

# **Surviving Oppression under the Rock: The Intersection of New York’s Drug, Welfare, and Educational Policies in the Lived Experiences of Low-Income African Americans**

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*Drawing on standpoint and intersectionality theories, this study explores the degree to which interactions among New York State’s Rockefeller Drug Laws and educational and welfare policies have contributed to the maintenance of a culture of surveillance in which the lives of impoverished African Americans are overseen and influenced by oppressive policies and governmental institutions. Qualitative secondary analysis of longitudinal ethnographic data was conducted. Findings demonstrate multiple disadvantages that impoverished African American families struggling with substance use or sale experience. These disadvantages accumulated intergenerationally, in a snowball effect, making it difficult for participants to maintain stable lives. Findings explored the tension*

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*between participants' lived experiences and the multiple ways they either assimilated or resisted their oppression. New sensitive policies informed by standpoint, intersectionality, and Afrocentric perspectives must be developed to increase the availability of meaningful employment and strengthening impoverished African American communities.*

**KEYWORDS** *drug use policy, poverty, welfare, African Americans, oppression*

## INTRODUCTION

The definition of substance abuse and dependence has been historically debated, with two perspectives often being highlighted: the medical and criminal justice perspectives (Larkin, Wood, & Griffiths, 2006; Leshner, 1999; Peele, 2007). Over the past few years, the National Institute on Drug Abuse has defined addiction as a disease of the brain where the person experiences a compulsion to use substances despite numerous negative consequences (Leshner, 1999). Although the scientific community emphasizes addiction as a disease, U.S. policy makers and the media continue to argue that substance users must be punished due to the high correlation of substance use and crime (Leshner, 1999). However, it is fair to argue that if the definition of substance abuse includes the continued use of substances despite numerous negative consequences, punishing substance users is an ineffective approach. In fact, the negative effect of imprisonment has been widely documented in the United States (Human Rights Watch, 2008; Women in Prison Project, 2007). Moreover, the high correlation between substance use and crime has yet to be established as a causal relationship. Therefore, it is not known whether this relationship is true due to the effect of drugs on criminal behavior, the effect of criminal behavior on drug use, the effect of policies that criminalize drug use (such as the Rockefeller Drug Laws), or a combination of these variables.

The current research focused on the intersection of poverty, substance use, violence, and punitive policies in the lived experiences of low-income African American families in New York City. Findings show that in the United States, the contemporary understanding of substance use, abuse, and dependence has been influenced by misguided and paternalistic ideologies that blame the individual for his or her inability to conform to mainstream society. This article argues that it is time for the United States to move away from punitive substance abuse policies and interventions that create a culture of surveillance designed to coerce marginalized populations into adhering to mainstream Eurocentric worldviews and behaviors.

## Understanding the History of Drug Laws and Treatment in New York

Nationally, the idea of incarcerating or treating those addicted to substances can be traced back to the 1920s with federal “narcotics farms” where substance abusers were incarcerated and treated for their addiction (Taxman & Messina, 2002). Addiction treatment became more popular after the opening of the first U.S. Public Health Service hospital in Lexington, Kentucky, dedicated to treating addictions in 1935 (Brecher, 1972). Methodologically flawed official reports were used to support the effectiveness of Lexington hospital’s treatment in curing addiction. The media contributed to Lexington hospital’s increased support by disseminating simplistic interpretations of scientific evaluations. Ineffective, prison-like, inpatient treatment approaches to addiction became popular through the 1950s and early 1960s (Anslinger & Tompkins, 1953; Vaillant, 1966).

In 1966, New York Governor Nelson Rockefeller launched a large and costly new program aimed to treat New Yorkers addicted to substances. The New York State Narcotic Addiction Control Commission that was subsequently established required all substance abuse program participants to be committed for 3 to 5 years, whether they entered treatment voluntarily or through the courts (Taxman & Messina, 2002). Like its predecessors, the program failed to prove its effectiveness, and policy makers and practitioners became disillusioned with drug treatment (Benoit, 2000; U.S. Department of Health, Education, & Welfare, 1968). The introduction of crack cocaine in the 1980s—coupled with the scarcity and ineffectiveness of treatment, harsh prison sentences, and heavy police presence in impoverished neighborhoods—contributed to the overwhelming number of drug-related cases in New York City’s criminal courts and increased the oppression faced by already vulnerable New Yorkers: impoverished African Americans.

By the 1990s, the failure of the war on drugs to reduce crime and substance use was evident. Moreover, knowledge about addiction had increased dramatically through rigorous scientific research, which resulted in a search for alternative solutions. Treatment diversion programs such as drug courts, Drug Treatment Alternative to Prison, Manhattan Treatment Court, and Treatment Alternative to Street Crimes gained public attention and policy support (Belenko, 2002).

Issues related to methadone maintenance emerged alongside the Rockefeller Drug Laws. Methadone was introduced in New York City through the Dole-Nyswander program during the 1960s (Brecher, 1972; Dole & Nyswander, 1965). Successful evaluations of the program fostered strong enthusiasm among some physicians while others opposed it (Rettig & Yarmolinsky, 1995). Proponents claimed the program was effective in treating heroin addiction, reducing crime, reducing HIV contraction risk, and increasing employment (Holloway, Bennett, & Farrington, 2006; Murray,

1998; Simoens, Ludbrook, Matheson, & Bond, 2006). Critics argued that methadone maintenance simply replaced one terrible drug with another (Spunt, 2003). During the 1970s, concerns that methadone abuse would become a new epidemic led the U.S. Bureau of Narcotics and Dangerous Substances to develop regulations for the operation of methadone programs (Rettig & Yarmolinsky, 1995).

