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Older African Americans and Illicit Drug Use: A Qualitative Study

by

Robert Pope, RN, MSN, PhD Candidate

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Nursing

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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It has been a long journey to this point in which I have the perfect description of the lived experience of beginning doctoral education. I owe this description to my friend and colleague Mark Hawk who looked over at me one day in Steve Paul's beginning statistics class and whispered to me, "this is like being caught in a house afire trying to find the exit sign for someone to whom English is a second language." However, thanks to the community of educators and scholars here at UCSF things improved over the years. I must thank the people who accompanied me on this journey and provided direction and guidance along the way. I want to give special thanks to my academic advisor and committee chair, Dr. Margaret Wallhagen, who has been a patient, beacon of light and insistent of growth on my part along the way, she helped make this dream possible; Dr. Harvey "Skip" Davis whom I met shortly after meeting Dr. Wallhagen, who has been a mentor and a friend whose sage wisdom and humor helped sustain me along the way. Dr. Davis' expertise in substance abuse has helped ground me in this arena and he may not have known it, but he was the proof I needed to let me know the dream was possible. My first year in the program Dr. Jeannie Kayser-Jones taught a Geriatric Nurse researchers class and Dr. Pat Fox was a guest lecturer who spoke to us on the sociology of objective reality and it gave me personal clarity and affirmation and I have said on other occasions that the lecture he gave on that day should be required for all incoming students. When I reached the point of needing to form a Quals committee, I needed someone who had expertise in substance abuse here at UCSF to chair that committee and Dr. Wallhagen suggested Dr. Barker and then student, but now Dr. Lucy Fisher also suggested Dr. Barker. Dr. Barker's insights into substance abuse and her gentle, but insistent push towards completion of QE task were monumental in my growth and

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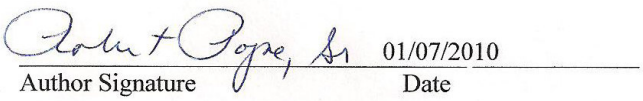

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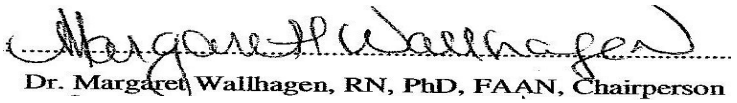
Robert Pope

This dissertation includes a chapter (Chapter 3) that has been accepted for publication in the *Journal of Transcultural Nursing.* Chapters 1 and 4 will be submitted for publication. Certain dissertation committee members will be listed as co-authors when Chapters 1 and 4 are submitted for publication. The work that Robert Pope completed on chapters 1, 3, and 4, and all of the other dissertation chapters, was sufficient to meet all UCSF,

Graduate Division, and School of Nursing dissertation requirements relating to the use of published data and relating to the requirements associated with the graduating student having been primarily responsible for writing and revising the dissertation material.



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Older African Americans and Illicit Drug Use: A Qualitative Study

ABSTRACT

Robert Pope, RN, MSN

Title. Older African Americans and Illicit Drug Use: A Qualitative Study

Aim. To explore the underlying social factors associated with illicit drug use in older African Americans as an underpinning to the development of approaches to nursing care and treatment.

Background. By 2020 there will be approximately five million older Americans with substance use disorders. A disproportionate number, almost half a million, will be of African descent. Drug use along with age related changes predisposes these older adults to a myriad of undesirable social, psychological, and health outcomes such as homelessness, mental illness, HIV, and hepatitis C.

Method. Grounded Theory methodology was used to explore the social processes involved in the use of illicit drugs by older African-Americans. Interviews were conducted with 20 older African American substance users who were currently in drug treatment programs. Responses to the questions were recorded, transcribed, and analyzed using constant comparative methods. The data were collected in 2008.

Findings. Three core themes emerged: (1) Family, (2) Media Images, and (3) Environment. Further analysis established that the family and media images themes were components of a larger core category entitled “emulation.” Emulation of an admired

person or lifestyle was associated with initiation into a drug lifestyle. Environment remained a core category that supported continued and long term substance abuse.

Conclusion. Emulation of admired behavior of humans by other humans, unlike the emulation reproduced in the laboratory model by lab rats, occurs in no predictable temporal pattern making the point of intervention for prevention of observed unwanted social behaviors most difficult. However, nurses are in a unique position to assess for and thus intervene against substance abuse initiation and will play a key role in leading the way to healthier communities.

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CHAPTER 1

Dissertation Introduction: Older African Americans and Illicit Drug Use: A Qualitative Study

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Dissertation Introduction: Older African Americans and Illicit Drug Use: A Qualitative Study

I am an invisible man. That invisibility, to which I refer, occurs because of a peculiar disposition of the eyes of those with whom I come in contact; a matter of the construction of their inner eyes. Those eyes with which they look through their physical lives upon reality.

The Invisible Man by Ralph Ellison [1953]

Traditionally, health-related studies focus primarily on proximate risk factors, such as the connection between intravenous drug use and HIV and do not explore the connection that social factors have to health-related outcomes (Link & Phelan, 1995; Phelan *et al.*, 2004). This study takes a less traditional approach; rather than reviewing just epidemiological factors, this study explores some major underlying social factors associated with illicit drug use in older African Americans. The central questions related to African Americans in this study are:

1. Why might one begin illicit drug use at a young age and continue this use into old age?
2. Why might a person 55 or older begin illicit drug use late in life?

The dissertation study is organized into 5 chapters. The first chapter is an introduction to the problem, statement of the problem, purpose of the study, conceptual framework, significance, and a historical overview of illicit drugs in Black America. The second chapter is a synthesis of current research related to the initiation and continued long-term use by African Americans of illicit substances. The third chapter contains a published manuscript of the findings from a pilot study associated with the dissertation topic titled *The Social Determinants of Substance Abuse in African-American Baby Boomers: Effects of Family, Media Images, and Environment* (Pope, Wallhagen, & Davis, 2010). Chapter 4 contains a yet to be submitted manuscript of the findings of the dissertation study titled, Pathways to Long-term Illicit Drug Use in Older African

Americans: Emulation and Environment. The final chapter, chapter 5 is a summary, discussion, gaps, and implications for future research.

Significance

Projections suggest that the number of substance abusing elders will rise from the more than 1.5 million documented in 2000 and 2001 to almost 4.5 million in 2020. Researchers (Gfroefer *et al.*, 2003) project that from 2000 to 2020; the proportion of African Americans 50 or older will increase from 6.9 million to greater than 12 million. In the year 2000, there were 171, 000 older African Americans in need of treatment related to substance abuse and treatment needs are projected to rise more than 50% to nearly half a million in 2020 (Gfroerer & Folsom, 2003). However, these older African American baby boomers, with previous high rates of illicit drug use in youth, are projected to show higher rates of use than the current older African American population and are expected to have more associated problems (Colliver & Condon, 2006; Compton *et al.*, 2005; Richards, 1981).

Since many epidemiological studies that focus on substance use include alcohol, some of these studies have figures that are higher than for illicit drug use alone. Drug categorization is a difficult process and what is classed as an illicit drug is subject to social/societal meaning-making and politics that can change from one historical era to the next. Natives of the Andean highlands have used cocaine for thousands of years in much the same way that coffee is used today (Musto, 1989a). Barker & Hunt (2007) note the fuzzy boundary between food, medicine, cosmetic, religious material, and drugs, particularly outside American or European settings. In the context of this paper, the term

illicit drug use and/or substance use is a component of dependence, as is addiction and are interchangeable. On a continuum, such as the severity of dependence scale, drug use/substance use would be to the left of the psychological scale closer to non use and addiction to the right and farther away from non use (Gossop et al., 1995; Kaye & Darke, 2002; Raistrick et al., 1994). In order to better understand the life trajectory of older African American illicit drug users today, a history of illicit drugs in black America is essential.

Historical Overview

Drug abuse among the older population is not a new phenomenon. In the United States, the legal unrestricted sale and use of cocaine and morphine continued unimpeded until federal regulation occurred following passage of the Dangerous Drugs Act in 1920 (Teff, 1972). Unfortunately, by this time there were a reported 200,000 addicted Americans (Congress, 1964). In Britain by 1961, illicit drug use was recognized by health care providers as a problem amongst older people, and persons over the age of 50 were the largest group of users (Barton, 2003). However in the United States, following World War II, there was an increased use of illicit drugs by younger adults; partly related to the counterculture that began developing in the 1950s with the beatniks and continued into the 1960s with the hippies. This counterculture engulfed the large cohort of people born between 1946 and 1964 (baby boomers) and signaled a large scale experimentation with illicit substances. During the 1960s and early 1970s, many in the white baby boom cohort experimented with hallucinogenics such as marijuana and lysergic acid diethylamide (Woodman, 2003). However, due to historical factors such as slavery, followed by exploitative labor practices on freed slaves (Williams, 1914), and the resultant institutional practice of racial residential segregation (Williams & Collins, 2001), the commercial activity

and use of illegal drugs such as heroin and cocaine occurred in black neighborhoods before it became widespread elsewhere (Johnson *et al.*, 1990). As early as 1910, there were reports of white contractors supplying black workers with cocaine to increase their work productivity (Courtwright, 1983). Although Blacks and Whites both used cocaine, cocaine increasingly became negatively associated with Blacks in much the same way that opium was negatively associated with the Chinese (Musto, 1989b) and marijuana with Mexicans (Himmelstein, 1983). Musto called it the linkage of a feared group to an illegal substance. Such a linkage helps to stigmatize and further marginalize that group from mainstream society (Musto, 1991).

In 1914, the *New York Times* printed an article "Negro Cocaine Fiends: New Southern Menace" (Williams, 1914). Within the body of this opinion editorial, the author underscores the perceived threat that African Americans who used cocaine presented to southern society. Articles like this one, although accepted as truth by some, were generally dismissed by academia and Musto called them "fantasies fueled by White fear" (Musto, 1992). Oddly enough, in its summation, this diatribe against African Americans who used cocaine during the early part of the 1900s poignantly states that their cocaine use is "a new and terrible form of slavery upon thousands of colored men; a hideous bondage from which they cannot escape by mere proclamation or civil war" (E. Williams, 1914). However, such a proclamation had long been sought by the temperance movement.

The temperance movement (1830-1872) was an organized effort to encourage complete abstinence from alcohol. The temperance movement gained momentum, in no small part, from the desire to prevent emancipated African Americans from drinking

alcoholic beverages (Christmon, 1995) and, by extension, other psycho-active substances too. Whites resisted any mixing of the races in temperance organizations but were eager to legalize the prohibition of alcohol which had become associated with black social disorder (Washington, 1912). Black sentiments of the late 1800s agreed that intemperance was detrimental to health and Black temperance groups were also formed (Yacovone, 1988).

The Black struggle for equal rights in America saw small gains in times of America's armed engagement in the great wars, gains that were perhaps offset by their increased exposure to addictive substances. During the Civil War, for example, Blacks gained the rather dubious honor of fighting on the battlefield and the possibility of dying for the country. Coincidentally, morphine has been a battlefield drug since the Civil War. It was first used orally and later, after the invention of the syringe by Dr. Charles Wood between 1840 and 1850 (Berridge & Mars, 2004), it became injectable. Germany manufactured heroin followed in 1874 as an erroneously perceived non-addictive alternative to the highly addictive morphine (Modell, 1957). War related injuries in the Civil War, both World Wars, and the Vietnam war that were treated with the analgesic morphine led to rising numbers of morphine and heroin addicted veterans, both Black and White (McCormack, 1988; Stanton, M., 1976).

The mid 20th century also saw popular media gaining an important role in culture and during the late 1960s and early 1970s African Americans were inundated with images that glamorized cocaine use in both print and movies. In print, Iceberg Slim (Beck, 1969) chronicled the activities of a street hustler and was particularly popular among young Black male audiences. The movie *Superfly*, a 1972 black exploitation film

about commercial drug activity (Fenty, 1972), introduced many mainstream African American youth to the cocaine experience. Combined with the harsh economic realities of inner city life and the potential for out grossing obtainable legal income several times over, many unemployed black youth began trafficking in illegal drugs. Today the sale of crack cocaine is at an all time high (Feigelman, S., Stanton, B., & Ricardo, I., 1993). Though substance abuse of persons under 55 years old in the lower socioeconomic areas of the African American Community has received much attention and is well documented (SAMHSA, 2005; Turner & Lloyd, 2003), and the examples provided above make clear that substance abuse transcends age, there is very little research available on older substance abusers in general and even less on older African American substance abusers. There is ample research on the psychoactive properties of cocaine stimulation and the depressant effects of heroin as well as the resultant associated negative bio-factors, such as exposure to and transmission of HIV and hepatitis-c (Hagan *et al.*, 2005; Koester *et al.*, 2005; Kuo *et al.*, 2004; Rowlett *et al.*, 2007; Tilley *et al.*, 2007; Witteveen *et al.*, 2007; Xi & Gardner, 2007). As previously stated, the purpose of this study is to examine substance abuse in older African Americans; identify and critically analyze what is known about the associated socio-factors and illicit drug use as it relates to these older adults; and identify the gaps in the current scientific knowledge base.

Table 2 and Table 3 below are timelines in the lives of older African Americans inclusive of significant events that help to define the cohorts of people alive who are 55 years of age or older today. The cohort of African- Americans born in 1930 (Table 2) experienced as youth the Great Depression of 1939 and World War II. They were the

Table 2 Cohort Events in the Lives of Older African Americans circa 1910-1965

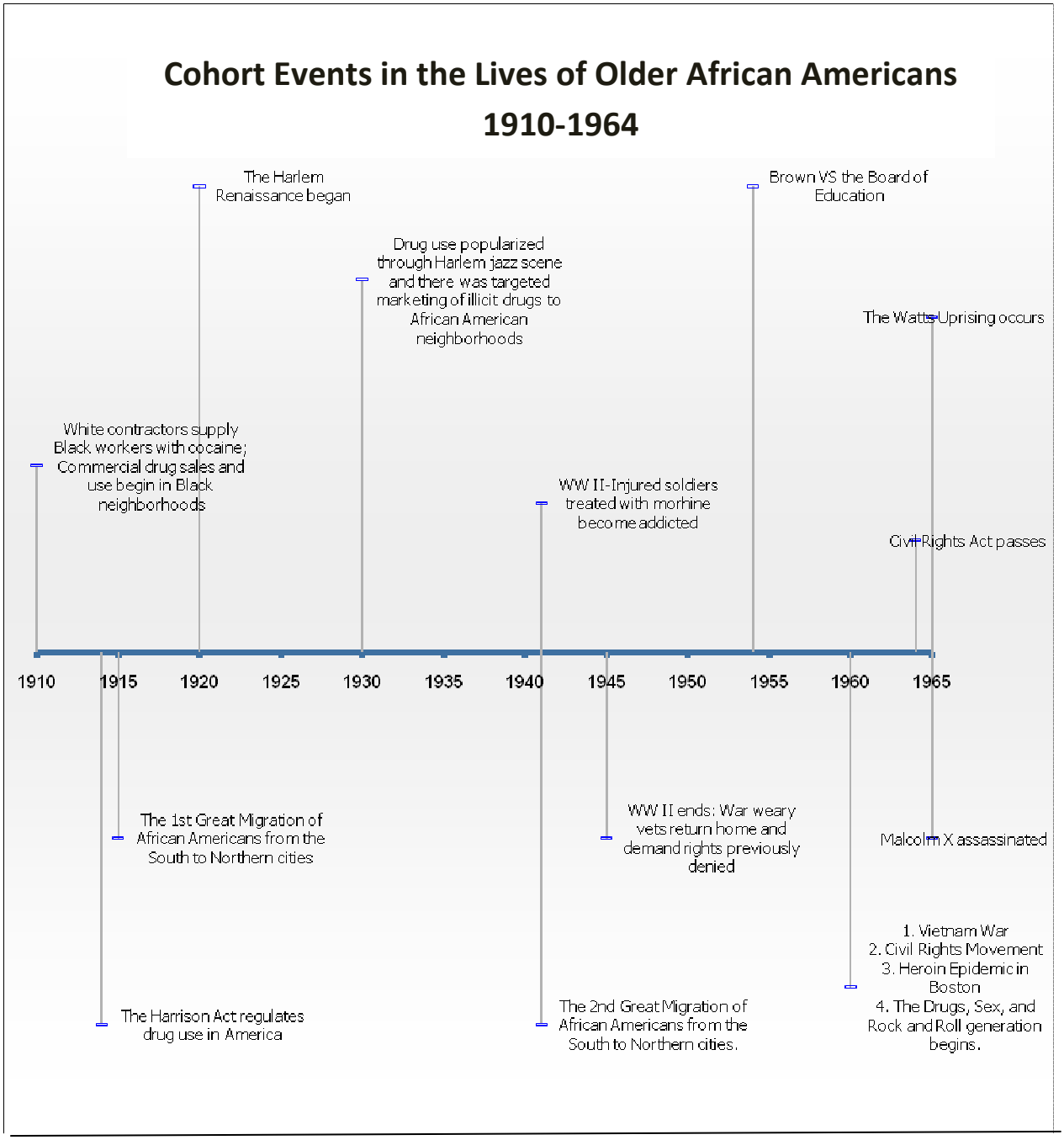
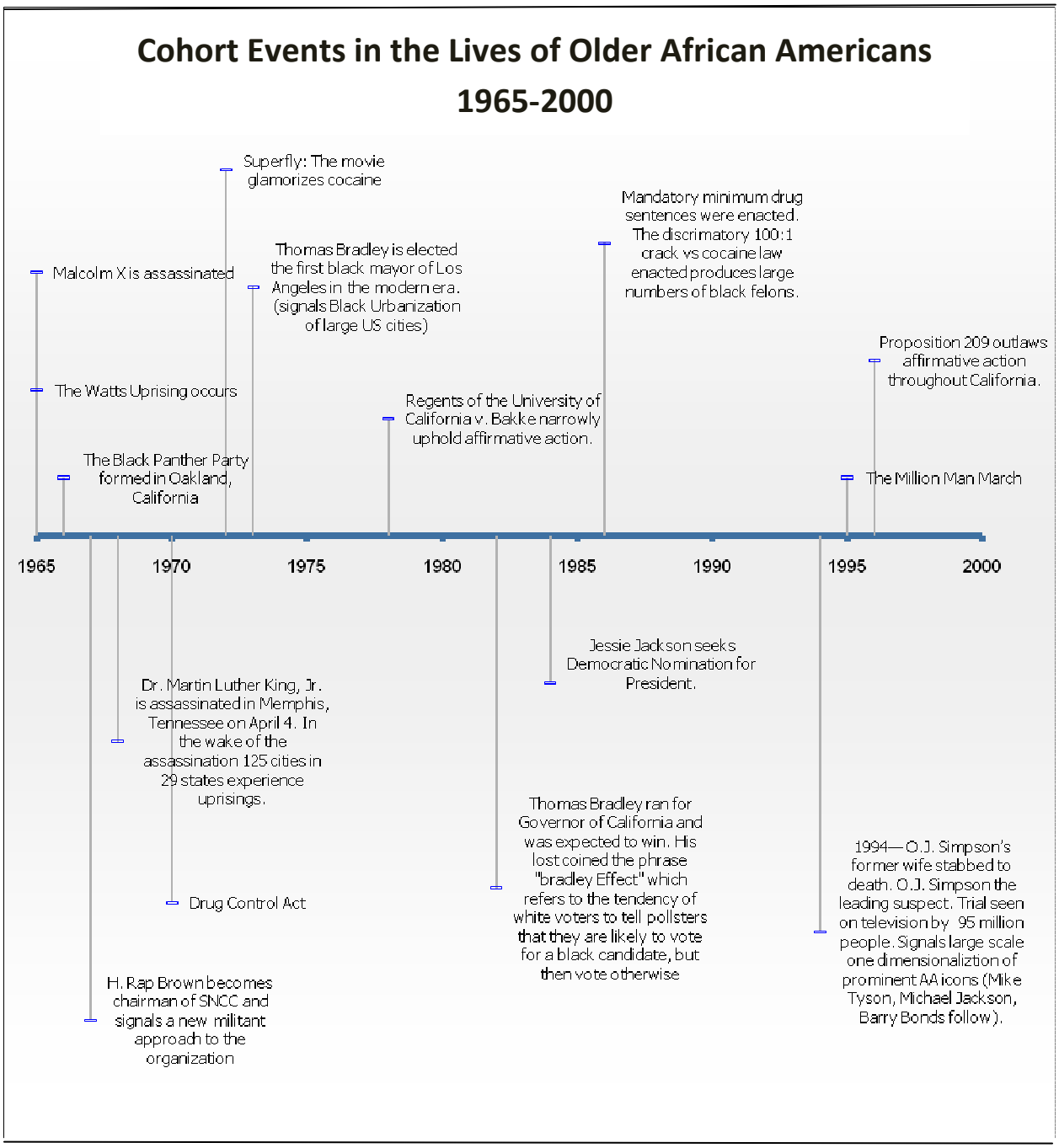


