DETERMINANTS OF SEEKING TREATMENT FOR SUBSTANCE USE

PROBLEMS AMONG HISPANICS VERSUS NON-HISPANIC WHITES

by

Carolina Mendez, M.S.

A Dissertation submitted to the Faculty of the

Graduate School, Marquette University,

in Partial Fulfillment of

the Requirements for

the Degree of

Doctor of Philosophy

Milwaukee, Wisconsin

August 2008

Marquette University

ABSTRACT

DETERMINANTS OF SEEKING TREATMENT FOR SUBSTANCE USE

PROBLEMS AMONG HISPANICS VERSUS NON-HISPANIC WHITES

Substance abuse and dependence are common problems among the general

population, but individuals with alcohol and substance use disorders (SUD), including

Hispanics, generally underutilize mental health treatment. This study evaluated factors

related to the underutilization of treatment services by Hispanics in the U.S. including

demographics, resources, and illness variables. The study utilized the National

Epidemiologic Survey of Alcohol and Related Conditions (NESARC) dataset. Analyses

were conducted on 2,919 non-Hispanic white and Hispanic respondents who met criteria

for a current SUD. These respondents were categorized according to whether they

recognized a need for treatment. Those who did recognize the need for treatment were

categorized according to whether or not they obtained treatment.

Chi-square analyses revealed that non-Hispanic whites were less likely than

Hispanics to recognize a need for treatment. Logistic regression analyses indicated that

individuals with less than a high school education were more likely to recognize a need

for treatment than those who completed high school. Furthermore, those who were

widowed, divorced, or separated were more likely to recognize a need for treatment than

those who were married or living together. Those with no insurance, or Medicare,

Medicaid, or Veterans Administration (VA) coverage were more likely to recognize a

need for treatment than those with private insurance, as were respondents who were

unemployed. Illness severity also predicted recognizing the need for treatment: those

with substance abuse were less likely than those with substance dependence, and those

with no comorbid mental illness were less likely than those with a comorbid mental illness.

Descriptive analyses revealed that non-Hispanic whites were significantly more likely to obtain treatment than Hispanics, as were respondents who were widowed, divorced, or separated. Logistic regression analyses indicated that respondents who met criteria for substance abuse were more likely to utilize treatment than those with substance dependence.

This study isolated factors that impact treatment-seeking behavior among Hispanics, and might be useful in designing interventions to increase mental health service utilization for alcohol and substance use problems.

Preface

Clinical research conducted among minority populations, including Hispanics in the United States (U.S.), reflect the dominant values of the larger society. As a result, forms of treatment-seeking and subsequent treatment of mental health problems among Hispanics reflect a primarily Eurocentric point of view that may do great harm to culturally diverse clients such as Hispanics. In order to be culturally competent, mental health professionals must begin to understand and accept alternate worldviews in the process of developing culturally appropriate interventions in working with diverse clientele. The main purpose of this project was to identify determinants (including demographics, resources, and illness variables) of seeking treatment for substance use problems that would be unique to Hispanics, as compared to non-Hispanic whites in the U.S.

There are four chapters in this paper including the Introduction, Methods, Results and Discussion. Within Chapter 1, the introduction provides a base for understanding the need for treatment among Hispanics for alcohol and substance use problems, given the prevalence of alcohol and substance use disorders among Hispanics residing in the U.S. A review of factors that impact treatment-seeking behavior (recognizing that treatment is needed and then utilizing treatment services) among Hispanics and non-Hispanic whites also yields further comprehension of the impediments that people in these two groups experience in seeking treatment for alcohol and substance use problems. Chapter 1 ends with a review of the study and research plan, including the independent and dependent variables examined. The primary, secondary, and tertiary hypotheses of the study are also presented.

