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What is substance use all about? Assumptions in New York's drug policies and the perceptions of drug using low-income African-Americans

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Abstract

The current paper uses intersectionality and standpoint theories to examine the social impact of solely relying on Eurocentric worldviews when developing drug policies that affect low-income African-American communities. It is argued that low-income African-Americans share a unique cultural and historical background that must be taken into account in the development and implementation of policies and interventions that impact this population. Analysis of longitudinal qualitative data will compare the assumptions informing New York's Rockefeller Drug Laws with the worldviews of drug using and low-income African-Americans in New York City while examining the impact of these policies in participants' lived experiences.

Keywords

African-Americans; substance use; drug laws; poverty; culturally congruent practice

Introduction

According to the National Institutes of Health (2000) "Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." In the field of substance abuse, research shows that low-income African-Americans use drugs and alcohol at similar to or lower rates than Whites; however, low-income African-Americans experience significantly harsher consequences for their drug use and are less likely to engage in effective interventions (Schmidt, Greenfield, & Mulia, 2006; Windsor & Negi, 2009). For instance, when compared to Whites, African-Americans are more likely to have co-occurring disorders and die of cirrhosis of the liver (Caetano, 2003). Currently, African-Americans account for approximately half of new HIV infection cases in the United States. HIV-positive African-Americans die earlier than other racial groups due to barriers posed by poverty, lack of access to services, and avoidance of medical intervention due to medical mistrust and the stigma associated with HIV infection (Centers for Disease Control, 2007).

Since the 1990s, extensive research has examined barriers to substance abuse intervention access and engagement to better understand health disparities that exist between minority

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populations and their White counterparts (Schmidt, et al., 2006). The literature indicates that a major obstacle to engaging low-income African-Americans in substance abuse intervention is a clash in worldviews between clients and the theoretical basis of current policies and intervention approaches (Benoit, Young, Magura, & Staines, 2004; E Dunlap, Golub, Johnson, & Benoit, 2009). For instance, Dunlap (2006) discussed the complex role of community and extended family in both preventing and exacerbating drug use among low-income African-American families. Policies and evidence-based interventions are often based on frameworks that do not incorporate African-American worldviews. Many of these frameworks do not adequately recognize and address the role of community and the extended African-American family. Low-income African-Americans also report feeling suspicious of governmental or formal institutions because of historical abuses they have endured. Such distrust plays a strong role in hindering this population from seeking and engaging in health-related services (Eloise Dunlap & Johnson, 1992).

The current paper will use intersectionality and standpoint theories to examine the social impact of solely relying on Eurocentric worldviews when developing drug policies that affect low-income African-American communities. It is argued that low-income African-Americans share a unique cultural and historical background that must be taken into account in the development and implementation of culturally congruent policies and interventions that impact this population. Analysis will compare the assumptions informing New York's Rockefeller Drug Laws with the worldviews of drug using and low-income African-Americans in New York City while examining the impact of these policies in participants' lived experiences. The paper will conclude with a discussion of the findings' implications for policy development and substance abuse treatment targeting low-income African-Americans.

Contextualizing African American Oppression, Substance Use, and Drug Laws

Considerable research has linked the history of drug laws (such as the Harrison Act of 1914) to oppression against African-Americans as early as the beginning of the 20th century (Fernandez, 1998; Herer, 2000; Musto, 1987; Reinarman & Levine, 1997). This is true today as biased and punitive anti-drug laws contribute to the inflated arrest rates of African-Americans in the United States. Such policies have had devastating consequences for low-income African-American families. For instance, in New York State Since its ratification, New York's Rockefeller Drug Laws have resulted in a significant inflation of the prison population. Women's incarceration rates increased 645% from 1973 to 2007 in New York State; almost 69% of New York State's prison female population is constituted by women of color with 47% of them being Black (Women in Prison Project, 2007).

New York State's Rockefeller Drug Laws

Hoping to portray a conservative image of being tough on drugs, in 1973 Governor Rockefeller signed the New York Rockefeller Drug Laws, which were the harshest drug laws in the nation at that time (Table 1 portrays the length of mandatory penalty per felony charge). Under these laws the penalty for selling 57 grams or more of heroin, morphine, raw or prepared opium, cocaine, and marijuana, or possessing 113 grams or more of the same substances, was made the same as that for second degree murder—a minimum of 15 years to life in prison, and a maximum of 25 years to life in prison. It also mandated the same penalty for committing a violent crime while under the influence of drugs (1973 N.Y. Penal Laws Ch.220). In 1979, the section of the laws applying to marijuana was repealed under Governor Hugh Carey allowing for much smaller sentencing in marijuana possession convictions (1979 N.Y. Penal Law Ch. 220).

Under the Rockefeller Drug Laws, judges had little discretion in that they had to apply mandatory minimum sentences regardless of any other factors aside from the amount of the

substance that was found on the arrestee's possession. Typically in New York City, drug related arrests take place in impoverished communities mainly populated by impoverished African Americans when undercover officers observe people buying or selling drugs. Once a person is caught in possession of controlled substances they may be arrested or released by the police. It is unknown why and how many people are released by the police without being arrested (Harcourt, 2001). Those brought into custody must wait in jail for 24 hours to attend court for arraignment. During arraignment the prosecution will determine whether to charge the person with a misdemeanor or a felony. This is the only phase of the process in which prosecutors have discretion in choosing which charge to apply for each case. Once the charge is made, mandatory sentences apply. Recently the Rockefeller Drug Laws were finally reformed to increase judge discretion during sentencing and increase the number of individuals that receive treatment while reducing the number of individuals sentenced to prison.

