

This article was downloaded by: [Wichita State University]

On: 22 January 2013, At: 06:15

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Journal of Prevention & Intervention in the Community

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wpic20>

### Substance Use Among African American Adolescents in the Midwest

Rhonda K. Lewis<sup>a</sup>, Felecia A. Lee<sup>a</sup>, Chris M. Kirk<sup>a</sup> & Michelle Redmond<sup>b</sup>

<sup>a</sup> Department of Psychology, Wichita State University, Wichita, Kansas, USA

<sup>b</sup> University of Kansas School of Medicine, Wichita, Kansas, USA  
Version of record first published: 12 Oct 2011.

To cite this article: Rhonda K. Lewis, Felecia A. Lee, Chris M. Kirk & Michelle Redmond (2011): Substance Use Among African American Adolescents in the Midwest, *Journal of Prevention & Intervention in the Community*, 39:4, 289-298

To link to this article: <http://dx.doi.org/10.1080/10852352.2011.606400>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

## **Substance Use Among African American Adolescents in the Midwest**

RHONDA K. LEWIS, FELECIA A. LEE, and CHRIS M. KIRK

*Department of Psychology, Wichita State University, Wichita, Kansas, USA*

MICHELLE REDMOND

*University of Kansas School of Medicine, Wichita, Kansas, USA*

*The purpose of this article is to examine the attitudes and substance use behaviors of African American adolescents living in the Midwest. A baseline survey was administered to 463 African American teens between the ages of 11–19. The article examines the relationship between attitudes toward drugs and drug-using behavior in this African American sample. Drug use will be compared to national drug use norms established by the Youth Risk Behavior Surveillance Survey. Overall participants had fairly negative attitudes toward drugs. Sixty percent of the sample reported that they were committed to a drug-free life, 74% had made a decision to stay away from marijuana, 79% reported making a decision not to smoke cigarettes, and 71% reported they would not get drunk in the next year. Females were more likely to stay away from marijuana than males. In this current study there is cause for alarm; participants reported higher percentages of ever smoking cigarettes and marijuana than the Youth Risk Behavior Surveillance Survey. This study shows there is a need to provide substance abuse prevention programs for African American adolescents. Limitations and future directions are also discussed.*

**KEYWORDS** *adolescents, African American, attitudes, cigarettes, marijuana, substance use, substance use behaviors*

---

Address correspondence to Rhonda K. Lewis, Department of Psychology, Wichita State University, 1845 N. Fairmount, Box 34, Wichita, KS 67260, USA. E-mail: rhonda.lewis@wichita.edu

Over the last few decades the literature suggests that African American adolescents have consistently reported lower substance use rates than their Hispanic and White counterparts (Gil, Wagner, & Tubman, 2004). However, the substance use rates are still alarming and in a recent study African American 8th graders reported higher marijuana use than White students (Johnson, O'Malley, & Bachman, 2006, cited in Turner-Musa, Rhodes, Harper, & Quinton, 2008). Thus there is a need to intervene and assess what the substance use patterns are among African American adolescents. African Americans continue to suffer disproportionately from substance-related morbidity and mortality (Vega & Gil, 1998; Lee, Makides, & Ray, 1997; Turner-Musa et al., 2008). For instance, African Americans tend to begin smoking later in life but are likely to die from tobacco-related illnesses later in life more than other ethnic groups (Delva et al., 2005; U.S. Department of Health and Human Services 1998). In addition, substance use is related to other behaviors such as risky sexual behavior (Turner-Musa et al., 2008). African Americans continue to have high rates of sexually transmitted diseases (STDs)/sexually transmitted infections (STIs) and HIV infections. According to the Centers for Disease Control and Prevention (CDC, 2005), African American youth represent nearly, 55% of all new HIV infections. Thus prevention programs are needed to address the mechanisms that influence substance use among African American youth in that it may manifest itself differently from White and Hispanic youth. Once these mechanisms are understood prevention and intervention programs can be developed that are culturally sensitive and efficacious to meet the needs of African American youth.