Subsequent to the presentation of the design of the study, Chapter 2 includes several subsections. The first subsection is a detailed review of the data derived from the first wave of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC). Subsequent sections cover measures of independent and dependent variables. Chapter 3 presents the results of the analyses conducted for the present study. This section begins with descriptive analyses of study participants (with appropriate tables), with respect to demographics, resources, and illness variables as well as their recognition of a need for treatment and subsequent utilization of treatment. The next subsection is a description of significant associations found among independent and dependent variables. Finally, a series of logistic regression analyses conducted in order to evaluate the relationships of the independent variables on treatment need recognition and subsequent treatment utilization is presented. The last chapter is a discussion of how ethnicity (Hispanic vs. non-Hispanic white) and other variables may be related to treatment need recognition and subsequent utilization of treatment for alcohol and substance use problems. The findings of this study isolated specific factors that impact treatment-seeking behavior among Hispanics and non-Hispanic whites. Similarities and differences between these groups with respect to their demographics, resources, and illness characteristics and how treatment entry can be facilitated is a major focus of this project.

Working on this project has proven to be a labor of love. It would not have been possible without the support of my dissertation chair, Dr. Stephen Saunders, who provided the guidance which sustained me throughout my work and assisted me in refining my thoughts from the initial stages, including the design of the study, to the final

product. I would also like to acknowledge the dissertation committee members, Dr. Stephen Guastello and Dr. Michael Wierzbicki, whose informative critiques helped me further my work.

Table of Contents

Table of Contents continued

Table of Contents continued

Table of Contents continued

Table of Contents continued

List of Figure and Tables

List of Figure and Tables cont.

PREVIEW

ABSTRACT

DETERMINANTS OF SEEKING TREATMENT FOR SUBSTANCE USE

PROBLEMS AMONG HISPANICS VERSUS NON-HISPANIC WHITES

Substance abuse and dependence are common problems among the general

population, but individuals with alcohol and substance use disorders (SUD), including

Hispanics, generally underutilize mental health treatment. This study evaluated factors

related to the underutilization of treatment services by Hispanics in the U.S. including

demographics, resources, and illness variables. The study utilized the National

Epidemiologic Survey of Alcohol and Related Conditions (NESARC) dataset. Analyses

were conducted on 2,919 non-Hispanic white and Hispanic respondents who met criteria

for a current SUD. These respondents were categorized according to whether they

recognized a need for treatment. Those who did recognize the need for treatment were

categorized according to whether or not they obtained treatment.

Chi-square analyses revealed that non-Hispanic whites were less likely than

Hispanics to recognize a need for treatment. Logistic regression analyses indicated that

individuals with less than a high school education were more likely to recognize a need

for treatment than those who completed high school. Furthermore, those who were

widowed, divorced, or separated were more likely to recognize a need for treatment than

those who were married or living together. Those with no insurance, or Medicare,

Medicaid, or Veterans Administration (VA) coverage were more likely to recognize a

need for treatment than those with private insurance, as were respondents who were

unemployed. Illness severity also predicted recognizing the need for treatment: those

with substance abuse were less likely than those with substance dependence, and those

with no comorbid mental illness were less likely than those with a comorbid mental illness.

Descriptive analyses revealed that non-Hispanic whites were significantly more likely to obtain treatment than Hispanics, as were respondents who were widowed, divorced, or separated. Logistic regression analyses indicated that respondents who met criteria for substance abuse were more likely to utilize treatment than those with substance dependence.

This study isolated factors that impact treatment-seeking behavior among Hispanics, and might be useful in designing interventions to increase mental health service utilization for alcohol and substance use problems.

Determinants of Seeking Treatment for Substance Use Problems among Hispanics versus

Non-Hispanic Whites

CHAPTER 1

INTRODUCTION

Substance abuse and dependence have been demonstrated as common problems among the general population (Grant, 1997; Substance Abuse and Mental Health Services Administration SAMHSA, 2004). Furthermore, individuals with substance use disorders (SUD) generally underutilize mental health treatment, and this underutilization is more commonly observed among members of minority populations, including Hispanics (Cherpitel, 2001; Wells, Klap, Koike, & Sherbourne, 2001).