The vast majority of drug related cases are misdemeanors or lower felony offenses for small amounts of drugs. Misdemeanor offenses carry a maximum of 1 year probation or time served in a New York City jail. Most people are released on their own recognizance by the judge at arraignment and many of them do not return to their court appointments which results in a warrant for their arrest. Offenders and the courts play this *cat and mouse* game resulting in many impoverished African Americans who are addicted to substances going in and out of jail throughout their lives while large scale drug dealers go free. The Rockefeller Drug Laws made it easier for large scale drug dealers to overcome imprisonment by avoiding direct contact with drugs. Instead, large scale drug dealers pay oppressed individuals to handle the drugs and face the risks of imprisonment (Porter, Tamm, Lin, Ford, & Iacopino, 2004).

The Rockefeller Drug Laws were passed based on the assumption that addiction is a moral defect and that harsh prison sentences would discourage individuals from using and/or selling illicit substances. The laws are also based on the assumption that certain drugs are more dangerous than others and that the more drugs one carries, the more likely it is that he/she is a seller as opposed to a user. Specifically, crack, heroin, and cocaine are considered to be more dangerous than marijuana and carry heavier charges (Herman, 2000).

Methods

Longitudinal ethnographic data previously collected from two studies examining violence, family relationships, and substance abuse among low-income African-Americans were analyzed. Data included in-depth interviews and observations about the lived experiences of substance-using and low-income African-American families in New York City from 1995 to 2007. For the purposes of the current article, two family cases were selected from the above datasets to represent divergent experiences (N=11): The Barikas and the Kamaus. Table 2 provides a summary of participant demographics and their experiences with stressors. Among the Barikas, Emma is Diane and Dee's mother while Bernice and Binka are Diane's daughter. Scott is Diane's boyfriend. Among the Kamaus, Marie is Peaches' aunt. Carmen and Candy are Peaches' daughters and Will is Carmen's boyfriend. Each case was initially qualitatively analyzed separately and then the individual analysis results were compared following methodology described in Stake (2006), allowing a holistic description of overall patterns among multiple cases study while also maintaining the unique themes identified within each case.

Results

Participants have developed complex interpretations of substance use, including its causes, effects, and consequences based on their own experiences and observations. Multiple case analyses revealed a taxonomy in which substances are categorized within a hierarchy of

harmfulness and usefulness. This taxonomy proved critical in influencing participants' behavior and coping strategies in the context of the oppression they experienced. While participants' theories supported some of the Rockefeller Drug Laws' assumptions about the dangers associated with different substances; participants' motivations to use or abstain from these substances were quite different, and sometimes opposite from the assumptions informing the Rockefeller Drug Laws. Specifically, the law assumes that harsh penalties encourage people to desist from using substances while participants reported employment and love for their children as the most prevalent motivators for substance use desistance.

Substance Use and/or Sale and Substance Effects

Although participants were exposed to multiple substances, they only reported using crack, cocaine, heroin, marijuana, alcohol, and tobacco regularly. Other substances including inhalants and hallucinogens such as LSD, were mentioned, but only limited use was reported, (such as temporary experimentation during adolescence by a few participants). This analysis focuses solely on the substances that participants reported using regularly.

Substance use was classified by participants according to the effects of specific substances and the consequences of using them. For instance, with the exception of Carmen Kamaus, participants agreed that substance use is functional as long as the substance use does not interfere with the user's ability to meet personal obligations. These obligations may include maintaining a household, caring for children, paying bills, keeping a job, and practicing abstinence from substance use when necessary. Bernice Barika elaborated on what she meant was functional substance use when she described how her grandmother managed her daily marijuana and alcohol use:

> I've watched my grandmother smoke weed every day, but I've never been abused. I've always went to school. I've always had clothes on my back. I was always sheltered, you know. So, I, I think that, that's how I feel about it. It's not that you can't do it, but you still have to make your world go around and do it. I tell my mother this all the time. To each his own if that's what you want to do. But don't let crack have you homeless in the street. Don't let crack have you walking around with an oxygen tank, you know. It's just certain things-it's a limit to everything that you do, and you need to know your limit.

Although participants differentiated functional substance use from dysfunctional substance use; they also determined that some substances tend to have more harmful effects on people and other substances tend to have useful effects on people (see table 3). For most participants, substances with more useful effects included alcohol and marijuana while substances with more harmful effects included crack, cocaine, and heroin. Alcohol and marijuana were considered to have useful effects because most participants found benefits in using these substances such as feeling more relaxed, and having deeper thoughts while managing their obligations. They often used these substances to cope with the distress they experienced and the presence of these substances was a normal part of life. Carmen Kamaus was the only participant who believed that all drugs had more harmful effects because they interfere with people's ability to meet their everyday obligations. While Peaches and Will Kamaus reported that marijuana had more useful effects in their lives, alcohol had more harmful effects because of their inability to abstain from it. Crack, cocaine, and heroin were generally viewed as more harmful drugs by most participants because they either experienced or witnessed their families and friends suffer as a result of crack, cocaine, and/or heroin use. Harmful effects of crack, cocaine, and/or heroin included loss of children, housing, violence, poor health, and strained family relationships. Diane Barika was the only participant who felt that crack had equally harmful and useful effects on her life: While she believed crack contributed to the violence she experienced, it also gave her courage to express her emotions.

All participants agreed that using crack, cocaine, and/or heroin had more harmful effects than using marijuana and alcohol. Candy Kamaus who used both crack and marijuana explained the difference between the two drugs:

> I can use weed like every day. You can go ahead on and function and do other things that you have to do, after just smoking a joint per se; not everybody, I'm just saying some can and some can't. But with that crack stuff, you know, nine times out of ten, whatever business you have to take care of for the day ain't gonna get done.