Currently, methadone maintenance is one of the most regulated medical treatments in the United States. It can be dispensed for opiate treatment only by federally licensed programs; patients must take most of their daily doses in the clinic while being monitored by staff. Patients are only allowed to enroll in one program at a time. Physicians must obtain permission from the federal government to dispense take-home methadone doses to patients who take more than 100 mg daily (Rettig & Yarmolinsky, 1995). They must justify any daily dose prescribed above 100 mg in patient records and follow strict timetables and criteria for granting and rescinding take-home doses to eligible patients. Such restrictions impose serious challenges. Consumers and providers must comply with exact program requirements to avoid the problems associated with methadone withdrawal. Restrictions also contribute to the stigma attached to methadone users who are often viewed as criminals. In fact, many methadone users often regret that they ever entered the programs because they feel trapped by their fears of methadone withdrawal and the ever increasing challenges they face in complying with strict regulations (Bourgois, 2000; Gourlay, Ricciardelli, & Ridge, 2005).

### Rockefeller Drug Laws

By the early 1970s, crime and drug abuse rates had increased while support for involuntary inpatient treatment programs fell (Benoit, 2000). At the same time, Governor Nelson Rockefeller began efforts to strengthen his image at the national level to run for the presidency (Porter, Tamm, Lin, Ford, & Iacopino, 2004). Hoping to portray a conservative image of being tough on drugs, Governor Rockefeller signed the 1973 New York Rockefeller Drug Laws, which became the harshest drug laws in the country. Under these laws, the penalty for selling 57 grams or more of opioids, cocaine, and marijuana or possessing 113 grams or more of the same substances carried a minimum of 15 years to life in prison and a maximum of 25 years to life in prison (1973 N.Y. Penal Laws Ch. 220). This sentence was equivalent to the penalty for second degree murder.

Under the initial Rockefeller Drug Laws, judges had little sentencing discretion; therefore, they had to apply mandatory minimum sentences regardless of any other factors aside from the amount of the substance that was found in the arrestee's possession. Only during arraignment did the prosecution have discretion in deciding whether to charge the arrestee with a misdemeanor or a felony. Once the charge was made, mandatory sentences

were at stake. Most of the accused plead guilty to reduced charges (Porter et al., 2004). The only other allowance made was whether a person caught in possession of controlled substances would be arrested or released by the police after being apprehended (Harcourt, 2001). The basis for a person's arrest or release was usually unknown.

In 2005, the Drug Law Reform Act reduced the minimum penalty for conviction on the most serious (Level A1 felony) drug charge in New York State from 15 to 8 years of incarceration for offenders with no prior felonies. In 2009, New York's drug laws were further reformed: judges can finally have discretion in sentencing and more funds will be allocated to treat substance users.

Since its ratification, New York's Rockefeller Drug Laws have resulted in a significant inflation of the prison population and increase in the imprisonment of Black women. Women's incarceration rates increased 645% from 1973 to 2007; almost 69% of New York State's prison female population is constituted by women of color, with 47% of them being Black (Women in Prison Project, 2007).

### Welfare Policies, Housing, and Child Protective Services

Welfare policies constitute another powerful tool within the culture of surveillance. New York has historically provided one of the most generous welfare programs in the nation, but in the context of one of the highest costs of living in the nation (Riedinger & Yarmovinsky, 1995). Thus, benefits have been insufficient to lift families out of poverty. New York's Aid to Families with Dependent Children (AFDC) eligibility criteria for a single parent household of three in 1996 stipulated that: (1) a family's gross income could not be greater than \$1,067 per month, and (2) a family's net monthly income (income after taxes and certain other deductions) had to be below \$577 (Zedlewski, Holcomb, & Duke, 1998). Prior to 1996, welfare benefits included cash assistance, food stamps, health insurance, child care, and education, work, and training programs to qualified recipients (Burke, 1997).

The Personal Responsibility and Work Opportunity Reconciliation Act was enacted in 1996 by the federal government with the intent to "end welfare as we know it" by reducing dependency on federal welfare payments and by bringing many poor persons into legal jobs and the mainstream economy. The new law imposed various work requirements, established a 60-month lifetime limit on receipt of benefits, and imposed random drug tests. The Gramm Amendment gave states the option to ban anyone with a felony drug conviction from ever receiving Temporary Assistance to Needy Families (TANF) and Food Stamps; fortunately, New York State opted-out of this amendment (Riedinger, Aron, Loprest, & O'Brien, 1999), and those convicted of a drug related felony are eligible to receive assistance in New York State.

