Gender Differences in Populations with Substance Use Disorders: A Review of the Literature

Allante Moon
Gender Differences in Populations with Substance Use Disorders: A Review of the Literature

Abstract
'...A convergence of evidence suggests that women with substance use disorders are more likely than men to face multiple barriers affecting access and entry to substance abuse treatment” (Tuchman, 2010). There should never be an issue of receiving substance abuse treatment for any gender and exploring these differences can bring awareness to these issues. Several studies report gender differences in men and women who are experiencing substance use disorders. This thesis is based on a literature review of gender differences in experiencing and treating substance additions among populations of minorities, elderly individuals, and HIV positive individuals. Emphasis is placed on how accessibility to substance abuse services and prevention methods are impacted by gender.

Degree Type
Open Access Senior Honors Thesis

Department
Social Work

First Advisor
Dr. Janet Okagbue-Reaves

Second Advisor
Dr. Angie Mann-Williams

Keywords
Women, Drug Abuse, Insurance, Minorities, HIV/AIDS

Subject Categories
Social Work
GENDER DIFFERENCES IN POPULATIONS WITH
SUBSTANCE USE DISORDERS: A REVIEW OF THE LITERATURE

By

Allante Moon

A Senior Thesis Submitted to the

Eastern Michigan University

Honors College

in Partial Fulfillment of the Requirements for Graduation

with Honors in Social Work

Approved at Ypsilanti, Michigan, on this date April 3, 2017
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Literature Review</td>
<td>4</td>
</tr>
<tr>
<td>Women and Substance Abuse</td>
<td>4</td>
</tr>
<tr>
<td>Gender Differences</td>
<td>6</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>8</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>9</td>
</tr>
<tr>
<td>Stress Minorities Experience</td>
<td>10</td>
</tr>
<tr>
<td>Elderly Individuals</td>
<td>11</td>
</tr>
<tr>
<td>Alcohol</td>
<td>11</td>
</tr>
<tr>
<td>Various Other Drugs</td>
<td>12</td>
</tr>
<tr>
<td>Compared to Younger Individuals</td>
<td>13</td>
</tr>
<tr>
<td>Access to Treatment</td>
<td>14</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>14</td>
</tr>
<tr>
<td>Medicaid/Managed Care</td>
<td>16</td>
</tr>
<tr>
<td>Andersen’s Behavioral Model</td>
<td>18</td>
</tr>
<tr>
<td>Race and Ethnicity</td>
<td>19</td>
</tr>
<tr>
<td>Minorities</td>
<td>19</td>
</tr>
<tr>
<td>Hispanics</td>
<td>21</td>
</tr>
<tr>
<td>African Americans</td>
<td>23</td>
</tr>
<tr>
<td>Neighborhood Influence</td>
<td>24</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>25</td>
</tr>
<tr>
<td>Social Support</td>
<td>25</td>
</tr>
<tr>
<td>HIV and Women</td>
<td>26</td>
</tr>
<tr>
<td>HIV and Treatment</td>
<td>28</td>
</tr>
<tr>
<td>Risky Behaviors</td>
<td>29</td>
</tr>
<tr>
<td>Treatment Methods</td>
<td>29</td>
</tr>
<tr>
<td>Abuse Deterrent Method</td>
<td>30</td>
</tr>
<tr>
<td>Curriculum for Graduate Students</td>
<td>32</td>
</tr>
<tr>
<td>Data Collection Methods</td>
<td>32</td>
</tr>
<tr>
<td>Conclusion</td>
<td>32</td>
</tr>
<tr>
<td>References</td>
<td>35</td>
</tr>
</tbody>
</table>
"A convergence of evidence suggests that women with substance use disorders are more likely than men to face multiple barriers affecting access and entry to substance abuse treatment" (Tuchman, 2010). There should never be an issue of receiving substance abuse treatment for any gender and exploring these differences can bring awareness to these issues. Several studies report gender differences in men and women who are experiencing substance use disorders. This thesis is based on a literature review of gender differences in experiencing and treating substance additions among populations of minorities, elderly individuals, and HIV positive individuals. Emphasis is placed on how accessibility to substance abuse services and prevention methods are impacted by gender.

Keyword: elderly, HIV, minorities, gender
GENDER DIFFERENCE AND SUBSTANCE USE

INTRODUCTION

“Self-regulation and coping theories of substance use indicate that individuals may engage in substance use behavior because they believe it can help them cope with negative life events and/or dysregulated emotional states” (Gonzalez et al., 2010). Various substances have been used as coping methods for various populations in today’s society and this review of literature will focus attention to the need for more research on gender differences and substance abuse, new treatment idea for the “baby boomer population” and prevention methods centered toward the minority and HIV/AIDS population. This thesis examines the literature on gender and racial differences in at-risk populations with substance use disorders.

LITERATURE REVIEW

Women and Substance Abuse

Tuchman (2010) study states that substance abuse is not only a male issue and that there is evidence that shows that women experiencing substance use disorders are facing obstacles when trying to gain access to substance abuse treatment centers. This is a significant issue because without treatment, women do not have the opportunity to get better. A study describes the term ‘telescoping’ as women who have developed a dependency for substance abuse faster than men have even though they initially started using later (Tetrault et al., 2008). This issue has been found to happen for many women and even previous studies have shown that women tend to be prescribed prescriptions that are considered a potential drug of abuse. Jamison et al. (2008) study suggests that women have a higher incidence of pain levels, which allows them to be prescribed more medications even though men abuse substances more than women do. Since women were prescribed more medicine, one might expect that they would be more likely to abuse more and this is not what happens. Research has suggested that some women do not have
as many opportunities to start abusing substances and often live longer with their disorder (Lev-Ran et al., 2013). It is important to know that some women are still living with substance use disorders even though they do not have a ton of opportunities to abuse these substances.