Participants' reasoning in differentiating between marijuana/alcohol and crack/cocaine/heroin became gradually clearer in their descriptions of the useful and harmful impact substance use and/or sales had on their lives. While most participants had used multiple substances, all of them reported a substance which they used on a regular basis. All participants reported using alcohol in addition to an illegal drug. Diane, Dee, Scott, Binka, Marie, Peaches, and Candy used crack, cocaine, and/or heroin with alcohol while Emma, Bernice, Carmen, and Will used marijuana with alcohol. Those who reported using crack, cocaine, or heroin with alcohol experienced more violence, illness, homelessness, and removal of their children from their care by the state. For instance, Diane Barika lost all of her children, she was beaten by her dealers and boyfriends regularly, she was homeless, she bullied her family members, and her health deteriorated quickly while she was using crack. Crack, cocaine, and heroin users also reported an inability to stop using the drugs when faced with potentially damaging situations, while marijuana users seemed to be able to abstain from using marijuana as needed. Bernice Barika compared the impact of crack use on her mother with the impact of marijuana use on herself:

> But, you know, unfortunately I think crack is a different type of addiction. I understand it, not because I lived it but because I've watched it, so I understand that aspect of it and I know that it's a totally different thing, because I would never like leave my child in the house by herself in the middle of the night cause I'm trying to go find weed, or I would never buy a bag of weed over buying a piece of meat, or, you know, something like that. It's first things first, you know?

Participants reported that it is easier to control marijuana use than it is to control crack use and they described a multitude of harmful effects from smoking crack. One important consequence of crack use was violence on the part of the user when the user ran out of money to purchase the drug. This issue was a constant source of conflict for the Barikas because Diane would become abusive when attempting to obtain money from her family to purchase crack and they would try to convince her to seek help:

> Ethnographer: What family household conflicts do you have?
>
> Diane Barika: Arguments, mainly because they want me to stop getting high and get myself together. That's what it's all about. And when I be trying to get money to get high, I don't be trying to hear that at the time.
>
> And that's when problems, the conflicts all begin; because I don't be wanting to hear that. I be like, just give me money so I can go get high.

Diane Barika's explanation of her family conflict did not reflect the way Bernice, Dee, Emma, and the ethnographer perceived the conflict. In order to cope with the chaos in her life, Diane often minimized the violence she both created and experienced by claiming it was not so severe and by normalizing her experiences. For instance, in the quote below Diane reframed the violence of beatings she received as a direct result of her crack addiction as not being "too bad".

> Ethnographer: What was the most violent episode you ever had?

> Diane Barika: About two years ago when I got beat up for drugs. I know I was in for a ass-kicking. Some guys did it because I owed them money for drugs. They beat me up and stomp me. And I got up and ran. It wasn't too bad.
>
> Ethnographer: And what were they saying as they stomped you?
>
> Diane Barika: You gonna give me my money? I ain't got it.
>
> Ethnographer: And what happened? Did you suffer any repercussions?
>
> Diane Barika: No, I was alright.

In her description she claims that she was "alright" though she admitted this was the most violent episode she experienced. Bernice, Dee, Emma and the ethnographer described the violence in Diane's life as being severe. According to them, Diane would run out of crack and bang on Emma's door screaming and threatening to break things and hurt Emma, who was wheelchair bound. Diane's outbursts became so violent that Emma and Bernice Barika had a protective order against her.

Bernice watched her mother being beaten by crack dealers many times while she was growing up. The crack induced violence she witnessed fostered her hatred for crack and motivated her to avoid drug dealers. However, because she grew up in a drug infested neighborhood it was hard for her to avoid contact with the street subculture of drugs. The descriptions she gave of her neighborhood shed light into another dimension of crack and violence within drug trafficking. Bernice and Dee Barika believe that violence increased in their neighborhood after crack was introduced. They believe that top drug dealers were younger during the late 1990's as opposed to the early 1980's which also contributed to increased violence due to drug traffic:

> Dee Barika: It's the younger people you know they control that drug scene.
>
> Ethnographer: Do you see fighting amongst drug dealers?
>
> Dee Barika: The last few years with this crack and stuff been more shooting and stuff you know. The other day, I heard pow you know like a gunshot and you know, I didn't see nothing. After while I looked out my window but I couldn't see nothing cause it was two ambulances, police car, and fire truck.

While drug traffic exposed participants to a great deal of violence it was also an important form of resistance as selling drugs constituted an alternative way of making ends meet. Both Emma Barika and Marie Kamaus recalled their parents selling alcohol in order to supplement the family's income. These patterns continued to occur in both families for all generations included in the study.

Peaches Kamaus' interviews illustrated the consequences of using heroin, cocaine, and crack. Peaches was first introduced to heroin at age 14 by her boyfriend. By her early twenties, she had become physically dependent and entered a methadone program. She was "clean" for a while until her new boyfriend introduced her to cocaine in her mid twenties. She graduated to crack by her mid thirties. Like Diane Barika, Peaches Kamaus' substance use made her vulnerable to violence from male partners and drug dealers. She turned to prostitution, often engaging in unprotected sex in order to support her habit. Peaches did not finish raising her children. She was separated from them when the family was evicted for lack of payments. Her intravenous substance use and unprotected sex exposed her to HIV and by age 48, Peaches had developed full blown AIDS. She passed away four months after her last interview. Using heroin and contracting the HIV virus were Peaches main regrets as she reflected on her life:

> If I could change anything, like I said, I wouldn't have never started with any type of drug. And I wouldn't want to be, you know, I wouldn't want to be HIV negative. But I can't, so, I have to deal with it. And it's hard to deal with.

