



Race/ethnic disparities in the utilization of treatment for drug dependent inmates in U.S. State correctional facilities



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HIGHLIGHTS

- There are race/ethnic disparities in drug treatment in the general community.
- This study examines disparities in treatment for drug dependent inmates.
- Findings identify a remarkable unmet need for treatment.
- Significant Latino–white disparities are documented but no black–white disparities.
- Increasing access to social support while incarcerated may increase treatment usage.

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ABSTRACT

Background: Research has documented racial and ethnic disparities in utilization, access, continuity, and quality of care for psychiatric disorders including treatment for substance use disorders among those with similar need in the general community. Currently, the extent of racial and ethnic disparities in treatment within U.S. correctional facilities is unknown.

Methods: This study examines race/ethnic disparities in treatment for drug dependent inmates using the 2004 Survey of Inmates in State Correctional Facilities. Fixed effects logistic regression is used to analyze treatment outcomes for 5180 inmates housed within 286 prisons. The analysis accounts for differences in background characteristics (i.e., age, gender, marital status, foreign born status, veteran status), socioeconomic characteristics (i.e., education, employment prior to incarceration), mental health (i.e., diagnosis with a serious mental illness), and incarceration experiences (i.e., current conviction, previous incarceration episodes, time served, additional sentencing requirements, external social support, disciplinary violations).

Results: The findings identify a remarkable unmet need among drug dependent inmates in that less than one-half of drug dependent inmates had received any type of treatment in prison at the time of the interview with the most common treatment type being self-help groups. Compared to whites, drug dependent Latino inmates have significantly lower odds of utilizing treatment, yet there are no significant black–white disparities found.

Conclusion: The current study suggests that treatment for drug dependent inmates needs to be expanded to include clinically or medically based treatment since the failure to address addictions in the criminal legal system has been identified as the single most significant reason for rearrest and recidivism once released.

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1. Introduction

The U.S. state and federal prison population has grown from fewer than 200,000 inmates in 1972 to 1,537,415 inmates at midyear 2011 (Carson & Sabol, 2012). The United States now has the highest rate of imprisonment (756 per 100,000) of any country in the world (International Centre for Prison Studies, 2008). Mass incarceration of Americans began in earnest in the 1980s, attributed largely to the War on Drugs. Because an estimated 65% of state inmates have a substance

use disorder (James & Glaze, 2006), U.S. inmates comprise a vulnerable group with a substantial need for substance use treatment services (Rounds-Bryant and Baker 2007). Belenko and Peugh (2005) analyzed treatment needs among state prison inmates based on the American Society of Addiction Medicine patient placement framework (Mee-Lee, Shulman, Fishman, Gastfriend, & Griffith, 2001) and found that 31.5% of male and 52.3% of female state prison inmates need long-term residential treatment and an additional 18.7% of males and 16.2% of females need outpatient treatment.

Importantly, research has documented racial and ethnic disparities in utilization, access, continuity, and quality of care for psychiatric disorders including treatment for substance use disorders among those with

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similar need in the general community (Jacobson, Robinson, & Bluthenthal, 2007; Wells, Klap, Koike, & Sherbourne, 2001). For example, in an evaluation of managed behavioral care by state Medicaid agencies, Daley (2005) found that although managed care had a beneficial impact on the quality of treatment for black and Latino clients, the percent of Medicaid-eligible clients of color who accessed treatment and the percent who achieved continuity of care remained lower than for whites in every year of the study.

Currently, the extent of racial and ethnic disparities in treatment within U.S. prisons is unknown. Recent research on diversion programs and alternatives to incarceration reveal racial and ethnic disparities in sentencing practices with low-income substance abusers being disadvantaged compared to defendants with economic and social resources given the general shortage of public treatment programs available (Maur, 2010). For example, the State of California enacted Proposition 36 in 2001 that mandates first and second time non-violent drug offenders to drug treatment instead of prison. Nicosia, MacDonald, and Arkes (2013) found that even though Proposition 36 decreased disparities, whites are still more likely to be sentenced to treatment compared to blacks and Latinos. For those inmates sentenced to jail or prison terms, research has shown that the treatment offered in correctional settings is often variable, inconsistent, and challenging (Chandler et al., 2004; Teplin, Abram, & McClelland, 1997).