New York created a program named Family Assistance to respond to federal guidelines for welfare under TANF. Family Assistance includes a

5-year limit and increased emphasis on requiring recipients to work. It continues to offer recipients a maximum benefit of \$577 per month for a family of three. Unlike many states, New York's constitution requires that the state provide aid to all needy New Yorkers. Thus, New Yorkers who are not eligible for the Family Assistance program may continue to receive state and locally funded cash assistance through the Safety Net Assistance program for 2 years, after which they may continue to receive noncash assistance in the form of direct payment vouchers for rent and utilities, as well as a small cash grant.

Although some of the welfare policies were responsive to social needs, other policies created new hardships. For example, prior to 1996, substance abuse was considered to be a mental illness eligible for Social Security Income (SSI) benefits. However, because of the large number of people applying for SSI benefits, limited funds, and the states' inability to determine how recipients were spending SSI funds, substance abuse was eliminated as an eligible condition. After 1996, applicants had to prove they had a co-occurring physical or mental condition that prevented them from being able to work in addition to their substance addiction. The application process became more difficult to navigate, and stringent criteria were used to determine eligibility (Benoit, Young, Magura, & Staines, 2004).

Similarly, New York's affordable housing program aims to provide "decent and affordable housing in a safe and secure living environment for low and moderate income residents throughout the five boroughs" (New York City Housing Authority, 2008). However, the increasing gentrification of New York City and reduced budgets to support public housing programs have made this mission unrealistic; housing instability poses great challenges to those struggling with drug addiction because it aggravates the consequences of drug use and further exposes users to violence. For example, participants in the current study reported using New York's Housing Choice Voucher Program, which provides funding for rent subsidies, and New York's Public Housing program, which provides a city owned apartment to the applicant. Rent subsidies (vouchers) allow families to pay a share of their income toward rent while the program, within specific limits, makes up the difference. However, participants are placed on a waiting list, and it may take years before they are assigned an apartment (New York City Housing Authority, 2008).

Those who struggle with drug addiction also face additional hardships with threats about losing their children. Child Protective Services is a part of New York State's welfare system. The State Legislature enacted the Child Protective Services Act in 1973, creating a state central register for child abuse and maltreatment reports. The state central register operates a toll-free hotline, which receives reports of abuse or neglect from across the state 24 hours a day, 7 days a week. Reports are then screened and referred to local child protective services agencies, which must start an investigation to

determine abuse within 24 hours (New York State, 2008). New York City's current local child protective services agency was established by Mayor Rudolf Giuliani in 1996 and named the Administration for Children's Services (ACS). The ACS has adopted an expedited approach, where the child's safety (as perceived by the state) is the priority. Thus, child removal occurs whenever a child is deemed to be at risk. For instance, under the current law, children born with illicit substances in their system would be presumed to be abused and immediately placed under state custody (Firestone, 1996; New York City Children's Services, 2008).

After determining the safety of the children, ACS must notify the subject of the report (parent, guardian, custodian, or other adult accused) of the existence of the report. Information from schools, hospitals, police, and social service agencies are gathered and examined. At the completion of the investigation, a report of abuse or neglect is either "unfounded" (no credible evidence of abuse found) or "indicated" (credible evidence of abuse is collected). In most cases, ACS caseworkers offer social services to the families they investigate, hoping to improve parenting practices. This approach often requires the caseworkers to rely on parents or guardians to voluntarily accept services. If the parent or guardian refuses services or if the abuse is severe enough, the case is referred to family or criminal court (New York City Children's Services, 2008; New York State, 2008).

Families may be prematurely separated based on the subjective judgments of welfare workers who often do not understand the macro forces that effect impoverished African Americans. For instance, the African American family structure has been labeled as pathological by some researchers (Moynihan, 1965), whereas others have described the same structures as creative coping strategies with oppression (Dunlap, Tourigny, & Johnson, 2000; Gutman, 1976; Leary, 2005; Wilson, 1984). Although child safety is a critical issue, breaking up families poses major risks, including trauma to the family unit (Dunlap, Randolph, & Johnson, 1998). Such practices create a culture of surveillance that further alienates impoverished families and reinforces negative stereotypes about a population that has been historically marginalized in American society.

## Education Policies

New York City's education policies provide clear expectations for parents that include sending their children to school regularly and being fully involved in the child's education. If a parent fails to fulfill these responsibilities, the school may refer the family to ACS for educational neglect, which would result in ACS investigation (The New York City Department of Education, 2007). The only way a student would be relieved from parental involvement would be if the child is deemed homeless by the school. In that case, the school would follow guidelines set by the McKinney-Vento Homeless Education Assistance

Improvements Act of 2001. This law requires that states in the United States ensure that each *homeless* child has equal access to the same public *education* as other children. Consequently, the school must provide homeless youth with free lunch, transportation, and school materials.

New York schools have adopted a school nutrition program providing free breakfast, lunch, and after school meals to homeless or impoverished children. New York's public schools require that all children complete a form with information about the household's financial status, which must be signed by a parent or legal guardian and resubmitted to the school by a certain date to participate in the program. If a child is not able to submit the completed form, that child cannot participate in the program and must pay for the food he or she consumes while in the school. This can pose significant challenges to children who depend on substance-abusing parents because to receive free lunch, these children are forced to find a way to gather the paperwork or report their parents to ACS and the criminal justice system.

