



## Beyond income: Material resources among drug users in economically-disadvantaged New York City neighborhoods

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### ABSTRACT

**Background:** Little is known about material resources among drug users beyond income. Income measures can be insensitive to variation among the poor, do not account for variation in cost-of-living, and are subject to non-response bias and underreporting. Further, most do not include illegal income sources that may be relevant to drug-using populations.

**Methods:** We explored the reliability and validity of an 18-item material resource scale and describe correlates of adequate resources among 1593 current, former and non-drug users recruited in New York City. Reliability was determined using coefficient  $\alpha$ ,  $\omega_h$ , and factor analysis. Criterion validity was explored by comparing item and mean scores by income and income source using ANOVA; content validity analyses compared scores by drug use. Multiple linear regression was used to describe correlates of adequate resources.

**Results:** The coefficient  $\alpha$  and  $\omega_h$  for the overall scale were 0.91 and 0.68, respectively, suggesting reliability was at least adequate. Legal income  $> \$5000$  (vs.  $\leq \$5000$ ) and formal (vs. informal) income sources were associated with more resources, supporting criterion validity. We observed decreasing resources with increasing drug use severity, supporting construct validity. Three factors were identified: basic needs, economic resources and services. Many did not have their basic needs met and few had adequate economic resources. Correlates of adequate material resources included race/ethnicity, income, income source, and homelessness.

**Conclusions:** The 18-item material resource scale demonstrated reliability and validity among drug users. These data provide a different view of poverty, one that details specific challenges faced by low-income communities.

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### 1. Introduction

Poverty is an important social determinant of health (Marmot and Wilkinson, 2011; Pfoertner et al., 2011; Stronks et al., 1998). In 2009, 14.3% of U.S. residents lived below the poverty threshold, while the 6.3% lived below 50% of the poverty threshold (i.e., in extreme poverty) (DeNavas-Walt et al., 2010). A significant increase in poverty between 2008 and 2009 (DeNavas-Walt et al., 2010), coupled with recent analyses suggesting the risk of poverty over

the life course is increasing (Sandoval et al., 2009), underscores the growing importance of understanding poverty in the U.S.

Income-based measures of poverty, sometimes dichotomized as living at or below some percentage of a poverty threshold (Gillum et al., 2008; Thomas et al., 2005, 2007) or income proxies (e.g., receiving benefits like free- or reduced-lunches for school children) (Ompad et al., 2006), have dominated in research despite important limitations (Bradshaw and Finch, 2003). These measures are often insensitive to income variation among the poor (Sen, 1976), do not account for geographic variation in cost-of-living (Besharov and Couch, 2009; Rosenfeld, 2010), and are subject to non-response bias (Turrell, 2000) and underreporting because certain benefits (i.e., food stamps) are not included (Dorling, 1999). Further, most income measures do not account for illegal income sources such as street sales of cigarettes, pirated media (also known as bootlegging), illegal drugs and other commodities; commercial sex work;

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and theft. Illegal income sources may be particularly important for drug-using populations (Cross et al., 2001; DeBeck et al., 2007) and some other populations where they may be necessary for survival (Essien et al., 2004); studies have documented that 22–53% of illicit drug users report illegal income sources (Bourgois et al., 2006; DeBeck et al., 2007; Ompad et al., 2008a; Rondinelli et al., 2009).

Many social scientists now conceptualize poverty as a latent variable (Waglé, 2008). This is underscored by several threads of research, including that of Townsend (Townsend, 1979) who introduced the concept of a living standard, which reflects how people allocate their resources. Indicators of living standards are lists of goods and services that reflect socially perceived necessities for adequate participation in society (Pfoertner et al., 2011). Going without these perceived necessities is considered to be material deprivation (Desai and Shah, 1988; Townsend, 1979).

Describing and quantifying material resources and deprivation may shed light on the challenges faced when one considers implementing, or trying to adhere to, public health and medical recommendations vis à vis available resources. For example, Stronks et al. (1998) observed an increasing risk of bad perceived health associated with decreasing income. They estimated that approximately half of the increased risk of bad health was related to deprivation, based in part on Townsend's living standards, among individuals with low income. A recent study of HIV positive men and women found that poor adherence to antiretroviral therapy was associated with food insufficiency and hunger (Kalichman and Grebler, 2010).