Peaches' quote reflects the devastating impact drugs had on her life. She indicated many times that she believed that if she had not become addicted to drugs her life would have been much different. She felt helpless in addressing her addiction and the disease she had contracted. While she desperately wanted to change her life, she did not feel she could do it.

When participants were asked what they liked about crack, none of them felt that they liked it except for Diane Barika. Most participants were ambivalent about crack because its short-term effects were useful as it increased users' energy level. However, as the addiction progressed long-term harmful effects were severe. Thus most people felt that the short term useful effects did not outweigh the long term harmful effects. Peaches Kamaus explained her view:

> Ethnographer: Okay. And what do you like about crack?
>
> Peaches Kamaus: To tell you the truth, I really don't know. When I first started using it, it was a, it makes you feel real good, and I don't know, energetic and-like happy and you know. And I remember saying, when I first took a puff, I said, yeah, I can see how people could get hooked on this. It feels pretty good. But the more you do it, it's like you don't feel that way no more. You know, you get, now when I do it, it's not even to stay feeling well; because you don't really get sick from it. Now it's more like it's a, um, a addiction, like a pull, like a magnet pulling you.

While participants who used heroin, crack, and/or cocaine recognized few useful long term effects of their drug of choice, most participants who used marijuana had a hard time attributing long term harmful effects to their use. Most participants explained that marijuana helped them relax and think deeply about their lives. For instance, Candy Kamaus explained she likes marijuana better than crack because it calms her down:

> I like weed because it gives you a very mellow feeling. The thing I hate about crack is it's so addictive and it can give you a very stressed-out feeling, you know. You're trying to enjoy it, but it enhances your paranoia and stuff like that. So, you know, with that in mind, that's why I say marijuana is my favorite, because it's very mellow.

While Bernice Barika concurred with Candy Kamaus about marijuana's relaxing effect, she also explained how it helped her think about her life:

> [When smoking marijuana] I'm always just the same person. It's just my thoughts is what's different. […] Most of the time that's when I smoke at night when I'm by myself and I just have me and my thoughts. Just alone with me and my thoughts. And I like to do it that way. It relaxes me, makes me think about things longer and harder, which some things you need to think about a little bit longer.

Most participants felt that they were still able to maintain their homes while using marijuana. Some agreed that marijuana was in fact, useful in reducing fights within the household. When the ethnographer asked Will Kamaus if he becomes violent when smoking marijuana, he explained: "Oh, nah, if anything with the weed it makes me a little more relaxed and laid back. We fight less on weed". Binka Barika and Will Kamaus mentioned that marijuana is a useful drug because it has some medicinal uses. According to Binka, "weed is good cause it helps you out a little bit. Like some people say weed help you with your asthma, cause it's like a medicine for some people".

Though most participants viewed marijuana as a useful drug, they also discussed what they did not like about it. Marie Kamaus liked the relaxing effect, but did not like feeling hungry after smoking marijuana: "I be chilled but I don't like the eating. It just relaxes me but then again I don't like it because it makes me eat and I always do it later at night". Carmen Kamaus felt that overall marijuana is a harmful drug, even though she believes it is better than crack. According to her, people get "parked on dumb" when they smoke marijuana. She explained

that marijuana slows things down and people lose control of their own bodies. She likes drinking alcohol better because she felt she could still control herself under the influence of alcohol:

> And the only thing, like I said, with marijuana, was a bad experience; I don't like to feel like I can't control my body. With liquor you can control yourself. You're just more hyper.

All participants agreed that alcohol and marijuana were less harmful than crack, cocaine, and heroin, although like Carmen, many differentiated between alcohol and marijuana. Some felt that alcohol and marijuana did not have any harmful effects and they listed many useful effects of alcohol use. For instance, Emma Barika explained how alcohol had helped her become more sociable:

> I still drink beer. My family is a big beer drinker. My mother…she used to…we used to go down to Maryland, before she died 3 years ago, she'd be walking around with a can of beer in one hand and a cigarette in the other. Now if I wants to be sociable, I'll take, maybe, a little bit of alcohol, mix with soda…that's what I actually take.

Dee Barika reported that alcohol was her favorite substance because she liked drinking to celebrate when she attended family gatherings. Dee did not view alcohol as being a drug. When the ethnographer asked her if she considered alcohol to be a drug she replied: "I don't know I, guess when I find that out I'll stop [laughter from both] now that's something I really don't think about".

All other participants felt that alcohol was more harmful than marijuana because people can become physically addicted to alcohol and they can become more violent. Peaches Kamaus for instance, did not like the way marijuana made her feel but she reported being an alcoholic. In fact she felt that her alcohol addiction was stronger than her crack addiction:

> I think that I could do without the crack, but I need the alcohol, like if I can't get no crack, I say, well, at least I got some alcohol. But I can't just smoke crack and not have alcohol. I get sick fast.

Like Peaches Kamaus, Will Kamaus reported that he is an alcoholic. He explained that while marijuana relaxes him, alcohol makes him violent:

> Well sometimes when I get drunk I just don't think about what I do and just keep the attitude where I could do whatever I want and nobody can't do nothing to me and I just start acting out of character and just doing stuff to people that I normally wouldn't do. Drinking just causes fights and arguments.