Drawing on standpoint and intersectionality theories, the current study explored the degree to which the interaction among the above policies have contributed to the maintenance of a culture of surveillance in which participants' lives are overseen and influenced by governmental institutions. Intersectionality and standpoint theories argue that individuals form many identities as opposed to a single identity. For example, the same person may be a woman, but also be African American and poor. These identities are interconnected and cannot be separated; thus, they must be examined together. Identities are seen as social constructions that are fluid and socially situated. The status quo is challenged as the world is revealed through the eyes—or standpoints—of oppressed individuals (Collins, 2000; Hooks, 2000).

## METHODS

This article examines qualitative data collected from two longitudinal ethnographic studies funded by National Institute on Drug Abuse. Both studies were designed to examine the underlying dynamics and context of family relationships, violence, and drug use among impoverished African Americans. These studies include longitudinal in-depth interviews and observations about the lived experiences of impoverished African Americans in New York City from 1995 through 2008. Both studies were approved by an Institutional Review Board, and participants provided informed consent and were paid for each interview over the course of the study.

Participants were interviewed every 6 months for 3 to 5 years. In addition to in-depth interviews, ethnographers conducted regular household observations. Detailed field notes of observations and transcripts of the in-depth interviews are maintained in a FileMaker Pro database. FileMaker Pro



makes it possible to retrieve responses for any question from every respondent and collect them in one file. Responses and field notes can be examined on a case-by-case basis or for the entire sample, over time, or for a single instance (Benoit, Dunlap, & Johnson, 2008).

## Participants

Two families were included in the analysis ( $N=11$ ), although the current article will focus on the experiences of four individuals: Diane in the Barika family, and Peaches and her daughters, Candy and Carmen, in the Kamaus family. The experiences described are typical of the experiences in the extended sample. Codenames were used to protect confidentiality. All participants were impoverished African Americans who had used substances in the present or past (primarily alcohol and marijuana). Previous analysis has shown that many of these participants constitute the children raised by crack users from the 1980s. They were profoundly traumatized by their family's drug use and consequently tended to avoid using crack and other hard drugs (Benoit, Randolph, Dunlap, & Johnson, 2003). They tend to believe that alcohol and marijuana are useful substances, and that they can manage using these substances. Although most participants who use marijuana seem to have less economic and emotional problems than their mothers who reported using crack, they continue to struggle with substance use and encounter problems with the law, employment, and deviant behavior (e.g., violence) (Benoit, et al., 2008; Dunlap, Benoit, Sifaneck, & Johnson, 2006). Table 1 lists participants' demographics.

**TABLE 1** Participant Demographics

Variable	Diane	Peaches	Candy	Carmen
Year born	1960	1951	1969	1975
Highest grade completed	10th	12th and GED	High school degree	10th and GED
Age at birth of first child, y	20	18	26	22
Single mother	Yes	Yes	Yes	Yes
No. of children by 2007	5	2	2	3
No. of children lost to ACS or others 2007	5	2	2	0
Drug(s) of choice	Crack and alcohol	Heroin and powder cocaine	Crack	Marijuana
Has been arrested	Yes	Yes	Yes	No
Experienced sexual violence	Yes	Yes	Yes	Yes
Experienced physical violence	Yes	Yes	Yes	Yes
Health status in 2007	Very sick	Dead	Good	Good

ACS = Administration for Children's Services; GED = general educational development.

## Analysis

Analysis was conducted following methodology described in Stake (2006), which allows for a holistic description of overall patterns among multiple case studies while also maintaining the unique themes identified within each case. First, each case was analyzed separately to allow themes to emerge from the data. Next, the multiple case analyses were conducted by comparing findings from the individual case thematic analysis and employing intersectionality and standpoint theories as a lens for interpretation. Participants' stories illustrate the complexity of the relationship between the challenges participants experienced, their coping strategies, and their resistance to the ideology that justified their oppression.

Criteria developed by Lincoln and Guba (1986) were used to assess the rigor of this scientific inquiry (i.e., credibility, transferability, dependability, and confirmability). Participant credibility was enhanced by: (1) including interviews from several family members, (2) collecting a variety of observations and notes that made it possible to compare participants' discourse, and (3) asking the same question multiple times in different ways. Researcher credibility, dependability, and confirmability were ensured through meetings with the ethnographers, colleagues' feedback, and carefully kept memos. Transferability was made possible through analytic induction and a rich description of background information regarding the time and place in which data were collected (Creswell, 2007).

## RESULTS

Policy interactions often created obstacles, which hindered participants' ability to break out of the oppression in which they were born. These policies promoted a culture of surveillance in which the restrictions of freedom were justified by a false pretence of protection and safety. For example, coerced substance abuse treatment through ACS and the criminal justice system is based on the premise that drug users are a threat to society. Society then forces users into traditional substance abuse treatment that is designed to mold drug users' behaviors to conform to social norms. The problem is that mainstream behaviors are often not feasible in highly oppressed environments. The four themes presented below illustrate the effect the intersection of these policies had on participants' lives.

### Growing-up and Completing High School

Education has been an important route to financial stability in the United States, especially after manufacturing jobs were moved to developing countries and the demand for highly skilled professional workers increased.