There is substantial evidence indicating that Hispanics exhibit higher rates of alcohol and substance use and abuse than non-Hispanic whites and are less likely to engage in a formal help-seeking process for these problems (Midanik & Clark, 1994; Mueller, Ortega, Parker, Patil, & Askenazi, 1999). As a consequence, interest has developed in understanding more about the prevalence and pattern of substance use (alcohol and drug abuse and dependence) among the Hispanic population, as well as Hispanics' utilization of mental health services in seeking treatment for substance use disorders.

This chapter presents a review of studies reporting the prevalence of alcohol and substance use disorders and the utilization of mental health care services among Hispanics. Most of the prevalence and utilization data stem from large scale epidemiologic studies; however, a few studies have been conducted that specifically focus on utilization of alcohol and substance use treatment services. The review shows

high rates of alcohol and substance use problems among Hispanics and their underutilization of treatment services highlights the considerable service gap between need and utilization of services among the Hispanic population. Subsequent chapters present an analysis of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), the largest and most comprehensive survey conducted on alcohol use, alcohol use disorders, and their physical and psychiatric disabilities. The NESARC dataset allowed for examination of variables that were hypothesized to impact treatment-seeking among Hispanics including demographics, resources, and illness variables.

Illness Prevalence

Several large-scale epidemiologic studies have been initiated as a response to the need for documentation of the prevalence of substance use disorders and nonsubstance use psychiatric disorders among the noninstitutionalized in the US (Kessler et al., 1994). The basic goals of these large-scale studies have resulted in the implementation of sample selection, population characteristics, and methodology that allow for comparisons of prevalence data across diverse population groups residing in the US, including Hispanics.

Results of these national surveys have consistently found that between 9-10% of adults annually meet diagnostic criteria for either substance abuse or dependence (Grant, 1997, et al., 2004; SAMHSA, 2004). The National Household Survey of Drug Abuse (NHSDA) found that in 2001, an estimated 16.6 million individuals in the U.S. aged 12 or older were classified with dependence or abuse of drugs or alcohol (7.3% of the population). When broken down by ethnicity, results of the 2001 NHSDA indicated that rates for drug or alcohol dependence or abuse among non-Hispanic whites was 7.5%, among blacks was 6.2%, and among Hispanics was 7.8%.

Results of the 2003 National Survey on Drug Use and Health (NSDUH) on

substance or abuse prevalence indicated that an estimated 21.6 million persons aged 12 or

older were classified with substance dependence or abuse (9.1% of the total population).

The rate of substance dependence or abuse among Hispanics (9.8%) and non-Hispanic

whites (9.2%) was higher than the rate among blacks (8.1%; Substance Abuse and

Mental Health Services Administration, SAMHSA, 2004). Results from a longitudinal

study comparing non-Hispanic whites, blacks, and Hispanics found that reductions in

drinking were not seen among Hispanics and blacks compared to non-Hispanic whites

over an eight-year period of time (Caetano & Kaskutas, 1994). Several research studies

have found that Mexican American men and women are overrepresented among heavy

drinkers relative to other Hispanics (Caetano, 1989; Gilbert & Cervantes, 1986; Lex,

1987).

Several surveys allow more explicit comparison between Hispanic and non-

Hispanic populations with regard to the prevalence of SUDs. The Epidemiologic

Catchment Area Study (ECA) has been the main source of national data on prevalence

rates of specific mental disorders as defined by the DSM-III as well as utilization of

treatment services (Kessler et al., 1994; Zhang & Snowden, 1999). The study of the

prevalence of psychiatric disorders among Hispanics in the U.S. also sparked an interest

in determining the prevalence of psychiatric disorders among Hispanic subpopulations.

Consequently, the need for systematic epidemiologic data on mental disorders in Puerto

Rico was recognized and, while not technically part of the ECA program, the

methodology used in the ECA study was applied to a survey on the prevalence of

psychiatric disorders in Puerto Rico (Canino et al.). Subsequent to the ECA program, the

National Comorbidity Survey (NCS) was conducted, a congressionally mandated survey designed to study the comorbidity of substance use disorders and other psychiatric disorders (Kessler et al., 1994).