Table 3 Cohort Events in the Lives of Older African Americans circa 1965-2000



off-spring of the thousands of African-Americans who took part in the first great migration from the South to the North, and who fought in WWII, a time when military

service reduced some of the institutionalized social distances between black and white soldiers, and introduced many black men to life in European countries. In the US, African Americans were hoping to escape racial oppression in the South and seeking an improvement in socioeconomic status in the North. It is estimated that over one million African-Americans participated in the first great migration. This migration created the first urban black communities in Northern cities such as Chicago, Detroit, New York, and Cleveland. Researchers from the Chicago School (Park, 1928; Shaw & McKay, 1969) clearly saw pathology in the black neighborhoods of Chicago which explained much related to antisocial behavior, i.e., crime and substance abuse. Clearly, the social environment provides values and definitions that govern behavior, and the breakdown of urban life in these urban ghettos resulted in the devaluation of basic institutions such as the family. Despite the jobs and housing available in the North, the difficulties of living in an urban environment proved challenging to the sons and daughters of sharecroppers. The sociologist Merton felt that the social structures in place in northern ghettos exerted pressure upon certain groups in the society to engage in "nonconformist, sometimes deviant behavior rather than conformist conduct" (Merton, 1968). Racism, violence, and high rates of unemployment in the lower socioeconomic areas of the African American community would be examples of such pressures.

The cohorts of people born in 1940 experienced as youth and in young adults many of the events experienced by the previous cohort (1930) and much of what the cohort that followed experienced. The cohorts of people born in 1950 through 1953 (Table 3) and hence the largest cohort of baby boomers alive today over the age of 55 experienced the seminal civil rights movement, the Viet Nam War, the passage of the

civil rights bill and liberties not experienced by previous cohorts. Many in this group are the children of African Americans who came North in the second great migration seeking jobs associated with the war effort.

Clearly, despite different experiences and different sensibilities members from both cohorts succumbed to substance abuse. Several social-psychological frameworks, models, and theories such as the Racial Formation Theory (Omi & Winant, 1994), Wallhagen's Perceived Control Theory (1998), and Winick's Sociological Theory for the Genesis of Drug Dependence (1974) have utility in helping to develop a frame of reference for understanding why some older African Americans use illicit drugs.

The organizing concepts

The concept of race and the concept of the perception of control are both situationally emergent (Brouillette & Turner, 1992; Lawton, 1992) constructs that can lead to role strain and role deprivation. There are three organizing concepts in this conceptual framework (See Figure 1) designed to examine illicit drug use in older African Americans. They are; 1) Race is significant to African Americans and is defined by existing race relations within a given historical period, 2) Lowered perceived environmental control contributes to drug activity and as one ages perceived control arises from contingencies based on learned experience, and 3) role strain and role deprivation lead to drug dependence. Omi & Winant's Racial Formation Theory (1994) helps locate race historically as the principal tenet of social order and organization in America, and researchers have illustrated the significance of racial identity (Townsend & Belgrade, 2000) to African Americans. Wallhagen's Perceived Control Theory (1998), examines the environment and offers a reframing of perceived control from within a

person-environment model that separates the sense of control from factors that may promote this experience. Researchers have demonstrated that drug activity can be a result of lower perceived control and contingency (Lambert, Brown, Phillips, & Ialongo, 2004). Winick's Sociological Theory for the Genesis of Drug Dependence (1974) proposes that it is possible to locate the structural sources of role strain and deprivation within the social system which can lead to drug dependence.

Race as a Social Construction: A Racial Formation Approach

Racial Formation Theory was utilized to gain a contextualized understanding of illicit drug use in older African Americans and to offer a rationale for making racial distinctions when exploring substance abuse among the Baby Boomer cohort. Yet clearly, there are other acceptable models of race. Clark, R., Anderson, N., Clark, V., & Williams, D. (1999) offer a biopsychosocial model that defines racism as beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups based on phenotypic characteristics or ethnic group affiliations. The principal tenet of this proposed model is that the perception of an environmental stimulus such as racism results in exaggerated psychological and physiological stress and coping responses and, over time, these stress responses influence health outcomes and may lead to chronic illness. The Clark, etc. (1999) model, for purposes of this inquiry into illicit drug use in older African Americans, was rejected for its lack of historical perspective.

Krieger's ecosocial model (2003) examines the connections between racism and health. The links between racism, biology, and health, the controversy over how to study racism's impact on health, and the racism versus class debate over which construct underlies racial disparities in health were examined. Krieger argues that race, unlike class

or ethnicity, is not an intrinsic trait or one that people can simply choose. However, the strength of Krieger's argument lies in the assertion that research on the health consequences suffered by racism is not political, as it is often socially constructed, but a needed scientifically understudied domain (2003). Yet although, this model was strongly considered for review, its epidemiological approach has a certain disconnect from a qualitative perspective interested in emic viewpoints and was not chosen for that reason.

Omi & Winant's Racial Formation Theory

Many researchers reason that there is no biological basis for distinguishing human groups along the lines of race and indeed the concept of race remains inchoate (Brouillette & Turner, 1992; Davis & Gandy, 1999; Obach, 1999; Omi & Winant, 1994; Winant, 2000). Race emerges from the interaction of human beings (Brouillette & Turner, 1992), is acquired through communication and in this way is a social construction. The biological differences between the races are akin to the differences between saliva and spit, which is to say none (Obach, 1999). However, the social construction of spit has negative imagery (Obach, 1999). The negative, one dimensional characterization of African Americans is an example of this phenomenon (Boyd, 2002; Craig, 1991). Throughout the history of Blacks in this country the negative, one dimensional characterization of African Americans in this way continues to promote the ideological maintenance of Whites as the norm and African Americans as deviant. Institutionalized oppression stems from this maintenance and is evidenced by the media images that are presented for public consumption on a daily basis. The public representation of African Americans has been distorted by the media (Bogle, 1973; Diuguid & Rivers, 2000) and labels such as immoral, drug addict, and dangerous applied

when there is conflict or labels such as paranoid, angry, and overly sensitive when African-Americans protest unfair conditions or unequal treatment, such as the Rodney King incident or the disgraceful response by the federal government to Hurricane Katrina victims who were largely African-American. Disturbingly, African American males are often portrayed in the media as a criminal element (Cooke, 2005; Lynch & Condit, 2006; VanDeburg, 2004) in American society. The theoretical perspective of Racial Formation argues that meanings such as these that are attached to race are the result of historical and socio-political events. A review of the literature demonstrated that due to historical factors such as slavery, followed by exploitative labor practices on freed slaves (Williams, 1914), and the resultant institutional practice of racial residential segregation (Williams & Collins, 2001), the commercial activity and use of illegal drugs such as heroin and cocaine occurred in black neighborhoods before it became widespread elsewhere.

Many attempts have been made to reduce race as a concept and supplant it with themes of ethnicity, nation, and class but all have failed in some way to eliminate race as a factor when scrutinized (Omi & Winant, 1994). While class is certainly an issue, it is the very problem of race that creates class for people of African descent in America. Omi and Winant's (1994) racial formation approach helps explain the multivariate way in which social factors helped to construct older African American substance abusers. Racial formation theory, although acknowledged as incomplete by its authors, a) states that the meaning of race is socially unpredictable and politically unstable, b) understands the intersection of discourse with institutional practices, and c) expresses findings in macro and micro social interpretations (1994). This theoretical approach helps to

delineate the differences between the cohort of substance abusing African American and Caucasian baby boomers and provides the rationale for making racial distinctions when exploring substance abuse among the cohort, and informs us of the unique experience of African Americans in the United States. Fox (2005) informs us that the existence of phenomena can only be understood in relation to one's personal understandings. The objective reality of African Americans is unique and dependent upon social and psychological processes while the social and psychological processes are reflective of and dependent upon their objective reality (Fox, 2005).

Wallhagen's Perceived Control Theory (PCT):

Historically, the unique experience of African Americans in the United States has been one of marginalization. Similar to Racial Formation Theory, Person-Environment Fit subsumes that the perception of control emanates from an interactive framework in which individuals interact with the environment, and that those interactions have a historical underpinning (Wallhagen, 1998). If the perception of control emerges from the situatedness that Gadamer (Wallace, 1987) espouses in his classic writings on ontology. As people age they gain a variety of experiences and develop contingences that give them the perception of control. Conversely, the majority of older people will likely know the lack of control perceived with the loss of a loved one, as control is an essence that is relative to one's place in the world. Wallhagen's PCT was derived from Lawton's Theory of Person-Environment Fit (Lawton, 1982a) which has proven utility in research in older people and their environment (Evans et al., 2004; M. Lawton, 1982a; Wister, 1989; Young et al., 2006).

Lawton and Nahemow's Ecological Model of Aging

In an effort to develop a predictive model for the behavior associated with aging, Lawton and Nahemow (1973) reasoned that such behavior was the result of the person's response to the environment. The two major independent variables of Lawton's theory are the terms competence and environmental press. Lawton (1973) viewed competence as a personal characteristic (Internal), while Murray (1938) describes environmental press as a motivating demand placed upon the person by the environment (External). An example of such a situation follows. The older adult with declining physical strength who must navigate the city to perform instrumental activities of daily living, such as shopping for needed household items, may have to travel a long distance to do so. The physically compromised, older person may find travelling the distance a daunting environmental demand. If the person has the ability to meet this demand they will be deemed competent. Conversely, an inability to meet this demand may signal an environmental demand that is too great which may lead to a negative affect and maladaptive behaviors. In Lawton's Press-Competence model, older adults have competencies which they draw upon to manage press, or demands, from their environment. Environmental press is thus defined as an environmental stimulus or context which requires a certain behavioral response (Evans et al., 2004; Morgan et al., 1984).

Behavioral response, the outcome variable in the Lawton model, is labeled as either adaptive or maladaptive in relation to both competence and environmental press. The concept of adaptation is both complex and multifaceted. This concept which incorporates stimulus intensity levels and a state of balance between stimulation and a person's sensory, perceptual, and cognitive states proposes that an individual will adapt

in a way that awareness of the stimulus recedes, becomes minimal, and reaches an adaptation level. The point at which the adaptation level is reached differs in individuals. The Press-Competence model offers insight into how the perception of control differs based on one's needs or the demands encountered in the environment and the resources or competencies different people have to call upon. Resources such as social support and self efficacy both influence the perception of control.

Wallhagen (1998) examined theoretical perspectives in an effort to further reframe the perception of control. The author proposes that a sense of control is an interactional process which occurs between "individuals and their meaningful environments." Although others have made this connection (Lawton & Nahemow, 1973), Wallhagen's model also provides a framework that assesses for positive or negative social determinants (1998).

Wallhagen developed the Perceived Control Theory, through the review of the literature, and argues against the limiting aspects of Social Learning Theory (Rotter, 1982) when studying older adults. Wallhagen argues that locus of control and Social Learning Theory is limited in older adults who have had a lifetime of socialization, a wide range of experiences, and are less likely to encounter unknown situations which require learning and the development of new plans. However, Wallhagen acknowledges that researchers have used a very narrow range of the full social learning theory espoused by Rotter. "Researchers moved from the generalized expectancies to more specific situations where prediction might be more readily appreciated" (Wallhagen, 1998). Although, social learning theory has proven utility in adolescents (Lambert et al., 2004), who must frequently encounter unique experiences in the environment, in older adults the

amount of experience the individual has already had with a given situation is confounding, and renders Social Learning Theory an unreliable predictor of outcomes in research studies (Wallhagen, 1998). At the time of Perceived Control Theory's publication, there had been a lack of clarity on the construct of control. In an effort to separate the sense of control from factors that promote confusion "being in control", Wallhagen has proposed the reframing of perceived control from within a person-environment fit model (1998).

A descriptive and cross-sectional pilot study, "Perceived control and psychosocial/physiological functioning in African American elders with type 2 diabetes' (Wallhagen & Lacson, 1999) was undertaken. A convenience sample of 23 elderly (>60 y) African Americans with Type 2 diabetes was recruited from sites in northern California. The sample selection criteria included being (1) African American, (2) diagnosed with Type 2 diabetes, (3) >60 years old, (4) able to speak and understand English, and (5) willing to have interviews audiotaped.

Using the person-environment framework, Wallhagen developed the Perceived Control Questionnaire (PCQ-R). In the pilot study the reliability of the Wallhagen PCQ-R, derived from a person-environment perspective was assessed. In a sample of older African Americans the relationship between the PCQ-R and psychosocial and physiological functioning was examined and the author found that the PCQ-R was reliable and significantly related to physical and social functioning, physical and emotional role involvement, mental health, vitality, and general health perception as measured by the MOS-36 (Wallhagen & Lacson, 1999).

The authors' findings from the pilot study on perceived control derived from a

person-environment perspective helps to inform us about older African Americans and illicit drug use. The subjective nature of addiction has been described as the view from inside and is an acquired habit, composed of many levels. Long term older substance abusers correspond to Merleau-Ponty's level of expertise (Dreyfus, 1982), or the qualitative distinction of embodiment. Oddly enough, Merleau-Ponty describes embodiment as an acquired habit which is synonymous with skill. Attempts to discover the essence of the acquired habit of addiction must begin with an ontological approach which incorporates the situatedness or person-environment fit of older substance abusers of color. There are many factors that may be associated with the social construction of older African American's who use illicit drugs such as institutional practices and family adaptations but PCT offers insight into the nature of long term substance use. Although one might initially want to credit locus of control as a major factor and state that older African American's who use illicit drugs have little internal control, a closer look must examine the person-environment fit and perceived control experienced by long term substance abusers. Remember, that the "perception or sense of control derives from the interactions that occur between individuals and their environments, that these interactions are embedded in historical as well as present meanings, and that it is within such an interactive framework that the construct of control may be more clearly refined" (Wallhagen, 1998). Although Robert Merton, sociologist felt that some social structures exert pressure upon certain groups in the society to engage in nonconformist, sometimes deviant behavior rather than conformist conduct (Merton, 1968), the question that can be best answered here is not whether their addictions are lifestyle choices or the consequence of the way they respond to the environment, but whether they perceive

control in a sometimes hostile environment.

