

# Teaching Notes: African American Women and Substance Abuse Issues

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## Title Slide

This module should be presented to students who have a basic knowledge of the issues around women and substance abuse, and who have some foundation understanding of cross-cultural issues.

For material providing content on women and substance abuse, see the curriculum ***Gender Specific Substance Abuse Treatment***, developed by the Behavioral Healthcare Resource Program, Jordan Institute for Families, UNC School of Social Work, at <http://ssw.unc.edu/bhrp/>.

## Slide 2

### **Discussion Question**

Ask students to discuss possible reasons for increased rates of incarceration among women in the U.S. Encourage students to keep in mind the dynamics of institutionalized discrimination, the current economic challenges faced by women, other psychosocial factors and stressors, and policy or attitudinal issues.

### **Group Activity**

Have students break into small groups and identify as many different biopsychosocial consequences of this high rate of HIV in African American women as they can. Encourage them to consider not just women, but families, communities, and society as a whole, and to think about direct and indirect (e.g. lost productivity) costs and consequences. As a large group, discuss the consequences students identified, and the implications for service systems.

## **References**

- <sup>1</sup>Substance Abuse and Mental Health Services Administration. (1999). *Summary of findings from the 1999 national household survey on drug abuse*. Rockville, MD: US Dept. of Health and Human Services.
- <sup>2</sup>Morash, M., Bynum, T., Koons, B. (1998). Women offenders: Programming needs and promising approaches. *National Institute of Justice Brief*. Rockville, MD: US Department of Justice.
- <sup>3</sup>Center for Disease Control. (1999). Centers for Disease Control and Prevention, Prevention Research Synthesis Project *Compendium of HIV Prevention Interventions with Evidence of Effectiveness, November, 1999*. Atlanta, GA: CDC.
- <sup>4</sup>National Center for Health Statistics. (1999). <http://www.cdc.gov/nchs/data/huscht95.pdf>.
- <sup>5</sup>Sterk, C.E. (1999). *Fast Lives: Women who use crack cocaine*. Philadelphia: Temple University Press.

### **Slide 3**

These are the four major areas to be explored during this lecture:

- Sexual abuse in African American substance abusing women--there is a growing body of literature showing higher rates of substance abuse in sexually abused women
- HIV risk factors seen in African American substance abusing women--HIV is a huge health risk linked with addiction
- Coping behaviors seen in African American substance abusing women--what coping behaviors are used, how do they correlate with addiction severity and other issues, what new coping skills will be helpful to them in recovery?
- Barriers to successful substance abuse treatment for African American substance abusing women--what keeps women from engaging in and successfully completing treatment?

### **Slide 4**

In this study, the authors completed a secondary analysis of data collected as part of two federally funded studies; a NIDA research demonstration project and a CSAT program evaluation. Both studies' participants were urban African-American cocaine addicted women.

Sexually abused women were defined as those who answered "yes" to the question "Did any of these people (referring to parents, sibs, relatives, friends, etc.) abuse you sexually (force sexual advances or sexual acts)?"

ASI= Addiction Severity Index, a structured interview assessing severity of impact of substance in seven life areas.

BSI= Brief Symptom Inventory, a standard tool used to measure anxiety, depression, and global psychiatric symptoms.

#### **Discussion Question**

Ask students to consider the clinical implications of psychiatric co-morbidity in treatment of this population—what will these women need to be served appropriately?

#### **Reference**

<sup>1</sup>Roberts, A. (submitted for publication). *The unrecognized hazards of sexual abuse among polysubstance abusing women.*

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#### **Discussion Question**

Given these statistics, what might be some of the non-substance abuse psychosocial needs of this population? Encourage students to consider family issues, violence, financial, healthcare, and service system attitudes towards these clients.

## **Slide 6**

### **Discussion Question**

What are the implications of these statistics for treatment of the substance abusing woman? For family treatment?