All participants struggled with distress that hindered their ability to graduate from school. Ideals of beauty and wealth required that participants wear fashionable clothing to be accepted in school. Because many of them were unable to afford expensive clothing, participants were subject to classist discrimination, which marginalized them at school. For instance, Carmen had difficulty concentrating on her studies because she could not afford proper nutrition. Substance use by Diane and Peaches made it impossible for them to become involved in their children's education and fulfill the aforementioned educational policy protocol for parental involvement. Lack of adult supervision was another important obstacle for school completion. Combined, these obstacles contributed to many participants' inability to graduate despite their intellectual capabilities.

Peaches was struggling with her crack addiction, which started when Carmen was 12 years old. Carmen had fond memories of spending time with her mother reading books, cooking, and going to the park until she turned 12 years old. Her memories of her early childhood were all positive despite the multiple distresses they experienced. Carmen's family was very poor, experiencing hunger and homelessness. Her stepfather Abdul was often violent with Peaches and was accused of molesting Carmen. Peaches constantly argued with Candy, and their fights often culminated with Peaches beating Candy. Carmen also downplayed her memory of having to lock up her belongings to stop Peaches and Abdul from stealing from her. As Peaches' addiction developed, she started spending less time at home and Carmen felt neglected. Sometimes Carmen would spend several days by herself at the house with no food or money:

And you go from my mother cooking every night to I got to stand outside in front of the building and wait for you to get home ... because I don't got no key to get in the house. Talk about dinner, and I'll tell you to go to a friend's house if I wasn't home? Yeah, but I ain't know you meant if you spent the night out, because you ain't never did that before. So we literally jumped from me, from sugar to shit, literally. But you know, it probably was an ongoing process with her; but I was a child. I didn't know that. I didn't know it was that bad.

When Carmen was approximately 15 years old, her relatives suggested that she move to the south to live with them. However, Carmen was attached to her mother and did not know at the time how difficult things were about to become:

Yeah, but you asking a person that was, like I said ... you went from neglect to nothing ... but when it was going through that process, you asking me to get away, to leave my mother. And this was before ... how am I supposed to know that I'm gonna be starving every day? This problem just now occurred ... and soon as the problem occur, you want me

to jump up and leave my mother, while everybody, it seemed to me, is whispering bad things about my mother? I don't want to hear that. And I don't want to be with you, if you gonna sit there and talk about my mother.

The above quote illustrates Carmen's confusion and mixed feelings about her mother. She was only 12 years old and her family expected her to make the decision to move to the south away from her mother. At that time, Carmen had hoped that her mother would change and take care of her again. Carmen did not know Peaches was using crack and that the hardship she was experiencing was about to become worse. When Carmen turned 16 years old, her family was evicted for failing to pay their portion of the rent. Carmen described this experience as a great trauma in her life:

Okay, mom evicted. Well, that was really traumatizing because, first of all, I had spent the night out the day she got evicted, the day before ... because my friend had got arrested over somebody messing with him. So we went downtown to Central Booking, and we was there all night. And I wound up having my period, and it went through my pants. So the next day I'm rushing home to get home and change my pants and stuff. And before I can even get there, I see one of my friends. And she told me that there was an eviction notice on my door. I didn't really believe it until I got upstairs ... [and] the key wouldn't fit in the door. So I'm sitting there with no pants and stuff. I'm bloody, I got nowhere to go, and it was just like-trauma, definitely. So basically the only thing I owned was the clothes on my back. Because being that I wasn't there when they evicted her, my mother didn't take none of my stuff, because the room door ... I had a top lock on my door so she wouldn't steal my stuff. And being that it was locked, she said she couldn't get in.

This quote illustrates a common pattern in Carmen's adolescence and young adulthood. She encountered one obstacle after another, which challenged her ability to survive. As Carmen's life became progressively more challenging, she could have turned to ACS or school authorities for help. However, she was terrified of being placed in foster care and being separated from her mother. She was able to successfully avoid contact with governmental agencies throughout her adolescence. Carmen described her first encounter with ACS when her school finally reported her for truancy:

When I turned 15 years old, they [ACS] came and knocked on my door. Mother or no mother, they took me to court, two men that I did not know. My mother wasn't there. And I used to peep through the peephole quietly because I knew that we might get evicted, you know. But for some reason, I opened the door and they took me to court that one time. But they told me, you're getting ready to turn 16? Yeah. You don't got to go to school after that. So that problem was solved the next month because that was the first time they caught me.

In fact, Carmen's distrust and fear of ACS was so great that she was willing to endure homelessness and hunger to avoid them. As previously described, school policy expects that parents are involved with the child's education and it requires parents' signatures and, often times, parental presence at the school, unless a child is deemed to be homeless. In Carmen's case, disclosing her homeless status to the school would likely mean termination of her mother's parental rights, so Carmen never claimed to be homeless. As a result, her mother was expected to be involved in Carmen's education. Because Peaches' addiction had taken control over her life, she was unable to fulfill the school's parental expectations, creating several obstacles for Carmen. The first obstacle was her access to the school's free lunch program. To be eligible, Carmen had to have her mother submit and sign the required forms, which Peaches never did:

And then part of the way through high school, I couldn't even get the school lunch, because just to find my mother to copy the paper, you know. You got to do the paper with your financial thing to get school lunches. So I even was messed up with that. I couldn't even get the free lunch. So I really was starving, so I wouldn't even be going. And when I came home, that's what I was worried about, where I was gonna get food from.