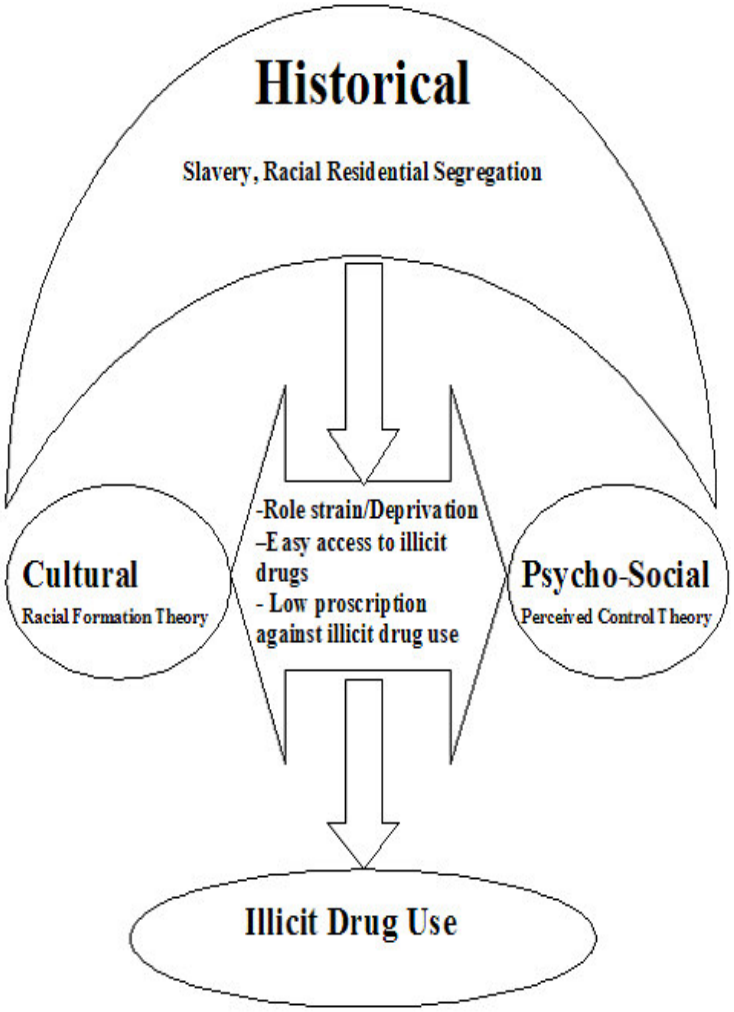
Sociological Theory for the Genesis of Drug Dependence:

A Theory of Drug Dependence Based on Role, Access to, and Attitudes towards Drugs

The sociological theory for the genesis of drug dependence suggests that the incidence of drug dependence will be high in groups in which there is:
1) Access to dependence producing substances, 2) Disengagement from negative, proscriptions about their use, and 3) Role strain and/or role deprivation. The non-tautological assumptions proposed by Winick are meant to be applicable to all forms of drug dependence and circumstances beyond the three assumptions relevant only in terms of how they affect the three prongs (assumptions) of his theory. The test of usefulness for any theory lies in its predictive ability, or its ability to help us understand a specific situation. Winick's parsimonious theory has retrospective and predictive usefulness. Retrospectively, an analysis of the experience of American Troops in Viet Nam (Robins et al., 1974) helps inform us of the utility of Winick's theory. In 1969 black participation in the war was 11%. Soldiers who served between September 1970 and September 1971 had high rates of drug initiation; nearly 35% initiated heroin use and approximately 20% became dependent during that year. Placed in Winick's framework, Winick found that the soldiers who served in Viet Nam had: 1) Access- Heroin was nominally priced and easy to secure, 2) Disengagement from negative proscription about its use- many natives as well as other soldiers were already using it, and 3) Role strain- homesickness, uneasiness associated with the nature of war and the lack of support in America for the war effort. Conversely, when they returned home 93% of those dependent in Viet Nam ceased their

use. Placed in Winick's framework, the soldiers who returned home dependent on heroin: 1) Found heroin inaccessible due to law enforcement efforts, 2) Strong disapproval and growing acceptance of the negative proscriptions about heroin use, and 3) Much less role strain. Additionally, a theory must show inter-connectedness between assumptions. If only two of the assumptions are met there must be a demonstrable reduction of its applicability. In the example of Army officers in Viet Nam who did not have the same high rates of addiction this can be demonstrated. Placed in Winick's framework, Winick found that the Army officers who served in Viet Nam had: 1) Access- Heroin was nominally priced and easy to secure, 2) Acceptance of the conventional negative proscriptions about heroin use, and 3) Much less role strain as they were likely volunteers in search of rapid promotion that is associated with battlefield assignments. However, in the framework above only one prong (assumption) was met and heroin was "largely ignored by the officers" (Winick, 1974). The organizing concepts in Figure 1 below lay a foundation upon which we may begin to seek information and to critically review the literature on African American substance abusers among whom epidemiological trends show have higher rates of illicit drug use than the rest of the population. Illicit drug use associated with race/ethnicity in 2005 showed a rate of 9.7 percent for blacks and 8.1 percent for whites (SAMHSA, 2005). Since most research indicates that drug use is initiated at a young age, drug use across the lifespan will be examined.

Figure 1 Pope Model of Historico-Cultural Psycho-Social factors associated with Illicit Drug Use in Older African Americans



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Chapter 2
An Exploration of Illicit Drug Use in Older African Americans
Linking Research to Practice

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An Exploration of Illicit Drug Use in Older African Americans
Linking Research to Practice

Issues of Illicit Drug Use Initiation

"And the end of all our exploring will be to arrive where we started and know the place for the first time." Four Quartets by T. S. Elliot [1943]

Introduction

Since most research indicates that drug use is initiated at a young age (Willengbring, 2006), drug use across the lifespan was examined. In the review of the literature the influence of the cultural and psycho-social factors that give rise to illicit drug use in some older African Americans is examined. The term African American refers to the predominant African American group and is defined here as the large group of Africans whose roots are embedded in slavery in America. The concept of African-Americans as a distinct group in the United States is grounded historically in their shared macro environmental contexts, historical sensibilities, and familial memories from that experience (Eyerman, 2001; Latif, 1994). Their ethnic discourse is the belief that since their entry into the Americas as an initially enslaved group, they have been and continue to be subjected to disparities (Eyerman, 2001). Overall, it is a sense of marginalization that when combined with institutional policies, environmental practices, and familial dynamics can lead to illicit drug use.

When compared to the general population there is a premature mortality or truncation of the lives of African Americans (Hayward & Heron, 1999). This truncation of life is a motivator to begin to understand the problems associated with African Americans at an age typically assigned to the middle ranges of life (age 51-63) in white

Americans (2000). Although, not the focus of this study, when age related changes are superimposed on this experienced disparity and marginalization it predisposes older African-Americans with substance use disorders to poor social, psychological, and health outcomes in the later stages of life, such as homelessness, mental illness, HIV, and hepatitis C.

Literature Review Search Strategy

This literature review is organized into two sections. The first section is a synthesis of current research related to the initiation of African Americans into illicit substance use from adolescence into young adulthood. The second section is a synthesis of current research on issues in African American adult illicit drug use from young adulthood into old age.

The Linking Research to Practice sections employed Pub-Med, CINAHL PLUS, and PsycInfo data bases. The Pub-Med, CINAHL PLUS, Sociological abstracts, and PsycInfo searches were limited to 1980 – 2009. Criteria for the searches were derived from Substance Abuse and Mental Health among Older Americans: The State of the Knowledge and Future Directions (Bartels *et al.*, 2005). This report analyzes substance abuse data by age and ethnicity and gives data about drug use among older African Americans, as well as other ethnic groups. Both MeSH terms and keywords were used. To conduct the search for the first section of the paper, an exploratory literature review *on adolescent OR teen OR young adult AND African Americans OR Blacks AND substance abuse OR illicit drugs OR cocaine OR heroin* with data limits regarding age and type of journal was accomplished and produced 234 findings.

To conduct the literature review for the second section of the paper, substituting *older for adolescent OR teen OR young adult* with data limits regarding age and the type of journal, produced 372 findings. The topics selected for review were consistent with topics covered in *Substance Abuse and Mental Health among Older Americans: the State of the Knowledge and Future Directions* (Bartels *et al.*, 2005). The topics chosen for search and subsequent review here are;

Section 1 Issues of Illicit Drug Use Initiation

a) Family
b) Environment

Section 2 Issues in Adult Illicit Drug Use

a) Maturing Out
b) Undetected, Unrecognized, and Untreated
c) Early onset/ Heroin
d) Late onset/Cocaine.

Family

Substance abuse is often referred to as a family disease because it affects not only the substance abuser, but everyone who comes in contact with it (CASA, 2005). The history of the Black family in America has been called miraculous, and a "movement from nothing to something" (Willie & Reddick, 2003), yet in some communities the use of illicit drugs has reversed this process and once vibrant communities are spiraling from something back to nothing. As in most population groups illicit drug use by older African

Americans has its genesis in adolescence and rarely does its inception occur after the age of thirty (Willengbring, 2006). The perceived drug norms and drug microsocial adaptations of family members experienced by these older African Americans during their adolescence plays a major role in their continued use. Psychological social learning theory informs us that "individuals learn from observing, modeling and imitating important others, such as family and friends" (Bandura, 1977, 1997). The search for risk factors in adolescent and adult African Americans has been ongoing (C. Boyd, 1993a; C. Boyd *et al.*, 1998; C. Boyd & Mieczkowski, 1990; C. J. Boyd, 1993b; Brunswick *et al.*, 1985; Burke *et al.*, 2001; Burton *et al.*, 1996; Farrell, 1992; Feigelman *et al.*, 1995; Guo *et al.*, 2002; Hanna *et al.*, 1994; Jurich *et al.*, 1985; Ondersma *et al.*, 2007; Pivnick *et al.*, 1994; Richter *et al.*, 1993; Russell *et al.*, 1996; Sickles & Taubman, 1991; B. Stanton *et al.*, 2004; Stewart, 2002; Townsend & Belgrade, 2000; Zambrana & Scrimshaw, 1997). Clearly, socially deviant behaviors such as illicit drug use undermine all social institutions, but the family is perhaps the most significantly affected (C. J. Boyd, 1993b). The studies below explore current literature on the influence of family on the initiation of illicit drug use by African Americans.

Townsend and Belgrade (Townsend & Belgrade, 2000) empirically tested for a positive relationship between personal identity and racial identity and found that both were significant predictors of drug attitudes. In this study, self-esteem and self-concept were merged because of the strong correlation between the two components of the self-system. One hundred and four gender balanced African American fourth-grade students were measured with the Children's Black Identity Scale, the Piers-Harris Self-Concept

Scale, a Drug Use measure, and the Attitude Toward Drug Test just prior to the students' enrollment in a substance abuse prevention program.

The researchers hypothesized that, 1) there is a strong positive relationship between personal identity and racial identity and 2) that personal identity and racial identity would significantly predict drug attitudes and drug use. For hypothesis one a correlation analyses was computed and a significant relationship between personal and racial identity ($r = .44$, $p < .01$) was made clear. A positive perception of one's racial group was significantly related to one's self concept and self esteem. For hypothesis two a stepwise multiple regression analyses using drug attitudes as the dependent variable and racial and personal identity as the predictor variables showed that personal identity ($p < .001$) and racial identity ($p < .001$) both significantly predict drug attitudes and that more favorable attitudes about the self was associated with unfavorable attitudes toward drug use. Together, the two predictor variables, personal identity and racial identity accounted for 25% of the variance in drug attitudes. Clearly, race matters, for when combined racial identity accounted for 20% of the variance in drug attitudes and only 5 % was accounted for by personal identity. Racial identity for Africans in America is particularly salient and children with a strong sense of racial identity are less likely to be involved in delinquent behavior, such as substance abuse. Study limitations were the use of a small convenience sample of voluntary participants in a substance abuse prevention program and the low rate of substance abuse among the volunteers. The illegal nature of substance abuse may also have prevented actual abusers from participating in the study.

This next study indicates that between the ages of 12-21 there is a high risk for initiation into illicit drug use and sexual activity. In the study the authors (Guo *et al.*,

2002) examined the effects of socioeconomic status, environment, family, and peer relationships on illicit drug initiation from ages 12 to 21 years. In 1985 a gender-balanced, racially diverse sample of 808 children (24% African American) were surveyed at age 10 and followed prospectively to age 21. The researchers conducted univariate analyses of sociodemographic data on the risk of illicit drug initiation. Four hierarchical models with predetermined factors were analyzed in the following order: (1) sociodemographic background; (2) sociodemographic background and family factors; (3) sociodemographic background, family factors, and peer factors; and (4) sociodemographic background, family factors, peer factors, and the initiation of alcohol, tobacco, and marijuana use. The risk for initiating illicit drug use rose steadily over the 11 year period, and peaked at age 21. Predictably, low family bonding, high family conflict, and high antisocial activities with peers contributed to a higher risk of initiation over the 11 year period. The researchers note that at age 15 the incidence of peers' antisocial activity rises. Strengths of this study include the snapshot of time frames specific to high risk which will allow clinicians and parents to optimally target their interventions.

In a cross-sectional study authors (Farrell, 1992) examined the relationship of 26 dichotomous risk factors for drug use in urban adolescents. Using data from a study of two cohorts of seventh grade students (cohort 2 the cross-validation sample, n = 1,416, AA= 89.1% and cohort 3 the derivation sample, n = 1,548, AA = 90.8%) found that 20 of the risk factors were related to at least one drug category in each sample. However, using stepwise regression analysis, eight of the 26 risk factors under examination explained 37% of the variance in gateway drug use. Variables such as, a) being home alone, b)

friends approve of drugs, c) friends use drugs, d) know adults who use drugs, e) feel pressure to use drugs, f) high involvement in delinquent behavior, g) low use of demanding activity as a coping strategy, and h) expect to use drugs in the future.

The strength of this study was the support it offers for the risk factor approach as having utility in identifying drug use variables in African American adolescents. Previous studies had been done with similar findings but had only small percentages of African American youth. As with other studies the authors found that gender was not a risk factor in and of itself, but that boys, because they have a larger overall number of risk factors when compared with girls, have higher rates of drug involvement.

However, the cross sectional design limits the interpretive value of the findings, because it is unclear whether the variables were causative or resultant in their relationship to drug use. Further, the illicit, and therefore illegal, nature of drug use may affect the validity of the self reports.

Sickles and Taubman (Sickles & Taubman, 1991) used data from the National Longitudinal sample of Youth to develop a model for who uses what drugs and at what age and found that when looking at variables such as age, mother level of education, father level of education, wage fixed effects, Hispanic, education, sex, Catholic, no religion, and Baptist, black youth were 120 percent more likely to advance from non-drug use to illicit drugs. While this study offers evidence of the high risk that African American youths face in initiating illicit drug use, the variable selection is narrow and ill-defined.

In an exploratory study, Boyd et al., (C. Boyd *et al.*, 1998) explored life-lines in "crack" cocaine use among African American women. From a sample of 208 African American women, 25 interviews were selected for life-line analysis. The researchers employed a stress-diathesis perspective, which is a model that stipulates that childhood vulnerabilities lead to a diathesis that in turn, makes the person susceptible to drug use and other psychopathologies in adulthood. The researchers focused their attention on factors that may contribute to the initiation and maintenance of a woman's crack-cocaine abuse. An important assumption of the diathesis-stress conceptualization is that childhood vulnerability is often the result of adverse situations faced as a child such as parental drug use, psychopathology, or deaths (family or significant others) which could expose the child to stressful situations. This adverse type of childhood leads to a diathesis that makes the person susceptible to future maladaptive behaviors in adulthood. They examined the lifelines for evidence of traumatic events and hypothesized that women exposed to such childhood trauma would be at higher risks for illicit drug use throughout the lifespan.

Two major findings of the life-line analyses were 1) women with no history of childhood trauma fared better than those that had experienced adversity in childhood and 2) regular crack use typically began within three years of a stressful event. Interestingly, in addition to these findings the demographics showed that intergenerational drug use was heavy among family members and ranged from 34.7% for the mothers to 63.4% for male siblings.

Although this model has utility, the idea of the sex of an individual being associated with a "vulnerable hereditary predisposition," which is a hallmark of this

theory, is problematic and assigns limitations to nearly half the population based on gender. Another major limitation of the stress-diathesis perspective is the lack of accountability for confounding adult encounters, such as a new friend who is involved in a drug lifestyle and the motivation this might provide for initiation into the drug lifestyle.

Burton and colleagues (Burton *et al.*, 1996), examined three questions about the effects of role socialization on the initiation of cocaine use: (1) what are the effects of adult social roles on the initiation of cocaine use? (2) What are the effects of the life-course timing of entry into adult social roles on the initiation of cocaine use? (3) What are the effects of life-course timing of the initiation of other drugs on the initiation of cocaine use? The authors hypothesized 1) that socialization via any one of three (or combination of the three) adult social roles (marriage, parenting, and employment) would have a direct, significant effect on the initiation of cocaine use, 2) that adolescent predisposing factors would have no direct effect on the initiation of cocaine use, 3) that adolescent predisposing factors such as gateway drug use would have indirect effects on the initiation of cocaine use, 4) that the social control effects of role socialization will be limited when a social role is not entered on time, e.g., married early or married late and 5) that the positive effect of role initiation of cocaine use will increase when use of drugs other than cocaine is not initiated on time. The data were from a national probability sample of men aged 42-52 (N = 1,933). Respondents were asked “Have you ever used cocaine?” and if so, “In what year did you first use cocaine?” Results indicate that when considered alone, 1) the marital role decreased the initiation of cocaine use, 2) acquisition of the employment role increased the initiation, and while 3) parenting was a detriment, it

was unexpectedly insignificant. Additionally, late entry (late onset) in the drug use roles was more often associated with cocaine initiation.

Environment

The environment consists of the physical and social settings in which we live. Researchers reason that the social environment is associated with disease and mortality risks beyond the individual proximate risk factors and is a fundamental cause of racial disparities in health and influential in disease processes (Bates & Labouvie, 1997; Brunswick et al., 1985; Collins *et al.*, 1998; Dembo *et al.*, 1994; Feigelman et al., 1995; B. Johnson et al., 1990; Krieger, 2003; S. Lambert *et al.*, 2004; X Li & Feigelman, 1994; X. Li *et al.*, 1998; X. Li *et al.*, 1999; Lillie-Blanton *et al.*, 1993; Maddahian *et al.*, 1988; Saxe et al., 2001; Storr *et al.*, 2004; C. Williams & Latkin, 2007; Zimmerman & Maton, 1992). One of Krieger's (2003) 5 key pathways through which racism becomes an ecosocial factor is through "targeted marketing of commodities" such as psychoactive substances which includes illicit drugs.

Lambert et al., (S. Lambert *et al.*, 2004) investigated the association between perceived negative neighborhood characteristics and later substance use among urban African American adolescents (n = 521). The researchers hypothesized 1) that violence and drug activity were a result of lower perceived control and contingency, lower perception of drug risk, greater approval of drug use, and greater use of tobacco, alcohol, and marijuana, and 2) the perception of neighborhood safety would have just the opposite effect. The interest was in the relationship between the control related beliefs; perceived control-perceived contingency and development of drug activity. While, perceived control refers to an individual's beliefs that they have the ability to achieve desired

outcomes, perceived contingency is related more to the general relationship between all behaviors and outcomes. Perceived control was assessed with the Multidimensional Measure of Children's Perceptions of Control (Connell, 1985), a 24-item measure of beliefs about the reasons for the causes of events; whether the events are under internal control or the control of external sources. Nearly 1,300 children (8-14 years old) provided responses that were used in the construction, standardization, and validation of the Multidimensional Measure of Children's Perceptions of Control. Violence, safety, and drug use were the latent constructs under examination, and structural equation modeling was used to examine their hypothesized relationships. As expected, higher control-related beliefs (perceived control and perceived contingency) were associated with less substance use.

Researchers (C. Williams & Latkin, 2007) investigated the effects of neighborhood disadvantage and network factors on heroin and cocaine use among a largely African-American adult sample in Baltimore, Maryland. The study employed a cross-sectional, multilevel design with data taken from 1) the SHIELD Study, a network-oriented HIV intervention in the city of Baltimore and 2) the 1990 U.S. Decennial Census. The sample consisted of 1305 adults from 249 neighborhoods in the city of Baltimore. They found that neighborhood poverty was significantly associated with cocaine and heroin use.

Storr and co-authors (Storr *et al.*, 2004) labeled the likelihood of contact with drug dealers as an unequal opportunity when they examined subgroups of people living in disadvantaged neighborhoods compared with persons living in more advantaged areas. The researchers collected data from a cross sectional (n = 25,000) survey of the 1998

United States National Household Survey on Drug Abuse (NHSDA). The NHDSA is a nationally representative sample of persons aged 12 or older (excluding those institutionalized) that was drawn using stratified, multistage area probability sampling. Neighborhoods were selected in the following order: metropolitan areas, counties, groups of counties, cities, then finally divided into area segments of housing units that are referred to as neighborhoods. Determination of a recent drug purchase opportunity was confirmed by asking respondents: "In the past 30 days, has anyone approached you to sell an illegal drug?"

