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Addiction and Recovery among African Americans before 1900

William White and Mark Sanders

There are many themes imbedded within the early history of alcohol and other drug use among African Americans that can heighten the sensitivities of today's addiction counselor.

Africa: Cultural Cohesion and Control of Intoxicants

Most African people brought to America as slaves came from West African cultures in which beer and wine had been blended into the economic, social, and religious customs since antiquity. Within non-Islamic African cultures, highly defined drinking rituals encouraged moderate drinking and stigmatized drunkenness as a threat to the order and safety of the tribe. Alcohol problems rose in tandem with the colonization and deculturation of African tribes--a process strikingly similar to the rise of these same problems within many Native American tribes (Pan, 1975).

Alcohol and Slavery

The African slaves' access to alcohol in America was governed by the Slave Codes. These codes governed all aspects of slave life, prohibiting living by oneself, traveling without a pass, gathering in groups, and owning a weapon. Buying or drinking alcohol was prohibited except under conditions defined by the slave's owner (Larkins, 1965). The restrictions on drinking were spawned by two concerns. First, slave owners were worried about alcohol-related damage to their property, e.g., the financial loss incurred if a slave was injured or killed while drinking. Second, slave owners feared slave insurrections after the slave revolts led by Gabriel Prosser (1800), Denmark Vesey (1822), and Nat Turner (1831), and believed that alcohol could spark such rebellions (Katz, 1990).

Freed Blacks often chose not to use alcohol, seeing sobriety as a prerequisite to personal safety and citizenship. Where Black people had access to alcohol, they were so moderate in their drinking habits that the medical community described them as racially immune to the influence of alcohol (Herd, 1985). There was one major exception to this pattern of abstinence and moderation among the slaves.

Alcohol as a Weapon of Degradation and Exploitation

Intoxication of slaves was promoted during harvest and holidays through the provision of large quantities of cheap, concentrated alcohol. Drunkenness was assured via the sponsorship of drinking contests among the slaves. In his autobiography, Frederick Douglass described the role that such ritual intoxication played in the institution of slavery.

These holidays serve as conductors, or safety valves, to carry off the rebellious spirit of enslaved humanity.... When a slave was drunk, the slave holder had no fear that he would plan an insurrection; no fear that he would escape to the north. It was the sober, thinking slave who was dangerous, and needed the vigilance of his master to keep him a slave. (Douglass, 1855, p. 256)

In spite of the efforts of Douglass, drinking and intoxication among Black people increased following emancipation, with White's continuing to control, and profit from, the infusion of alcohol into the Black community (Christmon, 1995).

Alcohol also played a role in the violent victimization of Black people. In spite of White fears of alcohol-inspired violence, the reality was quite the opposite. The earliest and most significant alcohol problem for Black people in America—in the North and the South, both slave and free—was the risk of what could happen to them when White people became intoxicated (Blassingame, 1972).

Early African American Recovery

While alcoholism as it is clinically defined today was rare among African Americans before and after the Civil War, there are isolated accounts of African Americans being treated for alcoholism. One of the earliest reported "cures" of an African American is in Dr. Benjamin Rush's 1874 treatise on alcoholism. Accounts of recovery activism among African Americans increased through the nineteenth century. According to the research of Crowley (1997), Frederick Douglass may be the most prominent of early African Americans in recovery. Douglass openly talked about a period of intemperance in his life, signed a pledge of abstinence in 1845, maintaining sobriety the rest of his life, and worked to promote Black temperance groups.

Douglass saw sobriety as a prerequisite to liberation and full citizenship. Through his encouragement and example, nineteenth century African Americans generated their own temperance and mutual aid societies, e.g., the Black Templars.