While facing so many challenges, Carmen started missing school and getting into trouble. The school finally told her that she could only return when she brought her mother in to speak with the principal. Carmen knew that her mother was in no condition to come to her school so she dropped out in the 10th grade. From ages 16 through 18, Carmen lived with different friends, engaged in illegal activities (drug sales and prostitution), and received a \$200.00 monthly allowance from her mother (Peaches shared her SSI check with Carmen).

Carmen fared better than many women in her community. However, to survive as an impoverished African American woman, she had to prostitute herself, sell crack, rely on welfare, experience hunger, earn a general educational development certificate, and convince a potential employer that she deserved a chance. By promoting a police state rooted in patriarchy and surveillance, the policies that should have protected Carmen as a child actually posed further obstacles in her life. As a teenager, Carmen was afraid to disclose her distress to school authorities and ACS because she feared being separated from her mother. Consequently, she was exposed to severe violence, hunger, and homelessness. Her predicament made it impossible to graduate, which hindered her ability to acquire the skills necessary for meaningful employment.

### Securing Family Income

Current welfare policies use several techniques to encourage impoverished African Americans to conform to mainstream society. The most commonly

used technique is referred to as sanctions. This involves the reduction or interruption of benefits if the recipient fails to comply with welfare requirements. These sanctions aim to discourage child birth out of wedlock, instill work ethic in participants, and promote drug-free life styles. For instance, current welfare requires that all applicants work at least 30 hours per week for their pay checks. However, such an expectation is unrealistic because not all people are able to work or find meaningful employment, particularly for unskilled labor. Carmen explained the paradox of the current welfare to work program:

The point I'm saying is that if I add up all the money that's given me, and the rent money, I'm still not getting paid monthly what I would be getting paid if I had worked that job as a regular. So if you gonna find a spot for me, saying you gotta work ... why can't you just give me that spot and I be weaning myself off welfare or, you know, you cut me off once I get paid what they getting paid. Give people real jobs. If I'm gonna be working then why can't I get paid what he's getting paid? In welfare, the jobs are real but the pay is fake. If there's places for us to work then why not put us to work and stop making us work for the welfare. That's why people be flipping because it's welfare. I'm working for \$40? I'm not really seeing nothing so for all that, then I can just make up excuses and get the \$40. And I be looking for jobs but that are paying anything won't hire me. I don't know why. I took a test for a job and they never called me back. I took the census test and never heard from them.

The above quote illustrates an obstacle that many participants encountered. They started working for the welfare program, although they were soon out of work because the position was closed or they were laid off and unable to find other employment. By 2007, Carmen was able to secure a job outside welfare as a bank teller working for \$9 per hour and receiving benefits. Her job also offered a potential for developing a career. She worked to earn money whenever she was able to secure employment. However, the intersection of race, class, and gender were permanent obstacles in her life as she had to constantly prove to others she was not trying to take advantage of the welfare system and that she was willing to work hard.

As illustrated by Carmen's plight, the distress experienced by all participants contributed to their inability to secure and maintain employment in mainstream society. They were never socialized by their parents to be competitive in the job market; therefore, they lacked the skills necessary to navigate mainstream society. The inability to secure meaningful employment coupled with the stigma associated with being a poor African American woman and the trauma they accumulated over the violence they witnessed and experienced throughout their lives took a significant toll on their self-esteem and mental health.

## Raising Children

Candy's experiences with ACS, substance abuse treatment, housing, and criminal justice policies reinforce the oppressive nature of the interaction among surveillance policies. Candy's first-born daughter was removed from her custody at birth because she tested positive for cocaine. At the time of Candy's first interview, her daughter was 3 years old and had been in foster care her entire life. Candy was quite bitter about her loss custody:

With my daughter, my most frequent problem is dealing with the emotions I feel behind the fact that she's in foster care. You know, and dealing with the depression and stuff that comes over that. You know, and worrying over, you know, what kind of relationship she and I will have since she more than likely won't be, I won't be raising her, more than likely.

Candy had a hard time coping with the anger she accumulated over the course of her life. She was angry because of the neglect she received from her mother: the multiple rapes she endured, her difficulty in developing a career despite her love for books and math, and the loss of her daughter.

Although Candy pledged never to engage in an abusive relationship with a man as her mother did, she did become addicted to crack. Her substance use aggravated the distress she experienced, making it difficult for her to make progress. She struggled with feelings of guilt as she felt responsible for the problems in her life. Candy had great insight about the processes that triggered her addiction and led her to ultimately give up. Her discourse revealed her insight blended with assumptions she likely learned in the many treatment programs she attended. She felt torn and responsible for her daughter being taken from her. On one hand, fighting for her custody was tearing her up inside with anger, guilt, and frustration. On the other, she felt that as a mother she could not give up the fight for her daughter. In Candy's case, ACS policies served as yet another obstacle for healing:

I notice that when I take too much on my plate, that there's a certain point that I get to that I know what I can handle, in terms of living life on life's terms and day to day, day to day. And when I feel like I've got too much things, too much pressures and stuff going, that's when I need to cut back on whatever those pressures are, instead of, you know, trying to tough it out and say, "I'll do it. I'll do it by myself. I'll do it by the skin of my teeth," and then just saying, "to hell with it," and going and getting high. Like for example, with my daughter, I should have just went on and gave up my custody a long time ago instead of keep fighting that battle that I know was tearing me up. I know that all the stresses and shit I was under. But when I started dealing with that situation with Angela again, I could feel it coming. I could feel the pressure and the anger and the hostility, the frustration and the guilt, all of that. And I knew I should

have just left it alone; but as a mother, I just kept feeling guilty, like, if I don't, you know, see her and do, you know, go through the motions, then I'm being a bad mother and stuff. And this went on forever.

