Addictive Behaviors 85 (2018) 173–179

Contents lists available at ScienceDirect

Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh

Substance use and use disorders and treatment receipt among adults in families receiving Temporary Assistance for Needy Families (TANF), 2003–2014

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HIGHLIGHTS

- Marijuana use among adults in TANF families has increased by 36.7% over the decade.
- Reductions in marijuana use risk perceptions are linked with increases in use.
- 20% of men and 11% of women of the group had a past-year substance use disorder.
- Of those with a substance use disorder, nearly 80% did not receive services.
- Black/Hispanic women and those living with children were less likely to be treated.

ARTICLE INFO

Keywords:
Temporary Assistance for Needy Families
Marijuana
Substance use disorder
Treatment receipt

ABSTRACT

Background/purpose: Legalization of marijuana for medical and/or recreational use in some U.S. states has increased attention to substance use and related problems. However, little attention has been paid to these phenomena among adults in families receiving Temporary Assistance for Needy Families (TANF) whose adverse life experiences may put them at elevated risk of substance use disorders (SUDs).

Methods: Data from the 2003–2014 National Survey on Drug Use and Health (NSDUH) were used to test trends in past-month binge drinking and past-year marijuana, other illicit drug, and any illicit drug use and to examine SUD prevalence and treatment correlates among adults in TANF families.

Results: While rates of binge drinking and any illicit drug use remained steady, marijuana use increased from 15.8% in 2003/2004 to 21.6% in 2013/2014, a 36.7% increase. Increased marijuana use was strongly related to changes in marijuana risk perception. Among adults in TANF families, 19.5% of men and 10.8% of women had a past-year SUD, but only one in five received treatment. Those aged 18–25, Black or Hispanic women, and those who had children at home when surveyed were less likely to have received treatment.

Discussion: Preventive efforts to address substance use, especially marijuana use, among adults in TANF families are needed. Moreover, given greater odds of unmet SUD treatment need among these economically disadvantaged adults, particularly racial/ethnic minority women and those who are in emerging adulthood, uninsured, and have children at home, measures to provide more inclusive services such as integrated behavioral health care are needed.

1. Introduction

Substance use and use disorders (SUD) pose threats to users' physical and mental health and to other family members' well-being. For families with minor children, studies show that parental substance use problems are associated with child maltreatment and adverse child outcomes such as future alcohol/drug abuse, mental health problems (e.g., major depressive episode, post-traumatic stress disorder), and violence exposure at home and in communities (Ali, Dean Jr, & Hedden, 2016; Allem, Soto, Baezconde-Garbanati, & Unger, 2015; Biederman, Faraone, Monuteaux, & Feighner, 2000; Forster, Grigsby, Rogers, & Benjamin, 2018; Hanson et al., 2006; Young, Boles, & Otero, 2007). Although estimates vary widely across studies (Traube, 2012), a nationally representative survey of children and families investigated by child protective services indicated that about a quarter of the children had a caregiver who abused substances (Berger, Slack, Waldfogel, &

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https://doi.org/10.1016/j.addbeh.2018.06.014
Received 22 March 2018; Received in revised form 11 June 2018; Accepted 11 June 2018
Available online 12 June 2018

Bruch, 2010).

The Temporary Assistance for Needy Families (TANF) program is a major federal public assistance program serving families with extreme material hardship. Most of these families are headed by a single mother with one or two children (USDHHS, 2017). In addition to material hardship, these parents have often experienced multiple adverse life conditions such as domestic violence or physical and mental health problems that are strongly associated with a higher likelihood of substance use problems (Danziger, Kalil, & Anderson, 2000). According to Pollack and Reuter (2006), in 2002, 22.3% of TANF recipient mothers (vs. 12.8% of non-recipient mothers) had used an illicit drug in the past 12 months, and, of them, 55.9% (vs. 44% of non-recipient mothers reporting past-year illicit drug use) had an illicit drug use disorder. Substance use problems can be a significant barrier to labor market performance, hampering an intended policy goal of the TANF program – improving recipient families' economic self-sufficiency (Jayakody, Danziger, & Pollack, 2000).

In 1996, under Public Law 104-193 (the Personal Responsibility and Work Opportunity Reconciliation Act), the TANF block grant program replaced the Aid to Families with Dependent Children entitlement program. Since then, changes such as stricter eligibility and work requirements and time limits on program participation have contributed to caseloads plummeting from over 4 million families to an average monthly caseload of 1.1 million families (2.5 million individuals) in fiscal year 2016 despite similar numbers of families in poverty (USDHHS, 2017). Pressure on states to meet work participation goals has caused many public assistance departments to focus on immediate employment for adult recipients rather than services to address barriers to self-sufficiency, such as mental health problems and SUDs (Danziger et al., 2000; Rosen, Tolman, & Warner, 2004).

