



Full length article

Mental health of heroin users with differing injection drug use histories: A non-treatment sample of Mexican American young adult men

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ABSTRACT

Background: While the comorbidity of mental health and injecting heroin has been documented, current research is limited by describing the mental health of people who inject drugs without a comparison group and by the lack of research on nontreatment samples in the United States, particularly among Hispanics. The purpose of this study was to examine the association of injecting history (never, former, occasional, and daily) and multiple outcomes of global and mental health using a sample of U.S.-based Latinos not currently in treatment.

Methods: Data are from a sample of street-recruited Mexican American young adult men ($n = 275$) in San Antonio, TX. Multiple logistic regression and structural equation modeling were used.

Results: Overall 54% of men reported lifetime injecting drug use (20.7% former users, 11.1% occasional users, and 21.9% daily users). We found varying prevalence rates of global and mental health status among different histories of injecting. After covariate adjustment, daily injecting remained strongly associated with all four outcomes: perceived poor health status (AOR = 4.39; $p \leq 0.001$), psychological distress (AOR = 2.78; $p \leq 0.05$), depression (AOR = 4.37; $p \leq 0.001$), and suicidal ideation (OR = 4.75; $p \leq 0.001$). Acculturation, gang membership, and incarceration history also emerged as important factors.

Conclusion: This study provides new information about the relationship between mental health and injecting heroin use.

Findings: Support the need to consider mental health states among people who inject drugs, and to examine varying histories of injecting with socially and culturally relevant factors.

1. Introduction

The comorbidity of mental health and heroin use has been documented. People who use heroin have higher rates of depression (Darke et al., 2009; Teesson et al., 2005), suicide attempts (Darke et al., 2007, 2009; Sordo et al., 2012), and other disorders (Brooner et al., 1997; Darke et al., 1994; Darke and Ross, 1997; Mackesy-Amity et al., 2012). Much of this research, however, has involved individuals in substance abuse treatment (e.g., Chen et al., 2010; Darke et al., 2007; , 2009; , 2015; Fortier et al., 2017; Frischknecht et al., 2011; Golden et al., 2005; Lévesque et al., 2014; Pilowky et al., 2011; Sordo et al., 2012; Teesson et al., 2005; Trémeau et al., 2008; Yen et al., 2011). These data may not provide an accurate portrait of this population because individuals with more severe mental health symptomatology may be more likely to seek substance abuse treatment, which may explain the higher rates of negative mental health outcomes among study participants recruited from treatment settings (Mackesy-Amity et al., 2012).

A handful of studies have described the mental health of people who

inject drugs (PWID) and are not in treatment in settings outside of the United States. This research has documented high levels of psychological distress (Scott et al., 2016), associations between internalized stigma and depression (Cama et al., 2016), and relationships between dependence on opioids and psychological distress (Smirnov et al., 2016) among Australian PWID, and increased suicidal ideation with symptoms of depression and anxiety (Armstrong et al., 2014, 2013) among PWID from India. This research on mental health and heroin use has generally included only PWID, and studies including both people who do and do not inject drugs did not involve comparisons between groups regarding mental health outcomes (e.g., Chen et al., 2010; Darke et al., 2007, 2009, 2015; Sordo et al., 2012; Teesson et al., 2005; Trémeau et al., 2008; Yen et al., 2011). A limited number of studies compared mental health outcomes for people who do and do not inject drugs in Ireland (Golden et al., 2005) and Canada (Lévesque et al., 2014), but no identified studies to our knowledge have compared different injecting histories such as occasional, daily, and former use.

In the United States, research with non-treatment-based samples has

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begun to describe the mental health of PWID. A study of participants in a syringe exchange program found that more than 50% had a mental health disorder not related to substance use (Kidorf et al., 2004). In a more recent study with PWID, rates of major depression and antisocial and borderline personality disorders were higher among young PWID than the general population, but were less prevalent compared to samples recruited from treatment settings (Mackesy-Amity et al., 2012). Although these studies suggest an association between injecting drug use and mental health, it remains unclear how the findings pertain to the U.S. Hispanic population, because the participants were primarily White (Mackesy-Amity et al., 2012) and African American (Kidorf et al., 2004). One longitudinal study of street-recruited Mexican American noninjecting heroin users found that depression was the strongest indicator of risk of transitioning to injecting drug use (Cepeda et al., 2012). A second analysis using the same data found that higher levels of family and cultural stressors are associated with negative mental health outcomes (Saint Onge et al., 2013).

In sum, current research on mental health among PWID has been limited by describing mental health without a comparison to persons who do not inject drugs, and by the lack of research on non-treatment samples in the United States, particularly among Hispanics. Therefore, the objective of this study was to examine the association of injecting history (never, former, occasional, and daily) and multiple outcomes of global and mental health (general health status, psychological distress, depression, and suicidal ideation) using a sample of U.S.-based Latinos not currently in treatment. Given the recruitment strategy, the study also explored the association of incarceration, gang membership, and acculturation with mental health.