They found that residents of the most disadvantaged neighborhoods had an estimated 2.2 times greater opportunity to obtain drugs (95% CI = 1.7 to 2.7, $p<0.001$), than residents living in more advantaged neighborhoods and that African Americans were at a 4.2% greater risk of such an interaction than Whites. The authors acknowledge the limits of cross-sectional studies to discern social selection and social causation, but posit that the event of a drug purchase opportunity can be located within the larger macrosocial context associated with disadvantage.

Issues in Adult Illicit Drug Use

Maturing Out

Overall, considerable concern has been given to the health care needs of an aging population (Ai & Carrigan, 2007; Crews & Zavotka, 2006; Dickerson, 2007; Garrett & Martini, 2007; Peate, 2007; Strunk *et al.*, 2006; van Bilsen *et al.*, 2006; Wilson & Truman, 2005). However, there has been a lack of planning for expected increasing numbers of older substance abusers, due perhaps to the idea of maturing out (Winick,

1961). The maturing out theory posits that as addicts age they mature out of their addictions. Winick developed this theory after an examination of the Federal Bureau of Narcotics (FBN) records indicated that 7,234 former drug users stopped appearing on those records after the age of 38. Although Winick's (1961) research focused on narcotic addiction, his attempt to make clear the factors associated with the cessation of narcotic use led gerontologists to accept his theory as applicable for all forms of elder addiction. The FBN's examination indicated that known users stopped appearing on those records as they became older. The FBN determined that the average age at which they became inactive (stopped appearing on the records) was 35.1 and their average length of addiction was 8.6 years. Winick felt that the figures suggested that there was a large concentration of persons over 35 who ceased narcotic use.

This phenomenon was identified as maturing out of narcotic addiction. It was speculated that, as the stresses of adolescence became less problematical and the drug user felt less threatened by those stresses, he would stop taking narcotics. From this Winick speculated that addiction was likely a self limiting process for a large number of addicts.

The scientific community has traditionally been very resistant to change, but when Winick made his discovery on maturing out it was not incommensurable with the previously long held theory that most addicts would not survive into old age. He reasoned that some died, but that most matured out of drug addiction (Winick, 1961). Winick's objectivist view expressed in reductive terms led to inchoate conclusions, and subsequent studies have suggested that addicts stopped appearing on the FBN records as they aged, not because they stopped using drugs, but because they became more adept at keeping it

hidden (Capel, Goldsmith, Waddell, & Stewart, 1972; Capel & Peppers, 1978; Hser, Anglin, & Powers, 1993; Maddux & Desmond, 1980; O'Donnell, 1969). In a study on the aging narcotic addict, researchers found Winick's maturational hypothesis had predictive problems (Capel et al., 1972). They found that the social adaptations of age coupled with addiction resulted in less overt drug seeking behavior. They also concluded that many individuals between the ages of 45 and 75 had not stopped using but had learned to divert attention away from their illicit drug usage (1972). Although drug abuse among the older population is not a new phenomenon, perhaps because of Winick's study there was less research into the phenomenon between 1961 and 1972.

Undetected, Unrecognized, and Untreated

Anderson & Levy (2003) explored the influence of ageing and social change on the creation of marginality among a sample (96% African American) of injection drug users (IDU) over age 50, who have been IDUs since their youth. Robert Park and his classical study on marginality and bi-cultural straddling inform this study. In-depth interviews with 40 (28 male and 12 female) not-in-drug-treatment, active injecting drug users between the ages of 18 and 68 provided the data. The sample was recruited from a converted storefront in a high crime, economically depressed neighborhood on the west side of Chicago. The researchers found that as the IDUs aged, they continued to "use" but moved from center positioning in the illicit drug culture to the margins where they participate largely unseen by others. Although limited by a cross-sectional design which cannot discern what came first – marginality due to IDU or social change in later life - it is important because it shows that IDU does exist among older persons and must be assessed for by nurses.

An ethnographic study (Schensul, 2003) examining older African American males living alone in low income senior housing in lower socioeconomic neighborhoods found that they were at risk to engage in unprotected sexual intercourse, sex with commercial sex workers, casual or multiple partners, regular use of alcohol and/or illicit drugs, and other high-risk activities that expose older residents to HIV, sexually transmitted diseases, and other negative health consequences. Schensul's study was a look at a population not often associated with illicit drug use. Often illicit drug use in this population goes undetected.

Rivers study has presented the scientific community with data on cocaine use and older persons (Rivers *et al.*, 2004). The purpose of this study was to determine the prevalence of cocaine use in a population of elder patients presenting to an inner-city academic emergency department. The study was conducted over a six month period in the emergency department (ED) of an inner-city, academic facility in Detroit, Michigan. All individuals 60 years or older who presented to the ED for any reason were eligible for inclusion in this study. A total of 5,677 visits (patients) met the criteria for age, and 911 (16.0%) visits that had urine samples obtained were enrolled in the study. The urine samples were tested for an emergency toxicology panel which included cocaine. The researchers found a prevalence of cocaine use of 2.0% among the 911 people whose urine was tested, which is greater than three times the 0.6% rate for all illicit drug use estimated by the National Household Drug Survey in America for the same age group. Sample selection is the main flaw in this study. This sample of people was biased due to the over represented number of African Americans (831 out of 911), did not control for health insurance status and certainly no generalizations can be made to the overall population of

older African Americans. The African American population for Wayne County, Michigan approaches one million, which is greater than 40% of the total population of the county, which is well above the national percentage of 12.9%. It is well documented that the chronic homeless have overtaxed the emergency rooms of large urban areas and that substance abuse and mental disorders are associated with this population (Padgett DK, 1991). The conditions in participant characteristics may have been confused with effect in this blinded observational study. The title and focus of the study was misleading and the study would have been more appropriately named 'Cocaine use in African American elder patients presenting to an inner-city emergency department.' Had the inclusion criteria been "African American patients 60 years or older who presented to the ED for any reason" and one of the descriptive variables was "homeless", it would have strengthened this study. However, it does illustrate the high use of illicit drugs among older "homeless" African Americans and underscores the poor rates of recognition for illicit drug use in older African Americans.

The authors of this next illustrative study (Weintraub *et al.*, 2002)) describe the demographic and substance use characteristics of older adults evaluated by a hospital-based substance abuse consultation service in Toronto, Canada during a 6-year period and compared them to younger adults evaluated by the service. They found that 9.6% of those patients age 18–59 who were hospitalized received a substance abuse consultation while only 1% of older adults admitted to the hospital were referred for substance abuse consultations. Their results suggest that once admitted (in-patients) for other problems, when compared to younger patients, substance use disorders in elderly patients are likely under diagnosed and under treated in the hospital setting.

There are many forms of substance abuse other than cocaine and heroin, such as alcohol, marijuana, methamphetamines, tranquilizers, sedatives, hallucinogens, and PCP. However, in 2005, blacks who smoked cocaine were admitted for treatment at a rate almost four times greater than whites (23.6% to 6.5%) and blacks who used heroin also had higher admission rates; almost 3 percentage points (14.4% to 11.8%) than were whites (SAMHSA-OAS-TEDS, 1992-2005). Marijuana use was also higher among blacks admitted for treatment than were whites (20.9% to 13.9%), but is not included in this review with cocaine and heroin which have poorer health and social outcomes (Rivers, et al, 2004; Wang, M., Collins, C., Kohler, C., DiClemente, R., & Wingood, G., 2000). The literature below synthesizes what is known about African American adults who use illicit substances. Since most long term illicit drug use can be attributed to heroin and most late onset drug use in this population is associated with cocaine it will be explored from those perspectives.

Early onset/Heroin

Many of the heroin generation (Kinlock *et al.*, 1998) of young blacks who became addicted to heroin in the late 1960s have, as Winick suggested, "Matured out" of their addictions while others availed themselves of various treatment programs and are no longer actively involved in drug lifestyles. Yet, there persist a substantial number of older blacks who are injection drug users (Anderson & Levy, 2003; Boeri, 2004; Bourgois *et al.*, 2006; Brennan *et al.*, 2002; Gfroefer et al., 2003; Gurnack & Johnson, 2002; B. Johnson et al., 1990; Maremmani et al., 2007; Rosen, 2004; Schensul *et al.*, 2003; Smyth *et al.*, 2007) which is evidenced by the high rates of HIV among older black IDUs (CDC, 2003; S. D. Johnson *et al.*, 2007; Sterk et al., 2003).

One longitudinal, prospective study beginning in 1962 followed a cohort of 581 male heroin addicts (55.6% or 323 Hispanic, 36.5% or 212 White, and 7.9% or 46 African American) in California for more than 33 years (Smyth *et al.*, 2007). As an indication of early initiation and the long term nature of heroin addiction, more than 60% of this sample started using heroin before age 20 years. The sample was selected from men admitted to the California Civil Addict Program (CAP) between 1962 and1964. The CAP was a mandatory drug treatment program for heroin-dependent criminal offenders. By 1997, 282 subjects (48.5%) had died and were confirmed so by death certificate. The purpose of this particular examination into the remaining cohort of long-term heroin addicts was to determine premature mortality in terms of years of potential life lost (YPLL). The YPLL before age 65 years was calculated by causes of death among Whites, Hispanics, and African Americans. Surprisingly, researchers found that premature mortality was higher among White and Hispanic addicts when compared to African American addicts.

Some researchers (Bourgois *et al.*, 2006; Ciccarone & Bourgois, 2003) employed both quantitative and qualitative methods to explore the impact of ethnicity on intravenous drug users (IDU). Heroin addicted men 45 years of age or older, that were involved in two studies in San Francisco, California and who self-identified as either African American or white were included in the study. The quantitative or epidemiological data was drawn from the Urban Health Study (UHS) conducted by the University of California, San Francisco from 1987-2002. The qualitative or ethnographic data was collected by a physician member of the research team trained in both quantitative and qualitative methods.

The researchers found that the groups stratified based on race. The ethnographic findings concluded that African Americans saw themselves as "successful outlaws" and strove to maintain ties to conventional society while whites saw themselves as "destitute outcasts," maintained few ties to conventional society and seemed to think of themselves as "sick." Additionally, African Americans from an epidemiological standpoint were less likely to report that they were homeless than their white counterparts (60% versus 72%).

The data from this study draw attention to the need for nurses to understand the historical and institutional influenced behavior patterns that ethnic minorities employ to better provide culturally sensitive management of their illness states. However, the call for racial understandings to become a subset of ethnicity seems a bit premature as African Americans of all ethnicities are initially identified by their skin color. One of the strengths of this study was the cross methodology, wherein the qualitative findings informed the quantitative approach and the quantitative findings led to theoretical sampling.

Late onset/Cocaine

Prior to 1991 there were no documented cases of cocaine use among older persons.

Although the incidence of cocaine use among the elderly is rare, it is on the rise (SAMHSA-OAS-TEDS, 1992-2005) and clinical management will be challenging. To alert clinicians and the research community of the risk of cocaine abuse among older persons, researchers (Kausch, 2002; Kouimtsidis & Padhi, 2007; Nambudiri & Young, 1991) have begun documenting case studies of late onset use of cocaine and crack cocaine.

The first documented case study (Nambudiri & Young, 1991) examines a case of crack addiction developing for the first time in an older person. At the time of its publication no other cases had been previously reported. The 64 year old subject of this report had a history of alcohol and marijuana use and had begun using crack cocaine six months prior to his hospitalization for treatment. The case study clearly documents his usage and poor clinical outcome, but little attention is given to the underlying social factors that may have contributed to his crack cocaine use late in life.

Kouimtsidis & Padhi (2007) present a case of late-onset dependence on cocaine and crack. This is a case study report of a 72 year old male patient who presented to a community substance misuse service with high levels of cocaine (and later crack cocaine use) and who has repeated periods of relapse after treatment. The report details the consequences to the patient and his family. This study reinforces the need for nurses to assess older persons for substance abuse.

This next case study (Kausch, 2002) reports on three different examples of cocaine use in older persons. However, two were chronic poly substance users and only one was late onset cocaine use and is examined here. In the example of late onset cocaine use, a 75 year old male patient experiencing developmental stresses encountered by the elderly seeks companionship after the death of his wife. In his search for female companionship he located and began using an escort service. The escort service provided the subject with a 33 year old female companion with a history of crack cocaine use. His involvement with the 33 year old female companion led to his subsequent addiction to crack cocaine.

The abuse of cocaine in its many forms is generally associated with people under the age of 55. However, the incidence of cocaine use in older African Americans is rising (DHHS, 2007) due to a myriad of social factors (W. A. Johnson & Sterk, 2003; Pope *et al.*, 2007), but little research has been done that focuses on social factors. W. A. Johnson & Sterk (2003) explored late-onset crack use among midlife and older adults as an emerging risk factor for HIV infection. The authors present data drawn from qualitative and quantitative data on illicit drug use in a subsample of 27 black males (mean age, 56 years) who began using crack at the age of 50 or older and 40 (race was not detailed) females who started using crack at the age of 35 or older. Ethnographic observations, descriptive statistics and the constant comparison method common in grounded theory analysis were employed to develop a typology of late onset crack users.

Among the men in the study, three types of users emerged from the data: former Injection Drug Users who transitioned from heroin to exclusive crack use; alcoholics who initiated crack use at an older age; and men with no history of substance abuse. Those that transition from heroin to crack use reported several reasons, such as crack being more accessible and less expensive than heroin. Alcoholics who initiated crack use at an older age reported often that they were introduced to the drug by younger crack addicted females. Similar to the alcoholics, the trajectory of the men with no history of illicit drug use involved befriending a young woman and later discovering that she was a crack user. Often these men were married and as their drug use increased they experienced the loss of marriage, family relationships, homes and jobs. Actually, a common theme in the men's narratives in each typology was the introduction to crack by younger female sex partners.

Among the older women in the study, two types of users emerged from the data; women who never used illicit drugs and had no history of close friends or family being involved in a drug lifestyle; and women who never used illicit drugs but who had indirect exposure to drug use through close friends or family. A common theme in the women's narratives was how they perceived themselves as violators of societal norms because they started using illicit drugs late in life.

The acknowledgement that long term use and late onset use have unique presentations has implications for nurses when there is admitted illicit drug use. The lab panel for a long term, likely poly-substance abuser will differ considerably from a late onset cocaine user who may not have yet been tested for HIV and Hepatitis C.

Pope, Wallhagen, & Davis (2010) report the findings of a qualitative study titled Older Substance Abusing African American Baby Boomers. Grounded Theory (GT) methodology, as described by Corbin & Strauss (1990), was employed to guide the research and data analysis. Instruments included the researchers, participant observation, a semi-structured interview guide and a digital voice recorder. The semi-structured interview contained open ended questions designed to gain an emic viewpoint of the processes associated with illicit drug use among this population.

Three themes emerged from the data that appear especially salient for this population; Family, Media Images, and Institutional Societal Neglect. A history of a close family member with a substance use disorder was the most mentioned facilitator into street drug use and conversely, the possible loss of family relationships related to continued use of street drugs was the most often mentioned positive factor for entrance into

rehabilitation. Respondents also identified several dimensions of media images that portrayed Black culture and influenced Black baby boomers to use street drugs: Harmful one-dimensional characterizations surrounding criminal culture/drug culture lifestyles. Additionally, there was mention of institutional societal neglect of Black neighborhoods as a factor.

Study limitations include the small size and lack of gender balance within the sample. Further data would strengthen how best to employ study findings in nursing assessments of at risk AAs. Additionally, no follow-ups were allowed due to privacy concerns associated with illicit, therefore illegal substance use. However, theoretical sampling was employed to further develop emerging themes.

In general, the respondents' experiences draw attention to the need to refine the field's theoretical understanding of the underlying social factors associated with, illicit drug use among older African Americans and its consequences. The varied core issues of substance abuse will mandate an interdisciplinary approach.

Summation: Critique of the Literature

Family Matters

Although this review falls short of the appeal for a review that integrates a bio-cultural understanding with a socio-cultural approach (Hunt, G, & Barker, J., 2001) there are elements of both. The correlation between children of illicit substance abusers and future illicit drug use by these children has been studied and informs us of the role emulation plays in beginning illicit drug use in African American adolescents. However, little has been written on the degree this correlation has with long term use or late-onset use of illicit substances by the children of illicit substance abusers. Long term use is associated with heroin

and late onset use is associated with cocaine use. In long term use, African Americans had lower mortality rates than whites and viewed their substance use as an escape from poor circumstances rather than the opposite view held by white long term users of illicit drugs, who viewed themselves as having fallen from grace into poor circumstances. Late onset substance abuse is associated with cocaine and is rare but the numbers are rising. Late onset cocaine use among older African American males who befriend younger females who introduce them to the drug has been documented in several case studies. The context of having a family member with a history of illicit drug use seemingly makes addiction a more acceptable option which may lead to long term use into old age or beginning use of illicit drugs in old age. Low family bonding, high family conflict, and high antisocial activity with peers among African American adolescents are markers for beginning risky behavior, such as, illicit drug use. Although African American adolescents are at a high risk to go from non drug use to illicit drug use, a strong sense of racial pride instilled by parents can act as a barrier against beginning risky behaviors. Among African American women the beginning use of crack cocaine is often preceded by a stressful event, and entrance into the social role of marriage decreases the initiation of crack cocaine use for both sexes. The potential loss of family is a motivator for ending drug use in old age.

Environment is Key

The sociologist and drug researcher Charles Winick's Maturing Out theory may have led to the dearth of research on illicit drug use among older persons for a decade in the sixties. However Winick's three pronged sociological theory for the genesis of drug dependence on substances has utility in understanding illicit drug use in older African

Americans. The three pronged theory suggests the incidence of drug dependence will be high in those groups in which there is:

1. Access to dependence-producing substances;
2. Disengagement from proscriptions against their use; and
3. Role strain and/or role deprivation (Lettieri, Sayers, & Pearson, 1980).

Clearly, all three conditions exist in Black communities designated as lower socioeconomic areas. African Americans from lower socioeconomic areas are more likely to begin use, and have a 2.2% greater opportunity to obtain drugs than someone from a more advantaged area. In general, there is a need to refine the field's theoretical understanding of the social construction of/and underlying of social factors associated with substance abuse among older African Americans. Older African Americans will face a myriad of undesirable social, psychological, and health outcomes in the later stages of life, such as homelessness, mental illness, HIV, and hepatitis C. There are multiple forces involved in the construction of older African American (AA) substance abusers. The core issues of substance abuse, such as the environment and larger societal forces, cannot be addressed by one discipline and mandate that clinicians move to an interdisciplinary approach. There must be a concerted effort from many disciplines to achieve a plan of care for this growing population.