The Epidemiologic Catchment Area (ECA) study. The major objective of the ECA program was to obtain prevalence rates of specific mental disorders as defined by the DSM-III (Eaton, Regier, Locke, & Taube, 1981). Other aims of the program included investigating etiological factors and aiding in the planning of health care services and programs. The ECA Program had several different sites in order to permit results to be compared geographically. The five sites were Yale University in New Haven, Johns Hopkins University in Baltimore, Washington University in St. Louis, Duke University in Durham, and the University of California in Los Angeles (UCLA). Each site sampled more than 3,000 community residents and 500 residents of institutions, and completion rates ranged from 75% to 80% of eligible respondents. The study was longitudinal so that incidence rates could be estimated. Follow-up interviews were administered six months after the initial interview; direct re-interviews were conducted one year after the initial wave of interviews. The longitudinal design allowed calculation of incidence and remission rates, as well as a detailed study of service use rates (Regier et al., 1984).

In order to assure comparability of research design and comparability of protocol administration across sites, the Diagnostic Interview Schedule (DIS) was developed, validated, and utilized (Regier et al., 1984). The DIS assessed the presence, duration, and severity of individual symptoms. The DIS yielded both current and lifetime diagnoses using computer-scored algorithms based on the DSM-III (Burnam, Hough, Karno, Escobar, & Telles, 1987). Disorders were considered present if they occurred anytime

within the six months prior to the interview. Most studies reported only current and lifetime prevalence of disorders.

The present review focuses on the Los Angeles site of the ECA program. Los Angeles was the only western city included in the ECA program, and it had a primary focus on Hispanics (Burnam et al., 1987). The site thus provided a particularly unique opportunity to study Mexican Americans, who form the largest of the Hispanic ethnic groups in the U.S. According to the 1980 census, over 40% of persons of Mexican descent in the U.S. reside in California, and Los Angeles has the largest Mexican American population of any U.S. city. The site included a number of measures of acculturation that could be contrasted to rates of mental illness and its treatment.

The study population consisted of the adult population residing in two mental health catchment areas in metropolitan Los Angeles. One catchment area, in east Los Angeles, was largely Hispanic American (83%). The other area, the Venice/Culver city area of Los Angeles, was mainly non-Hispanic white (63%) but included many Hispanic residents (21%). The Hispanic individuals in these catchment areas were largely of Mexican cultural or ethnic origin. Because the study included too few Hispanics from non-Mexican backgrounds, prevalence estimates were only presented for Hispanics of Mexican heritage. The entire Los Angeles household sample of 3,125 respondents included 1,309 non-Hispanic whites, 1,243 Mexican Americans, and 573 individuals of "other" or "unknown" ethnic background. The overall completion rate was 68%.

The survey instrument used was the DIS translated into Spanish. The Spanish version has been tested for equivalence to the English version in a study of bilingual and monolingual Spanish speaking patients of a Los Angeles community mental health center

(Burnam, Karno, Hough, & Escobar, 1983). Respondents were interviewed in the language of their choice and were free to switch from one language to another at any time. Acculturation was measured with a 26-item scale based on the Acculturation Rating Scale for Mexican Americans (Cuellar, Harris, & Jasso, 1980) and the Behavioral Acculturation Scale (Szapocnik, Scopetta, Aranalde, & Kurtines, 1978). Acculturation items included questions regarding language familiarity and usage, ethnic interaction, activities reflecting cultural traditions and lifestyle, ethnic identification, and ethnic background (Burnam et al., 1987).

Karno et al. (1987) reported that the rates of mental illness in Los Angeles were comparable to rates reported from the other sites. Alcohol abuse or dependence was largely a male disorder with high prevalence among both Mexican American and non-Hispanic men of any age (31.3% among Mexican American men and 21.0% among non-Hispanic white men). The high level of alcohol abuse or dependence for men of both ethnic groups was very similar to levels reported at the other ECA sites (Karno et al., 1987).