Tetrault et al. (2008) study found results to suggest that women who started using drugs at 24 years old were more likely to have mental illness even though the author suggested we interpret these differences with caution. It was also found in Back et al. (2010) study that women hoarded medications and used them with their prescribed pain medications. There is a cultural disapproval of women who abuse substances and this affects the amount of women who decide to start using. Depression is misdiagnosed in women who abuse substances and it usually affects women with lower incomes, women who are unemployed and women who have a lower level of education (Tuchman, 2010).

Women dealing with intimate partner violence (IPV) have a higher percentage of substance abuse issues and are more likely to relapse (Tuchman, 2010). Gordon and Logan (2011) also state that some indicators for engagement in drug abuse were if a women had experienced IPV, child abuse, or any sexual trauma. Substance abuse is usually a coping method used when women are experiencing this kind of violence. It is imperative that professionals study the differences between men and women in substance abuse treatments to make sure that they are taking a holistic approach when addressing these issues. “Since women of color are at increased risk for intimate partner femicide (IPF), targeted prevention efforts that are culturally tailored and reach out to abused women of color despite barriers to formal help-seeking behaviors, will contribute substantially to averting potentially lethal incidents” (Sabri et al., 2013).
Gender Differences

The perception and stigma of substance abuse is a large issue to women compared to men and this result in these women abusing drugs prescribed from their physician (Tuchman, 2010). It is seen as more acceptable if women abuse a drug that was prescribed and this makes it so important for physicians to really monitor what drugs they are prescribing.

According to Lev-Ran et al. (2013), “research in the recent decades has brought attention to numerous gender differences in substance use and substance use disorders (SUDs) suggesting that females and males differ in their behavioral, physiological, neurological, and pharmacological responses to substances, as well as in patterns of use and prevalence of substance use and SUDs”. This should be the case because females and males have different body compositions. Tuchman (2010) believes that there is an increasing amount of females abusing substances and studies are now investigating the differences in gender. Lev-Ran et al. (2013) study explained that there is not a significant amount of literature on the specific substances abused by genders because most studies have combined all substances.

Jamison et al. (2010) study examined the gender differences in men and women experiencing chronic pain who also had substance abuse issues and they had the idea that men abused because of legal and behavioral issues while women abuse opioids because of emotional issues. Back et al. (2010) study reported that men compared to women were more likely to use other ways to take medication like crushing the pill in order to snort. Physicians need to strive to design effective ways to detect individuals at risk for abusing and having an understanding of this can allow professionals to implement efficient interventions. Lev-Ran et al. (2013) study suggests that there are several individual and environmental factors that affect why individuals
GENDER DIFFERENCE AND SUBSTANCE USE

start using substances. Understanding these environmental factor can also assist in developing efficient interventions.

Understanding these gender differences would benefit health professionals when trying to reduce the rate of substance use disorders amongst men (Lev-Ryan et al., 2013). Several studies show that men often abuse more substances than women, but other studies state that is due to the limited research on women abusing substances. Tuchman (2010) found that women ages 59 and older become addicted to substances quicker, even though they use smaller amounts. Beck et al. (2010) stated that men were more likely to take their family medications or buy these drugs from their dealers. This shows that men had more risky behaviors. Women were also more likely to have a family member that abused substances, which led to their likelihood of abusing more substances compared to men (Tuchman, 2010). The presence of a family member abusing substances has a greater impact on women because they are more likely to be influenced or develop those habits later on in life.

Marsh, Cao, and Shin (2009) state that women enter treatment with a significant amount of co-occurring problems than men but this study looks to see if a services specific to the client’s needs help. There is a significant difference in diagnosis between genders and there has been a large amount of criticism on whether the DSM-V should combine abuse and dependence categories (Lev-Ran et al., 2013). The National Survey on Drug Use and Health found that no matter what substance, men used the drug more frequently than the women, but they had similar rates when using stimulants (Tuchman, 2010). The study did not have an explanation for this finding. LevRan, Le Strat, Imtiaz, Rehm, & Le Foll (2013) study examined the differences with gender and substance use disorders (SUDs). Women often do not have access to treatment and
they often have more severe dependencies compared to men (Marsh et al., 2009). It is imperative that there is equal access for both men and women when looking for services.

**Prescription Opioids**

According to Tetrault et al. (2008), women were less likely to have past year use of non-medical prescription opioids, alcohol, marijuana and cocaine compared to men. Women were found to abuse painkillers and benzodiazepines more frequently than any other group (Tuchman, 2010). When looking at the specific most common nonmedical prescription opioids used for most of the participants were Darvocet, Tylenol with codeine, and Darvon (Tetrault et al., 2008). Back et al. (2010) noticed that there was an increase in emergency department visits for issues related to opioid abuse and less than half of the individuals actually had prescriptions for opioid analgesics. The use of opioids had increased as the years have progressed and some physicians are not properly trained and often do not take an evaluation of risk with the abuse of opioid medication (Jamison et al., 2010). Making sure physicians are properly educated is an issue that needs to be addressed so we do not have an increased number of patients resorting to opioid misuse. Back et al. (2010) reported that professionals and clinicians are having difficulty with developing preventions and treatments for non-medical prescription opioid use and have an understanding of the factors of predisposition. Various patients in the Jamison et al. (2010) study displayed an uncontrollable and compulsive use of opioids with serious pain, despite their understanding of the consequences of misusing these opioids.

