 20% of the participants stating that they did not have a full-time job at any time between 1994 and 1999, and 50% reporting incomes of $15,000 or less in the previous 12 months.

Measures

Drug stage.—The T3 survey asked how frequently respondents drank alcohol, smoked cigarettes, or used each of 11 illegal drugs (e.g., marijuana, amphetamines, PCP/Angel dust, cocaine, crack, hallucinogens, heroin, inhalants, Quaaludes, barbiturates, and ecstasy) during the past five years. We used answers to these questions to classify respondents into a four-level measure of stage in drug use. At level one, there was no use of any legal or illegal drug. For the remaining drug stage levels, any use of a substance was considered use. At level two, participants reported use of legal drugs (alcohol and cigarettes), but not illegal drugs. Respondents classified in the third level reported marijuana use, but not use of the other illegal drugs. Finally, the highest level of drug use was defined as use of illegal drugs, other than marijuana. This classification of respondents followed procedures used in previous studies (Brook et al., 1997; Brook, Cohen, et al., 1998; Kandel, 1975).

Independent variables.—All of the scales described below were developed using principle components analysis. Their reliabilities were assessed using Cronbach's alpha. A body of research supports the validity of the psychosbehavioral and ethnicity measures that were used in this study (Brook et al., 1990; Jessor, Graves, Hanson, & Jessor, 1968; Phinney, 1992).

The analyses included eight psychobehavioral measures: (1) A six-item scale assessing tolerance of deviance/risk-taking (e.g., "How wrong is it to smoke marijuana?" and "You like to live dangerously.") adapted from Jackson (1974) and Jessor et al. (1968). Higher scores reflect more positive attitudes toward deviance and a greater tendency to engage in risk-taking behavior (α=.70). (2) Ten items were summed to form an achievement scale. Items in the scale measure academic achievement (e.g., school grade point average, suspensions or expulsions from school) and work aspirations and expectations (Jackson, 1974). Higher scores indicate higher achievement (α=.80). (3) Rebelliousness (e.g., "You enjoy doing things you shouldn't, just for the fun of it" and "When rules get in the way, you ignore them.") was measured using a three-item scale adapted from Smith and Fogg (1979). High scores indicate greater enjoyment of rebellious behavior (α=.70). (4) Three items ("You feel like losing your temper at people;" "You feel like swearing;" and "Very often you don't attend to things because you're thinking about the opposite sex.") were summed to create a measure of ego integration (α=.55), with high scores reflecting self control and a strong task orientation and low scores reflecting hostility and distraction. (5) A psychological symptoms of depression scale (α=.80) was based on eight items asking about how much the respondent had been bothered by sadness, hopelessness, and thoughts of dying or suicide over the "last few years" (Derogatis, 1983). The items were summed so that low scores indicate low psychological depression and high scores indicate high levels of depression (α=.80). (6) The experiences with discrimination scale was based on three items inquiring about how much respondents had experienced discrimination at school, by the police, and at work or where they live (Brook et al., 1997). High scores indicate high perceived discrimination (α=.74). (7) Self-Deviancy, a 15-item scale, assessed how often the respondent engaged in a number of minor to serious offenses, such as getting into a "serious fight," getting drunk, or breaking into a house (Gold, 1966). High scores indicate a greater

number of such behaviors (α=.80). (8) The drug risk asked respondents how much people risk harming themselves if they "smoke marijuana," "use cocaine or crack," or "use other illegal drugs" (Johnston, Bachman, & O'Malley, 1987). High scores indicate that respondents rated such activities as very harmful (α=.51).