These societies and their pledges framed sobriety within the historical and cultural context of the post-Civil War years:

Being mercifully redeemed from human slavery, we do pledge ourselves never to be brought into slavery of the bottle, therefore we will not drink the drunkard's drink: whiskey, gin, beer, nor rum, nor anything that makes drunk come. (Temperance Tract for Freedman)(Cheagle, 1969, p. 29)

Back to the Future: Race and Cocaine

American slaves had only limited contact with drugs other than alcohol, and this limited exposure continued after emancipation. This lack of significant exposure is contradicted by late nineteenth century media reports of the "Negro cocaine fiend." These reports charged that cocaine incited Black men to sexually assault White women and that spreading cocaine use among Blacks could spark an uprising against White society. Typical of such reports is a 1914 article by Dr. Edward Huntington Williams in *The Medical Record* describing how the sexual desires of the Negro Cocaine user were "increased and perverted" to such an extent that he was a "constant menace to his community until he is eliminated "(p. 247). The image of the "cocaine fiend" constructed in the medical and popular press was that of a Black man whose "immunity to shock, together with the fearlessness, hallucinations, and homicidal tendencies" made him an "object of special dread" to the White race (Williams, 1914, p. 248).

What is remarkable about these accounts is the complete lack of data to support the claim of widespread cocaine use among African Americans during this period of history. Historians who have investigated this question report no evidence of widespread cocaine use among Black people or that any such use was linked to violence or sexual assault (Courtwright, 1983; Spillane, 1994). At a time when cocaine use was an overwhelmingly White problem, the public image of the cocaine user was overwhelmingly Black—a phenomenon repeated a century later.

Some Brief Reflections

What can be learned from these brief historical vignettes? Several lessons seem clear. The first, drawn from pre-colonial Africa, is that strong communities and indigenous institutions constitute one of the most powerful forces for the prevention of alcohol- and other drug-related problems. Conversely, the weakening of cultural institutions dramatically heightens community and personal vulnerability for such problems. This suggests that, for a besieged people, personal recovery is inseparable from the health of the larger community.

The second lesson is the sustained influence of racism upon the public portrayal (misrepresentation) of alcohol and other drug use in the African American community. Such misrepresentation undergirded the birth of slave codes, drove the spread of anti-alcohol and anti-cocaine laws in the South in the late nineteenth century, and fueled the anti-cocaine laws and racial patterns of enforcement in the late twentieth century that injected the criminal justice and child protection systems as colonizing and occupying institutions within poor African American communities. While African Americans currently represent 15% of illicit drug consumers (NIDA Household Survey), African Americans constitute 60% of those incarcerated in state prisons on felony drug charges (U.S. Dept. of Justice, Bureau of Justice Statistics). While illicit drug use during pregnancy is equal for White and African American women, the latter are ten times more likely to be reported for prenatal drug use (Chasnoff, et al, 1990).

Third, alcohol and other drugs have long been used as tools of exploitation and pacification of the African American community. This trend can be seen from the ritualized intoxication of the slave, to the early control of alcohol and drug markets by people outside the African American community, to the modern targeting of African Americans by the alcohol, tobacco and illicit drug industries.

Fourth, there is an enduring African American tradition of using indigenous religious and cultural institutions as frameworks for the personal resolution of alcohol and other drug problems. From the Black Templars to the Black Nation of Islam, from the integration of A.A. and N.A. in the mid-twentieth century to the rise of Afro-centric models of prevention and treatment in the late twentieth century, African Americans have found resources within their communities to resolve alcohol and other drug problems (Williams, 1992; Sanders, in press).

The history we are reviewing is important to the addictions counselor because it is a living history. When a White counselor and an African -American client sit in a room together, the ghosts of slave and slave master shimmer in the air until that history is buried in each developmental stage of the helping relationship. When an African-American coerced to treatment first encounters an African-American counselor, the ghosts of the house slave and field slave are there with them until an authentic, present-oriented relationship is developed. The emotional memory of this history lives even where the detailed knowledge of the history is unknown to both client and counselor. Buried within this history are demons of rage, fear, and guilt that must be exorcized if we are to avoid replicating the worst of this history in our service relationships (Bell, 1992; Green, 1995).

The history we are reviewing reminds us that what is commonly called psychopathology can also be understood in terms of toxic social processes—an understanding that calls for the healing of communities and cultures as well as individuals. That same history also reveals styles of collective resistance and survival that can be tapped to ignite and enrich the process of addiction recovery.

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