The quote above provides a glimpse of the pain, confusion, and duality oppressive policies can cause in their victims. Society tells Candy that she is an addict, a bad mother, a sexual object, a criminal, and a punching bag. The messages Candy receives cause her to blame herself for her own plight, creating a tremendous amount of guilt, shame, and hopelessness, but her anger tells her that she is a victim and that she deserves more respect. She fights for her daughter because that proves to her that she is a good mother after all. The struggle results in a vicious cycle where Candy pulls her strengths together, stops abusing substances, and makes progress toward securing housing just to make one mistake and lose everything she worked for.

The snowball effect that the interaction between welfare, criminal justice, and education policies may have in oppressing participants were illustrated when Candy lost her second child, Christopher, to ACS. Candy had been clean for nearly 1 year, and she expected to get her own apartment through public housing shortly thereafter. Candy had been scheduled to meet with her daughter Angela's foster mother, an ACS worker, and Candy's counselor at the public shelter where Candy lived. Candy had complained that Angela's foster mother was usually late for the supervised visits and mistreated Candy. The foster mother had told the ACS worker that she (the foster mother) was afraid of Candy. During their visit, Candy and Angela's foster mother started to argue. The foster mother told Candy that she would give her respect when she became a mother to her daughter. This sent Candy over the edge and she slapped Angela's foster mother. Security guards from the shelter ran into the room and dragged Candy out, pinning her down and manhandling her.

Candy was charged with assault for slapping the foster mother, throwing furniture around the room, and biting two security guards. Candy said her son was asleep while this was going on but, according to the ACS worker, the children were all awake and present during this encounter. The security guards choked, scratched, pushed, and shoved Candy. The police were called, and Candy was arrested for assault. At the precinct, Candy was to be given a summons, and then she would be released to return to court at a later date. However, Candy had warrants for failure to appear to prior court appointments and she was detained. Candy's aunt, Marie, took temporary custody of Christopher.

Candy was sentenced to 1 day community service and she had to work from 9:00 a.m. to 5:00 p.m. for 7 days. She was evicted from the shelter. Without Christopher, Candy was no longer eligible for a family shelter and had to go to a shelter for single women. Candy was told by the ACS worker that she would have to agree to certain stipulations if she wanted to get her



baby back. She was required to take a psychiatric evaluation, go into a substance abuse treatment program, attend parenting classes, and go to therapy to address her anger. During her interview, Candy admitted, reluctantly, that she started smoking crack after the incident with the case worker.

Candy's ordeal demonstrated how the policies designed to protect society by helping people become responsible parents and drug-free working Americans may ultimately be counterproductive. Candy had been working hard to overcome her addiction, secure housing and employment, and keep her child. However, her angry reaction for being called a bad mother was enough to dissolve the accomplishments Candy had made. She lost her child, her home, and her sobriety.

### Experiencing Imprisonment or Mandated Treatment

Participants in contact with the criminal justice system faced greater challenges establishing stable housing because they were often hiding from the police or banned from public housing grounds. If they sought services from a shelter, they were likely to be arrested. Diane explained her experience hiding from the police:

The police looking for me now. I got a couple of 'em warrants for not going to a program; one for jumping turnstile. They want me to pay \$110, which I ain't got. I got a couple of 'em. They'll probably give me like 6 months to a year if they catch me. They got to catch me first, and I ain't easy. They keep going to my mother's house, though. That's why I ain't going to no shelter. They can easily get me in the shelter. Because they know I'm homeless. They look in the shelter.

None of the participants in the two families included in the analysis were ever charged with an A level felony offense because they always pleaded guilty and were released on their own recognizance or sent into a mandated inpatient treatment program. However, lower level drug charges still carried jail sentences, probation, and mandated treatment, which often posed challenges to participants. They had a difficult time managing their addiction and keeping their court appointments. Moreover, for some, completing mandated treatment posed a great challenge.

Diane did not adapt well in the treatment programs that were available to her. She did not trust treatment or governmental organizations. Consequently, she would plead guilty and accept the requirement of treatment completion. Then she would abscond from the program the first chance she had and hide from the police. At times, she would use her married name to sign up in shelters, other times she would stay with family and friends, and sometimes she would spend time on the streets. She could not seek help if she was victimized because any contact with the police would mean

potential incarceration. Diane spent her entire adult life in fear of being caught by the police.

