



Gender disparities in utilization and outcome of comprehensive substance abuse treatment among racial/ethnic groups

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ARTICLE INFO

Article history:

Received 14 February 2013

Received in revised form 22 November 2013

Accepted 10 December 2013

Keywords:

Gender

Race/Ethnicity

Comprehensive services

Service utilization

Treatment outcome

Moderator

ABSTRACT

This study examined gender differences within Black, Latino, and White subgroups in the utilization of comprehensive services and their relation to posttreatment substance use. Survey data were collected during the National Treatment Improvement Evaluation Study (NTIES), a prospective, longitudinal, multisite study of substance abuse treatment programs and their clients in the United States. The analytic sample consisted of 1,812 Blacks (734 women and 1,078 men), 486 Latinos (147 women and 339 men), and 844 Whites (147 women and 339 men) from 59 service delivery organizations. Results related to service utilization indicated that compared to men, women in all racial and ethnic groups needed and received more services targeted to their needs and reported more positive relations with service providers. Gender was a significant moderator of the relationship between service receipt and treatment outcomes for all racial and ethnic groups, but especially for the Latino subsample. Findings point to the need to consider race-specific gender differences in the development of culturally competent, comprehensive substance abuse treatment.

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1. Introduction

Research on racial/ethnic and gender disparities in the utilization and outcomes of comprehensive substance abuse treatment is limited despite the strong evidence base linking the provision of comprehensive health and social services to reductions in substance use and improved health and social functioning (Cao, Marsh, Shin, & Andrews, 2011; Ducharme, Knudsen, & Roman, 2006; Ducharme, Mello, Roman, Knudsen, & Johnson, 2007; Grella, Joshi, & Hser, 2000; Marsh, Cao, Guerrero, & Shin, 2009). Despite national concerns about health disparities (Smedley, Stith, & Nelson, 2003), very little research has compared Black, Latino, and White groups in terms of the relationship between use of comprehensive substance abuse services and outcomes. A major shortcoming of disparities research is that most analyses have focused on Black–White comparisons, leaving limited evidence related to Latino samples (Guerrero et al., 2013). Primarily due to a shortage of adequate Latino samples, little is known about what constitutes effective substance abuse treatment among Latinos (Alvarez, Jason, Olson, Ferrari, & Davis, 2007; Amaro, Arévalo, Gonzalez, Szapocznik, & Iguchi, 2006; Guerrero, Cepeda, Duan, & Kim, 2012).

A second major shortcoming is that racial/ethnic and gender comparisons have been conducted in isolation, providing little information about how the combination of race/ethnicity and gender affects substance abuse treatment (Alegria et al., 2006; Smith & Weisner, 2000). Although research has demonstrated that women tend to have more serious substance abuse treatment dependencies (Morgenstern & Bux, 2003; Wechsberg, Craddock, & Hubbard, 1998) and more health and social problems than men (Chatham, Hiller, Rowan-Szal, Joe, & Simpson, 1999; Marsh, Cao, & D'Annunzio, 2004; Marsh & Miller, 1985; Wechsberg et al., 1998), it remains unclear how these challenges may differentially affect women across diverse racial and ethnic groups. As a result, there are significant knowledge gaps that can inform the design of services that are most beneficial and that are specific to men and women across racial and ethnic subgroups.

1.1. Comprehensive substance abuse treatment

Studies of comprehensive substance abuse treatment increasingly have identified the extent to which specific ancillary health and social services and service strategies are related to positive outcomes. In addition to substance abuse counseling, the provision of transportation assistance, child care, and health, mental health, and employment services have been associated with improved treatment outcomes (Friedmann, D'Annunzio, Jin, & Alexander, 2000; Marsh, Cao, & Shin,

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2009; Marsh et al., 2004; McLellan et al., 1998). Studies also have found that when services are targeted or matched to specific client needs, outcomes improve (Cao et al., 2011; Marsh, Cao et al., 2009; McLellan et al., 1997). A positive relationship between client and provider has been connected to improved outcomes (Marsh, Shin, & Cao, 2010). Finally, length of time spent in treatment, or treatment duration, has been shown to be a very robust predictor of treatment outcome (Zhang, Friedmann, & Gerstein, 2003).

1.2. Gender and racial/ethnic differences in comprehensive substance abuse treatment

Little is known about gender differences within racial/ethnic groups. Studies on the use and effects of comprehensive substance abuse treatment across racial/ethnic and gender groups have indicated all groups benefit from treatment, but they have not revealed different benefits for specific subgroups (Marsh, Cao, Guerrero et al., 2009; Niv, Pham, & Hser, 2009; Schmidt, Greenfield, & Mulia, 2006). Further, few studies have examined the connection between use of specific components of comprehensive services and posttreatment substance use. Identification of service ingredients related to posttreatment reduction in drug use by racial/ethnic and gender subgroups would provide knowledge relevant to tailoring services to specific client needs to achieve the best outcomes, as well as the development of culturally competent treatment practices—that is, those designed to meet the specific needs of distinct groups (Campbell & Alexander, 2002; Guerrero, 2010; Guerrero, Campos, Urada, & Yang, 2012).