The analyses also include five indicators of ethnic identity or variables reflecting an Africentric orientation and have been related to ethnic identity in past research: (1) The familism scale measured high valuation of and a strong attachment to one's nuclear as well as extended kin. Four items asking how much respondents agree that only family members can help with serious problems, that adults should find work near their parents, that nothing is worth moving away from one's parents, and that it is important to keep in contact with extended family relations were summed (Rodriguez, 1989; Rogler & Cooney, 1984). High scores indicate high levels of familism (α=.55). (2) Three items asking about frequency of church attendance (respondent, mother, and father) were summed to form the family church attendance scale (Brook et al., 1997). High scores reflect family members attending church more often (α=.63). (3) The African American affiliation scale consisted of four questions about the ethnicity of people in the respondent's social network (Brook et al., 1997). The items asked the respondents about the ethnic background of the people they dated, those they had as their best friends, those they had as their friends in general, and those who were a "significant other." The more times the respondents indicated that these people were African American rather than from other ethnic groups, the higher their scores on this scale (α=.74). (4) The African American identification scale was the sum of three items asking how much respondents admired, emulated, or perceived themselves to be like their African American friends (Brook et al., 1997). The more respondents characterized themselves as similar to their friends, the higher their scores on the scale (α=.74). (5) Finally, affirmation and belonging consisted of four questions inquiring about respondents' sense of belonging to, pride about, or attachment to their ethnic/racial group (Phinney, 1992). Responses to these questions were summed so that high scores indicate high levels of affirmation and belonging (α=.72).

Covariates.—All of the analyses contained three demographic control variables: gender (Female=1; Male=0), T1 age (rounded to the nearest year), and T2 mother's education ("completed grade school or less"=1 to "completed college"=6).

Data Analytic Procedures

We used linear regression analyses to assess the relationship between the psychobehavioral risk variables, the indicators of ethnic identity and an Africentric orientation, and drug stage. To test our hypothesis, that high levels of ethnic identity and an Africentric orientation would act as a buffer against psychobehavioral risk factors for higher levels of drug stage, we created interaction terms between each of the psychobehavioral factors and each of the indicators of ethnic identity and Africentric orientation.

Results

Table 1 presents the intercorrelations of the psychobehavioral variables, the measures of ethnic/racial identity and aspects of an Africentric orientation, and drug stage.

As shown in Table 1, the modest or low correlations among the measures of ethnic/racial identity and an Africentric orientation indicate the multidimensionality of the constructs. Only three of the ten correlations reached statistical significance.

As predicted, the bivariate relationships between the personal and behavioral factors and drug stage were all statistically significant. In particular, variables that reflected aspects of an unconventional personality were highly related to drug stage (i.e., self deviance, tolerance of

deviance, and rebelliousness). Of the variables representing different aspects of ethnic identity and Africentrism, familism and family church attendance were inversely related to drug stage (see Table 1, Row 1).

We first conducted separate regressions with the psychobehavioral risk variables and with the ethnic identity indicators/correlates to assess what percentage of the variance in drug stage each of the sets of variables would explain.

As seen in Table 2, the psychobehavioral variables collectively accounted for 40% of the variance in drug stage [$F(11, 321) = 19.44$, $p < 0.001$], while the combined ethnic identity indicators/correlates explained 6.5% of the variance [$F(8, 324) = 2.82$, $p < 0.01$]. Thus, while most of the bivariate relationships between ethnic identity correlates were not statistically significant, as a group they accounted for a statistically significant amount of variance in drug stage. In the group of risk factor variables, the three variables representing aspects of unconventionality emerged as statistically significant with control on all other variables.

Next, all variables were entered into a single regression equation. Ordinary least squares regression coefficients and significance tests for all variables are presented in Table 2. Controlling for all of the other variables in the equation, 7 of our 13 predictors now emerged as statistically significant. Interestingly, out of the risk factors, in addition to the three variables representing aspects of unconventionality (self deviance, tolerance of deviance, and rebelliousness), depressive mood and perceived risk of taking drugs also reached statistical significance in the full model. Similarly, out of the ethnic identity indicators/correlates, affirmation and belonging now reached statistical significance while family church attendance did not. Surprisingly, the direction of the coefficient for affirmation and belonging was now positive. The full model including both risk factors and ethnic identity indicators/correlates accounted for 43.17% of the variance in drug stage [$F(16, 316) = 15$, $p < 0.001$]. In addition, we conducted an F-test for the change in R^2 between the regression model containing only the risk factors for drug stage and the full model. Results indicated that the ethnic identity indicators/correlates together accounted for a statistically significant increase in explained variance in drug stage (R^2 change = 3.12, $F(5, 316) = 3.6$, $p < 0.01$).

