

# African American Women and Substance Abuse: Current Findings



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# Why is this an urgent topic?

- In one survey 23.5% of African American women ages 12-17 reported illicit drug use<sup>1</sup>
- Dramatic increase in young women in prison: from 1985 to 1995 2x increase in men, 3x increase in women<sup>2</sup> —many substance abusing, disproportionately African American
- HIV
  - In 1998 62% of new AIDS cases among women were among African Americans<sup>3</sup>
  - Annual AIDS rate 16x higher for African American women than White women<sup>4</sup>
  - Substance abuse high risk factor for HIV<sup>5</sup>



# Important Issues for Consideration

- Sexual abuse
- HIV risk factors
- Coping behaviors
- Barriers to successful treatment

# Sexual Abuse in African American Substance Abusing Women

(Roberts *et al.*)

- Used data from survey of African American women addicted to cocaine
- Found that women who self-reported sexual abuse history in the ASI sub (21%):
  - Were similar demographically
  - Had higher global scores on the BSI (M=.92 vs M=.55)
  - Had higher anxiety scores (M=.86 vs M=.49)
  - Had greater histories of inpatient mental health treatment
  - Had more suicidal thoughts (43% vs 23%)
  - Had more suicide attempts (46% vs 16%)



# Sexual Abuse in African American Substance Abusing Women

- Women with sexual abuse histories had:
  - Higher rates of physical abuse (71% vs 23%)
  - Higher rates of emotional abuse (86% vs 47%)
  - Higher ASI scores in the alcohol, drug, family/social, and medical domains
  - More treatment experiences for alcohol (M=.93 vs M=.47)
  - More years of cocaine use (M=7.6 yrs vs M=5.5 yrs)
  - More days of problems due to substance use (M=6.34 vs M=3.11)



# Sexual Abuse in African American Substance Abusing Women

- Women with sexual abuse histories had higher number of:
  - Maternal, paternal, siblings with substance abuse histories
  - Total family members with substance abuse histories (alcohol  $M=3.78$  vs  $M=2.46$ ; drug  $M=2.47$  vs  $M=1.52$ )



# Sexual Abuse in African American Substance Abusing Women

- Factors associated with a sexual abuse history (odds ratios)
  - Higher levels of psychological severity: 1 times greater odds
  - Emotional abuse history: 2 times greater odds
  - Physical abuse history: 6 times greater odds
  - High number of family members with drug misuse: 1 times greater odds



# Implications for Practice

- African American women with sexual abuse histories have a more complex clinical picture, with
  - More severe symptoms, including psychiatric
  - More complex family histories
  - More experiences of a range of traumas
- If treatment is to be effective, it must include
  - Ongoing assessment for sexual abuse history
  - Treatment addressing trauma issues
  - Treatment for comorbid mental disorders
  - Treatment addressing family dynamics and support



# HIV and African American Women Substance Abusers

(Roberts, Wechsberg, Zule, Burroughs, in press<sup>1</sup>)

- Self-reported data from out of treatment crack-abusing women
- Compared women who engage in high sexual risk (multiple partners) behavior with women with a single partner
- Found high risk women:
  - Used crack more frequently, for longer periods of time, in larger amounts
  - Used alcohol on a daily basis more frequently
  - Reported history of trading sex for drugs, money, food, shelter
  - Reported more forced sexual acts
  - Had higher levels of depression, anxiety, PTSD
  - Had higher rates of physical and sexual abuse at a younger age



# HIV and African American Women Substance Abusers

- Women had increased odds of having multiple partners if
  - Unemployed
  - History of sexual abuse
  - Reported a difficult childhood
  - Homeless
  - Financially dependent
- Women with single partners reported that a greater percentage of their sex acts were unprotected (86%) compared with high risk women (67%)

# HIV and African American Women Substance Abusers: Sexual risk beliefs

- Which behaviors affect chance of getting HIV:
  - Drug use only: 5% single 5% multiple
  - Sexual activity only: 24% single 37% multiple
  - Both: 39% single 52% multiple
  - Neither: 31% single 6% multiple
- Chance of getting HIV:
  - None: 38% single 12% multiple
  - Some: 34% single 49% multiple
  - Half: 14% single 17% multiple
  - High: 9% single 16% multiple
  - Sure: 5% single 5% multiple



# Implications for Practice

- There are significant differences between African American women addicted to crack who have single and multiple sexual partners
- Historical issues such as sexual abuse, and contextual issues such as unemployment and homelessness must be addressed in assessment and treatment for addiction and reduction of HIV risk behaviors
- Interventions to reduce HIV risk should not only target multiple partner women, but also single partner women and their partners.