Like crack, alcohol seemed to increase violence in some people, although there were some critical differences. Alcohol is legal and therefore it does not induce illegal trafficking related violence. More people felt able to manage their lives while drinking such as Emma, Bernice, Carmen, and Dee. Nearly all crack users reported becoming addicted to crack after using it for a while. Like crack, alcohol made participants more agitated and it motivated them to do and say things they might not do or say when sober. Thus, these substances seem to help release their emotions which often included anger and frustration. Diane explained how alcohol and crack made her feel:

> Ethnographer: Among the people you know, do you think when people drink that fighting or violence is a problem?
>
> Diane Barika: Sometimes they need that enforce to bring out what they really can't bring out when they're sober. So, yeah, it's a part of it.

> Ethnographer: What about drugs? How do you see drugs, when people use drugs does that also bring out violence?
>
> Diane Barika: Yes, it does. I know from experience. I used to need something to make me say and do what I didn't have the heart to do. And I think it's sad, but I've been there.

In Diane's narrative she sees this uninhibitory effect as both useful and harmful. On one hand, it helped her express her feelings. On the other hand, it often led to violence between herself and strangers or family members.

Only Peaches Kamaus and Will Kamaus labeled themselves as alcoholics and reported that drinking made them more violent. Emma, Dee, Bernice, Carmen, and Marie often reported drinking less than they actually drank as revealed in the observations and accounts of their family members. They denied becoming more violent when drinking, though there was reason to believe that some participants under-reported some of their own violent behavior. For instance, Emma Barika reported being calm and never beating her daughters and granddaughter. Dee, Bernice, and Diane Barika's interviews revealed a different story. Bernice explained that Diane and Emma would sometimes beat her together. Emma was bound to a wheel chair, so Diane would chase and hold Bernice while Emma beat her with a phone cord. Bernice also reported that Emma drank alcohol daily for as long as Bernice could remember. Thus, observations and multiple interviews confirmed that alcohol was often present when violence occurred. Regardless, crack users overall did seem to experience greater and more violence than alcohol users.

While most participants felt that substances had different useful effects, Peaches and Carmen Kamaus believed that all substances pose a terrible problem in society today. According to them, society should make efforts to prevent children from using substances by educating the public about the dangers of substance use. Peaches Kamaus disclosed that she felt resentful because when she first experimented with substances she had no idea about its dangers, and now she is addicted to methadone and she is terrified of withdrawing from it:

> I feel like using drugs is a dead-end street that, um, you know, I think that society and parents and everything, and teachers should do everything they can to warn children and warn teenagers about not using drugs and the hazards of it. And not only that, but to also have alternatives, like centers and programs and you know, to keep them busy, like sports programs. For a while, I was kinda like resentful, like dang, I wish they had commercials and stuff like that when I was coming up; maybe I wouldn't be using. Because, in fact, I didn't even know what I was, um, using when I first took the hit, the one and one of heroin.

In general, participants shared similar theories of substance use. Emma, Diane, Bernice, Binka, Candy, Will, and Marie believed that people should be allowed to decide for themselves whether to use substances. In fact, people seemed to have strong feelings about the way people judge substance use and users. They felt that substance use should not be a focus of judgments on people. Bernice Barika explained:

> Cause I don't like to feel like people judge me. I'm so big on that because I'm so much more than a cigarette, or I'm so much more than a blunt, or, you know. And I don't like to be judged by those things because that means actually nothing to me.

Participants explained that different people react differently to substance use, and that different substances have different impacts on people. Thus, substance use alone is not sufficient in assessing someone's worth:

> I've always been around weed smoking and cigarette smoking and beer drinking and all these types of things. And that's why I don't judge people; because it really doesn't matter what you do. It's just how you do it. And it doesn't mean that you're a bad person or anything like that.

Bernice's quote identifies a critical limitation in the assumptions of the Rockefeller Drug Laws. By dispensing prison sentences solely based on the type and amount of drugs found in an individual's possession, the laws reduced the entire person to the drug they were carrying. The laws completely ignored the consequences of that individual's drug use, the positive contributions they might have made to their community and their family. For instance, if Bernice Barika or Carmen Kamaus were arrested for marijuana possession, they could be sentenced to spend years in prison, simply for carrying marijuana. If they are arrested, their children would suffer because they would lose their mothers. Once Carmen or Bernice develop a prison record, it would become harder for them to secure meaningful employment. They would lose their homes. If they are forced to stop using marijuana, they might rely more heavily on alcohol to cope with their stress which would likely increase violence in their households. Thus incarcerating them would pose further distress not only on them, but also on their families and their community.

Substance Use Desistance and Treatment

Research participants discussed the processes which helped them desist from using substances. The main goal of the Rockefeller Drug Laws was to encourage people to stop using or selling substances by threatening to imprison them for an extended period of time. Everyone who participated in the present study used and/or sold substances on a regular basis at various times in their lives. Many of them reported the desire to stop using/selling sub'stances, though none of them reported wanting to stop their substance use to avoid a long prison sentence. In fact, the most often cited motivator for substance use desistance or reduction was employment. Bernice, Carmen, Will, Marie, Binka, Dee, and Candy reported reducing use or stopping use of a particular drug altogether because they got a new job or while they were working. For instance, Will explained during his follow up interview that he had reduced the frequency of drinking and smoking marijuana because of his new job: "Because before I wasn't working so I could sit around and smoke all day. But now that I work I don't have too much time to do that". In Bernice Barika's case, the mere possibility of getting a job as a court officer was enough for her to stop using marijuana:

> Ethnographer: So what happened, you're not smoking weed no more?
>
> Bernice Barika: No. I'm gonna get this court officer job and that means I'll have a licensed gun in my home. And have a small child. And so, no, I won't be smoking no more.