Institutional barriers such as the limited number of substance abuse treatment facilities that accept Medicaid also continue to hinder low-income individuals from receiving adequate SUD treatment (Cummings, Wen, Ko, & Druss, 2014; Guerrero, 2013). Overall, 40% of US counties lack an outpatient SUD treatment facility, and counties in Southern and Midwestern states and rural areas and those with higher percentages of Black and uninsured residents are less likely to have facilities that accept Medicaid (Cummings et al., 2014). Even when a treatment facility is in close proximity, shortages of culturally competent providers may limit service use by minority groups that disproportionately compose low-income populations and TANF recipients (Guerrero, 2013; Vega et al., 2007). Lack of child care services is another key barrier to parents' treatment use (Abrams, Dornig, & Curran, 2009; Rosen et al., 2004). As the number of non-married parents, who are at greater risk of economic vulnerability and limited social support, grows (Hamilton, Martin, Osterman, Curtin, & Mathews, 2015; Taylor & Conger, 2014), the lack of child care is likely to further limit low-income parents' access to services such as substance abuse treatment. Poverty is, therefore, a context for heightened risk of SUDs and unmet treatment needs.

Although substance use problems pose threats to public health and family well-being, recent evidence is lacking about substance use/use disorders and treatment participation among adults in TANF families. Research is needed given changes in the characteristics of adults in TANF families due to stricter program participation requirements. In addition, it would be useful to know if changes in some states' marijuana laws, accompanied by changes in marijuana use, accessibility, and risk perceptions (e.g., Compton, Han, Jones, Blanco, & Hughes, 2016; Martins et al., 2016), have affected adults in TANF families. Moreover, there are few gender-specific, population-based studies of substance use and related problems among TANF families. Although single mothers head most TANF families, the recent rise in single-father families (Livingston, 2013), as well as gender differences in substance use and use disorders, necessitates gender-sensitive understanding of substance use and related problems (Gregoire & Snively, 2001).

To address these gaps in the literature, the present study examined the prevalence of substance use (binge drinking and illicit drug, especially marijuana, use) as well as SUDs among adults in TANF families using a nationally representative population survey. The potential roles of marijuana-specific risk/protective factors in predicting marijuana use trends were also investigated. We also examined past-year substance abuse treatment receipt among those reporting SUDs and key sociodemographic and SUD correlates of treatment receipt. To better understand gendered patterns, we conducted separate analyses by gender.

2. Methods

2.1. Study data and sample

Data came from the 2003 to 2014 National Survey on Drug Use and Health (NSDUH), a cross-sectional survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides population estimates of substance use, SUDs, and mental disorders among non-institutionalized U.S. civilians aged 12 and older. In each year, participants were recruited using a multistage area probability sampling method and interviewed privately at their residence using computer-assisted interviewing (CAI) methodology – a combination of computer-assisted personal interviewing and audio computer-assisted self-interviewing (for more details on the NSDUH, see SAMHSA, 2015). Data from 2003 to 2014 (prior to the 2015 study redesign) provide comparable estimates of respondents' past-year substance use, SUDs, substance abuse treatment receipt, and sociodemographic characteristics. The study's analytical sample included 16,628 adults in TANF families (5197 men and 11,431 women). To determine whether there are differences in disadvantages between TANF participants and others living in poverty, 75,487 adults in households not receiving TANF but with income < 100% of federal poverty thresholds (31,112 men and 44,375 women) were also examined.

2.2. Measures

2.2.1. TANF receipt

We used a binary measure of whether a respondent or any family member in the home had received TANF cash assistance for at least one month during the past year (0 = no, 1 = yes), referred to hereafter as an adult in a TANF family. To ensure response accuracy, respondents were provided a list of state-specific TANF program names.

2.2.2. Substance use

We measured past-year substance use using a binary measure (0 = no, 1 = yes) of binge alcohol use (5+ drinks on the same occasion on at least one day in the past 30 days) and any illicit drug use. Given the increased prevalence of marijuana use in the U.S. adult population and recent changes in many states' marijuana laws, we also examined marijuana use separately.

2.2.3. Substance use disorder (SUD)

We used a binary measure of whether respondents met criteria for alcohol or illicit drug (including marijuana, cocaine, heroin, and pain reliever) abuse or dependence in the past 12 months based on the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, Fourth Edition (American Psychiatric Association [APA], 2000). Those who reported past-year substance use were defined as having dependence if they met three or more of seven dependence criteria (e.g., "spent a great deal of time over a period of a month or more getting, using, or getting over the effects of marijuana," and "continued to use marijuana even though it was causing problems"). Respondents who did not meet dependence criteria were defined as having substance abuse if they met one or more of four criteria (e.g., "serious problems at home, work, or school caused by using marijuana, such as neglecting their children,