



Taking a life course approach to studying substance use treatment among a community cohort of African American substance users



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ABSTRACT

Background: Life course theory emphasizes the need to examine a wide variety of distal factors along with proximal factors, longitudinally. Yet research on who obtains substance use treatment is generally cross-sectional and limited to examining developmentally proximal factors (e.g., substance use severity) and demographic factors.

Methods: To investigate treatment within a life-course framework, we studied 522 drug and/or alcohol users from a community cohort of African Americans followed prospectively from age 6. Developmentally distal factors of childhood and adolescent social behavior, family environment, academic achievement, mental health, and substance use along with the key proximal factors of substance use severity and socioeconomic status were examined using regression analyses to assess their impact on obtaining adult substance use treatment.

Results: One-fifth of the study population obtained treatment for substance use by age 32 (20.5%). Although adult socioeconomic status was not associated with substance use treatment in adulthood in the multivariable model, the proximal factor of substance use severity was a strong predictor of obtaining substance use treatment, as expected. After including several developmentally distal factors in the model, childhood aggression also had an independent effect on adult substance use treatment, above and beyond substance use severity.

Conclusions: These findings emphasize the importance of using a life course framework when exploring predictors of treatment; early life characteristics are important influences beyond the more proximal factors in adulthood. Research should continue to take a life course approach to better understand pathways to substance use treatment.

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1. Introduction

Substance use treatment has been shown to be effective at reducing drug and alcohol use and the problems associated with it (Institute of Medicine, 2006; McLellan et al., 2000; Miller et al., 2001). Yet, despite this, treatment is vastly underutilized by substance users; approximately 4.3 million individuals in the U.S. received treatment in 2009, yet 24 million, a six fold difference, were in need of substance use treatment (Substance Abuse and Mental Health Services Administration, 2010).

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Numerous cross-sectional studies, which have focused on concurrent or proximal predictors, find that the most consistent predictor of obtaining treatment is substance use severity (Finney and Moos, 1995; Kessler et al., 2001; Oleski et al., 2010; Perron et al., 2009; Wang et al., 2004). Other key proximal predictors include income and treatment accessibility (Compton et al., 2007).

What has been lacking in the extant literature is the application of a life course perspective, which considers an individual's present and past circumstances acknowledging that receiving treatment may be influenced by historical and developmental factors as well as current severity or income. This perspective considers an actor's accumulation of risk or protection rather than at one point in time (Elder, 1985). Using a life course framework to examine substance use treatment across multiple periods of adulthood, rather than a snapshot of who may be in treatment at a single point in time, provides a more comprehensive view of who obtains treatment

(Hser et al., 2007). Past experiences, relationships, and circumstances may be particularly important in considering who enters treatment beyond severity and financial costs as there are multiple avenues to obtaining treatment (Pescosolido et al., 1998). The life course framework can help identify key factors throughout the life course important for treatment, broadening our understanding of treatment and facilitating the targeting of efforts to increase substance use treatment utilization.

Historically, research focused on who receives substance use treatment has faced two challenges: first, the preponderance of cross-sectional studies and second, a limited set of predictors of obtaining treatment. A prospective research design that draws on a life course framework encourages examination of the influence of early and developmental factors on receipt of substance use treatment in adulthood.

While studies have used the life course framework to examine predictors of substance use and abuse across the life course (e.g., Fothergill and Ensminger, 2006; Doherty et al., 2008), these studies have not examined early life influences on substance use treatment. This may be due to the assumption that any effect of childhood influences on treatment is explained by substance use severity in adulthood or other proximal factors such as socioeconomic status (SES). However, whether early life factors work solely through need (e.g., substance use severity) or resources (e.g., SES), or whether they exert a direct influence on obtaining substance use treatment has not been examined empirically.

This line of research is crucial given longitudinal research that suggests numerous pathways to mental health treatment. For instance, family life, social behavior, and severity of mental health conditions distinguish which children receive mental health services in childhood and adolescence (Herrenkohl et al., 2010; Poduska et al., 2008; Temcheff et al., 2011). For substance use treatment, in particular, Gayman et al. (2011) found family background and severity of substance use were related to obtaining substance use treatment in childhood and adolescence. They did not examine if these factors continued to be important for adult substance use treatment. Also, the sample had a small number of African Americans, leaving it unclear if their findings may be particularly salient for African-American populations.