Several individuals believe that taking opioids rather than illicit drugs will not harm them because a physician prescribed them. The study has found higher rates for opioid abuse among men and other literature has actually found women to have higher rates in some sectors (Beck et al., 2010). This may be due to several reasons like sampling of data and geographic populations
studied. Lev-Ryan et al. (2013) study found that 7 out of 11 substances explored were significantly higher for males compared to women in regards to lifetime exposure. This was also the same for the opioid drug categories because 3 out of the 4 were more prevalent for men (Lev-Ryan et al., 2013). In order for individuals to be endorsed as having a dependency, they had to meet at least one of the criteria and some of the criteria were whether or not an individual had repeated trouble with the law, or spent over a month abusing opioids (Beck et al., 2010). This is important because it may lead to addiction for individuals who are taking the prescription that did not actually meet the criteria and were prescribed that pill. In Lev-Ryan et al. (2013) study, individuals had to only meet one criterion in the DSM-IV to be designated as someone with lifetime diagnosis and these were coded for the past 12 months.

**Psychological distress**

Women dealing with issues of family concerns, abuse and mental illness diagnoses were rated higher while the men had addictive behaviors and surprised physicians when their urine test came back positive (Jamison et al., 2010). Beck et al. (2010) reported that experiencing psychological distress was identified for more women resulting in an increased level of dependence. It is evident that more women than men are open to discussing and seeking help for their behavior and these results can help physicians when making treatment decisions. Women who misused substance and were involved in violent situations were also significant experiences of psychological distress (Golder & Logan, 2011). Beck et al. (2010) study found that males, younger aged individuals, psychological distress and substance abuse are indicators for non-medical use and drug dependence. Even for women it was found that experiencing victimization or distress in your life significantly increased their risks for drug dependence and abuse (Golder & Logan, 2011). Jamison et al. (2010) discussed having education for women on other ways to
deal with stress and holding behavioral therapy where they are able to explain their feelings, while some recommendations for men would be to have interventions and closely monitor their behavior.

**Stress Minorities Experience**

The frameworks are minority stress, which describes the stress that minorities face due to discrimination that causes psychological distress and stress coping model which suggests that substance use is a way individuals cope with their stress (Verissimo et al., 2014). Often times, there is a correlation between individuals who abuse substance and HIV/AIDS. Myers, Sumner, Ullman, Loeb, Carmona, and Wyatt (2009) study looked at what stresses help to predict substance abuse in HIV/AIDS participants. According to Gordon and Logan (2011), the emotional state an individual is in has a significant impact on their probability of becoming dependent on a substance and individuals believe that it helps distract them from their issue. Verissimo et al. (2015) stated that minorities often result to abusing these substances to cope with the discrimination that they face which lead to addiction which and then leads to an increased amount of injuries. Substance use and psychosocial distress are highly prevalent in individuals with HIV (Myers et al., 2009). Minority women are more likely to have experience with distress and HIV and in 2009 this study wanted to define what specific psychosocial factors were contributing to substance abuse so preventions could be designed (Myers et al., 2009). It is important to explore why some at risk women start to engage in substance abuse and others do not (Gordan & Logan, 2011). Myers et al. (2009) report the damaging effects of chronic stressors, undermining interactions; negative emotions and social conflicts resulted in an increased risk for substance abuse. Having negative social supports or having difficulty
establishing positive social support areas where interventions could be designed to help minorities dealing with stress.

**Elderly Individuals**

**Alcohol**

In the 1990s, elderly people with substance addictions mostly experienced alcohol addiction and now they are experiencing illicit drugs, opioid abuse and co-occurring disorders (Bial et al., 2012). This is important to note because this means that services will need to be specialized for these substances rather than alcohol. The elderly is often experiencing isolation, aging and health problem that may heavily affect what treatment strategies will work for this population. Johannessen et al. (2016) study was designed to investigate the amount of information and awareness that the elderly has on the consequences of abusing alcohol and psychotropic drugs. For the elderly population, alcohol is the most commonly used and the men use significantly more alcohol than the women (Sacco, Bucholz, & Harrington, 2014). One drink a day is the suggested limit for elderly since they are more susceptible to falls and injuries due to their aging body, but evidence based literature has not identified a specific definition for alcohol misuse (Johannessen et al., 2016). This is important to know that there is not a specific definition for alcohol since everyone's body reacts differently to alcohol and drugs.

According to Woodruff, Clapp, Sisneros, Clapp, McCabe, and Dickcicio (2009), stressors play a large role in the amount of alcohol that the elderly population may use. Sacco et al. (2014) state that suggest that for both elderly men and women, having stressful experiences increased their likelihood of developing alcohol use disorders. A study has suggested that elderly individuals are using drug and alcohol more often and they want to examine these elders' experiences on the misuse of these drugs (Johannessen, Helvik, Engdal & Sørlie, 2016). Elderly
women were less dependent on drugs compared to elderly men and research found that older women abused alcohol and prescription drugs more (Tuchman, 2010).

Several informants in the study by denied that they abused alcohol or drugs frequently and several of them believed that they used those substances significantly, while they were younger and they do not have a desire for it anymore (Johannessen et al., 2016). Several of the participants stated that they always had friends who abused psychotropic drugs and alcohol and as older adults, sleeping pills are extremely easy to get (Johannessen et al., 2016).