Burnam et al. (1987) defined acculturation as the psychological changes that occur when individuals from one culture immigrate to a new host culture. Others have defined acculturation as the adoption of attitudes, values, and behaviors of the dominant society. Burnam et al. (1987) presented results for acculturation and prevalence of disorders in Los Angeles. Findings indicated that higher levels of acculturation among Mexican Americans were associated with higher lifetime rates of phobia (18%), alcohol abuse or dependence (24%), and drug abuse or dependence (8%). Thus, prevalence of disorder was higher for the medium than the low acculturated, and was greatest for the

high acculturated. After controlling for sex, age, and marital status, acculturation was significantly related to the prevalence of phobias and alcohol or drug abuse or dependence. The authors also presented results for prevalence of disorders among immigrant and native-born Mexicans as well as comparison to prevalence rates of non-Hispanic whites. Native-born Mexican Americans, who tended to have high levels of acculturation, had higher lifetime prevalence of disorders than immigrant Mexican Americans, including phobia (16.8% vs. 10.1%), alcohol abuse or dependence (24.4% vs. 14,4%), major depression (6.9% vs. 3.3%), and dysthymia (6.5% vs. 3.2%). These were significant after controlling for age, sex, and marital status (Burnam et al., 1987).

Canino et al. study. The ECA study results sparked interest in determining the prevalence of psychiatric disorders among other Hispanic subpopulations. The methodology used in the ECA study was applied to a survey on the prevalence of psychiatric disorders in Puerto Rico. The study was carried out in 1984 and reported lifetime and six-month prevalence rates of DSM-III psychiatric disorders (Canino et al., 1987). The population from which the sample was drawn comprised one respondent aged 18 through 64 years randomly selected from 2,036 households. The DIS was translated and adapted for use in Puerto Rico, and the completion rate was 91%.

Canino et al. (1987) found that the combined lifetime prevalence rate of the DIS disorders in Puerto Rico was 28%. Alcohol abuse and dependence showed high prevalence rates (lifetime prevalence was 12.6% and six-month prevalence was 4.9%) that were comparable to those rates found in the U.S. Alcohol abuse and dependence emerged as a significant gender-related disorder. For males, lifetime prevalence was 24.6% and six-month prevalence was 10.0%; for females, lifetime prevalence was 2.0%

and six-month prevalence was 0.5%. Furthermore, the rate of alcohol abuse and dependence was shown to increase with age (lifetime prevalence was 5.6% among those between 18 and 24 and increased to 17.2% among those between 45 and 64 years of age). With respect to prevalence rates by area of residence, both lifetime and six-month prevalence rates tended to be higher in the urban area for phobic disorders and dysthymia but not for alcohol use disorders. For most diagnoses, lifetime and six-month prevalence rates decreased as educational level increased, including alcohol use disorders. Lifetime prevalence of alcohol abuse and dependence decreased significantly with increased education (13.6% among individuals with up to six years of education and 7.6% among individuals with 16 or more years of education).

National Comorbidity Survey (NCS). Since the 1980s, the ECA study was the main source of data in the U.S. on the prevalence of psychiatric disorders and utilization of services for these disorders (Regier et al., 1993). This was partly due to the fact that the ECA program was the first to use the DIS, a research diagnostic interview that could be administered by trained interviewers who were not clinicians. Subsequently, the National Comorbidity Survey (NCS), a congressionally mandated survey designed to study the comorbidity of substance use disorders and other psychiatric disorders was conducted (Kessler et al., 1994). The NCS was improved on the ECA study. NCS diagnoses were based on DSM-III-R rather than DSM-III criteria, and some interview questions allowed comparisons with the DSM-IV and the International Classification of Diseases (ICD-10) Diagnostic Criteria for Research. The NCS also obtained a comprehensive battery of risk factors for mental disorders including family history of psychopathology, measures of social support, and information about stressful events.