Substance abuse continues to take its toll on the African American community. Although African Americans only make up 12% of the U.S. population, African Americans made up 23% of admissions to publicly funded substance abuse treatment centers (Substance Abuse and Mental Health Services Administration, 2002). There is cause for alarm.

There are a number of reasons for these increased risks and severe consequences of using drugs in the African American community. Researchers have hypothesized that poverty, illiteracy, limited job opportunities, poor education, high availability of drugs, and stresses of the urban lifestyle are the major contributors to substance use problems in the African American community (Clucas & Clark, 1992).

Substance use is a serious public health problem and the Healthy People 2010 has over 20 objectives devoted to substance use issues. A number of goals are outlined that are related to substance use among adolescents. However, for purposes of this study two goals will be discussed. One goal is to increase the proportion of adolescents who disapprove of substance abuse. The second goal is to increase the proportion of adolescents who perceive great risk associated with substance abuse. These goals are important to reduce substance use among African American adolescents. It is important

to address adolescents and their attitudes toward drug use and emphasize the risks associated with drug use.

The purpose of this article is to assess the baseline self-reported substance use of African American adolescents drawing from a Midwest sample and compare them to national substance use rates (Youth Risk Behavior Surveillance Survey) and examine their attitudes toward drugs and the risks associated with drug use.

## METHODS

### Participants and Setting

The participants in this study were 463 African American adolescents aged 12–19 (Mean age was 14.5). There were 213 males (46%) and 250 females (54%). Youth were recruited from Wichita, Kansas and surrounding cities through radio and newspaper articles as well as word of mouth methods. Participants were recruited from churches, youth sports teams (i.e., wrestling) and from youth serving organizations (i.e., Boys & Girls Clubs of South Central Kansas). The population in Wichita Kansas Metropolitan area is 452,000, according to the census (U.S. Census, 2002).

### Procedure

The study received approval from the Institutional Review Board at the local university. Youth along with their parents arrived at the university to complete the survey information. Youth and parents completed the informed consent forms. The consent form described how the youth could withdraw from the study at any time. After completing the consent forms youth were given a behavioral contract that informed them that the information they shared on the survey would not be communicated to their parents or shared with anyone else other than as an aggregate group individual answers would not be divulged.

The surveys were conducted on Saturdays and were administered by project staff. Surveys were given in large classrooms or a large auditorium at a local university. Participants were seated every other seat to ensure privacy and confidentiality. After surveys were completed project staff collected the surveys. Participants received a small cash incentive for completing the survey (\$20.00).

### Instrumentation

Participants were asked to complete a 270-item survey that was developed by John and Loretta Sweet-Jemmott (Jemmott, Jemmott, & Fong, 1992). The survey consisted of questions on substance use. For purposes of this study the

**TABLE 1** Questions Taken From the Government and Results Act and Jemmott Survey

---

 Attitudes and beliefs toward drugs
 

---

1. It is clear to my friends that I am committed to living a drug-free life
  2. I have a made a decision to stay away from marijuana.
  3. I have decided that I will smoke cigarettes.
  4. I plan to get drunk sometime in the next year.  
How much do people risk harming themselves (physically and in other ways)
  5. When they smoke one or more packs of cigarettes per day?
  6. When they smoke marijuana per month?
  7. When they smoke marijuana per week?
  8. If they take one or two drinks nearly every day?
  9. If they take one or two drinks per week?
- 

 How wrong do you think it is for someone of your age?
 

---

10. To drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
  11. To smoke cigarettes?
  12. To smoke marijuana?
  13. To use LSD, cocaine, amphetamines or other illegal drug?
- 

 Drug use questions
 

---

14. Have you ever smoked a cigarette?
  15. Have you ever drunk alcohol?
  16. Have you ever used crack or cocaine (ready rock, rock)?
  17. Have you ever used marijuana (pot, weed, grass, herb, reefer)?
- 

substance use questions will be analyzed. Table 1 outlines the questions used in the analysis. In order to provide a context for our substance using behaviors, we chose to compare our data to the Youth Risk Behavior Surveillance System Survey (YRBSS), which is used throughout the United States to document the risky behaviors of adolescents in grades 9–12. The YRBSS was developed by the CDC and includes questions about youth violence, school fights, diet, exercise, substance use, and suicide. The YRBSS is used as a source to document the trends of a number of health behaviors of youth.