Gaps and Implications

As previously stated epidemiological trends show higher rates of illicit drug use among this population yet there is a paucity of research on the root causes. Illicit drug use associated with race/ethnicity in 2005 showed blacks are 1.6% more likely to use illicit substances than their white counterparts (SAMHSA, 2005). It was also acknowledged

that traditionally, health-related studies focus primarily on proximate risk factors, such as the connection between drug use and poor health outcomes and rarely explore the social factors that lead to the maladaptive behavior associated with poor health-related outcomes (Link & Phelan, 1995; Phelan *et al.*, 2004). Many of these studies are derived from cross sectional data that is inherently weak in establishing causal order and lack gender balance and age specificity.

When compounded by advancing age, race, and illicit drug use, the general lack of gender balance is especially troubling given the social factors women face in everyday life. The available research suggests that social realities related to substance abuse are notably different between genders. Clearly, misogynistic beliefs have placed women at a disadvantage in social position and this is evident in women who use illicit drugs. Women who use illicit drugs are confronted with different social pressures such as violence and sexual abuse than are their male counterparts (Rosenbaum, 1981) and suffer disproportionately the negative social and health outcomes associated with illicit drug use (Pope, Wallhagen, & Davis, 2007).

The lack of research draws attention to the need for nurses to begin to understand the culturally specific social factors that lead to maladaptive practices in order to assist ethnic minority elders to maintain health and achieve longevity. Knowledge of negative social and environmental factors faced by ethnic minority elders should prompt health providers to assess for illicit drug use and when discovered, initiate appropriate interventions.

Conclusion

In the process of exploring illicit substance use in older African Americans through the review of the literature (ROL) and conceptual framework development, it was determined that epidemiological trends from government data bases show higher rates of illicit drug use among older African Americans when compared with older whites. The question that directs the inquiry of illicit drug use in older African Americans now asks: In what ways will an analysis of empiricism and human science contribute to understanding the phenomenon of substance abuse in older African-Americans? Empiricists will insist that if it exists it can be measured and there will be no argument over that point within the confines of this inquiry. However, constructionists would argue that such measurements offer little epistemological insight, only magnitude and that essence is subjective and must be gained from an emic point of view.

Although much of the qualitative research on substance abuse is atheoretical (Giorgi, 1994), given the myriad of potential undesirable social, psychological, and biological health outcomes, the care and interventions provided by nurses for older African Americans who use illicit substances must be theory-driven.

Significant knowledge gaps exist. The correlation between children of illicit substance abusers and future illicit drug use by these children informs us of the role emulation plays in beginning illicit drug use in African American adolescents. However, little has been written on the degree this correlation has with long term use or late-onset use of illicit substances by the children of illicit substance abusers.

In general, there is a need to refine the field's theoretical understanding of the social construction of/and underlying social factors associated with substance abuse among older African Americans. The core issues of substance abuse, such as the environment and larger societal forces, cannot be addressed by one discipline and mandate that clinicians move to an interdisciplinary approach. There must be a concerted effort from many disciplines to achieve a plan of care for this growing population.

Grounded theory, with its roots in sociology embraces the ideas of symbolic interaction, which focuses on the social actions and interactions of humans, their shared symbols and thus understandings of each other. This was relevant for my study of illicit drug use in older African Americans because in order to understand the varied experiences and perceptions, they must be viewed in context as meanings are continually shaped and reshaped as a result of social discourse. The main tenet of qualitative inquiry in the post modern era is the examination of the nature of knowledge and the post modernism perspective proposes that all knowledge is socially constructed (Clarke, 2005). Illicit drug use is a social construction.

Therefore, Grounded theory was the method of choice for investigating and understanding the basic social process associated with illicit drug use in older African Americans; and to begin generating theory (Speziale and Carpenter, 2003), because it seeks the intersection of why, how, when, and where, this observed phenomena will occur. The following paper, *The Social Determinants of Substance Abuse in African-American Baby Boomers: Effects of Family, Media Images, and Environment* is the result of my dissertation study findings.

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CHAPTER 3

The Social Determinants of Substance Abuse in African-American Baby Boomers: Effects of Family, Media Images, and Environment

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The Social Determinants of Substance Abuse in African-American Baby Boomers: Effects of Family, Media Images, and Environment

ABSTRACT

Purpose: A grounded theory design using interviews of 6 older African Americans was utilized to examine the social processes involved in the use of illicit drugs in older AAs as an underpinning to the development of approaches to nursing care and treatment. Responses to the questions were recorded and transcribed. Three themes emerged: (1) Family, (2) Media Images, and (3) Environment. The core issues of substance abuse, such as the environment and larger societal forces, cannot be addressed by one discipline and mandate that clinicians move to an interdisciplinary approach to achieve a plan of care for this growing population.

KEYWORDS: Older African American, Illicit Drugs, Family, Media, Environment

Introduction

In the year 2020 there will be approximately five million older Americans with substance use disorders (Gfroefer et al., 2003). A disproportionate number of these older Americans, almost half a million, will be of African descent. Age related changes, when superimposed on this experienced disparity and marginalization predispose this vulnerable population of older African-Americans to a myriad of undesirable social, psychological, and health outcomes such as homelessness, mental illness, HIV, and hepatitis C. Health disparities experienced by vulnerable populations are differential patterns of morbidity or mortality, and life expectancies (Smedley et al., 2008). The purpose of this paper is to present findings from a qualitative study that explored the social processes involved in the use of illicit drugs in older African Americans as an underpinning to the development of approaches to nursing care and treatment.

Background

The concept of African-Americans as a distinct group in the United States is grounded historically in their shared macro environmental contexts, historical sensibilities, and familial memories from that experience (Eyerman, 2001; Latif, 1994). Their ethnic discourse is the belief that since their entry into the Americas as an initially enslaved group, they have been and continue to be subjected to disparities (Eyerman, 2001). Overall, it is a sense of marginalization that when combined with institutional policies, such as the structural inequalities that have been reinforced historically that unofficially sanction white privilege such as ill equipped schools in African American neighborhoods (Page & Thomas, 1994), environmental practices such as racial residential

segregation (Clarke, 2005) and family dynamics such as patterned micro social adaptations can lead to illicit drug use. The incidence of substance abusing elders (55 & older) in the United States has been called an invisible epidemic (Blow, 2000), and the expected increase of all substance abusing elders in the United States in need of treatment will rise from more than 1.5 million in 2000 to almost five million in 2020 (Gfroefer et al., 2003). Although prevalence studies are difficult to obtain, the number of older African American substance abusers in 2020 is expected to be almost half a million based upon current population statistics (Gfroefer et al., 2003). In one study examining cocaine use among elders (n = 911, African Americans = 831) presenting at an inner-city emergency department researchers found a prevalence of cocaine use of 2.0%, which is greater than three times the 0.6% rate for all illicit drug use estimated by the National Household Drug Survey in America for the same age group (Rivers et al., 2004).

Further, these older African Americans are part of the large cohort known as "baby boomers." Birth cohorts, like the baby boomers, that have experienced high rates of illicit drug use in youth have shown higher rates of use and associated problems throughout the lifespan (Richards, 1981). However, while the majority of older substance abusers begin their illicit drug use while young, some begin in late life as a response to stressful experiences (Johnson & Sterk, 2003). The sociologist, Robert Merton believed that some social structures exert pressure upon certain groups in the society to engage in "nonconformist, sometimes deviant behavior rather than conformist conduct" (Merton, 1968). Racism, violence, and high rates of unemployment in the lower socioeconomic areas of the African American community would be examples of such pressures. Merton believed that these groups do not reject the cultural goals of society but reject the means

for their achievement, because these means are unavailable to them (1968). This leads to the marginality expressed by Park (1928) and the response to the pressures, which sometimes includes illicit drug use, by these older African American baby boomers.

The societal costs of substance abuse across all age groups are calculated in terms of violence, disease, and death. A specific related issue for the older African American is Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). African Americans make up 37% of persons 50 years and over diagnosed with HIV/AIDS. The Center for Disease Control suggests that sharing needles and trading sex for drugs are two ways that substance abuse can lead to HIV/AIDS and other sexually transmitted diseases (Center for Disease Control, 2003). The relationship between these issues lies in transmission; intravenous drug use (heroin) causes 30% of the contracted HIV/AIDS in older African American males. The use of crack cocaine is also a risk factor for the transmission of HIV/AIDS because of the high rate of unprotected sex associated with its use (Logan & Leukefeld, 2000; Wang, Collins, Kohler, DiClemente, & Wingood, 2000).

To date, the scientific community has done little to understand the issues that influence substance abuse among older African Americans. Yet society can ill-afford to ignore the use of illicit drugs by older African Americans, as this compounds the issues of failing health associated with aging and increases the costs to individuals, families, and society.

Relevant Literature

Drug abuse among the older population is not a new phenomenon. Natives of the Andean highlands have used cocaine for thousands of years in much the same way that coffee is used today (Musto, 1989a). In the United States, the legal unrestricted sale and use of cocaine and morphine continued unimpeded until federal regulation occurred following passage of the Dangerous Drugs Act in 1920 (Teff, 1972). However, by this time there were a reported 200,000 addicted Americans (Congress, 1964). In Britain prior to 1961, illicit drug use was recognized by health care providers as a problem amongst older people, and persons over the age of 50 were the largest group of users (Barton, 2003). However, following World War II there was an increased use of illicit drugs by younger adults, which was partly related to the counterculture that began developing in the 1950s with the beatniks and continued into the 1960s with the hippies. This counterculture engulfed the large cohort of people born between 1946 and 1964 (baby boomers) and signaled a large scale experimentation with illicit substances.

During the 1960s and early 1970s, many in the white baby boom cohort experimented with hallucinogenics such as marijuana and lysergic acid diethylamide (LSD). However, due to historical factors such as slavery, followed by exploitative labor practices on freed slaves (E. Williams, 1914), and the resultant institutional practice of racial residential segregation (D. Williams & Collins, 2001), the commercial activity and use of illegal drugs such as heroin and cocaine occurred in black neighborhoods before it became widespread elsewhere (B. Johnson et al., 1990). In order to better understand the life trajectory of older African American illicit drug users today, a history of illicit drugs in black America is essential.

As early as 1910, there were reports of white contractors supplying black workers with cocaine to increase their work productivity (Courtwright, 1983). Although Blacks and Whites both used cocaine, cocaine increasingly became negatively associated with Blacks in much the same way that opium was negatively associated with the Chinese (Musto, 1989b) and marijuana with Mexicans (Himmelstein, 1983). Musto called it the linkage of a feared group to an illegal substance. Such a linkage helps to stigmatize and further marginalize that group from mainstream society (Musto, 1991).

In 1914, the New York Times printed an article "Negro Cocaine Fiends: New Southern Menace" (E. Williams, 1914). Within the body of this opinion editorial, the author underscores the perceived threat that African Americans who used cocaine presented to southern society. Articles like this one, although accepted as truth by some, were generally dismissed by academia and Musto called them "fantasies fueled by White fear" (Musto, 1992). Oddly enough, in its summation, this diatribe against African Americans who used cocaine during the early part of the 1900s poignantly states that their cocaine use is "a new and terrible form of slavery upon thousands of colored men; a hideous bondage from which they cannot escape by mere proclamation or civil war" (E. Williams, 1914).

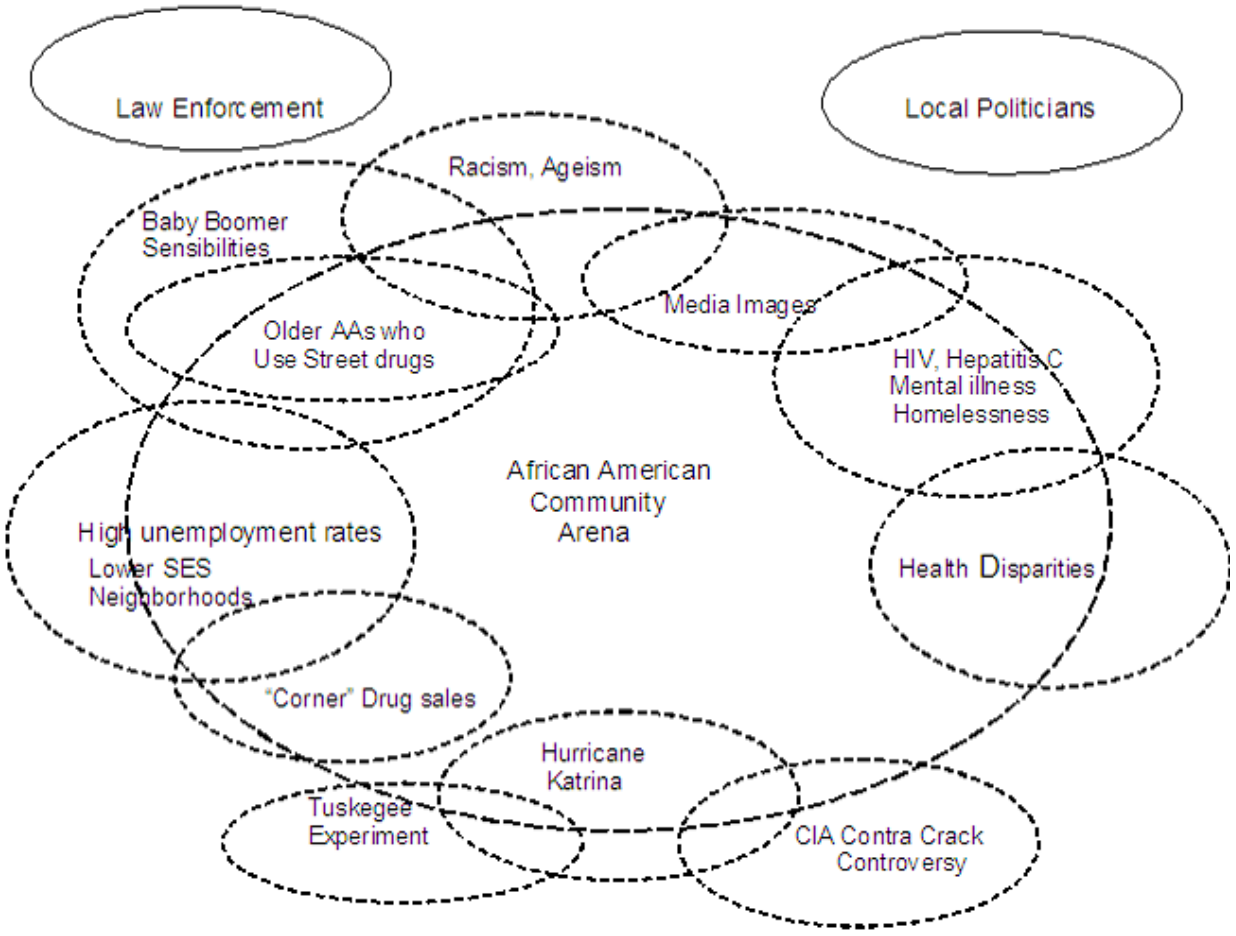
The Black struggle for equal rights in America saw small gains in times of America's armed engagement in the great wars. During the Civil War, for example, Blacks gained the rather dubious honor of fighting on the battlefield and the possibility of dying for the country. Coincidentally, morphine has been a battlefield drug since the Civil War. It was first used orally and later, after the invention of the syringe by Dr. Charles Wood between 1840 and 1850 (Berridge & Mars, 2004), it became injectable.

German manufactured heroin followed in 1874 as an erroneously perceived non-addictive alternative to the highly addictive morphine (Modell, 1957). War related injuries in the Civil War, both World Wars, and the Vietnam war that were treated with the analgesic morphine led to rising numbers of morphine and heroin addicted veterans, both Black and White (McCormack, 1988; M. D. Stanton, 1976).

Theoretical Framework

The purpose of this qualitative study was to explore the social processes involved in substance use among older African American street drug users who are presently in recovery. The philosophical underpinnings of W.E.B. Dubois and his writings on double consciousness (1903) and those of the Symbolic Interactionist, Robert Park, and his classical study on marginality and bi-cultural straddling (Park, 1928), provided the foundation for this study. Dubois' and Park's philosophical writings when applied to Winick's Sociological Theory for the Genesis of Drug Dependence (Letteieri, Sayers, & Pearson, 1980) offers great utility for understanding illicit drug use in Older African Americans. The Duboisian idea of double consciousness (DuBois, 1903) proposes that African-Americans view themselves through the lens of white American perceptions; an unequal relationship filtered through a history of African American slavery, segregated ill equipped schools and white privilege. This unequal relationship contributes to the marginalization of African Americans. Park defines marginality as "a man living and sharing in the cultural life and traditions of two distinct peoples; never quite willing to break, even if he were permitted to do so, with his past and his traditions and not quite accepted in the new society in which he now sought to find a place (1928, p. 355)."

Figure 1 Social Worlds Map Lower Socioeconomic Status African American Community



The sociologist and drug researcher Charles Winick's Sociological Theory for the Genesis of Drug Dependence (Letteieri, Sayers, & Pearson, 1980) suggests that the incidence of drug dependence will be high in those groups in which there is:

1. Access to dependence-producing substances;
2. Disengagement from proscriptions against their use; and

3. Role strain and/or role deprivation

Figure 2 Modified Ordered Situational Map

Figure 1 above is a Social Worlds Map of a lower socioeconomic status African American community similar to the neighborhoods that the respondents in this study lived in. Figure 2 above is a modified ordered situational map (Clarke, 2005) of factors influencing illicit drug use in this group of older African Americans, and it is clear that all three prongs of Winick's theory is present in this population of older substance abusing African Americans. Winick felt that the more prongs of his theory that is met, the greater the likelihood of use becoming dependence. If only two prongs, such as easy access and role strain exist but there is high proscription against use, there will be a lesser likelihood of use becoming dependence.

METHODOLOGY

Design

Grounded Theory methodology, as described by Corbin & Strauss (Corbin & Strauss, 1990), was used to guide the research and data analysis. Instruments included the researcher, participant observation, a semi-structured interview guide, a digital voice recorder, and Atlas.ti software. The semi-structured interview contained open ended questions designed to gain an emic viewpoint of the processes associated with illicit drug use among this population. The respondents were told the interviewers would be non-judgmental and that the purpose of the study was to gain a better understanding of why some older African-Americans use street drugs in order to learn about their personal experiences and thoughts surrounding the use of street drugs. Issues surrounding first use and final use, as well as motivators and barriers to seeking treatment such as, race, environment, politics, socio-economic status, and personal relationships were examined. The interest was to explore data as to why one begins illicit drug use and continues it into old age or begins it in old age; to find related concepts that prove to be theoretically relevant. Memos were written after each interview to document observations and record contextual impressions. Each respondent was paid $20.00 immediately upon conclusion of the interview. In order to maintain respondent's privacy follow-up interviews were not considered.