**Various Other drugs**

The elderly is a growing at-risk population for substance abuse and may studies have been completed to show this information (Wu & Blazer, 2011). It was found that a significant amount of women in the study abused alcohol, psychoactive drugs, and cigarettes totaling to approximately nine million individuals (Tuchman, 2010). However, alcohol, opioids/heroin, and cocaine are the substances most often associated with treatment seeking. Wu and Blazer (2011) also state the same findings that, “Opioids/heroin, cocaine, and marijuana are the drugs most commonly used by older adults, and the majority of users also use alcohol. It was estimated that at 25 percent of elderly are abusing psychoactive drugs and this increases their chances for non-medical use (Wu and Blazer, 2011). Nonmedical use has become a large issue for all individuals. When women abused cocaine, they did not experience the same euphoria as men and their sex-mechanisms protected them against some consequences cocaine had on their brain (Tuchman, 2010). There have been varying measurements on the amount of older adults abusing cannabis, which may be due to a measurement bias (Delforterie et al., 2015).

Delforterie et al. (2015) also discussed the social norm that elderly individuals have about abusing substances may affect how honest they are when reporting any substance abuse issues.
Johannessen et al. (2016) showed that these individuals used alcohol because it was more acceptable today than it was 20-30 years ago, and several of them stated that women used more wine. Older women abuse sedative and hypnotics, at higher by older women, compared to any other age group, which contributes to more falls and dementia for the older population. (Tuchman, 2010).

It is imperative that physicians are carefully prescribing these pills to our older adults because many have become reliant on these prescriptions to sleep at night. When prescribing these pills, education on the side effects and proper use need to be communicated to elderly individuals because the participants in the study were unaware of the consequences of these drugs. Many of the informants did not see anything wrong with taking a tranquilizer or sleeping pill every day before bed and most considered that a small dose (Johannessen et al., 2016). This is definitely a sign of addiction and misuse because they described those pills as if they were candy and that they only experienced some side effects. According to Bial et al. (2012), “Social workers working with older adults need the knowledge and skills to accurately assess older adults with substance abuse problems and help such individuals overcome defensive patterns (such as denial) that may impede their seeking treatment”.

**Compared to Younger Individuals**

The body composition of a younger person and older individual is significantly different and often results in various consequences when abusing substances. Tuchman (2010) also stated that the amount of women incarcerated for drugs is increasing and a significant amount of women stated they committed their offenses when they were under the influence. Frances (2011) states that a significant amount of elderly individuals are seeking treatment compared to their
younger counterparts and this is how physicians are seeing the large cocaine and heroin use among that population.

Women have different biological responses to specific drugs compared to men and this is true for alcohol because women have less body water which allows them to gain high blood alcohol levels quicker (Tuchman, 2010). Understanding all of these biological differences could assist individuals with treatment processes. In regards to cigarettes, women have greater mood issues during their abstinence than men, and women who abuse substances become sick quicker and experience serious health complications (Tuchman, 2010). Delforterie et al. (2015) study reported that cannabis dependence was more prevalent among individuals from ages 18-24 compared to older individuals. Studies have been published that suggest that there is a bias across ages when looking at criteria in the DSM-IV (Delforterie et al., 2015).

Access to Treatment

Private Insurance

It was found that private insurance has higher copayments, which deters individuals from seeking treatment, and Medicare beneficiaries have a higher percentage of receiving treatment because they are usually eligible for Medicaid unlike privately insured individuals (Bouchery et al., 2012). According to Cummings, Wen, Ritvo, and Druss significant barriers to substance abuse care for individuals are lack of insurance and the cost of the services (2014). In 2009, the Mental Health Parity and Addiction Equity Act determined that private insurers had to cover substance use disorders treatment coverage (Thomas, Hodgkin, Levit, & Mark, 2016). It was evident that significant amounts of individuals with substance use disorders were not receiving the care they needed so this act was mandated. The treatment gap may be due to the privately insured not seeking as much treatment compared to other individuals with different insurance
coverage and the social stigma associated with receiving substance abuse treatment (Bouchery et al., 2012). When policy makers are making changes to the Affordable Care Act (ACA) it is important for them to have knowledge on the types of insurance coverage and how their change will affect the access to substance abuse treatment. If this is not addressed there will continue to be errors in cost and quality of care.

According to Cummings et al. (2014), “private health insurance (versus being uninsured) is not associated with the receipt of any treatment or specialty treatment for substance use disorders”. Stockdale et al. (2007) also examined the differences for primary care, which described when the physician made referrals to alcohol, drugs, and mental health (ADM) services during the patients visit, and specialty care was when an individual specifically met with a healthcare professional such as a psychiatrist or social worker for having been admitted to a hospital for an ADM issue. Despite the new policy improvements, Thomas et al. stated that individuals with private insurance might not have adequate access to services. The amount of providers is also an issue that may affect access because it was found that there are less providers in rural areas which may be due to amount of money the provider would receive if they worked in that specific area (Bouchery et al., 2012). Providers would rather work in areas where they can receive more money for the services that they provide. This is true for individuals with different types of insurance coverages because having an alcohol or drug problem is more stigmatized than any other problem. Conover et al. (2010) also states that access to coverage depends on the source of coverage and also the available specialists or physicians in your geographic area because Medicaid recipients and the uninsured often do not receive the same care as someone with private insurance. Tuchman (2010) reported that a small amount of individuals were
receiving the necessary treatment for their addiction and when older women were referred to treatment services several stated that they were denied due to insurance costs.

**Medicaid/Managed Care**

There was a study completed that showed that uninsured individuals had lower access to alcohol, drug, or mental health (ADM) compared to Medicaid or managed care recipients (Bouchery et al., 2012). There is a large population of uninsured individuals and there needs to be services available for these individuals to receive their ADM support. Other study results showed that in communities that had high un-insurance and Medicaid rates often had poorer access to care. Triply-diagnosed are individuals who are diagnosed with mental illness, substance abuse and HIV and it has been documented that they have to pay almost three times more for medical care than an individual with just one diagnoses (Conover et al., 2010). Since this population of triply diagnosed individuals is increasing, there will most likely be more individuals who are not able to pay for their medical expenses.