Incarcerated persons have an increased prevalence of mental illness (Fazel et al., 2016). This is in large part due to the criminalization of mental illness¹; however, incarceration experiences can have lasting negative effects on mental health that may affect successful reintegration into the community (Schnittker et al., 2012). Similarly, adolescent gang membership has been linked with health issues, including drug abuse, in adulthood (Gilman et al., 2014). Less is known about the association between current gang membership and mental health disorders among adults. This is important because Hispanics are over-represented in gangs and may have a longer duration of gang membership compared to other race/ethnic groups (Pyrooz et al., 2012; Egley et al., 2006). A study in the United Kingdom found that traumatic exposures and violence related to gang involvement was associated with an elevated prevalence of mental disorders (Coid et al., 2013). However, similar to incarceration, it is unclear whether gang membership negatively impacts the mental health of gang members or whether individuals with pre-existing mental health disorders may be more likely to join gangs (Wood and Dennard, 2017).

Research on the association between acculturation and mental health outcomes provides contradictory findings, which may be a function of how acculturation is operationalized within studies (Lara et al., 2005). Some research shows that less acculturated persons are at greater risk for negative mental health outcomes because of increased stress from recent migration compared to those who are more acculturated (Franzini and Fernandez-Esquer, 2004; Koneru et al., 2007). For example, in a study of Mexican American who use non-injecting heroin, those who formerly injected heroin were less likely to be acculturated (e.g., more Mexican oriented) compared to those who never injected heroin (Valdez et al., 2007). However, the strongest research evidence has indicated that those who are more acculturated have poorer mental health compared to recent immigrants because of the increased interaction with mainstream society and the longer-term exposure to discrimination in the United

States (Alegría et al., 2008; Cook et al., 2009; Perez et al., 2009; Vega et al., 1998).

In this study we ask, is injecting heroin use associated with mental health, broadly defined, independent of incarceration, gang membership, and acculturation? We hypothesize that there will be a health-gradient whereby persons who do not inject drugs will have the lowest prevalence rates and PWID daily will have the highest prevalence rates. We expect that due to the high-risk nature of the sample, these men will have overall higher rates of poor mental health than national samples of Mexican Americans. Finally, we predict that men with more extensive incarceration and gang membership histories will report higher rates of poor mental health and that Mexican or Mexican American cultural orientation will be protective.

2. Material and methods

We used data from a longitudinal mixed-methods cohort study of Mexican American young adult men who were gang affiliated as adolescents in San Antonio, Texas (United States). The San Antonio population is more than 1 million, of which more than 50% is of Mexican descent (United States Census Bureau, 2010). San Antonio is among the top 10 cities with the largest number of people living in distressed zip codes and has the highest level of spatial inequality between zip codes (Economic Innovation Group, 2016). Heroin has historically been consumed by Mexican Americans living in impoverished and economically and racially segregated neighborhoods in San Antonio (Desmond and Maddux, 1984; Valdez and Cepeda, 2008; Valdez et al., 2011). This context has given rise to a vibrant drug market, making marginalized and drug-using populations more susceptible to arrest, incarceration, and gang involvement (Cepeda et al., 2015; Valdez and Cepeda, 2008).

The original (baseline) study, conducted from 1996 to 1998, surveyed 160 Mexican American male adolescents. A multistage stratified design was applied to select a random sample that was representative of 404 known Mexican American gang members in this specific urban geographic area. This study focused primarily on how peer, school, and family attachment influence violence, drug use, and criminal behavior among these youth through the administration of in-depth qualitative interviews and structured survey questionnaires. A detailed description of the baseline sampling design has been presented elsewhere (Peterson and Valdez, 2005; Yin et al., 1996).

The follow-up study, conducted from 2009 to 2012, relocated 94.7% of men from the original sample. Of those located, 83.2% were successfully enrolled, for a final follow-up rate of 78.8% ($n = 119$). Sixteen men declined to participate in the follow-up study, six men were deceased, and two men were in federal prison. Subjects in Bexar County Jail or Texas Department of Criminal Justice were successfully enrolled in the study. An additional 156 men were recruited from the original sampling frame for a final sample size of 275. The follow-up interview consisted of administration of a standardized questionnaire including the Natural History Interview (Hser et al., 2001; Hser et al., 2007), collection of biological data, and qualitative interviews. The goal of the follow-up study was to examine the long-term health and social consequences of youth gang membership and to characterize different drug use trajectories. The data for the current analysis come from standardized scales, incarceration history questionnaire, and comprehensive drug history questionnaire.

Both studies were funded by the National Institute on Drug Abuse and study protocols were approved by university institutional review boards and executive services at the Texas Department of Criminal Justice.

2.1. Measures

Mental health measures included global well-being, psychological distress, depression, and suicidal ideation. Global well-being was assessed as self-reported health. This was measured using a standard 4-

¹ The criminalization of mental illness refers to the overrepresentation of persons with mental illness in correctional facilities after the deinstitutionalization of psychiatric hospitals (Slate et al., 2013).

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