Next, the interaction terms between the risk factors and the ethnic identity indicators/correlates were entered separately into the regression equation. We found that 32.5% (13) of the 40 interactions (8 risk variables x 5 ethnic identity variables) were statistically significant. Because we had hypothesized that all ethnic identity indicators/correlates would act as buffers against the risk factors or as enhancers of the protective factors from the psychobehavioral domain, we decided to lower the threshold for statistical significance, thus making our significance tests one-tailed. Further, the difficulty of detecting interaction effects in field research design (McClelland and Judd, 1993) reinforced our choice of a more lenient alpha level for this part of the analyses. A list of the statistically significant interaction terms is displayed in Table 3.

The majority of the statistically significant interactions were protective/protective in nature, meaning that the presence of a drug-protective characteristic (e.g., high ego integration) was enhanced by one of the protective ethnic identity indicators/correlates (e.g., affirmation and belonging). Only in three cases did we find that one of the ethnic identity variables offset a risk factor from the psychobehavioral domain (see Table 3).

The most important protective factor that emerged in our analyses was familism, a construct which is part of an Africentric orientation (Randolph & Banks, 1993). In five out of the 13 cases, familism moderated the relationship between a psychobehavioral variable and the level of drug stage. Three of the interactions occurred with identification with African Americans; two psychobehavioral variables interacted with variables from the behavioral dimension of ethnic identity (affiliation with same-ethnic peers), and one psychobehavioral variable

interacted with family church attendance, another behavioral variable which is part of an Africentric orientation.

Discussion

Our findings support the protective potential of high ethnic/racial identity among urban, African American young adults. High levels of ethnic/racial identity and two variables which can be considered part of an Africentric orientation, church attendance and familism, (Randolph & Banks, 1993) were able to offset risks or enhance protective characteristics from the individual's psychobehavioral domain. Our finding that familism was a particularly powerful protective factor replicates earlier findings with African American and Latino adolescents (Brook, Balka, et al., 1998; Brook, Whiteman, et al., 1998). Perhaps familism plays an important role as a protective factor because those who are attached to the family are more receptive to norms encouraging abstention from drugs (Brook et al., 1990). Indeed, as a main effect, familism was negatively related to drug stage in this study (see Table 1).

Familism, in this study, was defined as a high valuation of and a strong attachment to one's nuclear as well as extended kin. In particular, the kinship connection is seen as more important than the individual's personal advancement. This high value placed on, and the reliance on kinship networks has been repeatedly documented by researchers on African American family life (e.g., Scott-Jones & Nelson-LeGall, 1986; Stack, 1974). The transformation of African cultural traditions and values by the experience of slavery has created a network of kinship relations and an understanding of family that is unique to the African American experience. "[…] the traditional African emphasis on communalism was transformed into a tradition of strong kin and non-kin relationships and an elasticity of family boundaries" (Bulcroft, Carmody, & Bulcroft, 1996, p.13). In low-income, urban African American communities, such as the one from which our sample was drawn, this understanding of and reliance on kinship networks is likely to be even more salient than in middle-class, suburban African-American communities. It constitutes a principal aspect of communalism, which is a central dimension of an Africentric value system (Bulcroft et al., 1996; Grills & Longshore, 1996; Randolph & Banks, 1993).