Peaches, on the other hand, coped with mandated treatment by attending the required detox and then resuming her use once the program was completed. Peaches did not report being arrested as often as Diane did, although she was often mandated into treatment via her methadone clinic. The threat of not being able to receive her daily methadone dose was significant for Peaches. She would do anything to avoid methadone withdrawal, so she tried her best to avoid missing her daily dose. Her entire life revolved around the methadone clinic schedule and earning money to purchase substances:

I get up around noon or one. I'm on the methadone program, so I get up. Sometimes I eat something and sometimes I don't. And I'll go to, uh, my methadone program, get my methadone. And then I'll ... hustle on the train. I can handle. After I get some money, I go back home and I buy some drugs. Sometimes I make enough money where I'll spend some of it and then when it's gone I can go back and buy some more. Sometimes I only make a little bit because I'm so anxious to get high. As soon as I make \$5 or \$10, I'm running back uptown. And then about an hour or two later I'm back on the train. I'll do that 'til about midnight. Then I just go home and smoke what I have and watch TV. Eat and watch TV and go to bed.

The weekends were often difficult for Peaches because the methadone clinic closed at 10:30 a.m. If she arrived late, she missed her dose and was forced to either get substances on the street market or experience methadone withdrawal until the next day:

My weekends are basically the same, but what's the difference is that my methadone program closes at 10:30, 10:45 on the weekend, so a lot of times I stay up too late and I can't get there on time. I have to drag myself out the bed, just to make it. You know.

Considering the historical oppression that African Americans have endured in the United States, substance abuse treatment has operated as yet another type of state control designed to force marginalized minorities to conform to mainstream standards. Simply treating the individual or even the family for addiction does not address the effect of structural oppressive forces. Participants who received substance abuse treatment usually returned to the same distressful conditions they left. It is not reasonable to expect them to maintain sobriety when substance use and sale are important survival mechanisms in coping with the oppression these families experienced. Thus, neither traditional substance abuse treatment nor punishment addressed the complexity substance use and sale among participants.

## CONCLUSION

The four themes discussed in this article illustrate the effect that a culture of surveillance has had in the lived experiences of low-income African American women in New York City. Findings revealed an alternative understanding about the complex relationship between substance use or sale, violence, and poverty. Instead of viewing these issues as social problems produced by individual actions, the current research revealed these issues as a consequence of the oppression experienced by families and the culture of surveillance. Oppressive policies that foster a culture of surveillance in the lives of impoverished African American women are understood as the overarching problem that creates substance use or sale, violence, and poverty. This problem is maintained and reproduced by an individualistic paternalistic ideology. The culture of surveillance has serious consequences for impoverished African Americans, who are then forced to resist oppressive ideology and develop alternative forms of coping which sometimes perpetuate controlling images.

Findings supported the literature examining community distrust in governmental authorities (Schmidt, Greenfield, & Mulia, 2006). Specifically, distrust was augmented by the intersection of criminal, welfare, and education laws. Interaction between these policies maintained a culture of surveillance where governmental institutions attempted to force participants who were unable to meet the expected hegemonic standards to conform to mainstream society by imposing sanctions and punishments. These policies ignored the complexities of the interaction between poverty, violence, and substance use by treating these issues within a right or wrong system where a person is either good or bad.

Participants were born into a highly oppressive environment in which violence and substance use or sales were a normal part of life. Participants were not taught how to live in mainstream America, and their chances for overcoming oppression were scant. The amount of work, trauma, resilience, and creativity required of such families to simply achieve a working class status in society is inconceivable for most middle class Americans, who have opportunities and are raised to be employable in mainstream ethnocentric society. Thus, impoverished African Americans often fall through the cracks and are unable to take advantage of opportunities that are believed to benefit all of those willing to work for them. For example, research shows that low-income African Americans use drugs and alcohol at rates similar to, or lower than, Whites; however, low-income African Americans experience significantly harsher consequences from their drug use and are less likely to engage in effective intervention (Windsor & Negi, 2009).

Currently, African Americans account for approximately half of new HIV infection cases in the United States (Centers for Disease Control, 2008). HIV-positive African Americans die earlier than their counterparts in other

racial groups due to barriers posed by poverty, lack of access to services, and avoidance of medical intervention (Centers for Disease Control, 2007). Such barriers are often consequences of the systemic oppression that has historically marked the unique experiences of African Americans and contributed to health disparities (Caetano, 2003; Dunlap & Johnson, 1992; Kwate, Valdimarsdottir, Guevarra, & Bovbjerg, 2003; Love, 2003; Lowman & Le Fauve, 2003).

Although research has extensively examined the mechanisms through which oppressive forces contribute to health disparities, little systematic and rigorous research has been done to propose practical solutions to those disparities. Interventions and policies informed by the proposed alternative understanding of violence, substance use or sale, and poverty must focus on combating paternalistic ideologies by educating the public, emphasizing a view of African American women that has been developed by Africans and Black feminist literature. Culturally sensitive research focusing on the experiences of African American women has suggested that new sensitive policies informed by standpoint, intersectionality, and critical consciousness theory must be developed to increase the availability of meaningful employment and strengthen impoverished African American communities (Dunlap, Golub, & Johnson, 2006; Dunlap & Johnson, 1992; Dunlap et al., 1998; Hernandez, Almeida, & Dolan-Del Vecchio, 2005; Longshore, 1999; Longshore, Grills, Annon, & Grady, 1998; Pitner & Sakamoto, 2005; Windsor & Dunlap, 2010).

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