The community you live in significantly affects the medical care you receive. Conover et al. (2010) study reported that HIV patients at that time were eligible for Medicaid, Medicare and other public coverage such as TRICARE and The Civilian Health and Medical Program of the Department of Veterans Affairs. Researchers have found that individuals who live in areas with more state and local community organizations focused on supporting the uninsured have greater access to mental health services (Stockdale et al., 2007). This is evident because if there are not services to support you in your neighborhood, then you most likely will not have access to those services. Some areas are facing issues where most of their patients do not have insurance to
cover their services and hospitals and physicians have to start limiting the amount of uninsured patients they are seeing (Stockdale et al., 2007).

Ali, Teich, Woodward, and Han (2016) stated that Medicaid and Medicare were to have coverage for substance abuse but some states did not include that in the coverage. Another study reported that the Medicaid expansion would actually have a positive impact by reducing the amount of individuals needing substance use disorder services (Ali et al., 2016). There is also research suggesting that Medicaid and managed care individuals still have not receive the services they needed (Bouchery et al., 2012). The amount of services available in different health sector markets needs to be examined because there may be a shortage of services who offer ADM assistance. Health Maintenance Organizations (HMO) and access is one area where there was a significant amount of mixed results. Some researchers found that managed care resulted in better access to mental health care and others found that there was no correlation between managed care and access to services (Stockdale et al., 2007).

McNeese-Smith, Wickman, Nyamathi, Kehoe, Earvolino-Ramirez, Robertson and Obert (2009), study had contracts with different Managed Behavioral Care Organizations of Insurance companies where the manager had the job of admitting into treatment and determining if they met the dependency. Bouchery, Harwood, Dilonardo, & Vandivort-Warren (2012) examined the relationship between insurance coverage and the likelihood of receiving substance use disorders. Evidence from different studies also showed that managed care resulted in decreased access to vulnerable populations due to cost sharing because they decline services if they are not financially able to cover their medical costs (Stockdale et al., 2007). This often becomes the reality for several underrepresented individuals when they are making medical decisions.

Andersen's Behavioral Model
Having health insurance does not mean that you have health care accessibility and this is the reason why so many individuals ignore their substance abuse or mental health issues. Stockdale et al. (2007) study examines whether or not the health market sector has an effect on if vulnerable populations' abuse substances and this study used Andersen's Behavioral Model to find this information. This framework was also found to examine the historical factors because they are considered predisposing factors as well (Oser et al., 2011). Andersen's Behavioral Model in this study is focused on understanding the utilization of services for vulnerable populations based on factors of predisposing, enabling, and need (Stockdale et al., 2007). An enabling factor identified through the study was communication with physicians because it resorted in further substance abuse (Oser et al., 2011). Some of the enabling characteristics included the specific source of insurance, family income, social support and geographic availability of social services (Stockdale et al., 2007). These are important characteristics to understand because these enabling factors need to be improved so the ADM utilization services can increase. Especially, geographic availability of services and crime rates because these individuals have no control of those factors.

Enabling factors, such as being legally employed, having health insurance, having custody of children, and knowing where to go to get treatment, appeared to be the most influential predictors (Saum, Hiller, Leigey, Inciardi, & Surratt, 2007). The uninsured heavily rely on charity care for medical care services so it is imperative for initiatives to be put in place to keep services funded or other methods for this population to continue to receive medical care but these enabling factors often put them at a disadvantage. This is important information for policymakers to understand so they are able to improve insurance coverage that will positively affect triply diagnosed individuals.
Stockdale et al. (2007) study concluded that ADM services were associated with ethnic background, older age and level of education. This evidence shows that there is a health disparity in the health sector market when it comes to ADM services. Healthcare professionals need to work on making these ADM services more accessible to all individuals. Saum et al. (2007) reports that along with your education, understanding where to go for treatment, and having child are significant enabling factors. The community-enabling characteristics in the study strongly correlated with an increased access to specialty care (Stockdale et al., 2007).

### Race and Ethnicity

#### Minorities

Acevedo et al. (2012) study states that minorities often suffer more when it comes to substance use meaning they are at a higher risk for overdoses and minorities report low satisfaction of substance abuse services psychosocial therapies, while also having lower treatment retention rates. Sahker et al. (2015) states that if there was a greater understanding of the barriers associated with completion of treatments then there would be opportunities to reduce the amount of disparities in treatment. Mulvaney-Day et al. (2012) states that more research is needed to understand the systematic factors for identification of individuals in need of substance use services because there is a low amount of entry to treatment for all of these races and ethnicities. Many studies combine races and subgroups with substance abuse, which makes it difficult to understand the breakdown. Mulvaney-Day et al. (2012) discussed the difficulties of generating the data of different races in order to understand how to restructure drug and alcohol treatment centers.

Researchers have a difficulty with defining need because diagnostic assessments differ based on race/ethnicity, which may exclude individuals who desperately need these services.
GENDER DIFFERENCE AND SUBSTANCE USE

(Mulvaney-Day et al., 2012). Minorities often do not receive their health care services and illness prevention check-ups compared to their white counterparts and these racial disparities in substance abuse services has resulted to minorities suffering from drug poisoning accidents, relapse, and violence (Lo & Cheng, 2011).