Similarly, spirituality or religiosity has been named a dimension of an Africentric orientation (Randolph & Banks, 1993). In our study, we found that family church attendance, an indicator of family religiosity enhanced the effect of another protective characteristic, low perceived discrimination. Note that family church attendance is independent of familism as noted in Table 1. Churches that serve African American communities may reinforce norms that are related to abstaining from substance use and thereby exert a measure of social control. Church members tend to have more conservative personality characteristics and value respectability. Indeed in our study, family church attendance was related to less deviance and tolerance of deviance on the respondents' past.

It should be noted that both familism and church attendance, while expressions of an Africentric orientation are not unique to African American culture. Familism, defined as the primacy of the family unit over the individual, is a prevalent value in most cultures with a collectivist orientation. For example, research with Latino adolescents has also found familism to be an important cultural value and protective factor against drug use (Brook et al., 1998). However, in the context of African American culture and identity, endorsement of these constructs can be interpreted as part of an Africentric orientation.

High identification with African American friends emerged as another important construct from the ethnic/racial identity domain. It enhanced the effects of low deviance and high perceived drug risk and buffered against high levels of rebelliousness. This variable measures

perceived emulation of, perceived similarity to, and admiration of one's African American friends and thus constitutes an attitudinal dimension of belonging to as well as a valuation of close members of one's racial group. This construct is similar to what has been called "racial self-esteem," a high valuation of the racial group one belongs to (Rowley, Sellers, Chavous, & Smith, 1998). Research that has measured the relationship between personal self-esteem (a negative correlate of drug use) and racial self-esteem has found that those who held high valuations of their ethnic group also reported higher levels of self-esteem (Crocker et al., 1994; Hughes & Demo, 1989). While we do not have a measure of self-esteem in our study, identification with African Americans was related to lower levels of depression, a negative correlate of self-esteem (see Table 1).

Similarly, affirmation and belonging, a measure of attachment to and pride in one's ethnic/ racial group (Phinney, 1992), enhanced the protective factors of high perceived drug risk and low levels of depression. Affirmation and Belonging is associated with higher levels of conventionality and lower levels of intrapersonal distress and both these measures are related to lower stages of drug use. Altogether, five measures of the individual's closeness to their racial group in general, and to close members of their racial group acted as enhancers of protective factors or as buffers against risk factors for drug use. This pattern is important because it confirms the importance of culturally specific factors for drug use preventions and interventions. "Advocates for the inclusion of culture-specific information argue that there are values and beliefs about self and about how to relate to members of one's community and to others that can inoculate African American youth from those ecological stressors that may precipitate drug use" (Belgrave et al., 2000, p. 387).

As expected, the psychobehavioral risk and protective factors together accounted for the largest percentage of the variance in drug stage. In accordance with existing research, the variables representing unconventionality emerged as the most important predictors in the model (Brook et al., 1997; Castro et al., 1987; Newcomb, 1995; Vega, Zimmerman, et al., 1993; Watts & Wright, 1990).

Limitations of this research included the cross-sectional nature of the study. Thus we cannot draw conclusions about the directionality of the relationship between our independent variables and drug stage. Future research should aim to replicate our findings in a prospective design. Further, the main effect of the ethnic and racial identity variables and the constructs representing an Africentric orientation (familism, church attendance) predicted only a small portion of the variance in drug stage. Contrary to expectation, affirmation and belonging emerged as a positive predictor of drug stage in the full regression model. The reason for this finding is unclear and warrants further exploration in future research. In light of the modest main effect of ethnic and racial identity on drug use and the important interactive findings, a reasonable next step in research would be to move from the examination of dimensions of ethnic and racial identity as main effects to models including more complex interactions between ethnic and racial identity and other critical factors as they influence drug use.