Sample

African Americans 55 years or older were recruited from a Northern California recovery program. One of the key issues in designating data sources involved privacy. A

flyer containing researcher contact information was posted in the educational building of the recovery center. To maintain respondent's anonymity in the case of a breach of confidentiality, the Committee on Human Research (CHR) approved a waiver of signed consent. Respondents were asked to provide only their first names when responding to the flyer and no identifying data was collected other than first name, age, and race.

Table 1: Demographics

Respondent	Age	Gender	Education
Subject 1	59	Male	High School
Subject 2	66	Male	High School
Subject 3	55	Female	College
Subject 4	73	Male	College
Subject 5	55	Male	High School
Subject 6	55	Male	High School

In-depth interviews of approximately 45 minutes in length with six older African Americans (mean age=62, five men, one woman) were conducted on site in private settings. All six respondents have been married and have children; two are still married. All six had been long-term users of illicit drugs intravenously. None of the respondents admitted to AIDS as a diagnosis, but all indicated that they were positive for Hepatitis C. Three of the respondents have worked as counselors at treatment facilities. At the time of each interview there were no indications of present drug use and all had been in treatment > 30 days. Educational levels ranged from 10th grade to two years of college.

Method of Analysis

According to Strauss and Corbin the goal of Grounded theory is to generate theoretical explanations about particular phenomena through the use of systematic data

collection from interviews, participant observations, field notes and other documents and then to analyze those findings (1990). Dimensions are first sought through open line coding. Open line coding is the process of developing categories of concepts, and themes emerging from your data. It is an open process in that one engages in exploration of data without making any prior assumptions about what might be discovered. One way this method is employed is through in-vivo coding, or assigning a code based on the actual text under exploration. Researchers then identify salient concepts from the generated data. Codes, which identify key points of the data, allow concept formation through categorization and basic social processes can be identified. This is followed by theoretical sampling to help further define the emerging data. Throughout the course of the data collection constant comparative analysis is employed; initially comparing data set to data set and then later comparing data set to theory.

In order to examine the social construction of substance abusing behaviors in older African American baby boomers the interview questions were framed around psycho-social, environmental, and political issues such as: life history, family, work, living arrangements, marital status, race/ethnicity, community/" hood," religion, gender, and racism. Notes were made before, during, and after each interview. Transcripts were read and reread, coded and results compared to help establish consistency of the data. The purpose was to uncover and systematically analyze complex phenomena hidden in text and observational data. The Atlas.ti software program was employed and provided tools to help locate, code, and annotate findings in primary data material, to weigh and evaluate their importance, and to visualize complex relations between them. Small-group analysis of codes by a team of six other Grounded Theory researchers added credibility to

the study. Common themes were identified and when uncovered, the properties of said themes through sub-categorization were recorded in the respondents own words. Member checking was not possible in the study due to privacy concerns and to maintain anonymity. Admittedly there were only six interviews, but the early unexpected emerging theme of media images was theoretically sampled for.

FINDINGS

Three themes emerged from the data that appear especially salient for this population; Family, Media Images, and Environment. Questions were asked to elicit responses related to the pressures experienced by this population and respondents identified two dimensions of family that influenced African American baby boomers involved in a drug lifestyle: negative influences that either signaled entry into a drug lifestyle or positive influences that facilitated an exit out of said lifestyle

Family

The theme of family and the possible loss of family because of continued use was the most often mentioned factor for entrance into rehabilitation. An in vivo code "fell into the trap" led to subcategories the rise and the fall. The fall signals an entry point into substance abuse and the rise a trigger for exit out of substance abuse.

The Fall

Respondent 1 expressed The Fall:

"The first time I contacted marijuana, I never knew what marijuana was. I began experimenting. I think what caused me to start, uh, using street drugs was the thing of wanting to be accepted, but it

was a change, a culture shock for me and, and, and that's what everyone was doing so I think that's what I started doing.

T, the second person interviewed had an older brother who was an intravenous drug user (IDU).

Respondent 2 expressed The Fall:

"You know I didn't like it. But later on in life, I got introduced to it and I fell in the trap. And my oldest brother tried to stop me. And I just said you know I was grown and I knew what I was doing, I could handle it. I remember it just like it was yesterday. And it hurt him. It was something he was doing and he fell in the trap. I guess it's just, you know, at the time we growed up and, everybody didn't fall into it, but a bunch of us did. It was just there."

Respondent 3 expressed The Fall:

E, the third person interviewed had a mother who was an IDU and an older brother who was both an IDU and he used cocaine in a smokeable form. E also acknowledges that the brother began his illicit drug use in late life due to life's stresses. E

"Yeah, my mother was an addict. I didn't know until I ran away from high school. It was well hidden. I have four brothers. The oldest one, he uses, he was the favorite. He was 65 years old. He

started using when my mother died. My mother has been dead for about 10-11 years. He's a mama's boy. He smokes crack."

Respondent 2 and 3 had a family member with a history of substance abuse and expressed greater severity of dependence and had poorer health outcomes than the respondents who did not have emulation as a factor. Those with no family history also expressed greater motivation to quit their illicit drug use and to maintain close family ties. Z, the first person interviewed had no family history of illicit drug use.

The Rise

Respondent 1 expressed The Rise:

Because actually, I think I sought treatment because I started seeing it destroying my life (pause) and I was fixing to lose my family."

The small day to day adaptations of these older AAs is influenced by larger societal forces such as family, media images and the environment. As noted before, Merton believed that sometimes deviant behavior rather than conformist conduct is the manifestation of such pressures (Merton, 1968). Influenced by the mainstream lens or "American Dream" but unable to engage society in the mainstream fashion they develop "other avenues" towards the "American Dream." The other avenues may include participation in illicit, therefore illegal drug activity which conflicts with the "American Dream" and leads to a dual consciousness (DuBois, 1903). This leads to the marginality expressed by Park (1928) and the various adaptations to external pressures by these older substance abusing African American baby boomers. The data from the qualitative study

suggest that close relationships and the context of those relationships are factors for continuing substance abuse into old age and in some cases beginning substance abuse in old age.

Relevant Literature

There have been numerous studies examining children of alcoholics (Heuyer, Mises, & Dereux, 1957; Rodney, 1996; Ullman & Orenstein, 1994) beginning with Heuyer's classical study in 1957. All of the cited studies suggest a relationship between family history of alcohol use and the entrance of offspring of these users into alcoholism themselves as adults. Rodney (1996) examined the literature for inconsistencies related to African-Americans, and Ullman (1994) looked at emulation as a factor. Although less has been done in relationship to heroin abusers and their children, (Bucknall & Robertson, 1985; Nichtern, 1973; Suwanwela, Kanchanahuta, & Onthuam, 1979) and even less for the relationship between cocaine users and their children (O'Brien & Anthony, 2005), the published literature suggests a relationship between family history of illicit drug use and the entrance of offspring of these users into illicit drug use themselves as adults.

Media Images

Respondents have identified several dimensions of media images that portrayed African American culture and influenced African American baby boomers: Harmful one-dimensional characterizations surrounding criminal culture/drug culture, negative characterizations, and comedic renderings. The media of film and television were the primary sources of influential one dimensional characterization, but literature and comedic renderings

also play a part. It is also apparent that two sub dimensions exist; external and internal influence. External influence refers to influence from a source outside the community such as filmmakers, television producers and news organizations. Internal influence refers to influence from within the community such as literature and comedic renderings.

One-Dimensional Characterizations: Film

Respondent 4 expressed media influence;

"Superfly, the movie, was, well what they did was popularize drugs."

"Any time you look up with a black movie, it's always in drugs. You know?"

From 1963-1975, when this cohort was between 16-24 years of age, they were confronted with more than a dozen black exploitation films. Black exploitation films had largely black casts and catered to black audiences. Many of these films had a central theme surrounding drug/criminal lifestyle. The following films fall in that category and were widely viewed by African American baby boomers. Chief among them was Superfly.

Television

Respondent 6 expressed media influence;

"Basically, back then there wasn't too many - I would say that was positive back then. Huh. That was black. Back in the Sixties, there wasn't many black people on TV to look at. Every time you turned on

> *the TV, you know, it was somebody white doing something. They didn't have - the only black person on TV back then, let me see who that was, Amos and Andy." "Well, they had Flip Wilson back then, but... you know, I didn't take him very seriously, you know? Couldn't take what he was talking about very seriously, a black man wearing a dress on TV."*

During this time period, television produced stereotypical images of African Americans as buffoons; Amos and Andy, and cross dressers; The Flip Wilson Show. The images produced on these two television programs were perhaps even more harmful than movies in their one dimensional depictions of African Americans delivered weekly to the nation. While very few outside the African American community saw African American exploitation films or read popular African American literature, many outside the African American community watched negative depictions on television without the benefit of fact based interactions and took them to be factual. The media forms our image of the world and then tells us what to emote about that image. Largely, everything we know about the world comes to us from movies, television, newspapers and the internet. Substance abuse is a significant problem in the African American community and media serves as a gatekeeper in the social construction of racialized others (Nairn, 2006). If media is the gatekeeper of the perception of racialized others one can reason that framing an event or issue in terms of race increases the likelihood that the event is understood in terms of race (Haider-Markel et al, 2007; Nelson et al., 2007). The image of African American behavior as deviant in the newspapers, on television, and in movies is socially constructive and detrimental. Granted, these two television shows were in no way

associated with drug activity in Older African Americans, yet however they were instrumental in negatively depicting and stigmatizing this cohort in terms of race.

1951-1961 Amos and Andy

1970-1974 Flip Wilson show

But, not all of the harmful images of African American baby boomers were external depictions; some were generated from within the community which sometimes made it appear less exploitive. African American author Robert Beck produced two widely read accounts of African American life that were negative characterizations. The publication of Pimp, the Story of Iceberg Slim (Beck, 1969) glamorized cocaine use and a drug lifestyle. This was followed by Trickbaby (Beck, 1971), which chronicles and glamorizes the life of an illegitimate offspring of a prostitute as he leads a criminal/drug lifestyle.

Comedic Renderings

During the baby boom generation the cultural mores surrounding drug use and drug experimentation had evolved into a more accepted norm (Leary, 1965). Richard Pryor was a popular comedian with a history of substance abuse, yet revered by many in this cohort. Pryor offered negative images, sometimes associated with illicit drug use, in a palatable style during the young adulthood of the baby boomer generation.

Respondent 4 expressed this form of media influence by noting,

"I really blame what's the comedian's name? Richard Pryor! Richard Pryor had the media, the African American and the White audiences

listening to him. He made it like it was fun and a joke. And people went behind it."

News; Television and Print

African Americans are seen all too often on the evening news as criminal elements; sometimes justifiable, sometimes not. The "Looting vs. Finding" phenomenon witnessed during Hurricane Katrina is an interesting example of media influence (Haider-Markel et al, 2007). In this scenario African Americans were described as criminals and Whites as scavengers when securing food by any means necessary during the hurricane and flood.

Respondent 5 was a Katrina survivor who tells a story related to the negative media images of poor African Americans that was witnessed nightly by the nation and one of its consequences.

Respondent 5 expressed negative media images:

"A black man was running from some other black dudes that was jumping on him, and beating him up. He's running and this was when they told us to stop there and wait for the buses to come. And he ran toward the police car. Before he got to the police car, police shot him."

Interviewer: "How do you feel about that?"

Respondent: *"Oh, it ain't a good feeling, but I'm looking at it, Man, and I talked to police. They were protecting themselves, 'cause we done tried to kill them, and they were scared, and so at that time that might have been justifiable. It's not a good feeling, you know, but him*

running to the car, the police not giving him a chance. I mean it was wrong, 'cause they, you know, they coulda gave him a chance to see what was happening, but then by him running to the car, they just opened fire on him. And that's it. He dropped right there and they threw something over his head. That don't feel good, to see, they just put a blanket over him and kept going. Up and down the street."

One can only wonder what the response of the police would have been if the man running had not been African American. This is a case of negative media portrayals in the daily news media influencing judgment. The officer was shooting at a criminal as described by the television and print news media. Theoretical sampling to further achieve depth in the developing category of media influence will be necessary.

Environment (Neighborhood Confinement)

This third category represents the response to why drugs are so prevalent in the African American community.

Respondent 4 expressed neighborhood confinement:

"Society didn't want black people coming together. So what did they do? They brought in every kind of drug that they could think of, illegal drugs and it ended up right here in the black neighborhood, and they gave a few people permission to distribute it. You had a 24 hour, 7 days a week drug house right there on the corner. You could buy any kind of drug that you wanted. And they had it where they thought if they did that, but what happened it seemed to me was that the White

administration thought that this is all that's gonna happen to the black people right here. But integration came along and, and it didn't stay right here in the jungle. But you could find every kind of drug you wanted in the jungle. Right here in this area. But the law got so bad. So people started moving out into communities selling drugs."

Respondent 5 expressed neighborhood confinement:

"You know, you got people out there, you know, standing on the corner, and they do it prevalently in New Orleans, selling drugs. Then on the next corner you see the police, they're right down the street. They might, be sitting there watching. They're gonna ride around and wait till you get so big, then they're gonna bust you."

Respondent 6 expressed neighborhood confinement:

"OK, basically it's like the Black Panthers. They got started here in the Bay Area, and they wanted to discredit the Panthers because they went to Washington, D.C. with those guns on their shoulder and stuff. So they wanted to get to them, so they started flooding our neighborhood with drugs, all types of drugs. They tried to just keep them in our neighborhood, but the people out of the neighborhood, they came into the neighborhood and buying them just like we were, and that's how it spread."

Discussion and Conclusions

As previously mentioned, the correlation between children of alcoholics and to a lesser degree, children of illicit substance abusers has been studied. However, little has been written on the degree this correlation has with lifetime use or late-onset use of illicit substances by the children of illicit substance abusers. This qualitative study on older AA and illicit drugs provides preliminary data suggestive that family matters throughout the life-cycle. Respondents 2 and 3 with family histories of illicit drug use show greater severity of usage and undesirable health outcomes. Two of the respondents with no family history of addiction were both recent counselors at rehabilitation centers and state family as a motivator for entrance into rehabilitation. These data suggest that the issues surrounding the phenomenon of elder substance abuse is influenced by close relationships. The context of having a family member with a history of illicit drug use seemingly makes addiction a more acceptable option which may lead to long term use into old age or beginning use of illicit drugs in old age. It is also suggestive that the potential loss of family is a motivator for ending drug use in old age.

It also seems clear that media images influenced these older drug users on the one hand by glamorizing a drug lifestyle in film and on the other hand by negative portrayals to the nation on television and in print of those involved in that lifestyle. This is perhaps the last cohort to be subjected to the harmful *external* effects of one dimensional characterization by the mass media over the course of their formative years and further examination of this as a factor in this cohort's deviant behavior is needed. The Amos and Andy show was so offensive to African American culture that the NAACP waged a campaign against the airing of this show and it was eventually banned from television (NAACP, 1951). Flip Wilson's cross

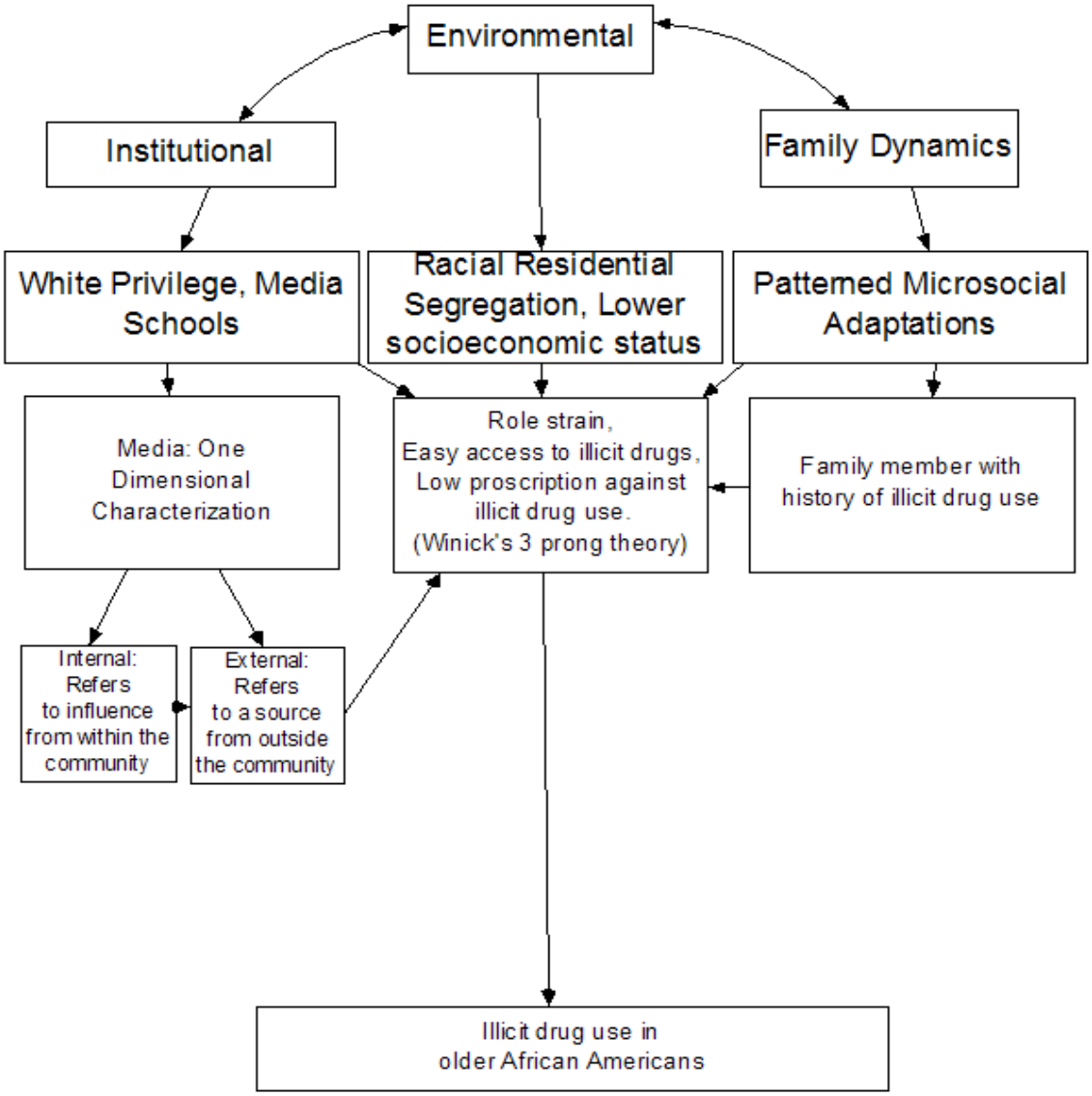
dressing was demasculinizing and further damaged the African American male image. It is uncertain why African Americans participated in this form of self-degradation by patronizing these images in film and television, but it could be related to a lack of African American images prior to this time period and the identification with a like image overriding a need for positive characterizations.