Racial disparities may be due to the barriers to care and often times minorities experience a poor quality of care (Sahker, Toussaint, Ramirez, Ali, & Arndt, 2015). Even though, improving the Quality of Health Care for Mental and Substance-Use Conditions states that quality substance abuse care should be accessible to individuals from various ethnicities (Acevedo et al., 2012). Lo and Cheng (2011) discuss that low quality treatment has a negative effect on individuals like physical disability, children being placed in foster care, incarceration, and death. Several steps have been taken to reduce the amount of racial disparities in care but there is still more research that could be done (Acevedo et al., 2012).

It is imperative that these disparities are discussed in order to design more culturally appropriate interventions. Minorities specifically blacks have had a long history of mistrust of the government and of healthcare providers and this allows providers to see the need for culturally competent care for this community and implementation of programs to assist them in treatment (Acevedo et al., 2012). It is urgent for policy makers to understand the differences in care for individuals of different backgrounds in order for them to provide high-quality equitable services to everyone that needs them. Minorities often do not have access to care, cannot afford the cost due to lack of insurance coverage, and often face discrimination issues (Lo & Cheng, 2011). In Acevedo et al. (2012) study, all of the minorities had lower engagement, retention and completion rates compared to their white counterparts and individuals who referred to services were more likely to participate so providers have been strongly encouraged to refer patients with
substance abuse issues. Timeliness of services, language barriers, and having no insurance contributed to the amount of individuals who used substance abuse services.

**Hispanics**

As more researchers examine the Latino population in correlation to substance abuse they continue to see the need for more research on this population as well as in other minority groups (Rojas et al., 2012). The definition used by professionals to describe need are normative need that is usually diagnosed by experts and the felt need is the patient's own opinion on their need (Mulvaney-Day et al., 2012). These definitions are often combined resulting in individuals who do not receive care because they did not seem to have a need. It was apparent that there was a significant amount of African American and Latino individuals with a need that were not addressed compared to Whites (Mulvaney-Day et al., 2012). Latinos and Asians wanted language appropriate substance use services and there should be a common facilitation of treatment between all the racial groups to ensure that everyone is receiving adequate care (Mulvaney-Day et al., 2012).

Since Latinos start using these substances at a young age there needs to be early education and prevention methods designed to address this population. In Rojas et al. (2012) study reports that Latinas were found to abuse more stimulants compared to the males but there was no difference in alcohol between the genders. In Verissimo et al. (2014) study, the participants stated that they also experienced a difference in the type of discrimination that they received either according race or gender. There have been two types of frameworks designed to explain the correlation between discrimination and substance abuse for Latino/a individuals. Latino immigrants often have challenged when trying to fit into the cultural identity and expectations of the U.S. and often face barriers and discrimination due to their status (Savage &
Mezuk, 2014). Verissimo et al. (2014) also found that Latinos are at an increased risk for abusing substances due to the amount of discrimination they face and they are also dealing with stress of making enough income. Savage and Mezuk (2014), states that the transitional process for Latino’s to a new culture may influence them to start abusing substances and they may experience discrimination, conflict, and neighborhood safety. Rojas et al. (2012) study described that the Latino and other minority populations have been affected more by substance abuse compared to whites. This may be due to the amount of discrimination Latinos face compared to their white counterparts.

According to López-Cevallos, Harvey and Warren (2014) discrimination has often led to depression in the Latino population. Like several other studies, Rojas et al. (2012) found that Latinas tend to report depression more compared to Latinos. “One might hypothesize a stronger association between discrimination and substance abuse among men compared with women in the present study because Latinos may tend to cope with stress in general by using alcohol and drugs” (Verissimo et al., 2014). “Perhaps conflict with family is more troubling for those whose parents were raised in another culture, or whose family members still reside in their country of origin, creating greater feelings of isolation or triggering some other reason to misuse drugs or alcohol” (Savage & Mezuk, 2014). The discrimination Latinos have faced is rooted in the experiences they had when they were growing up in the United States (López-Cevallos et al., 2014).

Verissimo et al. (2014) reports that the rate of Latino individual’s addiction to substances is increasing and this may be due to the amount of discrimination they are facing each day because several participants reported that they experienced discrimination every single day and this is not healthy. Rojas et al. (2012) study was designed to bring attention to cultural
differences in treatment and bring an understanding to how women’s substance use patterns have changed over the years. Health professionals need to understand these differences so they can adjust their treatment methods to assist this population with their interventions. Verissimo et al. (2014) suggested that women may experience more stress because they deal with multiple racial identities and are expected to be dependent and emotional compared to men. Men are seen as dominant, independent and often participate in riskier opportunities with substances.

**African Americans**

The results of the Acevedo et al. (2012) study showed that black patients were less likely to initiate treatment meaning that the barriers faced by this population need to be addressed. There is a disproportionate amount of individuals who identify as African American or Latino who have court orders for substance abuse treatment and this may correlate with how different races/ethnicities are more vulnerable to this social influence (Mulvaney-Day et al., 2012).

“Racial discrimination experienced in varied settings was associated with higher odds for any illicit drug use, while only discrimination in encountering institutions was significantly associated with higher odds for frequent use” (Carliner, Delker, Fink, Keyes, & Hasin, 2016). Verissimo et al. (2014) found that many individuals dealing with multiple minority statuses might cause more stress than if you only had one status. Several barriers for the Latino and African American population have been barriers of locating services, and finding money to pay for these services are issues that need to be addressed as well as finding treatment services for extended family members (Rojas et al., 2012).

**Neighborhood Influence**

Molina, Alegria, & Chen (2012) article examined how your neighborhood location can have an effect on the amount of exposure you have to substances. Karriker-Jaffe (2013) states
that the neighborhood you grow up in has a huge effect on your work and leisure as an adult. There were several reasons for associations between disadvantaged neighborhoods, the risk for substance abuse or psychiatric disorder, and where you live has an effect on your individual behavior and overall health outcomes such as risk for illness (Molina et al., 2012).