For drug users in particular, heterogeneity in economic conditions may explain why some drug users recover while others persist (Roddy and Greenwald, 2009) and why some may benefit from interventions and others do not. There is some preliminary evidence for such an association from ecological and multi-level studies, but a dearth of research at the individual-level. An ecological study in New York City (NYC) found that the rate of fatal accidental cocaine and opiate overdoses between 1990 and 1992 was strongly associated with neighborhood poverty (Marzuk et al., 1997). A study of injection drug users (IDUs) in Baltimore found that those living in neighborhoods where less than 10% of residents lived in poverty were significantly less likely to have injected in the preceding six months as compared to IDUs living in neighborhoods where 30% or more residents were in poverty (Nandi et al., 2010). Having reliable and valid measures of individual-level material resources and deprivation among drug users would be very useful for understanding behavior, morbidity, and mortality.

Here, we explore the reliability and validity of a modified version of the Family Resource Scale (FRS) (Dunst and Leet, 1987) among current, former and non-drug users recruited from economically-disadvantaged NYC neighborhoods. The FRS was previously used in family and child outcomes research. We also describe demographic correlates of adequate material resources in this population. Few studies to our knowledge have investigated material resources and deprivation among illicit drug users.

## 2. Methods

The IMPACT (Inner-City Mental Health Study Predicting HIV/AIDS, Club and Other Drug Transitions) Studies were designed to examine the independent and interactive effect of neighborhood compositional and contextual characteristics as they relate to drug use, HIV and other blood-borne pathogens, and mental health (particularly post-traumatic stress disorder). The methods for neighborhood selection, sampling and recruitment have been described in detail elsewhere (Ompad et al., 2008b; Weiss et al., 2007). Initially, 36 NYC neighborhoods were included in the study:

three neighborhoods in each of twelve larger communities. The 12 geographically dispersed communities were selected for high rates of HIV infection and heroin overdose and are primarily but not exclusively low income: four of the twelve are in the borough of Manhattan (East and Central Harlem, Chelsea, and the Lower East Side); three in the Bronx (South Bronx, Hunts Point, and Tremont); three in Queens (Long Island City, Corona, and Jamaica); and two in Brooklyn (Bedford-Stuyvesant and Bushwick). Two additional neighborhoods were added from the Far Rockaway community in Queens when recruitment in Corona was observed to be non-productive. Within the communities, field staff identified areas where drug market activities could be observed. Neighborhood boundaries surrounding these areas were defined by an ethnographer, in consultation with other study investigators, and were constrained to block group and or census tract boundaries so that U.S. Census data could be used for contextual analyses.

Recruitment was conducted using random street-intercept techniques (Miller et al., 1997). Starting at the southwest corner of a target block, outreach workers (OWs) walked clockwise around the block clicking hand counters when they passed an individual. Every fifth person passed was approached using a prepared script that described the study and invited people to be screened. OWs made note of when they approached someone and when someone approached them, along with the outcome of each interaction (i.e., escorted to appointment, scheduled an appointment, had a conversation, refused to have conversation, ignored staff, walked away from staff). We also screened people who walked into our research storefront or onto the study recreational vehicle, making note that they were walk-ins rather than street-intercept recruits. Walk-ins knew of our work through experience either with our previous studies or through word-of-mouth from IMPACT Study participants.

Eligible participants were age 18 years or older, lived or spent at least half their time in the target neighborhood, and were willing to give a blood sample. We recruited injection drug users, non-injection drug users (non-IDUs), former drug users (FDUs), non-drug users (NDUs) and club drug users (CDUs; defined as LSD, PCP, ecstasy, ketamine, GHB, or rohypnol users). IDUs must have injected at least once in the last three months. Non-IDUs had to have sniffed, ingested, or smoked heroin, crack, cocaine, and/or methamphetamine at least once in the last three months, but never have injected drugs in their lifetime. FDUs must have used heroin, crack, cocaine or methamphetamine by any route at least once in their lifetime, but not in the last three months. NDUs must not have used any drug in their lifetime, except alcohol or marijuana. CDUs must have used a club drug in the last three months; CDUs could also be IDUs or non-IDUs. Most of CDUs were polysubstance users and thus included in the IDU or NIDU group. The five people who reported only using club drugs were excluded from this analysis. A screening questionnaire was conducted to determine eligibility. Written informed consent was required for participation. Respondents were compensated \$20 for each interview. The study was reviewed and approved by the New York Academy of Medicine's Institutional Review Board.

### 2.1. Data collection

Cross-sectional interviewer-administered surveys were conducted from 2005 to 2009. Demographic variables included sex (i.e., male or female), race/ethnicity (i.e., black, Hispanic, white, or other), age, and sexual identity (i.e., heterosexual or homosexual/gay/lesbian/bisexual). Economic variables included income sources, income, and material resources. We asked about ten income sources in the last six months and which gave the most income. We collapsed the source that gave the most income into five categories: employment, public assistance, informal economy,

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