In her follow-up interview, Bernice reported that she was not offered the job and therefore she resumed her marijuana smoking. This was a common pattern among participants who smoked marijuana and some who drank alcohol, though cocaine users often reported using drugs while working. For instance, Scott Barika lost several of his jobs due to his cocaine use:

> I would always cut out [leave without permission] during work hours and wouldn't come back. I would be going to get high. I would go cop [purchase] some cocaine and get high. And I wasn't thinking about coming back. I got caught. And they told me to resign; it was a city job, so they didn't want to fire me. If they had fired me, I would have never got another city job. So I resigned.

Other reported reasons for desisting from or reducing substance use included adoption of Islamic principles and lifestyle, health, pregnancy, family pressure, or mandated treatment. Substance use often changed over time, with participants reporting that they desisted from use

at different points in their lives, while resuming use at other points. When participants were mandated to attend treatment, they often relapsed right after finishing the program. They explained their main goal in attending treatment was to avoid being sentenced to jail or to regain custody of their children. They mentioned avoiding the police, and hiding their substance use from governmental authorities in order to avoid imprisonment or other punishments. For instance, Carmen Kamaus disclosed that Peaches Kamaus was sent to detoxification by her probation officer and Peaches complied in order to avoid incarceration. Peaches referred to the times she spent in treatment as "going for a rest", meaning she would stop using for a few days and then resume her substance use. Peaches disclosed that a few times she actually had hoped to use treatment to help her stop using substances. However she relapsed shortly after discharge when she returned home and a friend or boyfriend would offer her substances. When the ethnographer asked Peaches about her treatment experiences, she explained:

> Oh, I been to detox about twelve, fifteen times in all the years I was using. I would usually finish the detox, but it was only seven days. I would leave and go right and get high again. Or either I would, I would try, the few times I tried not to get high, friends would come over, or my boyfriend would come over with something.

With the exception of Candy Kamaus, participants reported experiences similar to Peaches Kamaus when they had little intention to stop using when mandated into treatment. Candy's children were her main motivation to stop using. Candy attended several varieties of substance abuse treatment programs for her cocaine addiction (she counted approximately 20) including detoxification, in-patient, outpatient, and sober houses. Candy entered several of these programs of her own volition and she completed most of them. Sometimes she entered treatment to comply with Administration for Children's Services (ACS) requirements. Another time she entered treatment because she was pregnant with her son and she wanted to make sure she would not lose him to ACS as she had lost her daughter. Finally she entered treatment a few times on her own, and other times to avoid going to jail. Candy Kamaus entered substance abuse treatment for the first time at age 24 and her length of stay in treatment ranged from a week in detoxification, to five months in a residential program. When asked about why she entered one of the programs she explained: "It was me, actually. But it was also because of my daughter, because I was pregnant with my son and I did not want my son to wind up in foster care like my daughter".

Candy left a few programs prior to treatment completion because she was unable to sleep in a dormitory where people would stay up all night. She would lose her temper and get into fights with other residents. There was only one time she left the program because she could not resist her drug craving. Candy explained that despite attending so many treatment programs she was not able to consistently maintain sobriety as a result of her anger and the multiple stressors she faced. She explained that when she allowed the pressure to build up without seeking help, she thought "the hell with it" and relapsed.

Amidst all of the pressures on the two families, treatment for substance use seemed to be accessible to participants in New York City. While four of the Kamaus reported needing to receive substance abuse treatment, two of them reported never entering treatment because they never took action in seeking treatment. Four of the Barikas reported needing treatment and all of them received it (see table 4).

Most participants who received substance treatment believed that treatment was often helpful and that people should seek it whenever they need it. However they felt differently about the various treatment modalities available to them. Peaches Kamaus felt that detoxification and in patient programs were helpful in that they provide a place where people's bodies can recover:

> I think they're [substance abuse treatment programs] good. They get you physically out of the streets and give your body a chance to get all that poison out of your system. They save lives, believe me.

Candy Kamaus was more specific about her views on the different substance abuse treatment modalities:

> Actually, I think they do a lot of good. There's different modalities of treatment, different ways of treatment; and some of them I don't think are very effective. It all depends on the individual. Some people are more susceptible to being barked at and drill sergeants and told what to do, you know, when to breathe. And others are not, you know. I know you have to have an open mind to have' em work, though. Actually, in the long run, programs are very good; because that's basically where I learned my concept about addiction and recovery.

While Peaches had a generally positive opinion about substance abuse treatment, she felt methadone maintenance programs were dangerous and she regretted that she entered the program because she felt trapped in it:

> I think methadone is the worst thing that ever happened to me or anybody else. It's very addictive, highly addictive, much more addictive than heroin. The, um, the high or whatever, the thing that keeps you from being sick lasts real long. Like heroin, you take a dose you're feeling alright for a couple of hours. And at the end of that time, you start feeling down again, and you got to get some more heroin. Methadone, you take a dose, and it takes you through the whole day and into the next day. You're feeling alright for like thirty hours. And so because of that, not only is the high more prolonged, but the detox and the pain of the detoxification is longer. Methadone is much more potent. With heroin, within no more than a week you're over the hump, and you know, you're basically on your way. But methadone, months will pass and you're still feeling uncomfortable. And so the pain, oh, it's horrible. I mean, the bottoms of my feet would hurt. Shoot. So I feel like, I wish I had never got on this. That was the worst thing that happened to me.

Another issue that Peaches Kamaus discussed regarding methadone treatment was the way the drug was administered by the programs. Peaches was submitted to random urine exams. Program staff threatened to expel Peaches from the methadone program if other drugs were found in her urine. If expelled, Peaches would be forced to experience severe methadone withdrawal on her own. Moreover, she had to go to the clinic every day except Sundays to take her methadone dose. If she missed a day, she would experience withdrawal symptoms. Peaches was terrified of methadone withdrawal and she lived with the fear of not missing her methadone doses for 23 years. She was never able to get off of the program.