## **Slide 7**

In this study the authors developed a logistic regression model to predict variables independently associated with increased odds of being sexually abused. Results are summarized in the slide

## **Slide 8**

Given the information provided in this research, it is important for students to realize that African American women with sexual abuse histories require treatment that addresses their trauma issues, complex psychosocial needs, repeated treatment failures, more intense symptomatology, other co-morbid psychiatric conditions, and complex family issues. Of course, to address these issues they must first be identified. Therefore any program serving African American substance abusing women must assess for sexual abuse history on an ongoing basis.

### **Group Activity**

Ask students to break into small groups, and given what they have learned, develop an ideal program to address the sexual abuse sequelae of African American substance abusing women

## **Slide 9**

These data were collected as part of the Women's Cooperative Study, a follow up to the Cooperative Agreement for the AIDS Community-Based Outreach/Intervention Research Program funded by NIDA.

Sample consisted of 355 African American women over 18 years of age who had not participated in treatment for the past 30 days, and had not used crack (self report and urinalysis) or had unprotected sex in the past 90 days.

Women were divided into 2 groups: those with single sexual partner, and those with multiple partners (proxy variable for HIV risk).

### **Discussion Question**

How might this information be useful in a clinical setting? What issues would need to be addressed beyond addiction to adequately meet client needs?

### **Reference**

<sup>1</sup>Roberts, A., Wechsberg, W., Zule, W., Burroughs, A. (in press). Contextual factors and other correlates of sexual risk of HIV among African American crack-abusing women. *Addictive Behaviors*.

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The study showed that 66% of single partner women were unemployed, compared with 82% of multiple partner women, and that multiple partner women had higher rates of physical, sexual, and emotional abuse in the past as well as physical abuse and forced sex acts in the past 90 days.

By self-report, 21% of single partner women had a difficult childhood, and 33% of multiple partner women.

25% of single partner women were homeless, compared with 40% of multiple partner women, and 46% of single partner women said they were financially dependent on someone else for income while 60% of multiple partner women reported financial dependence.

### **Discussion Question**

How might economic pressures and abuse impact a woman's ability to address addiction or engage in safe sexual practices?

### **Slide 11**

Students should note:

- the high frequency of HIV risk behavior in both populations
- women with single partners underestimate their risk of HIV
- belief in possibility of contracting HIV and protective behavior contradict each other

### **Slide 12**

#### **Group Activity**

Have groups of students identify all the ways as they can think of to use the information presented on HIV risk and African American women using crack. Encourage them to consider drug treatment interventions, other psychosocial interventions, family and community interventions, and policy issues. Return to large group and discuss.

### **Slide 13**

In this study, the author completed a secondary analysis of data collected as part of two federally funded studies; a NIDA research demonstration project and a CSAT program evaluation. Both studies' participants were urban African-American cocaine addicted women

### **Discussion Question**

Give an example of each of the types of coping measured in the CSI--use examples from your practice if possible.

### **Reference**

<sup>1</sup>Roberts, A. (2001). Coping behaviors of cocaine dependent women. *Journal of Social Work and the Addictions*, 1(4):

### **Slide 14**

From a strengths perspective, African American crack-using women use a number of coping strategies, many of which are adaptive (e.g. problem solving and cognitive restructuring)

Women satisfied with their social support network were more able to problem solve, think more clearly, and express their emotions.

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#### **Discussion Question**

What might be some of the reasons for the correlations among variables identified above? Think about psychodynamic, social, family history, etc.

### **Slide 16**

#### **Discussion Question**

What are other interventions that could be helpful to this population, based on the evidence presented here?

(Remind students of the relational model of substance abuse treatment for women.)

### **Slide 17**

These data were collected by face to face interview as part of a NIDA funded project on the effectiveness of women's focused day treatment program. 233 women, 94% African American, cocaine and polysubstance abusing.

#### **Discussion Question**

Think about a time in your own life when you were unable to access or stay in treatment for a health related condition. What were the barriers you experienced? How did you feel about your inability to complete treatment? Which barriers were internal, and which external?