### Data Analysis

Statistical analyses were performed using SPSS version 16. Frequencies, means and standard deviations, cross tabulations, and correlations were used to summarize the data.

## RESULTS

### Attitudes and Beliefs Toward Drugs

Participants in this study had fairly negative attitudes toward drugs. Overall, 60% reported that they were committed to living a drug-free life, 74%

**TABLE 2** Self-Report of How Much People Risk Harming Themselves\*

	African American males	African American females
When they smoke one or more packs of cigarettes per day	59%	58%
When they smoke marijuana per month?	33%	41%
When they smoke marijuana per week?	39%	44%
If they take one or two drinks per week?	40%	30%
If they take one or two drinks nearly every day?	48%	55%

\*Percentage reported great risk.

reported making a decision to stay away from marijuana, and 79% reported that they have decided they will not smoke cigarettes and 71% reported that they would not get drunk in the next year. Females were more likely to report staying away from marijuana than males (78% compared to 72%). Females were also more likely to report being more committed to a drug-free life (67% compared to 55%). Eighty-one percent of the female participants responded that they would not smoke and 77% of the males. Seventy-two percent of males reported not planning on getting drunk in the next year compared to 71% of females.

Table 2 outlines their beliefs about substance abuse risk. Males did not perceive as much harm in people using marijuana or frequent drinking as females perceived the risk. On the other hand, African American females did not perceive as much risk for people having two drinks per week.

Table 3 shows participants' beliefs about how wrong it is to use drugs for someone of their age (i.e., beer, cigarettes, marijuana, and LSD). Both males and females agree that it is wrong to use LSD, cocaine, and other illegal drugs for someone their age. Females had stronger feelings than males regarding someone their age smoking. Both males and females had comparable beliefs about drinking beer and smoking marijuana.

**TABLE 3** How Wrong Do You Think it is for Someone of Your Age\*

	African American males	African American females
To drink beer, wine or hard liquor regularly?	84%	84%
To smoke cigarettes?	79%	84%
To smoke marijuana?	77%	79%
To use LSD, cocaine, amphetamines or other illegal drug?	98%	96%

\*Answered Very Wrong and Wrong for someone their age.

## Drug Use

Overall, 53% of participants reported ever smoking a cigarette. This is a higher percentage than youth who participated in the YRBSS (46%). African American males reported a higher percentage of having ever smoked a cigarette than females (56% vs. 50%). Fifty-three percent of participants in this study reported ever having drunk alcohol compared to 72% of adolescents in the nationwide sample. Males reported ever having used alcohol more than females (58% vs. 52%). Likewise males reported ever smoking marijuana more than females (58% vs. 24%). Overall marijuana use for the entire sample of 44% was higher than the YRBSS sample of 37%. The self-reported drug use among this sample of African American adolescents is higher in terms of ever using these substances (i.e., cigarettes and marijuana). Alcohol use in this sample was lower than the nationwide sample of youth.

## Attitudes and Intentions to Use Drugs

### SMOKING CIGARETTES

Being committed to a drug-free life was negatively correlated with a decision to smoke cigarettes. This corresponds to the question stated earlier regarding a decision to smoke. Both males and females reported deciding not to smoke. The negative correlation between being committed to a drug-free life and a decision not to smoke was statistically significant at the  $p < .05$  level ( $r = -.19$ ).

### PLAN TO GET DRUNK

A commitment to a drug-free life was also negatively correlated with a plan to get drunk in the next year. Participants who responded positively to being committed to a drug-free life responded negatively to plans to get drunk. This corresponds to how participants responded to the plan to get drunk. Both males and females felt strongly that they had made a decision not to get drunk. This correlation was statistically significant at the  $p < .05$  level ( $r = -.24$ ).

### STAY AWAY FROM MARIJUANA

Participants also reported staying away from marijuana and being committed to a drug-free life. Being committed to a drug-free life was correlated with staying away from marijuana. The correlation was statistically significant at the  $p < .05$  level ( $r = -.52$ ).