Like Peaches, Diane Barika never entered treatment of her own volition. The multiple times she attended treatment were brief "rest" periods to comply with court and ACS mandates. Unlike Peaches, Diane had attended meetings, outpatient, inpatient, and sober house programs in addition to detoxification. Diane hated it all and she felt like treatment was a waste of time. She explained that people in treatment are "fake" and she could not deal with following treatment rules, having people tell her what to do, and listening to the same ideas multiple times. Diane was the only participant that felt strongly against all modalities of treatment. She was court ordered into several programs but she was never able to complete treatment. Diane Barika explained:

> I want to get my life together. Oh, when I think about that, what I have to do and where to begin, it's like-I can't deal with the phonies and programs and stuff. That's not me. And I don't know how I'm gonna do it, because I can't deal with no program. I been in outpatient, inpatient, residential. I have so much treatment I could be a

> counselor. And I hate that. It's like a game. I'm not no phony. I always leave. I leave. I just walk out. I can't deal with that shit. And telling on people. I hate meetings. I hate sitting up in meetings, day in and day out. Like a needle on the record. I can't deal with that. Some people can make program, because they can be phony with people. I can't do that. I can't play no games. I never did.

Diane was adamant about not entering formal treatment throughout her life. She has never been able to maintain sobriety for an extended period of time or complete a substance abuse treatment program. On one hand Diane wanted to stop using substances and on the other hand she also wanted to use. She had a hard time adhering to the rules imposed by many inpatient treatment programs and she felt that people in recovery were merely playing the system.

Conclusion

Unlike the Rockefeller Drug Laws, participants believed that drugs have both, harmful and useful effects. Participants explained that marijuana can be useful in helping them relax while alcohol, cocaine, and crack allow them to express their feelings which otherwise they might not be able to do. Participants differentiated between drug effects and drug use. They believed that some people can use drugs responsibility while others cannot. Most participants believed that if someone can 'use a drug responsibly, they should be able to do so. Hence, substance use should be examined based on the consequences of use according to specific individuals as opposed to drug type.

Participants' complex understanding of the harmful and useful effects of substances and substance use proved critical in influencing their behavior and coping strategies in the context of the oppression they experienced. For instance, based on participants' taxonomy it is possible to postulate that participants are more likely to use drugs they believe have more useful effects and to discourage drug use that hinders the user unable to maintain a household and care for their children.

A critical difference between participants' theories of substance use and the Rockefeller Drug Law assumptions emerged in participants' discussion of substance use desistance. The Rockefeller Drug Laws assume that harsh prison sentences will serve to both deter and punish people who choose to use drugs. However, none of the participants reported desisting from substance use for fear of imprisonment. In fact, the constant threat of imprisonment contributed to the already present distrust between the community and the police and motivated participants to avoid government authorities as opposed to substance use. Participants reported employment and love for their children as the most prevalent motivators for substance use desistance.

Implications for Policies and Practice

The negative impact of criminalizing substance use has been widely documented (Human Rights Watch, 2008; Women in Prison Project, 2007). Moreover, the high correlation between substance use and crime is not a causal relationship. In fact, much of this relationship occurs due to policies such as the Rockefeller Drug Laws which criminalize substance use. Findings from the current research support the argument that punishment failed to encourage participants to abstain from substance use.

The National Institute on Drug Abuse (NIDA) currently advocates for a blending of evidence-based treatment and criminal justice approaches in the form of coerced treatment. This approach provides arrestees the "choice" between serving a harsh prison sentence or successfully completing treatment (Leshner, 2001). Researchers claim that coerced treatment approaches such as drug courts are effective in reducing drug use and recidivism (Brolin, 2007; National Institute on Drug Abuse, 2000). However extensive reviews of outcome literature on substance abuse treatment have challenged generalized claims of traditional and

coerced treatment effectiveness, especially when imposed on specific minority populations such as impoverished African Americans (Klag, O'Callaghan, & Creed, 2005; Longshore, Grills, Annon, & Grady, 1998; Roberts, Jackson, & Carlton-LaNey, 2000). Current research findings support the outcome literature questioning the effectiveness of coerced substance abuse treatment. This treatment modality was not effective for any of the participants in the current study as they viewed coerced substance abuse treatment as a "rest period" necessary to avoid harsh criminal charges and long term imprisonment.

Considering the historical oppression that African Americans have endured in the United States, substance abuse treatment has operated as yet another type of state control designed to force marginalized minorities to conform to mainstream standards. In the lived experiences of low-income African-Americans, substance use and/or sale was a complex phenomenon that sometimes alleviated stress and sometimes exacerbated it. Substance use and sale were interrelated with poverty, violence, and oppression. As such, simply treating the individual or even the family for addiction does not address the impact of structural oppressive forces. Participants who received substance abuse treatment usually returned to the same distressful conditions they left. It is not reasonable to expect substance users to maintain sobriety when substance use and sale are important survival mechanisms in coping with the oppression these families experienced. Thus, neither traditional substance abuse treatment nor punishment can address the complexity of substance use and sale among low-income African Americans.

Participants expressed a differentiated view of drug use in which they recognized that many people are able to use drugs socially and never develop addiction. In fact, their views are supported by drug prevalence rates which show that only a small percentage of Americans who report using substances abuse or become dependent on them (Substance Abuse and Mental Health Services Administration, 2005). Consequently, in developing substance abuse interventions it is critical to take into account that only a small portion of substance users may need to completely abstain from substance use. Only those that eventually develop substance abuse and/or dependence are likely to need treatment. Policies aiming to reduce substance use must focus on providing more meaningful employment opportunities, and strengthening families and communities. Family preservation and safety must be a priority. Policies must facilitate the development and implementation of family interventions that include comprehensive services helping families overcome poverty; address relationship conflicts and violence; as well as the maladaptive coping strategies which are specific to each family.