Previous research has demonstrated substantial racial/ethnic bias at every stage of contact with the criminal legal system leading up to incarceration (Alexander, 2010; Drucker, 2011). The current study is concerned with racial/ethnic bias in treatment once adults begin their sentence in state correctional facilities. This study examines race/ethnic disparities in the utilization of treatment for inmates sentenced to state correctional facilities who met the DSM-IV criteria for drug dependence disorder in the year prior to their incarceration. In order to understand the impact of race/ethnicity in the utilization of treatment, the analysis controls for the effect of a number of important inmate-level variables. These variables include background characteristics (i.e., age, sex, marital status, foreign born status, and veteran status), socioeconomic characteristics (i.e., high school/GED and employment prior to incarceration), mental health (i.e., serious mental illness), and incarceration experiences (i.e., previous convictions, years served, current offense, sentence enhancements, and rule violations) including social support while incarcerated (i.e., telephone calls and or visits from friends and family, furlough days, and work programs). Previous research has identified these factors as contributing to inmate behavior while incarcerated (e.g., Irwin & Cressey, 1962; Jiang & Fisher-Giorlando, 2002; Lahm, 2008; Steiner & Wooldredge, 2008). Logistic regression with prison fixed effects is used to control for variation between prison environments.

2. Methods

The data for this study are from the 2004 Survey of Inmates in State Correctional Facilities (SISCF) which provides a nationally representative sample of persons incarcerated in state prisons (United States Department of Justice, 2004). The sample design employed a stratified, two-stage selection. The prison sample was selected from a universe of 1585 state prisons. Overall, 301 prisons were randomly selected for inclusion in the study. A total of 287 prisons participated. In the second stage, inmates were randomly selected for participation. A total of 14,499 inmates participated for an overall response rate of 89.1%. The interview was conducted using computer assisted personal interviewing (CAPI) and participation was voluntary.

The population for the current study includes all inmates sentenced to and currently incarcerated in state correctional facilities who are 18 years or older and who met the DSM-IV criteria for having drug dependence disorder in the year prior to their incarceration. Persons with alcohol dependence are not included since specific substances are addressed as a separate use disorder even though they are diagnosed based on the same overarching criteria. The final sample derived from

the SISCF includes 5180 inmates housed within 286 correctional facilities (average of 17 inmates per prison). One facility was dropped from the sample since none of the inmates housed there met the criteria for drug dependence. Thirty-six percent of the total sample met the criteria for drug dependence disorder during the 12-months prior to their incarceration. There are significant race/ethnic differences in the symptom profiles for drug dependence disorder. Among those who met the DSM-IV criteria for drug dependence, whites endorsed an average of 5.9 symptoms, blacks endorsed an average of 5.5 symptoms, and Latinos endorsed an average of 5.7 symptoms ($F = 40.3, p < 0.001$). However, this may not have clinical relevance. The Institutional Review Board at the University of Colorado Boulder reviewed the study protocols.

2.1. Measures

The dependent variable is a binary variable coded 1 if the drug dependent inmate has received treatment for drug use during their current incarceration. Treatment includes detox, inpatient care, outpatient care, self-help groups (e.g., AA, NA), maintenance drugs (e.g., methadone), and or any other program. Race/ethnic disparities are examined for three mutually exclusive groups based on self-reported race/ethnicity: whites, blacks, and Latinos. The study controls for background characteristics including age (continuous), gender (female referent), marital status (never married = 1, all other categories = 0), foreign born (native born referent), and veteran status (0 no, 1 yes). Socioeconomic characteristics include whether the inmate has a high school diploma or GED compared to less than high school and whether the inmate was employed prior to incarceration (0 no, 1 yes). An inmate's mental health status is assessed through the self-report of diagnosis with at least one serious mental illness. Inmates were asked if they have ever been diagnosed with a serious mental illness (i.e., depression, anxiety, PTSD, bipolar disorder). The presence of at least one is coded positively.

The incarceration experience is characterized by the number of previous incarceration episodes (continuous), type of offense for which the inmate is currently incarcerated (0 drug offense, 1 violent offense, 2 property offense, 3 public order offense), and the number of years served to date (continuous) during the current incarceration episode. Respondents were also asked if their sentence included mental health counseling (0 no, 1 yes) or substance use treatment (0 no, 1 yes) while incarcerated. External social support while incarcerated is indicated by a series of dummy variables including whether the inmate has received telephone calls or visits from family/friends and if the inmate has been granted any furlough days or participated in any job/vocational training program. Whether the inmate has received a violation (0 no, 1 yes) while incarcerated for drug/alcohol use or physical assault on staff/inmate are proxies for substance use and violent behavior, respectively.

2.2. Analysis

The analysis uses logistic regression with prison fixed effects. Since the study is concerned with individual-level race/ethnic differences within prisons, a fixed effects approach will examine the determinants of within prison variability by controlling for between prison differences so that each prison acts as its own control (Allison, 2009). A baseline model using random effects indicates that there is low variability in drug treatment between prisons ($\rho = 0.159$). A series of models are estimated with sets of control variables added in a step-wise fashion. The full model (Model 3) is then reestimated for only those inmates who were not sentenced to treatment (Model 4) and for only those inmates who were sentenced to treatment (Model 5). Model fit for each model is assessed using likelihood ratio tests. Weights are used to account for the complex sampling design of the study. All analyses are conducted using Stata 12.

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