In summary, this study found that multiple aspects of ethnic and racial identity, as well as of an Africentric orientation, serve as important protective factors which can offset other risk factors or enhance protective factors leading to less drug use. Few studies have investigated the combined influences of these constructs (Thomas, Townsend, & Belgrave, 2003). As mentioned above, these results have important implications for treatment and prevention programs which can incorporate the components of ethnic and racial identity that serve to interact with psychobehavioral attributes of the individual. Our emphasis on specific and relatively independent cultural dimensions suggests intervention besides the individual's personality, attitudes, and behaviors (i.e., the family, the church, and identification with the broader ethnic/racial group).

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Table 1

Correlations Among Psychobehavioral, Ethnic Identity, and Africentric Orientation Variables and Drug Stage at T3 (N=333).

	2	3	4	5	6	7	8	9	10
1. Drug stage	0.49***	0.43***	−0.15**	−0.23***	0.23***	0.15**	0.53***	−0.33***	−0.11*
2. Tolerance of deviance	--	0.51***	−0.19***	−0.24***	0.12*	0.15**	0.49***	−0.43***	0.03
3. Rebelliousness		--	−0.24***	−0.42***	0.24***	0.12*	0.41***	−0.29***	0.07
4. Achievement			--	0.24***	−0.12*	−0.03	−0.33***	0.24***	−0.13*
5. Ego integration				--	−0.35***	−0.18***	−0.28***	0.11*	0.03
6. Depression					--	0.15**	0.19***	−0.09	−0.09
7. Discrimination experience						--	0.19***	0.00	−0.03
8. Self deviancy							--	−0.34***	−0.01
9. Perceived drug risk								--	−0.04
10. Familism									--
11. Family church attendance									
12. African American affiliation									
13. Identification with African American friends									
14. Affirmation and belonging									

†
p < .10

*
p< .05

**
p< .01

***
p< .001

Table 2

Young Adult's Personality and Ethnic Identity/Africentric Orientation Predicting Concurrent Drug Stage (With control on gender, age, and mother's education)

T3 Independent Variables	Personality Variables	Ethnic Identity/ Africentric OrientationVariables	Combined Model
Tolerance of deviance	0.04***		0.04***
Rebelliousness	0.06**		0.06**
Ego integration	n.s		n.s.
Achievement	n.s.		n.s.
Depression	0.02†		0.02*
Discrimination experience	n.s.		n.s.
Self-deviancy	0.05***		0.05***
Perceived drug risk	−0.05†		0.07**
Familism		−0.04†	−0.05**
Family church attendance		−0.03*	n.s.
African American Affiliation		n.s.	n.s.
Identification with African American friends		n.s.	n.s.
Affirmation and belonging		n.s.	0.05**
R^2	0.40***	0.07**	0.43***

† p<.10;

* p<0.05

** p< 0.01

*** p<0.001

Table 3

Interactions Between Risk/Protective Personality/Behavioral Variables and Protective Ethnic Identity/ Africentric Orientation Indicators

Personality/Behavioral Variables	Ethnic Identity/Africentric Orientation Indicators	T-value
Protective	*Protective*	
Low tolerance of deviance	High familism	$1.75^{\dagger}$
High achievement	High African American affiliation	-2.69^{**}
High ego integration	High familism	-2.09^{*}
Low depression	High affirmation and belonging	$1.80^{\dagger}$
Low perceived discrimination	High familism	2.24^{*}
Low perceived discrimination	High family church attendance	$1.84^{\dagger}$
Low deviance	High identification with African American friends	2.07^{*}
High perceived drug risk	High African American affiliation	$-1.77^{\dagger}$
High perceived drug risk	High identification with African American friends	-2.36^{*}
High perceived drug risk	High affirmation and belonging	-3.31^{***}
Risk	*Protective*	
High rebelliousness	High familism	$-1.77^{\dagger}$
High rebelliousness	High identification with African American friends	-2.48^{*}
Low perceived drug risk	High familism	2.84^{**}

$\dagger$ p<0.10

$*$ p<0.05

$**$ p<0.01

$***$ p<0.001