Developing and implementing culturally congruent interventions, particularly those addressing institutional biases, continues to be a challenge. Currently few substance abuse treatment programs that target African Americans incorporate the views of this population into the treatment principles (Longshore, et al., 1998; Roberts, et al., 2000). The scant literature that attempts to address this issue has promoted a contemporary ideology of Afrocentricity (Assante, 1987) as a good framework in which to develop culturally congruent substance abuse treatment. This ideology replaces controlling images of African Americans with a new strength focused view. However the few treatment interventions that adopt such ideology are yet to be evaluated (Longshore, et al., 1998).

Effective treatment must provide comprehensive services that address trauma, violence, legal issues, poverty, child care, and housing. It must also address the impact that the policies and the related controlling images may have had in the lives of clients. Roberts et al (Roberts, et al., 2000) have suggested strategies for developing treatment interventions based on both feminist theory and the Afrocentric ideology. The authors suggest that counselors must be sensitive to cultural issues affecting impoverished African Americans; treatment must focus on a strength-based approach that aims to increase self-esteem, challenge controlling images,

provide historical and contemporary Black role models, teach critical thinking, and use affirmative literature and videos.

Comprehensive treatment programs must address the entire community, finding creative ways to develop more meaningful employment, mental health treatment, and family preservation. Developing links with the community and consulting with community advocates and representatives may be a critical strategy in developing trust, engaging clients, and fostering community involvement and advocacy at the legislative level. Paulo Freire's (2000) pedagogy of the oppressed may be a useful framework in organizing such initiatives in reintroducing participants into the community, helping them identify motivators to reduce substance use when appropriate, while fighting the oppression they experience. Further research is needed to develop truly culturally congruent substance abuse treatment programs that can alleviate the distress experienced by low-income African-American families struggling with addiction.

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Table 1

Length of Mandatory Penalty per Felony Charge

Felony Charge	Minimum	Maximum
Level A1 Felony		
Possession (113 + grams)	15–25 years	Life in prison
Sale (57 + grams)	15–25 years	Life in prison
Level A2 Felony		
Possession (57 – 113 grams)	3–8.5 years	Life in prison
Sale (14 – 57 grams)	3–8.5 years	Life in prison
Level B Felony		
Possession (14 – 57 grams)	1 year to 1/3 of max.	3–25 years
Sale (any amount below 14 grams)	1 year to 1/3 of max.	3–25 years
Level C Felony		
Possession (3.5 – 14 grams)	1 year to 1/3 of max.	3–15 years
Level D Felony		
Possession of (500mg. – 3.5 grams)	1 year to 1/3 of max.	3–7 years

Note. Table is adapted from information retrieved from Porter (2004).

Table 2

Participants' Demographics, Experiences with Distress, and Number of Interviews

	Barikas						Kamaus				
	Emma	**Dee**	**Diane**	**Scott**	**Bernice**	**Binka**	**Marie**	**Peaches**	**Candy**	**Carmen**	**Will**
Year Born	1929	1952	1960	1955	1980	1990	1940	1951	1969	1975	1978
Highest Degree	8th GDP	SCO	10th GDP	HSD	SCO	10th GDP	GED (10th GDP)	GED (11th GDP)	HSD	GED (10th GDP)	10th GDP
Age at first child	23	21	20	N/A	20	N/A	16	18	26	22	N/A
Single Mother	Yes	Yes	Yes	N/A	No	N/A	Yes	Yes	Yes	Yes	N/A
# of children by 2007	2	3	5	3	1	0	3	2	2	3	2
# of children lost to ACS or others 2007	0	1	5	1	0	0	0	2	2	0	0
Drug(s) of choice	AL & MJ	CO	CR & AL	CR & AL	MJ	CR	AL & MJ	H & CO	CR	MJ	AL & MJ
Has been arrested	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Sexual violence	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No
Physical violence	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Health Status by 2007	D	RE	VS	RE	G	G	Unk	D	G	G	F
Overall life Housing Status	PH	PH	PH & H	LR	PH	LR	PH	PH & H	PH & H	PH & H	LR

Notes: GDP: Grade drop out; SCO: Some College; HSD: High School Diploma; AL: Alcohol; MJ: Marijuana; CO: Cocaine; CR: Crack; H: Heroin; D: Deceased; RE: In recovery from addiction; VS: Very sick; G: Good; Unk: Unknown; F: Fair.

Table 3

Substance Classification According to Harmful and Useful Effects

SUBSTANCE by Harmful Effects	SUBSTANCE by Useful Effects
1- Crack	1- Marijuana
2- Cocaine/Heroin	2- Alcohol
3- Alcohol	3- Crack/Cocaine/Heroin
4- Marijuana	

Note: 1 = most harmful effects/most useful effects, and 4= least harmful effects/least useful effects.

Table 4

Participants Who Needed and Received Substance Use Treatment

Participants	Needed Treatment		Received Treatment	
	YES	NO	YES	NO
Marie	X (For gambling)			X
Peaches	X		X (Multiple)	
Candy		X	X (Multiple)	
Carmen	X			X
Will				X
		X		
Emma	X			X
Diane	X		X (Multiple)	
Scott	X	X	X (Multiple)	
Dee		X	X	X
Bernice	X			X
Binka		X	X	