Many in the mainstream will dismiss the findings from the discourse on how drugs became pervasive in this community, as conspiratorial in tone, but historical factors such as the Tuskegee Experiment and the CIA Contra Crack controversy are powerful reasons for African American mistrust of researchers and Government entities. It has been well documented that in the Tuskegee Experiment (Gray, 1998; Jones, 1981; Reverby, 1998; Washington, 2007) the government knowingly kept treatment from African American patients infected with syphilis in the name of research. It has also been reported that for the better part of a decade, a San Francisco Bay Area drug ring sold huge amounts of cocaine to the Crips and Bloods street gangs of Los Angeles and funneled millions in drug profits to a Latin American guerrilla army run by the U.S. Central Intelligence Agency(Bewley-Taylor, 2001); further fueling this dual consciousness felt by many in the African American community. Seemingly, furthering research and winning a war in Latin America at the expense of lives within the African American community appears acceptable to some within the U. S. Government. Several of the respondents in this study have made tacit references to government conspiracies to confine drugs to African American neighborhoods.

Combine these findings with the recent televised response to the plight of African Americans from Hurricane Katrina in New Orleans by the government and it is

understandable how a dual consciousness has developed in this community. The Government's less than enthusiastic response to Hurricane Katrina's largely African American victims is a powerful example of malfeasance for those within this community to combat the notion that victimization and oppression are imagined.

Figure 3 Pope Model of factors influencing illicit drug use in older African Americans



The authors feel the constraints of liminal positioning mandated by the prevailing cultural model detailed by Legesse (1973), yet the discourse on drug pervasiveness in the African American community became apparent while considering the reasons African Americans today are reluctant to participate in research. The Tuskegee experiment and its consequences must also have seemed incredulous to the mainstream when first uncovered and no one would have believed that the Rodney King incident was not fabricated had there been no film. This order of thinking also led to the discourse of African Americans as an oppressed people; who live in an area that has easy access to and attitudes toward drugs in their neighborhoods as acceptable by the perceived oppressors. Figure 3 above is a proposed model of factors influencing illicit drug use in older African Americans. In general, the respondents' experiences draw attention to the need to refine the field's theoretical understanding of the social construction of/and underlying social factors associated with substance abuse among older African American baby boomers and its consequences.

Implications for Future Research and Clinical Practice

The study limitations were the inability to secure follow up interviews with the respondents due to privacy concerns and a need for a more gender balanced sample. Clearly, there is a need for future studies on all three of the emerging themes, due to the limited amount of literature on each topic, but specific attention to the influence of media is needed, as there is no literature on this as a factor in initiating drug use in this population. The need for a concerted effort from an inter-disciplinary approach is also clear, because there are multiple forces involved in the construction of older African American substance abusers. The core issues of substance abuse, such as the environment and larger societal forces, cannot be addressed by one discipline and mandate that clinicians

move to an interdisciplinary approach. There must be a concerted effort from many disciplines to achieve a plan of care for this growing population.

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CHAPTER 4

Pathways to Long-term Illicit Drug Use in Older African Americans: Emulation and Environment

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Abstract

Title. Pathways to Long Term Illicit Drug Use in Older African Americans: Emulation and Environment.

Aim. To explore the underlying social factors associated with illicit drug use in older African Americans.

Background. By 2020 there will be approximately five million older Americans with substance use disorders. A disproportionate number, almost half a million, will be of African descent. Drug use along with age related changes predisposes these older adults to a myriad of undesirable social, psychological, and health outcomes such as homelessness, mental illness, HIV, and hepatitis C.

Method. Grounded Theory methodology was used to explore the social processes involved in the use of illicit drugs in older African-Americans as an underpinning to the development of approaches to nursing care and treatment. Interviews were conducted with 20 older African American substance users who were currently in drug treatment programs. Responses to the questions were recorded, transcribed, and analyzed using constant comparative methods. The data were collected in 2008.

Findings. Three core themes emerged: (1) Family, (2) Media Images, and (3) Environment. Further analysis established that the family and media images themes were components of a larger core category entitled "emulation." Emulation of an admired person or lifestyle was associated with initiation into a drug lifestyle. Environment remained a core category that supported continued and long term substance abuse.

Conclusion. Emulation of admired behavior of humans by other humans, unlike the emulation reproduced in the laboratory model by lab rats, occurs in no predictable temporal pattern making the point of intervention for prevention of observed unwanted social behaviors most difficult. Additionally, an unhealthy environment has been a known precursor to unwanted physical and social ills for centuries. Nurses who are situated in direct patient care roles throughout the lifespan are in a unique position to assess for and thus intervene against substance abuse initiation and to provide the necessary maintenance to older addicts. Therefore, nurses will play a key role in leading the way to healthier communities.

Introduction

The road to long term illicit drug use in older African Americans has its inception in adolescence and rarely begins after age the age of 30 (Willengbring, 2006). The purpose of this paper is to present the findings of a study of a cohort of African Americans, age 55 and older, who use illicit drugs. The central questions related to African Americans are 1) why might one begin illicit drug use at a young age and continue this use into old age, and 2) why might a person 55 or older begin illicit drug use late in life?

Background

In the year 2000, there were 171, 000 older African Americans in need of treatment related to illicit drug use and treatment needs are projected to rise more than 100% to nearly half a million in 2020 (Gfroefer, Folsom, Penne, & Pemberton, (2003). The concept of African-Americans as a distinct group in the United States is grounded historically in their shared macro environmental contexts, historical sensibilities, and familial memories from that experience (Eyerman, 2001; Latif, 1994). Their ethnic discourse is the belief that since their entry into the Americas as an initially enslaved group, they have been and continue to be subjected to disparities (Eyerman, 2001). Overall, it is a sense of marginalization that, when combined with institutional policies, environmental practices, and familial dynamics, can lead to illicit drug use. Age related changes, when superimposed on this experienced disparity and marginalization, predispose older African-Americans with substance use disorders to poor social, psychological, and health outcomes in the later stages of life, such as homelessness,

mental illness, HIV, and hepatitis C. To evolve targeted and appropriate approaches to nursing care and treatment, for this population, additional insights are needed regarding factors that contribute to the initiation and continued use of illicit drugs. To contribute to this body of knowledge, this paper presents findings from a qualitative study that explored some major determinants involved in the use of illicit drugs by older African Americans.

Illicit drug use has a high degree of visibility in the lower socioeconomic areas of the African American community (Substance Abuse and Mental Health Services Administration-Office of Applied Studies-Treatment Episode Data Set, 1992-2001; Saxe et al., 2001). Yet, the scientific community has done little to understand the issues that influence substance abuse among older African American men and women who daily must face the multiple jeopardy of aging and racial discrimination and in females a more compounded possibility of the loss of a spouse. Society can ill-afford to ignore the use of illicit drugs by older African Americans as this compounds the issues of failing health associated with aging and increases the costs to individuals, families, and society.

The initial findings from a pilot study on older African Americans and illicit drug use titled "The Social Determinants of Substance Abuse in African American Baby Boomers: The Effects of Family, Media Images, and Environment" (Pope, R., Wallhagen, M., & Davis, H., 2010) laid the groundwork for this dissertation study on Older African Americans and Illicit Drug Use. This paper titled, Pathways to Long Term Illicit Drug Use in Older African Americans: Emulation and Environment is a discussion of how the initial themes Family and

Media Images were subsumed within the larger construct of Emulation, and the role Environment plays in long term illicit drug use.

Theoretical Framework

The philosophical underpinnings of Dubois and his writings on double consciousness (1903) and those of the Symbolic Interactionist, Park, and his classical study on marginality and bi-cultural straddling (Park, 1928), provided the foundation for this study. The Duboisian idea of double consciousness (Dubois, 1903) proposes that African-Americans view themselves through the lens of white American perceptions; an unequal relationship filtered through a history of African American slavery and white privilege where a white person has greater access or availability to resources. This unequal relationship contributes to the marginalization of African Americans. Park defines marginality as "a man living and sharing in the cultural life and traditions of two distinct peoples; never quite willing to break, even if he were permitted to do so, with his past and his traditions and not quite accepted in the new society in which he now sought to find a place (1928, p. 355)."

There are three theories that when considered in the context of Dubois' writings on double consciousness and Park's classical marginality study help provide an understanding of illicit drug use among older African Americans; Omi & Winant's Racial Formation Theory (1994), Wallhagen's Perceived Control Theory (1998) and Winick's Sociological Theory for the Genesis of Drug Dependence (Letteieri, Sayers, & Pearson, 1980). Although neither model is sufficient to explain the unique drug initiation into and subsequent dependence on illicit substances in a population of older African Americans, together they can be utilized for this purpose. The three theories provide organizing

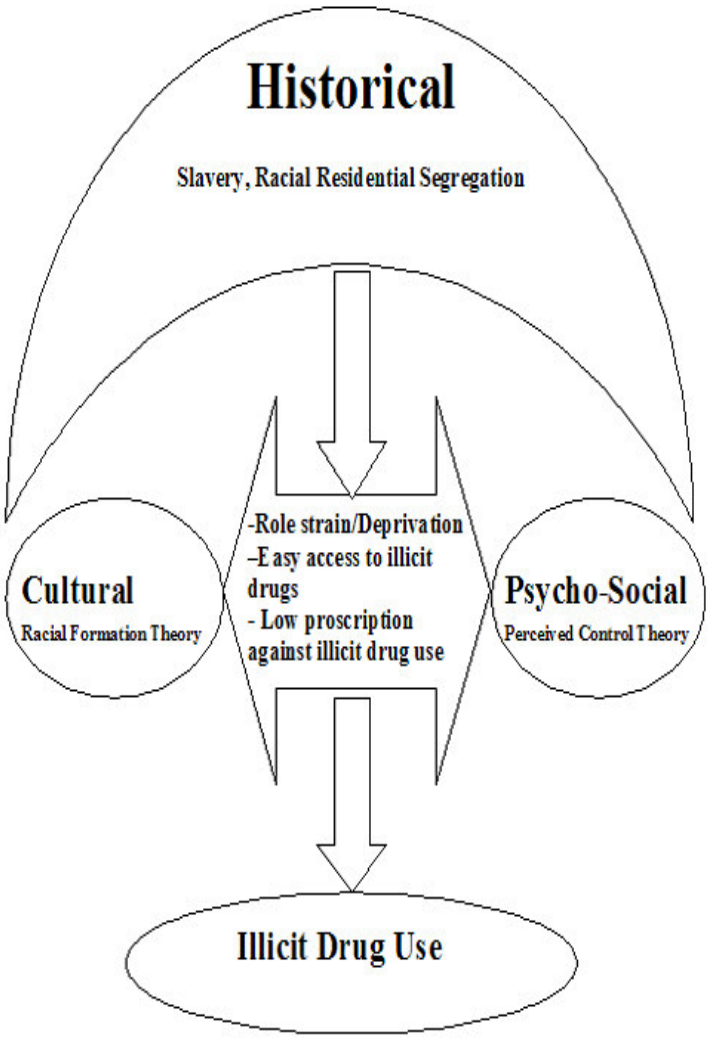
assumptions and a conceptual basis for integrating and comparing human experiences across time and culture.

The organizing concepts

Three assumptions underpin the conceptual framework designed to examine illicit drug use in older African Americans. These derive from the perspective that both the concept of race and the concept of the perception of control are situationally emergent (Brouillette & Turner, 1992; Lawton, 1992) constructs that can lead to role strain and role deprivation. They are; 1) Race is significant to African Americans and is defined by existing race relations within a given historical period, 2) Lowered perceived environmental control contributes to drug activity and as one ages perceived control arises from contingencies based on learned experience, and 3) role strain and role deprivation lead to drug dependence. *Omi & Winant's Racial Formation Theory* (1994) helps locate race historically as the principal tenet of social order and organization in America, and Townsend & Belgrade (2000) indicate the significance of racial identity to African Americans. *Wallhagen's Perceived Control Theory* (1998), examines the environment and offers a reframing of perceived control from within a person-environment model that separates the sense of control from factors that may promote this experience. It has also been demonstrated that drug activity can be a result of lower perceived control and contingency (Lambert, Brown, Phillips, & Ialongo, 2004). *Winick's Sociological Theory for the Genesis of Drug Dependence* (1974) proposes that it is possible to locate the structural sources of role strain and deprivation within the social system which can lead to drug dependence. The organizing concepts in Figure 1 below

lay a foundation upon which we may begin to seek information on older African American substance abusers.

Figure 1 Pope Model of Historico-Cultural Psycho-Social factors associated with Illicit Drug Use in Older African Americans



The Study

Aim

The aim of the study was to explore the underlying social factors associated with illicit drug use in older African Americans to evolve targeted, appropriate approaches to nursing care and treatment, for this population.

Methodology

Design

Grounded Theory methodology, as described by Corbin & Strauss (1990), was used to guide the research and data analysis. Instruments included the researcher, participant observation, a semi-structured interview guide, a digital voice recorder, and Atlas.ti software. The semi-structured interview contained open ended questions designed to gain an emic viewpoint of the processes associated with illicit drug use among this population. Respondents were told the interviewers would be non-judgmental and that the purpose of the study was to gain a better understanding of why some older African-Americans use street drugs, in order to learn about their personal experiences and thoughts surrounding the use of street drugs. Issues surrounding first use and last time use as well as motivators and barriers to seeking treatment, such as race, environment, politics, socio-economic status, and personal relationships were examined. The interest was to explore data as to why one begins illicit drug use and continues it into old age or begins it in old age and to find related concepts that prove to be theoretically relevant. Memos were written after each interview to document observations and record contextual

impressions. Each respondent was paid $20.00 immediately upon conclusion of the interview.

Sample

African Americans 55 years or older were recruited from 2 Northern California recovery programs; one residential and one therapeutic. One of the key issues in designating data sources involved privacy. A flyer containing researcher contact information was posted in the educational building of the recovery center. Respondents were asked to provide only their first names when responding to the flyer and identifying data was minimized, but included first name, age, education level, medical issues, and tenure in the program .

In-depth interviews of approximately 45 minutes in length with 20 older African Americans (mean age =60, 18 men, two women) were conducted on site in private settings. All 20 had been long-term users of illicit drugs intravenously. Two of the respondents admitted to AIDS as a diagnosis, and 9 indicated that they were positive for Hepatitis C. At the time of each interview the respondents had been in treatment a minimum of 30 days. Attained educational levels ranged from 10^{th} grade to Juris Doctor.

Ethical considerations

The investigator explained the purpose of the study to all participants, received verbal consent for their participation, and they were notified of the right to withdraw at any time. To maintain respondent's anonymity in the case of a breach of confidentiality, a university-level Internal Review Board (IRB) approved a waiver of signed consent and

follow-up interviews were not considered. Member checking was not possible in the study due to privacy concerns and to maintain anonymity

Method of Analysis

According to Corbin and Strauss (1990) the goal of Grounded Theory is to generate theoretical explanations about particular phenomena through the use of systematic data collection from interviews, participant observations, field notes and other documents and then to analyze those findings. Dimensions are first sought through open line coding. Open line coding is the process of developing categories of concepts, and themes emerging from the data. It is an open process in that one engages in exploration of data without making any prior assumptions about what might be discovered. One way this method is employed is through in-vivo coding, or assigning a code based on the actual text under exploration. Researchers then identify salient concepts from the generated data. Axial codes, which identify these key points of the data, allow concept formation through categorization. Next, is selective coding; the process of choosing one category to be the core category, and relating all other categories to that category from which basic social processes can be identified. Throughout the course of the data collection constant comparative analysis is employed; initially comparing data set to data set and then later comparing data set to theory (Corbin & Strauss, 1990).

In order to examine substance abuse in African American baby boomers the interview questions were framed around psycho-social, environmental, and political issues such as: life history, family, work, living arrangements, marital status, race/ethnicity, community/" hood," religion, gender, and racism. Notes were made

before, during, and after each interview. Transcripts were read and reread, coded and results compared to help establish consistency of the data. The purpose was to uncover and systematically analyze complex phenomena hidden in text and observational data. The Atlas.ti software program was employed and provided tools to help locate, code, annotate and retrieved coded segments to develop findings in the data and to consider and evaluate their importance. The trustworthiness and credibility of this study is demonstrated by describing how the steps of the process were conducted. Small-group discussion and analysis of codes by a team of six other Grounded Theory researchers added credibility to the study. Common themes were identified and when uncovered, the properties of said themes were placed in sub-categories. All of the themes were recorded in the respondents own words. The early unexpected emerging theme of media images was focused on in subsequent interviews for its relevance.

FINDINGS

Questions were asked to elicit responses related to the social factors involved with illicit drug use in this cohort of older African Americans. The three initial themes that emerged from the pilot study data, reported in Chapter three, i.e., Family, Media Images, and Environment appeared especially salient for the population interviewed for this study too. Together they help provide the intersection of illicit drug use, age, and race in the cohort.

Family

Respondents identified several characteristics of family that influenced African American baby boomers involved in a drug lifestyle. The patterned micro-social

adaptations (Cicchetti & Cohen, 2006) or behaviors learned through emulation that foster perceptions of control (Wallhagen & Lacson, 1999) in these older African Americans are influenced by larger societal forces, such as the institutional practices of racism and targeted marketing of commodities as well as family, media images and the environment. As noted before, Merton believed that sometimes deviant behavior rather than conformist conduct is the manifestation of societal forces; a structural strain (Merton, 1968). Influenced by the mainstream lens but unable to engage society in the mainstream fashion, people develop other avenues to reach desired goals. These other avenues may include participation in illicit and therefore illegal drug activity which conflicts with the "American Dream" and leads to a dual consciousness (Dubois, 1903). This leads to the marginality expressed by Park (1928) and the various adaptations to external pressures by these older substance abusing African American baby boomers. The data from the qualitative study suggest that close relationships and the context of those relationships are factors for the initiation into substance abuse as well as its continuation into old age. This influence was bi-directional, from the respondent to others and by the respondent emulating other family pr household members. The following quotes are from respondents expressing their views on family influence.

Respondent 14 expressed family influence thus:

I = Interviewer R = Respondent

> R: My sister was two years younger than me; my brother's four years younger than me. I was always the oldest. I tried to shield them from what I was doing

because my mother always instilled upon me: “They’re going to follow you. They’re doing exactly . . . they’re looking at exactly what you do.”

Respondent 8 commented about his influence on his family:

I: Did... Are you the only sibling that used drugs?

R: No, everyone except my baby brother.

I: And who was the first to use?

R: On a continuous basis, I believe I was.

I: Did you introduce them to drugs?

R: No, but by example probably.

Respondent 2 expressed his family’s influence on him

I: So you saw illegal drug use where…at first?

R: It was within my household. My older brothers used drugs.

Respondent 15 noted how his family was influential yet unaware of consequences

I: Okay. And any of your brothers and sisters use drugs?

