



Full length article

People and places: Relocating to neighborhoods with better economic and social conditions is associated with less risky drug/alcohol network characteristics among African American adults in Atlanta, GA



Sabriya L. Linton^{a,*}, Hannah L.F. Cooper^a, Ruiyan Luo^b, Conny Karnes^{a,1},
Kristen Renneker^{a,2}, Danielle F. Haley^a, Josalin Hunter-Jones^a, Zev Ross^c, Loida Bonney^d,
Richard Rothenberg^b

^a Department of Behavioral Sciences and Health Education, Rollins School of Public Health at Emory University, 1518 Clifton Road NE, Atlanta, GA 30322, USA

^b Department of Epidemiology and Biostatistics, School of Public Health at Georgia State University, One Park Place, Atlanta, GA 30303, USA

^c ZevRoss Spatial Analysis, 120 N Aurora St., Suite 3A, Ithaca, NY 14850, USA

^d Division of General Medicine, Emory University School of Medicine, 745 S. Glynn St., Fayetteville, GA 30214, USA

ARTICLE INFO

Article history:

Received 23 June 2015

Received in revised form

18 November 2015

Accepted 28 November 2015

Available online 10 December 2015

Keywords:

Substance use

Social networks

Neighborhood characteristics

Social epidemiology

Longitudinal analysis

US

ABSTRACT

Background: Few studies assess whether place characteristics are associated with social network characteristics that create vulnerability to substance use.

Methods: This longitudinal study analyzed 7 waves of data (2009–2014) from a predominantly substance-using cohort of 172 African American adults relocated from public housing complexes in Atlanta, GA, to determine whether post-relocation changes in exposure to neighborhood conditions were associated with four network characteristics related to substance use: number of social network members who used illicit drugs or alcohol in excess in the past six months (“drug/alcohol network”), drug/alcohol network stability, and turnover into and out of drug/alcohol networks. Individual- and network-level characteristics were captured via survey and administrative data were used to describe census tracts where participants lived. Multilevel models were used to assess relationships of census tract-level characteristics to network outcomes over time.

Results: On average, participants relocated to census tracts that had less economic disadvantage, social disorder, and renter-occupied housing. Post-relocation reductions in exposure to economic disadvantage were associated with fewer drug/alcohol network members and less turnover into drug/alcohol networks. Post-relocation improvements in exposure to multiple census tract-level social conditions and reductions in perceived community violence were associated with fewer drug/alcohol network members, less turnover into drug/alcohol networks, less drug/alcohol network stability, and more turnover out of drug/alcohol networks.

Conclusion: Relocating to neighborhoods with less economic disadvantage and better social conditions may weaken relationships with substance-using individuals.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

African American adults report more severe substance use and mental health disorders than White adults (Chen and Jacobson, 2012; Gil et al., 2004). As compared to White adults, African American adults are also less likely to utilize drug treatment and are more likely to succumb to substance use-related outcomes including HIV/AIDS and other sexually transmitted infections [HIV/STIs] and hepatitis C (Des Jarlais et al., 2013; Liu et al., 2014; Spiller et al., 2015; Wells et al., 2001; Williams et al., 2013). In addition,

* Correspondence author at: Rollins School of Public Health at Emory University, Department of Behavioral Sciences and Health Education, 1518 Clifton Road NE, Office 552, Atlanta, GA 30322, USA.

E-mail address: sabriya.linton@emory.edu (S.L. Linton).

¹ Present address: AT&T Mobility, 1025 Lenox Park BLVD, Atlanta, GA 30319, USA.

² Present address: The Task Force for Global Health, 325 Swanton Way, Decatur, GA 30030, USA.

African Americans are more likely to be incarcerated for illicit drug possession (Alexander, 2010).

Substance use is influenced by the composition of the social networks in which people are embedded and by the characteristics of the places where people reside (Bohnert et al., 2009; Cooper et al., 2013; Genberg et al., 2011; Latkin et al., 1999, 1995; Linas et al., 2015; Mennis and Mason, 2010; Sterk et al., 2014; Williams and Latkin, 2007). Research documenting these realities is supported by the social ecologic model (Bronfenbrenner, 1979), which describes how social networks, communities, cultures and policies intersect with one another to influence health.

Racial differences in social networks and communities may contribute to disparities in substance use severity and related outcomes among African American and White adults. As a result of racial residential segregation, African Americans are more likely to be restricted to environments plagued by disinvestment and low economic opportunity (Pietila, 2010). These features have been described as instilling an “urban health penalty” that exacerbates and differentially influences the health of low-income African Americans in part by isolating them from social networks that promote social norms and provide social capital that protect against poor health behaviors (Andrulis, 1997; Fitzpatrick and LaGory, 2003; Wilson, 1997).

Few studies explore the complex interplay between social networks and neighborhood conditions among predominantly low-income African Americans. This analysis addresses this gap in the literature by assessing whether place characteristics influence a set of social network characteristics that increase vulnerability to substance use among African American adults relocating from public housing in Atlanta, Georgia.