## DISCUSSION

The results are somewhat surprising for this sample of African American adolescents; the percentage of participants who reported using drugs was higher than the YRBSS sample. The literature is clear that for the last few decades African American adolescent substance use has usually been lower than that of Caucasian and Hispanic/Latino adolescents. This study supports what recent research has shown that suggests that substance use has increased among African American adolescents and there is cause for concern among this population. The results of this study show that overall African American adolescents have fairly negative attitudes toward drugs and that females are slightly more committed to a drug-free life than males. Females were also less likely to make a decision to smoke cigarettes and stay away from marijuana than males. Males and females reported comparable beliefs concerning plans to get drunk in the next year. Thus, these positive attitudes need to be reinforced and continuous messages regarding a drug-free life should be promoted in the African American community, especially among African American adolescents.

### Major Contributions

First, the views that youth held about the risks of people harming themselves when using drugs needs further attention. Both male and female participants did not report that smoking, drinking alcohol nearly every day or smoking marijuana per week had great risks for people. Increasing the proportion of adolescents who perceive great risk associated with substance abuse is a goal of Healthy People 2010 and is being retained in Healthy People 2020 to get youth to perceive that using drugs poses great harm to people. Males and females both reported smoking one or more packs of cigarettes was harmful at 59% and 58%, respectively. However, when asked about perceived risk for marijuana use per week 33% of males and 41% of females responded that it was a great risk. The Healthy People 2020 goal is for that perception to be at 83% of youth responding that marijuana and alcohol are harmful to people. The data is pretty clear that tobacco use is a major contributor to health-related problems in the African American community. Alcohol contributes to drunk driving and car accidents. Marijuana is a major cause of the high incarceration rates among African American males. Thus there needs to be a greater emphasis among adolescents concerning the harm to the community and to the individual when they consume substances. Second, participants in the study also were asked how wrong it is for someone their age to drink beer, smoke cigarettes, smoke marijuana and to use LSD, cocaine, and other illegal drugs. Both male and female participants had comparable responses. Both genders reported that using LSD, drinking beer, smoking cigarettes, and smoking

marijuana was wrong. Females, however, had stronger feelings about cigarettes than males and both genders had stronger feelings against LSD than they held about cigarettes and marijuana. Again researchers need to emphasize to young people that all of these substances are illegal for them to use at their age. All of the participants were under the age of 21 and could not legally purchase alcohol. In the state of Kansas at age 16 youth can purchase cigarettes; however, the mean age of participants in the sample was 14, thus making them too young to buy any of the legal drugs. It is also important to stress not using drugs that are against the law and the consequences associated with purchasing and selling of these substances.

Third, the attitudes of youth regarding drugs were in the right direction in that youth did disapprove of using drugs and staying committed to a drug-free life. This is another goal of Healthy People 2020—that 83% of youth report disapproving of substance use. The attitudes youth held about staying committed to a drug-free life were negatively correlated with getting drunk and smoking cigarettes. Also, staying away from marijuana was correlated with being committed to a drug-free life. Although youth expressed these views, a fairly large percentage of youth had tried these drugs. Perhaps the experience that they had may have brought them to that conclusion. In future studies it might be useful to also correlate their belief in staying committed to a drug-free life with drug use in the past 30 days.

A fourth contribution of this study is that the rates of ever using drugs in this population was higher than the YRBSS. This is a nationwide survey of youth and their substance use in addition to other health behaviors. The reported drug use in this sample is alarming in that the percentage reporting cigarette smoking was higher than the YRBSS sample and ever using marijuana was higher than the YRBSS sample. The percentage using alcohol was lower than the YRBSS sample. Again this current sample of youth drug use is contrary to the long-standing trend of lower substance use rates for African American adolescents. Thus prevention programs need to be developed that are culturally sensitive and unpack the underlying mechanisms for this population and determine what is contributing to their substance use.