R: Yeah, we all were using drugs.

I: Hard street drugs?

R: Yeah, yeah, because nobody knew the gun was loaded (the impact of cocaine). And then everybody was getting, you know, here’s something new, try this, you

know. Nobody knew. You didn't need to know. If we knew smoking cocaine would get you hooked 30 years later, I don't think people would do it.

Media images

Film and television media were the primary sources of an influential one-dimensional characterization. The media forms our image of the world and then tells us what to think about that image. In many ways a large proportion, of what we know about the world comes to us from movies, television, newspapers and the internet. Respondents identified several different dimensions of media images that portrayed Black culture and influenced Black baby boomers. Each of these dimensions was manipulated to produce an often negative one-dimensional characterization surrounding criminal or drug lifestyles. Substance abuse is a significant problem in the African American community and media serves as a gatekeeper in the social construction of racialized others (Nairn, 2006) so greater emphasis on control of images is necessary and further research into media's role in the construction of social deviance, such as illicit drug use, is needed. To date there have been no studies investigating the influence of media at various points in the lifecourse on older African Americans who use illicit substances. The following quotes are expressions from respondents on the influence of media and media images.

Respondent 1 talked about media influences

I: OK. Anything else you care to share about "Superfly" (The movie "Superfly glamorized a criminal/drug lifestyle) in particular?

R: He had the nicest clothes, the finest woman, and the finest car.

I: And what did you feel about that?

R: I felt that was all right.

Respondent 11 discussed his understanding of the link between film media and drugs

I: And did the movie "Superfly" have any impression on you whatsoever?

R: Oh yeah, definitely.

I: What impression did it make on you?

R: Well it made me think that... It made cocaine-a real hip type of drugs. I thought that it was... that I wanted to try it.

Respondent 15 expressed media influence

I: Yeah, yeah, but it was timely when you looked at it. What did you think of "Superfly?"

R: "Superfly?"

I: Now how old were you when you saw it?

R: I don't know, maybe about 18 or 19. I don't remember.

I: Were you into drugs at that point already?

R: No. We were just getting in - that helped everybody. After that movie came out, everybody had maxi-coats and their little coke spoons. Everybody had coke spoons, yeah.

Emulation of an Admired Person or Lifestyle

The two themes, family and media images, were congruent with those that emerged in the earlier pilot study of social determinants of substance abuse in older African Americans (Pope, Wallhagen, & Davis (2010). However, on closer examination in the current study, the two themes came to be viewed as significant components of a larger core category called "emulation of an admired person or lifestyle." This core category captures all aspects of emulation, including family and media images as well as those involving other less well defined symbolic interactions. Emulation is defined here as identification and imitation of a model with resources desired by the emulator (Ullman & Orenstein, 1994). It is the development of a pattern of thinking and behaviors based on an emotional attachment to that model (1994); in this case admiration of a drug lifestyle. The study findings suggest that the initiation of drug use is a function of symbolic interaction with other people and that there is a motivation to imitate admired others. Clearly, there are elements of role modeling, yet for the purposes of this study it is not role modeling, for that can be from the perspective of the role model. Emulation is an emic desire and proactive from the perspective of the emulator and the role being modeled often goes without input from, in this case, the admired person. Further, adolescents rarely attempt to emulate lifestyles associated with poor (economically) resources and this idea adds another level of understanding to emulation versus role modeling. In families where the substance abusing father is held in low esteem by the non-substance abusing mother the rate of emulation by male teenage offspring is only 38%. Conversely where the substance abusing father is held in high esteem by the non-substance abusing mother the rate of emulation by male teenage offspring is 73% (McCord, 1988).

Respondent 15 mentioned an admired person and lifestyle thereby expressing emulation

I: OK. And did any of your school teachers make an impression on you? It's OK if they didn't.

R: Yeah, I probably had one that was a coach. I thought he was a player (A male who is skilled at manipulating or "playing" others, especially women). .

I: A coach?

R: Yeah.

I: So you admired him because he had *game* (The ability to seduce another).

R: Yeah. He thought he had game.

I: Thought he was slick (smooth operator)?

R: Yeah.

In this example**, Respondent 15** admired certain people and their lifestyles

R: I was in the county jail. Me and about one or two cats (men) on our tier--we were the youngest guys up there--everybody up there was all hardcore dope fiends and stuff. And they used to talk about it all the time--the Puerto Ricans and the blacks that was up there. Everybody'd talk about it and stuff. I thought it was the coolest thing going--all these cats been in the penitentiary, living this lifestyle, you know, kinda attracted my attention because I wanted a part of that lifestyle. Cause I'd been on the streets for I don't know how long, doing my little old stuff. So that part of it appealed to me and I'm looking at all these musicians--jazz

> musicians that I knew that were getting high -- Miles Davis and all them cats and stuff, you know, getting high and shit and you see 'em in they little nods (to doze off when high on opiates) and looked so cool (laid back and relaxed) and shit. You know, I'm like, yeah that's hip (trendy) there, yeah, and I want to be this little hip cat.

Emulation has been suggested here as a point of initiation and provides insights into the research question, why might one begin illicit drug use at a young age. It does not, however, fully address the reason one would continue this use into old age, nor why a person 55 years of age or older might begin illicit drug use. Several of the respondents made explicit remarks concerning targeted marketing of commodities in their communities and suggested that the environment was a factor in their continued drug use after initiation and into old age.

Environment

Respondent 2 commented:

> I: OK. You know, after you started using street drugs, what things kept you using them?
>
> R: Uh . . .
>
> I: Why do you think you – was it just addiction, or was it . . .
>
> R: It, it was being accepted into a certain environment. You know what I'm saying? It's, it's like even if I go away for one or two or three years, I can come back and go right back to the corner of the drug use . . .

When discussing environmental influences, **Respondent 2** said:

> R: Yeah, see your environment is really a large portion of your makeup.
>
> I: Now when you say environment, what do you mean?
>
> R: I'm talking about the people in your community.
>
> I: Elaborate on that, there are people in every community. What do you mean about that?
>
> R: I say, in the community in which I was the environment is infested with people that are using drugs.

Respondent 12 had this to say about environmental influences:

> I: And when you came back out [of jail] did you use again? Talk to me in general.
>
> R: When I was in jail and then I come out, I stayed clean for awhile but I got back into the same crowd. I was hanging out with that same crowd of users and sellers. I guess by being back into that environment, the temptation was too great not to indulge back into the drugs.

Respondent 16 expressed environmental influence thus:

> R: Let me finish with this. I rebuilt that house--11 years--on that corner in West Oakland but the environment was too polluted. They throw cocaine in the yard. I picked it up. I hid it... The next thing I know I'm back in the nest (den of iniquity). I talked to my brother in Hayward and he said: " Look, you know, it's better to let the house go if you can't handle it." I

sold the house and moved over here in 2000. Because I know me, that girl [heroin] and me just don't get along. I can't be around anybody doing it.

I: So, [it's] environmental.

R: I call it environment pollutant, so it was better for me to leave the house.

Respondent 13 expressed environmental influence

I: Okay, so tell me what your thoughts are on the environment and drug use.

R: Well, it's simple as this man. As far as if you say you want to quit using drugs, you can't be around a drug dealer when he's selling drugs. You can't be upstairs if somebody's selling drugs downstairs, something you love, something you like. That's like saying I don't like a girl, but she keeps coming in front of me. You understand me? Now you tell me, okay, I'm trying to stay in a drug-free environment. Now how are you going to quit using drugs if your buddy's sticking himself, and you know you want it... So now you're thinking about all the excuses in your head. Man, should I do this? I'm just going to shoot a little bit. I'm just going to shoot a few CCs, right? And you plum well get caught up. You get caught up every time, man...

Not all illicit drug use in older African Americans begins in adolescence, however, as this next exemplar evidences. Respondent 7 was the only one out of the 20 respondents to talk about late onset addiction. He was a 51 year old non-user until the death of his wife which would

suggest that he was responding to late-life stressors; however, he still attributes his late life addiction to drugs, to his environment.

Respondent 7 claimed

> R: My immediate environment. The guys around me where I used to live. I lived in the Ingleside district, the Lakeview district and after that I started using drugs.
>
> I: So, that was in '89? How old were you in 1989?
>
> R: Let's see...
>
> I: This is 2008, huh, let's make it 2009, that was about 20 years ago. So you were like 51 years old?
>
> R Yeah, something like that.
>
> I: You began after the death of your wife?
>
> R: Yeah, after the...
>
> I: You hadn't used before that?
>
> R: No, I hadn't.

This latter quote suggests that while that environment plays a role in drug use across the life span, the determinants of drug use in later life may be distinct from those involved in promoting drug use during adolescence or early adulthood. The unique experiences of older adults and specific stressors, such as the loss of a spouse or job, may be more pertinent to adopting a drug habit later in life. However, in this study there were

insufficient data upon which to make generalizations about late onset drug use. Differences in the possible triggers for entry into drug use, if confirmed by future studies, may suggest the need for different interventions for late versus early onset users.

Discussion

Emulation

Emulation and role modeling are closely related concepts. Role modeling can be seen as an etic account, "he serves as a civic role model for young men in his community," whereas emulation is an emic account, "I want to be as popular as he is." Some will reason that role models are *emulated* and there will be no argument over that point within the confines of this discussion. However, this study suggests that the act of emulation and the act of role modeling are inversely related. They can occur simultaneously but are viewed from two different perspectives. Emulation is most often thought of as the negative – a copying of undesired social characteristics or actions such as those which serve as a facilitator into drug use. Conversely, role modeling is often a positive, depicting socially desirable aspects, and therefore can serve as a protective barrier against entry into substance abuse. Emulation of admired behavior of humans by other humans, unlike the emulation reproduced in the laboratory model by lab rats, occurs in no predictable temporal pattern (Panlilio, L., Thorndike, E., & Schindler, C., 2009), making the point of intervention for prevention of observed unwanted social behaviors most difficult. Yet, there are numerous studies suggesting the connection between emulation and illicit drug use by adolescents (Brook, Duan, and Brook, 2007; Hoffmann, J. & Cerbone, F., 2002; Lam, Cance, Eke, Fishbein, Hawkins, & Williams, 2007) and intervention studies of adolescents related to emulation are needed. Nurses are

in a unique position to assess for and thus intervene against substance abuse initiation and will play a key role in leading the way to healthier communities.

Relevant Literature

A recent study by Lam, Cance, Eke, Fishbein, Hawkins, & Williams (2007) examined the influence of African-American mothers who use crack cocaine on their adolescent offspring. The researchers recruited Maternal–child dyads (n=208) through street outreach and snowball sampling and interviewed each member of the dyads about substance use and parenting. The purpose of this study was to examine relationships 1) between parenting behaviors control and supervision and maternal disapproval of substance use, 2) the quality of parent–child relationship such as closeness, warmth, and conflict, and the influence the two factors have on 1) youth substance use, and 2) to explore how child age moderates these relationships. In this sample of adolescent children of maternal drug users, the higher the maternal proscription against the use of illicit substances the less likely the older adolescent offspring to currently use substances.

Findings suggest that mothers with dysfunctional modeling of Parental Substance Use Disorder can deter use of illicit substances by expressing disapproval of their children's use during their teenage years when risky experimentation and emulation is likely. By recognizing the impact of emulation of admired lifestyles by adolescents on current health behaviors and outcomes in all older populations, nurses have the potential to better assess and treat those populations.

Environment

The environment consists of the physical and social settings in which we live. Researchers have *long* reasoned that the social environment is associated with disease and mortality risks beyond the individual proximate risk factors and is a fundamental cause of racial disparities in health and influential in disease processes (Bates & Labouvie, 1997; Brunswick, A., Merzel, C., & Messeri, P., 1985; Collins, R., Ellickson, P., & Bell, R., 1998; Dembo, R., Williams, L., & Schmeidler, J., 1994; Johnson et al., 1990; Krieger, 2003; Lambert et al., 2004; Saxe et al., 2001; Storr, C., Chen, C., & Anthony, J., 2004; Williams & Latkin, 2007; Zimmerman & Maton, 1992). One of Krieger's (2003) five key pathways through which racism becomes an ecosocial factor is through "targeted marketing of commodities" such as psychoactive substances which includes illicit drugs.

Relevant Literature

When they compared subgroups of people living in disadvantaged neighborhoods for the likelihood of contact with drug dealers as compared with persons living in more advantaged areas, researchers (Storr, C., Chen, C., & Anthony, J., 2004) labeled it an unequal opportunity. The researchers collected data from a cross sectional (n = 25,000) survey of the 1998 United States National Household Survey on Drug Abuse (NHSDA). The NHDSA is a nationally representative sample of persons aged 12 or older (excluding those institutionalized) that was drawn using stratified, multistage area probability sampling. Neighborhoods were selected in the following order: metropolitan areas, counties, groups of counties, cities, then finally divided into area segments of housing units that are referred to as neighborhoods. Determination of a recent drug purchase

opportunity was confirmed by asking respondents: "In the past 30 days, has anyone approached you to sell an illegal drug?"

They found that residents of the most disadvantaged neighborhoods had an estimated 2.2 times greater opportunity to obtain drugs (95% CI = 1.7 to 2.7, $p<0.001$), than residents living in more advantaged neighborhoods and that African Americans were at a 4.2% greater risk of such an interaction than whites. The authors acknowledge the limits of cross-sectional studies to discern social selection and social causation, but posit that the event of a drug purchase opportunity can be located within the larger macrosocial context associated with disadvantage.

Implications for Future Research and Clinical Practice

The road to illicit drug use at older ages in the African American community has its inception in adolescence, and rarely begins after age the age of 30. Projections suggest that the number of substance abusing elders will rise from the more than 1.5 million documented in 2000 and 2001 to almost 4.5 million in 2020. This study provides additional insights regarding factors that contribute to the initiation and continued use of illicit drugs to help evolve targeted, appropriate approaches to nursing care and treatment, for this population. The data from this grounded theory study suggest that close relationships and the context of those relationships are factors for the initiation of substance abuse and continuing substance abuse into old age. However, it does not fully address the reason of why one would continue this use into old age, nor why a person 55 years of age or older might begin illicit drug use. However, several of the respondents made explicit remarks concerning targeted marketing of commodities in their

communities and suggested that the environment was a factor in their initiation into and continued drug use even into old age. The multidisciplinary nature of nursing and the fact that nurses are situated in health care roles across the patient's lifespan puts nurses in a unique position to assess for and thus intervene against substance abuse initiation in adolescents and to be front line providers of health care maintenance in older long term abusers. In this way nurses will play a key role in leading the way to healthier communities.

Study limitations

The study limitations were the inability to secure follow up interviews with the respondents due to privacy concerns and a need for a more gender balanced sample. Clearly, there is a need for future studies on all three of the emerging themes, due to the limited amount of literature on each topic, but specific attention to the influence of media is needed, as there is no literature on this as a factor in initiating drug use in this population. Greater emphasis on control of images is necessary and further research into media's role in the construction of social deviance, such as illicit drug use is needed. There was a lack of respondents reporting late onset substance abuse and theoretical sampling to further achieve insight into late onset addiction will be necessary. Attempts at gender balanced samples for this study were unsuccessful and the female perspective is woefully underrepresented.

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Chapter 5- Dissertation conclusion Pathways to Long-term Illicit Drug Use in Older African Americans: Emulation and Environment

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Dissertation conclusion
Pathways to Long-term Illicit Drug Use in Older African Americans: Emulation and Environment

In the process of exploring illicit substance use in older African Americans through the review of the literature and conceptual framework development, it was determined that epidemiological trends from government data bases show higher rates of illicit drug use among older African Americans when compared with older whites. This dissertation study was an inquiry into:

1. Why might one begin illicit drug use at a young age and continue this use into old age?

2. Why might a person 55 or older begin illicit drug use late in life?

This inquiry into illicit drug use in older African Americans now asks: In what ways did an analysis of empiricism and human science contribute to understanding the phenomenon of substance abuse in older African-Americans? This study provides additional insights regarding factors that contribute to the initiation and continued use of illicit drugs and may help evolve targeted, appropriate approaches to nursing care and treatment, for this population. Although there have been numerous constructs that have been used to account for the initiation of illicit substances by adolescents, such as self derogation, peer influence, weakening of social controls, and early substance use (Kaplan, Martin, & Robbins, 1984) the data from this grounded theory study suggest that admired others or admired lifestyles are factors for the initiation of substance abuse through emulation. For the purposes of this dissertation study emulation was defined as

identification and imitation of a model with resources desired by the emulator and the development of a pattern of thinking and behaviors based on an emotional attachment to that model (Ullman & Orenstein, 1994). Researchers have long reasoned that most human behavior is learned observationally through modeling (Bandura, 1977), but this paper advances the idea of emulation as a stand alone entity and not the outcome of role modeling. As it was stated earlier, the findings of this study suggest that emulation is an emic desire and proactive from the perspective of the emulator and without input from the role being modeled.

However, there is a glaring lack of evidence supporting the rationale for substance use during the transition period between adolescence and older adulthood. This is clearly an area for future research through theoretical and purposive sampling, for emulation does not fully address the reason one would continue this use into old age, nor why a person 55 years of age or older might begin illicit drug use. However, several of the respondents made explicit remarks concerning targeted marketing of commodities in their communities and suggested that the environment was a factor in their continued drug use after initiation and into old age. As noted earlier, researchers (Storr, Chen, & Anthony, 2004) found that residents of the most disadvantaged neighborhoods had an estimated 2.2 times greater opportunity to obtain drugs than residents living in more advantaged neighborhoods and that African Americans were at a 4.2% greater risk of such an interaction than whites.

The multidisciplinary nature of nursing and the fact that nurses are situated in health care roles across the lifespan puts nurses in a unique position to assess for and thus intervene against substance abuse initiation in adolescents and to be front line providers

of health care maintenance in older long term abusers. As was stated earlier emulation occurs in no predictable temporal pattern making a useful point of intervention a difficult matter. However, earlier in a review of the literature, it was shown that mothers with dysfunctional modeling of Parental Substance Use Disorder can deter use of illicit substances by expressing disapproval of their children's use during their teenage years. That is seemingly a point of intervention for Pediatric Nurse and Pediatric Nurse Practitioners to intervene. At the other end of the lifespan knowledge that culturally, lower perceived control from within a person-environment model may result in continued drug activity might prove helpful in determining a plan of care by Geriatric Nurses and Geriatric Nurse Practitioners for African Americans. In this way nurses will play a key role in leading the way to healthier communities.

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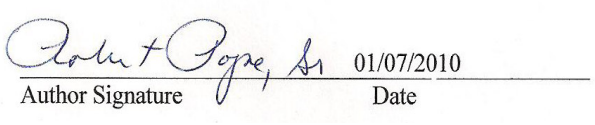

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