1.1. Social networks and substance use

A large body of research, conducted among predominantly African American samples, suggests that higher proportions of substance-using members in social networks is related to frequent substance use (Bohnert et al., 2009; Latkin et al., 1995; Williams and Latkin, 2007), less cessation (Latkin et al., 1999), and less retention in drug treatment among current substance users (Davey et al., 2007). Having social network members who use substances has also been associated with sexual behaviors that increase the risk of acquiring HIV/STIs (Cooper et al., 2014a; Rudolph et al., 2013a).

Social network characteristics are posited to influence health behavior by facilitating exchange of information, social capital, descriptive norms (e.g., perceptions of what other people do) and injunctive norms (e.g., perceptions of what other people believe is appropriate or not). These mechanisms have been shown to link social network characteristics to substance use among adults and adolescents (Latkin et al., 2013; Matto et al., 2007; Olumide et al., 2014; Tobin et al., 2014; Tucker et al., 2015). For example, alcohol use among African American men has been associated with observations of social network members' alcohol use and perceptions that social network members approve alcohol use (Tobin et al., 2014). Similarly, descriptive and injunctive norms have been associated with illicit drug use and risky sexual behaviors (Davey-Rothwell et al., 2013; Latkin et al., 2013; Tucker et al., 2015).

This line of research connecting social network characteristics to substance use typically evaluates social network characteristics under the assumption that social networks are fixed. Different people may join (e.g., turnover into) and leave (e.g., turnover out of) substance-using networks over time, however, and these dynamics may differentially influence health. For example, turnover out of drug networks has been associated with lower odds of HIV risk behaviors among people who inject drugs, while turnover into drug

networks has been associated with higher odds of HIV risk behaviors (Costenbader et al., 2006).

1.2. Place and substance use

Economic and social conditions of neighborhoods have also been linked to substance use among predominantly low-income African Americans through several pathways. Specifically, low-income African Americans are disproportionately concentrated in economically deprived communities with inadequate housing and high rates of residential instability. These characteristics have been attributed with undermining social control and collective efficacy (Andrulis, 1997; Fitzpatrick and LaGory, 2003; Sampson et al., 1997; Wilson, 1997), which may otherwise prevent visible drug market activity and curtail disinvestment and the establishment of alcohol outlets (Fitzpatrick and LaGory, 2003; Sampson et al., 1997; Theall et al., 2009; Wilson, 1997). Exposure to drug market activity has been associated with substance use (Sherman et al., 2004; Sherman and Latkin, 2002) and abandoned housing and alcohol outlets provide settings where drug market activity can occur and other social interactions (e.g., sharing substances/drug paraphernalia) with individuals who distribute illicit drugs, or use illicit drugs or alcohol in excess, are facilitated (Mennis and Mason, 2010; Spelman, 1993).

In addition, the experience of living in an economically-deprived and socially-disordered neighborhood may cause psychological distress, establish a sense of hopelessness that encourages substance use (Boardman et al., 2001; Latkin and Curry, 2003; Ross and Mirowsky, 2009), and increase perceptions that substance use and norms supporting substance use are prevalent (Davey-Rothwell et al., 2015). Lastly, limited mobility and stigma attached to economically deprived African American neighborhoods may hinder residents of these neighborhoods from accessing norms and social capital that discourage substance use and drug market activity (Crum et al., 1996; Fitzpatrick and LaGory, 2003; Mennis and Mason, 2010; Sterk et al., 2007; Wilson, 1997).

Although the pathways linking place characteristics to substance use include social network processes, research on substance use rarely assesses the relationships of place characteristics to social network “determinants” of substance use quantitatively (Latkin et al., 2007; Mennis and Mason, 2010; Rudolph et al., 2013b; Sterk et al., 2014).

1.3. Relocation and social networks

This longitudinal study uses data from a cohort of African American adults relocated from public housing complexes in Atlanta, GA, between 2008 and 2010, to assess the relationships of changes in exposure to neighborhood conditions to drug and alcohol network characteristics over time. These relocations occurred during the last round of federally funded public housing relocations in Atlanta, which sought to decentralize impoverished households from spatially concentrated and “severely-distressed” public housing complexes (e.g., in extreme disrepair and located in neighborhoods characterized by high levels of poverty and violent crime; Popkin et al., 2004). Residents were provided with Housing Choice Vouchers to relocate to rental properties owned by landlords who accepted Housing Choice Vouchers for the appropriate specifications (e.g., number of bedrooms, rental amount). Residents identified properties online or from property listings provided by the Housing Authority. The complexes that initially housed the residents were demolished and replaced with mixed-income housing and mixed-use development.

Residents relocated from public housing as a result of these strategies have been reported to experience negative and positive consequences. Although many residents encounter obstacles to

Download English Version:

<https://daneshyari.com/en/article/1069702>

Download Persian Version:

<https://daneshyari.com/article/1069702>

[Daneshyari.com](https://daneshyari.com)