Understanding what influences receipt of substance use treatment among African-American populations is important for several reasons. First, African Americans are more likely than Whites to report problems from their use, including loss of control and health problems (Harrison, 1992; Herd, 1994, 1997). Second, African Americans suffer twice as many deaths due to substance use-related causes as do Whites (National Institute on Drug Abuse, 2003). Third, African-Americans have similar or higher rates of obtaining substance use treatment compared to Whites (Grella et al., 2009; Kessler et al., 2001; Perron et al., 2009; Mulvaney-Day et al., 2012), yet African-American substance users continue to use through adulthood when their White counterparts are more likely to cease using (French et al., 2002).

Moreover, some research suggests that pathways into treatment may differ for African Americans compared to Whites regardless of severity of use. Interactions with the criminal justice system (Swanson et al., 2009; Cook and Alegria, 2011) and other public services such as Medicaid are possible mechanisms by which African Americans are more likely to obtain treatment than other groups. One study found African Americans were more likely to be referred to treatment when reporting alcohol use to social services systems, regardless of the individual's alcohol consumption (Dobscha et al., 2009). Understanding the antecedents of obtaining substance use treatment in this population more fully will inform efforts to increase treatment, potentially alleviating some public health burden in this population.

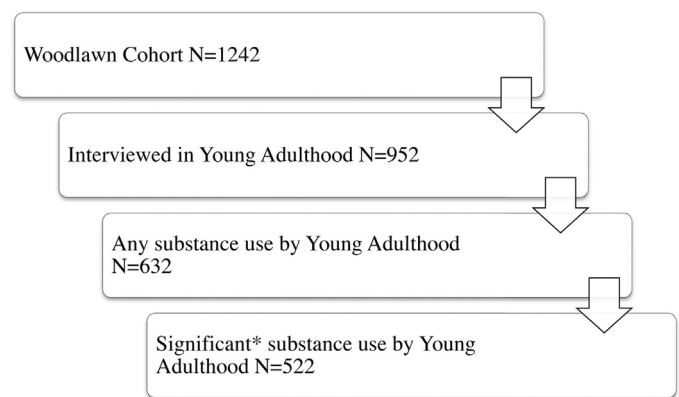


Fig. 1. Selection of study sample.

In this paper we pose two research questions, (1) Do distal factors during childhood and adolescence (e.g., family background, early childhood behavior) matter in obtaining treatment as an adult? (2) If so, are these distal factors important for obtaining treatment above and beyond the well-known proximal factors (e.g., drug use severity) that influence receipt of substance use treatment? Importantly, this study overcomes the challenges of previous studies by using a prospective longitudinal design that extends into adulthood and by taking a life course approach to allow for the explicit consideration of a wide variety of distal factors along with key proximal factors related to substance use treatment.

2. Methods

2.1. Study population

Study participants are part of the Woodlawn study, a longitudinal prospective study of 1242 African Americans growing up in a community on Chicago's South Side. Individuals entered the study in 1966–1967 when they were in first grade. During this cohort's childhood and adolescence, Woodlawn was a poor, virtually all African-American community with high levels of poverty and unemployment. All first graders in the Woodlawn community, attending one of the nine public or three parochial schools, were invited to participate; only 13 families (1%) declined. The current study used data collected at three time points: childhood (age 6–7; $n = 1242$), adolescence (age 16–17; $n = 705$), and young adulthood (age 32–34, $n = 952$).

Since we were interested in substance use treatment, the sample was limited to those individuals interviewed in young adulthood who had a history of significant substance use (i.e., had a history of heavy episodic drinking (4 or more drinks for women and 5 or more drinks for men on a single occasion) or used other substances 50 times or more by age 32 ($n = 522$)). In order to capitalize on the strength of having a non-clinical population of substance users, the sample was not limited to those with a substance use disorder (SUD). Alcohol and use of other substances were examined together as research has not consistently shown predictors of treatment to differ significantly by substance (Perron et al., 2009; Wang et al., 2005). Fig. 1 provides a description of study inclusion criteria.

In first grade, data were collected from teachers regarding each child's classroom behavior and from mothers regarding the child's behavior and family environment. In adolescence, both mothers and children were interviewed regarding a variety of domains including: substance use, mental and physical health, family environment, and school achievement. At age 32, participants were re-interviewed regarding myriad social and psychological factors,

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