# Coping Behaviors and African American Substance Abusing Women

(Roberts CITE??1)

- Used data from survey of African American women using cocaine
- Measured coping using Coping Strategy Inventory
  - Problem focused coping:
    - Problem solving
    - Cognitive restructuring
    - Social support
    - Express emotions
  - Emotion focused coping:
    - Problem avoidance
    - Wishful thinking
    - Social withdrawal
    - Self-criticism

# Coping Behavior Frequency and Correlations

- Women used problem-focused coping more frequently than emotion focused
- Cognitive restructuring and problem solving most frequently used
- Among emotion-focused, wishful thinking and self criticism most frequently used
- Social support associated with
  - Problem solving
  - Cognitive restructuring
  - Express emotions

# Correlation Between Coping Behavior and Problem Severity

- Drug severity (by ASI) associated with:
  - Self-criticism
  - Social withdrawal
  - Problem avoidance (inverse)
  - Family/social difficulty
  
- Family/social difficulty (by ASI) associated with:
  - Self-criticism
  - Social withdrawal
  - Medical problems
  - Drug severity
  
- Medical problems (by ASI) associated with
  - Wishful thinking



# Implications for Practice

- Target interventions for this population could include:
  - Increasing social support
  - Improving self esteem
  - Addressing family problems
  - Addressing medical problems
  - Others?

# Barriers to Treatment for African American Substance Abusing Women

(Nishimoto and Roberts, 2001<sup>1</sup>)

- “Barrier to treatment”: external and subjective phenomena that obstruct, restrain, or serve as obstacles to receiving health care (Allen, 1995<sup>2</sup>)
- This study examined barriers to treatment identified by African American substance abusing women in outpatient or day treatment



# Barriers to Treatment

- Researchers identified the following as potential barriers:
  - Internal barriers
    - ASI drug severity score above mean
    - Beck Depression score above 19
    - Had a relapse
    - Did not feel like going
    - Felt I could manage on my own
    - Felt no need to go/no problem



# Barriers to Treatment

- Program barriers
  - Program required too much time
  - Attitude of program staff
  - Hours program open
  - Wanted to be in another program



# Barriers to Treatment

- External barriers
  - Friends did not approve
  - Family did not approve
  - Had to work
  - Lack of childcare
  - Lack of transportation
  - Health problems
  - Health problems of child
  - Moved out of area



# Findings

- Total number of barriers reported = 3.1
- Higher number of barriers associated with poor treatment retention and completion
- Largest number of barriers reported were internal (M=1.8), then external (M=0.7), and program-related (M=0.6)
- Both internal and program related barriers associated with poor treatment retention and completion



# Findings

- Barriers associated with lack of treatment completion
  - Had a relapse
  - Did not feel like going
  - Felt I could manage on my own
  - Felt no need to go/no problem
  - Attitude of program staff
  - Wanted to be in another program



# Findings

- Interesting to note that lack of association with external barriers, especially transportation and childcare, contradicts other literature
- Possible artifact of population?
- Implication that no one barrier alone accounts for treatment drop out



# Implications for Practice

- High association between internal barriers and poor treatment retention and completion implies challenges with motivation and denial
- Motivation enhancing therapies, such as motivational interviewing, may be helpful
- Addressing co-morbid depression may improve retention in treatment
- Attitude of program staff significant in treatment retention and completion--importance of gender-specific and Afro-centric treatment for this population.

# The Need for Gender-Specific and Afro-Centric Treatment (Roberts, Jackson, Carlton-LaNey, 2000<sup>1</sup>)

- Consider the following gender issues in treatment:
  - Societal devaluing of women and their abilities
  - Women's socialization and experience as powerless
  - Women's value of relationship and connection



# The Need for Gender-Specific and Afro-Centric Treatment

- Consider the following racial issues in treatment
  - Stereotypes of African-American women, and resultant expectations
    - Mammy
    - Matriarch
    - Welfare mother
    - Jezebel

# Gender-Specific Afro-Centric HIV Prevention Program

(Wechsberg, Zule,  
Roberts, Perritt, Middlestead, Burroughs, 2000<sup>1</sup>)

- Outreach program to decrease HIV risk in African American crack addicted women
- Three groups--women-focused Afro-centric intervention, standard intervention, control group
- Decrease in unprotected sex after 6 months:
  - Women-focused group: 36%
  - Standard group: 36%
  - Control group: 26%



# Gender-Specific Afro-Centric HIV Prevention Program

- Changes in crack use:
  - Women focused group: -8.2 days
  - Standard group: -7.1 days
  - Control group: -4.7 days
- Changes in drug-free social support
  - Women focused group: +2.1 persons
  - Standard group: no change
  - Control group: -0.5 persons



# Implications for Practice

- Use 12 Steps modified by “Women for Sobriety”
- Decrease confrontation in treatment
- Attend to relationships and supports
- Use cultural relative thinking rather than cultural ethnocentric
- Provide positive African American women role models
- Provide affirming videos, reading
- Teach critical thinking around societal portrayal of African American women
- Calling cards