In light of these gaps in the literature, the purpose of this study was to examine gender disparities in substance abuse treatment service utilization and outcomes among racial/ethnic groups by addressing two research questions: (1) Are there gender differences in comprehensive substance abuse treatment service utilization and posttreatment substance use outcomes for Blacks, Latinos, and Whites? If so, (2) how does gender moderate the relationship between comprehensive service receipt and posttreatment substance use for Blacks, Latinos, and Whites? This study expanded on previous analyses of the association between racial/ethnic and gender differences and comprehensive services (Marsh et al., 2004) by examining gender differences in specific racial/ethnic subgroups. Gender was conceptualized as a moderator variable that may influence how receipt of specific services in substance abuse treatment affects posttreatment substance use for specific racial/ethnic groups (Baron & Kenny, 1986; Finney, 1995).

2. Methods

2.1. Research design and analytic sample

The National Treatment Improvement Evaluation Study (NTIES; Gerstein et al., 1997) was a prospective, longitudinal, multisite study of substance abuse treatment programs funded by the Center for Substance Abuse Treatment. NTIES data collection occurred between 1992 and 1997 and resulted in a unique data set in terms of (1) the amount of information collected about the type and amount of specific health and social services provided, (2) the size of the Black and Latino subsamples, and (3) the relatively high response rate (82%) achieved for data collected 12 months after treatment (Gerstein & Johnson, 2000). A primary objective of the study was to assess the provision of comprehensive services; that is, the type and amount of ancillary health and social services provided as part of substance abuse treatment. As a result, data were related not only to the characteristics of substance abuse services but also to ancillary health and social services received by individual clients. Additionally, data were collected about treatment organization and individual characteristics. At baseline, data were collected on client characteristics

(including severity of substance abuse and previous substance abuse treatment experiences), and client perceptions of service needs were collected via interviews. At treatment exit, severity of substance use and service receipt data were collected. At 12 months posttreatment, data on severity of substance abuse (an outcome measure in this study) were again collected. Organizational data were obtained from interviews with treatment program administrators at two points during a 12-month period.

The sampling frame included two stages. The first sampling stage included all programs funded by the Center for Substance Abuse Treatment. Probability sampling of clients within programs was used during the second sampling stage. The treatment organizations in this sample were not representative of all substance abuse treatment organizations in the United States. Although clients were selected using probability sampling, they were only representative of clients entering programs funded by the CSAT during 1992–1997. Analyses by NTIES investigators indicated that the sample was largely comparable (e.g., in terms of gender distribution, education, prior drug treatment experience, criminal justice referrals) to other large-scale treatment studies, except the NTIES sample included higher proportions of Blacks and Latinos (Gerstein & Johnson, 2000). The analytic sample for this study was a subset of the 4,526 clients who completed all intake, treatment discharge, and follow-up interviews. After excluding clients from correctional facilities ($n = 1,384$), the final analytic sample consisted of 3,142 clients from 59 service delivery units. We excluded clients from correctional facilities because their treatment environments and treatment outcomes generally differ from those in noncorrectional facilities (e.g., clients have limited access to and use of drugs in correctional facilities based on restricted environment). The data set included measures of organizational, service, and individual characteristics for 1,812 Blacks (734 women and 1,078 men), 486 Latinos (147 women and 339 men), and 844 Whites (242 women and 620 men). The age range of the sample was 17–51.

2.2. Measures

2.2.1. Dependent variable

2.2.1.1. Posttreatment substance use. Approximately 12 months after completion of the program, respondents were asked how often during the last 30 days that they had used the five most frequently used legal and illicit substances; namely, marijuana, crack, cocaine powder, heroin, and alcohol. The dependent variable was a sum of the number of days respondents reported using each of the five drugs. This measure of substance use 12 months posttreatment was intended to measure sustained reductions in posttreatment substance use.

2.2.2. Explanatory variables

At treatment exit, clients reported on the health and social services they received as part of substance abuse treatment. The analysis included five measures related to service categories and retention in treatment.

- (1) Access services. This service was operationalized as any receipt of transportation and child care services during the treatment period. A composite score was developed using these two dichotomous measures. At discharge, clients were asked whether they received either of these services.
- (2) Substance abuse counseling services. This service was operationalized as receipt of any of three substance abuse treatment services: drug/alcohol counseling, 12-step meetings, and drug prescriptions for alcohol/drug problems. A composite score was developed using the three measures. Clients were asked whether they received each of these services at treatment discharge. Because each of these service categories was

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