#### **Reference**

<sup>1</sup>Nishimoto, R., Roberts, A. (2001). Barriers to engaging and retaining post-partum women in drug treatment. *The American Journal of Drug and Alcohol Abuse*. 27(1): 161-182.

<sup>2</sup>Allen, K. (1995). Barriers to treatment for addicted African American women. *Journal of National Medical Association*. 87(10): 751-756.

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Severity of substance problem has been identified as a barrier to treatment--the more severe the disorder, the less likely an individual will enter and stay in treatment. Similarly, depression, with the resultant symptoms of inaction and lack of energy, has been identified as a barrier to treatment.

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### **Discussion Question**

What are some program staff “attitudes” which could be experienced as a barrier to treatment by a client?

## **Slide 21**

It is important to emphasize that the identification of internal barriers as significant in treatment noncompliance is not “blaming the victim”. These barriers are a result of the disorder(s), and clients should not be blamed or condemned because of them.

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### **Discussion Question**

Given these identified barriers, what would be program components would be important to maximize client retention in a treatment program?

## **Slide 23**

Important to discuss that other literature identifies external barriers, such as lack of childcare or transportation, as significant barriers to treatment. Given that in this population 85% were living with a partner or family, the need for childcare and transportation may not have been as pressing as in other populations.

## **Slide 24**

Introduction to the concepts of motivational interviewing, as developed by Miller and Rollnick<sup>1</sup> may be appropriate at this point.

### **Reference**

<sup>1</sup>Miller, W. and Rollnick, S. (1991). *Motivational interviewing: Preparing people for change*. New York: Guilford Press.

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### **Group Activity**

Have students work in small groups to come up with the skills, traits, and strengths needed to obtain and maintain abstinence. Share the lists, then as a large group discuss how societal beliefs and views of women conflict with the characteristics needed for abstinence. Discuss internalized oppression and women’s socialized belief that they are not valuable or powerful.

### **Reference**

<sup>1</sup>Roberts, A., Jackson, M., Carlton-LaNey, I. (2000). Revisiting the need for Feminism and Afrocentric theory when treating African American female substance abusers. *Journal of Drug Issues*, 30(4): 901-918.

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Review the stereotypes:

Mammy: faithful, obedient, domestic servant

Matriarch: domineering, emasculating, loud, boisterous

Welfare mother: irresponsible “breeder”, lazy, single, unwilling to work

Jezebel: sexually aggressive and willing sexual partner

## **Discussion Questions**

How are these stereotypes played out in current discussions around addicted African American women?

How might they be barriers to treatment?

## **Slide 27**

This study targeted African American crack abusing women. Women were randomized to one of 3 groups: a group that received a woman-focused intervention which was more personal, contextually relevant, Afro-centric, relational; a group provided standard substance abuse care; a control group that received no intervention initially, but standard intervention after 6 months. Groups tracked for 6 months.

## **Reference**

<sup>1</sup>Wechsberg, W., Zule, W., Roberts, A., Perritt, R., Middlesteadt, R., Burroughs, A. (2001). Women-focused HIV prevention for african american crack users. In Harris, L. (Ed.) *Problems of drug dependence: Proceeding sof the 62nd annual scientific meetings*. (pp. 33-34). The College on Problems of Drug Dependence, Inc. NIDA Research Monograph 181. Bethesda, MD: US Dept. of Health and Human Services.

## **Slide 29**

Provide copies of the modified 12 Steps from Roberts, Jackson, LaNey article. Ensure that students understand the difference between *cultural ethnocentric* models, where African American families/individuals are seen as pathological simply because they are different than White families/individuals, and *cultural relative* models, which view the African American family as functional, with different but adaptive behavior patterns from White families.

## **Group Activity**

Have students develop an affirming, Afro-centric intervention for addicted women. Encourage as much creativity as possible--the use of music, film, art, movement, story telling, etc.