Karriker-Jaffe (2013) shows that your stress and social norms you face may resort to you abusing various substances. According to Alegria, Molina and Chen (2014), your neighborhood influence may have an effect on whether or not an individual develops depressive and anxiety disorders and minorities often experience this more than others. “Previous social disorganization and social control theories posit that residing in a poor neighborhood, characterized by high levels of social disorganization and residential mobility increases the likelihood that an individual will engage in problematic behaviors” (Molina et al., 2012). However, this is not true for every single individual who has grown up in poverty because every individual acts different when they are faced with peer pressure.

Alegria et al. (2014) reports that minorities often disproportionately live in neighborhoods that are socioeconomically disadvantaged. Molina et al. (2012) study results showed that there was a difference in racial groups compared to whites when examining the past year substance abuse and influences from family, shame and cultural factors have been known to decrease the pressure of abusing substances.

According to Karriker-Jaffe (2013), an individual living in a disadvantaged neighborhood are at a higher risk for using illicit drugs and alcohol just due to their location. Molina et al. (2012) study also found that communities with a higher socioeconomic status had a larger percentage of discrimination to individuals who were the only race in that community, leading to alcohol abuse as a way to cope. The effect the neighborhood has on the younger adults is
significantly different for older adults because the younger adults are more likely to engage in
substance abuse (Karriker-Jaffe, 2013). Neighborhood factors may differentiate between
different racial groups and their needs to be a greater understanding to positively affect specific
populations with public policies (Molina et al., 2012).

HIV/AIDS

Social Support

Myers et al. (2009) stated if there is a negative social support, individuals are more likely
to isolate themselves instead of comfortably disclose the issues they are dealing with which may
lead to risky behaviors linked to HIV/AIDS. Having a positive social support that you are
comfortable with is imperative to individuals dealing with stressors or substance use disorders. It
allows these individuals to understand that they will have someone there to support them through
their disorder. Koshiba, Gonzalez, O’Cleirigh and Safren (2014) state that often time persons
living with HIV experience mood and anxiety disorders and having a social support at that time
would create assistance. Myers et al. (2009) stated this might be due to their amount of social
support that engaged in these substance use patterns. This study demonstrated the importance of
understanding that having HIV could put you at more of a risk for substance abuse as well as
experience stressors like social undermining (Myers et al., 2009). Conover et al. (2010) states
that clinicians and policymakers often do not understand how to support individuals with
multiple diagnoses because it is extremely different than when dealing with individuals with one
diagnoses. It is so crucial for this population to have effective health insurance coverage because
they are more vulnerable and often require more care and will have difficulty if they lose their
coverage (Conover et al., 2010).
Several predictors of non-adherence to antiretroviral therapy for individuals with HIV are stressors like depression, substance use, lack of support, and perceptions of the medications (French, Tesoriero, & Agins, 2012). Abusing substances is often a way that many individuals deal with their stress and psychosocial factors (Myers et al., 2009). This risky behavior may lead to the contraction of HIV/AIDS. Predictors of alcohol dependence were associated with higher levels of undermining in social aspects and there were significant differences addressed with examining minorities and their support systems (Myers et al., 2009).

**HIV and Women**

There was a strong association with substance use disorders and increased the individuals chance for engaging in high-risk behaviors (Myers et al., 2009). Women involved in injected drug use were more likely to seek treatment compared to men (Pisu et al. 2010). Myers et al. (2009) stated that, "substance abuse prevention and treatment interventions for women are needed that include state of the art treatments for depression, skill-based stress-reduction and coping-enhancement strategies, as well as strengthening non-substance abusing social networks, especially for African American women". This is very important for health professional to understand when deciding what prevention to use on HIV positive women from different backgrounds. Pisu et al. (2010) study stated that women in this urban clinic were more likely to receive substance abuse treatment (SAT) treatment when a female clinician was advocating for that women to do that. This is interesting because it is usually very difficult to persuade a patient to receive SAT.

Gilchrist, Blazquez, and Torrens (2011) study examines the fact that women are more at risk for HIV transmissions due to their risky behaviors and some of their behaviors include sharing needles or having sexual relationships with individuals who are injecting drug users
which puts them a higher chance for transmission of HIV. If Black women were closer to their social support then they were more likely to engage in alcohol abuse and this was not the same for Latinas (Myers et al., 2009). The qualitative results in the Gilchrist et al. (2011) study report that women who were injecting drug users felt loved when they were able to share their needles and substances with their partners. This is concerning because these women should be receiving therapy and self-confidence classes so they can discuss why they feel like these risky behaviors are a sign of love. Safe sex practices education would be essential for these individuals so they are consciously aware of the consequences for not practicing safe sex. There was also a higher report of intimate partner violence among women who are injecting drug users, which may be due to their partner being involved in these drugs and this was a correlation to HIV transmission (Gilchrest et al., 2011).

Myers et al. (2009) study suggested that women are more likely to report that they were sexually abused compared to men. There should also be sessions to make sure there is accountability for both the male and woman in the relationship because it is both of their responsibilities. Several participants in the Gilchrist et al. (2011) study stated that when they were low on money and wanted more drugs they would get paid more money for unprotected sex and this may be a result for a significant amount of women with psychopathology issues and sex trading compared to women who do not abuse substances.