### Limitations

A number of limitations of this study are noted. First, the sample of participants may not be representative of all the African American adolescents living in the Midwest nor can the results be generalized to all African American adolescents in the area. Second, the study analyzed self-reported information. It is not clear that participants were truthful with their answers. Although precautions were made to increase the truthfulness of their answers there is still no way to ensure that their answers were

accurate or truthful. The authors had all participants complete a behavioral contract informing them that none of the information would be shared with their parents if they would answer truthfully to the survey. This procedure was used by other researchers to increase the likelihood of participants not giving socially desirable answers (Jemmott, Jemmott, Fong, & McCaffree, 1999).

### Future Research

In the future researchers might compare youth attitudes to current drug use and determine whether their attitudes toward drugs match their current behavior. This study tried to determine whether their current attitudes were linked to drug use in the future. It is important to determine how congruent youth attitudes against drug use are linked to actual drug use. Also, researchers might include more questions about youth and their social environments in regard to how parents, siblings, peers, and friends view drugs. It is important that researchers design comprehensive programs that incorporate the views of significant others and teach youth about how harmful drugs are and the consequences associated with drug use. Future research might also design gender-specific interventions in that there were slight differences in how males and females responded to the different substances being harmful to people.

Given the devastating impact that substance abuse has on the African American community it is extremely important that evidence-based substance abuse prevention programs be designed to address attitudes and drug-using behaviors among adolescents, although African American adolescents have a different trajectory in regards to drug use.

### REFERENCES

- Centers for Disease Control & Prevention (CDC). (2005). *HIV prevention in the third decade*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control & Prevention. Retrieved from <http://www.cdc.gov/hiv/resources/reports/hiv3rddecade/index.htm>
- Centers for Disease Control & Prevention (CDC). (2010). Youth risk behavior surveillance—United States, 2009 (Surveillance Summaries 2009). *Morbidity and Mortality Weekly Report*, 59, 1–148.
- Clucas, A., & Clark, V. (1992). Module II: Drug and alcohol problems in special populations. In M. A. Naegle (Ed.), *Substance abuse education in nursing* (Vol. 2, pp. 531–547). New York, NY: National League for Nursing.
- Delva, J., Tellez, M., Finlayson, T., Gretebeck, K., Siefert, K., Williams, D., & Ismail, A. (2005). Cigarette smoking among low-income African Americans. *American Journal of Preventive Medicine*, 29, 218–220.
- Gil, A., Wagner, E., & Tubman, J. (2004). Associations between early-adolescent substance use and subsequent young adult substance use disorders and psychiatric

- disorders among a multiethnic male sample in South Florida. *American Journal of Public Health*, 94, 1603–1609.
- Jemmott, J., Jemmott, L., & Fong, T. (1992). Reductions in HIV risk-associated sexual behavior among Black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health*, 82, 372–377.
- Jemmott, J., Jemmott, L., Fong, T., & McCaffree, K. (1999). Reducing HIV risk associated sexual behavior among African American adolescents: Testing the generality of intervention effects. *American Journal of Community Psychology*, 27, 161–187.
- Johnson, L., O'Malley, P., & Bachman, J. (2002). *The monitoring the future national survey results on adolescent drug use: Overview of key findings, 2001*. NIH Publication No. 02–5105. Bethesda, MD: National Institute of Drug Abuse.
- Substance Abuse & Mental Health Services Administration. (2002). *The Dasis report: Black admissions to substance abuse treatment: 1999*. Rockville, MD: Office of Applied Statistics.
- Turner-Musa, J., Rhodes, W., Harper, T., & Quinton, S. (2008). Hip-hop to prevent substance use and HIV among African American youth: A preliminary investigation. *Journal of Drug Education*, 38, 351–365.
- U.S. Census Bureau. (2002). American Community Survey, 2000. Summary table. Retrieved from <http://factfinder.census.gov>
- U.S. Department of Health & Human Services. (1998). Tobacco use among U.S. racial/ethnic minority groups—African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders and Hispanics: A report of the Surgeon General. Atlanta, GA: Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Office of Smoking Health.
- Vega, W., & Gil, A. (1998). *Drug use and ethnicity in early adolescence*. New York, NY: Plenum.