**HIV and Treatment**

"The current findings highlight the significance of incorporating continued substance use screening in the context of substance use treatment and the importance of using interventions to help promote more positive coping strategies among HIV-infected IDUs in this context" (Gonzalez et al., 2013). Pisu et al. (2010) reported that HIV positive individuals who abuse
alcohol and other substances often do not receive regular care that effects the quality of the
service. Gonzalez et al. (2013) state that medication adherence is one way to continue successful
viral suppressions so when these HIV positive individuals continue to use substances it disturbs
the medical adherence. That is why Pisu et al. (2010) is encouraging individuals to receive
substance abuse treatment in order to better their medical HIV care. The specific insurance
coverage a HIV positive individual has often has an effect on what HIV-therapy or substance
abuse treatment they receive (Conover et al., 2010).

It is essential for health professionals to know what specific substances their patients are
using so they can better determine the type of HIV treatment. Every substance has a different
reaction with an HIV positive individual’s body composition as well as individuals who do not
have HIV. Gonzalez et al. (2013) study examines the specific substances that were continuously
used while they were in SAT, substances that result in a negative antiretroviral therapies (ART),
and substance use coping. Pisu et al. (2010) stated that, "it seems reasonable to assume that SAT
offered in a primary care clinic would be beneficial for HIV infected patients with substance
abuse problems as it may lead to better care, better adherence to treatment, and ultimately to
better health outcomes”.

**Risky Behaviors**

They reported that a significant amount of HIV positive individuals has issues with
abusing substance and this interferes with the clinical management of their infection (Pisu et al.,
patients in their study participated in treatment there was a decrease in the amount of risky
behaviors they performed. Gonzalez et al. (2013) reported that opiates and cocaine were the most
common substances used amongst the HIV positive individuals while they were receiving
treatment. These substances also contribute to risky behaviors of a large amount of people who did not adhere to their HIV medications and these individuals heavily relied on these substances to help cope with their emotions. In Gilchrist et al. (2011) study the predictors of HIV infection were if you used syringes, your personality, and whether or not your partner was HIV positive. Gilchrist et al. (2011) showed that some of the psychiatric risk factors were if there was an association with depressive symptoms and sexual risky behaviors and this was most common if the individual was using heroin or sedatives. Several of the participants believe that substances help them cope but in reality, they are contributing to their moods and negative behaviors like not taking their medications (Gonzalez et al., 2013).

**Treatment methods**

For younger substance abusing women, there were several obstacles they faced like lack of services for pregnant women, fear of losing their child, and affordable childcare (Tuchman, 2010). Pregnant women experiencing substance abuse problems are frowned upon in society because they are seen as an inadequate mother. Several studies have examined whether mixed genders or women-only treatment groups were successful. Back, Payne, Simpson, & Brady (2010) focused on the significant gender differences when examining substance abuse and treatment. According to Tuchman (2010), there were several benefits to the women-only treatment groups like being able to discuss more and did not experience feelings of being considered an insufficient mother. Lev-Ryan et al. (2013) study suggests that this may be due to cultural and biological differences between the genders especially since women have been known to have subtler effects to alcohol and cannabis.

The strongest benefits of the women-only treatment group was the pregnancy outcomes, overall improved attitudes and beliefs, and psychiatric outcomes (Tuchman, 2010). This is so
important when designing treatment groups because everyone is different and one treatment style will not work for everyone. Tuchman's study provided evidence that policy makers and service providers need new information and research conducted to effectively improve policies to positively affect women experiencing substance abuse. “Using the broad category of substance use disorders (SUDs), this study reveals that among individuals previously exposed to specific substances, males were significantly more likely to develop SUDs for cannabis, alcohol, cocaine, hallucinogens, sedatives, tranquilizers, and opioids” (Lev-Ryan et al., 2013).

It was stated in Back et al. (2010) study that hydrocodone was the most prescribed medication for the United States. There are several studies that state that there are significant differences between men and women when examining age of initiation, entry rates, and psychological consequences (Back et al., 2010).

Abuse Deterrent Method

There have been several other approaches taken to address the opioid epidemic that has been happening. Education, monitoring, proper disposal and enforcement were recommendations made by the Prescription Drug Abuse Prevention plan to help decrease the amount of individuals abusing opioids (Michna, Kirson, Shei, Birnbaum, & Ben-Joseph, 2014). According to Rossiter et al. (2014) “the extended-release opioids (EROs) provide a longer period of drug release and can, thus, be taken less frequently than immediate-release opioids but can be manipulated and tampered with in an attempt to overcome their extended-release properties”. The extended release (ER) opioids have been designed to deter use and are more effective than immediate-release/short-acting (IR/SA) opioids because they experience longer drug release and the amount of drugs the abuser uses (Michna et al., 2014). Rossiter et al. (2014) estimated that this prevention would be a significant savings for healthcare cost. With the large amount of
individuals using prescription drugs, it is very difficult for design an effective way to combat this abuse (Pergolizzi & LeQuang, 2014).

Michna et al. (2014) study explained that the new extended release (ER) designed opioids are harder to crush, dissolve, and inject to discourage individuals to try ways to abuse the drug but this raises the concern that individuals will result to abusing other substances since they are not able to easily manipulate the drug. Pergolizzi and LeQuang (2014) point out that there are different kinds of abusers because some individuals only use in social setting and others aggressively seek out these substances. Rossiter et al. (2014) study demonstrated that the new prevention of ER oxycodone was correlated with a reduced amount of abuse and increased savings. Michna et al. (2014) study was designed to see commercially insured patients’ reactions to the new reformulated ER opioids and to see which individuals did not want to switch to the reformulated drug and how that was a correlation to them being abusers. This was an effective way to identify some possible abusers of opioids without surveying and trusting individuals when they said they did not abuse.

Policy makers should really take in account the benefits of this intervention and create more opportunities for drug deterrents (Rossiter et al., 2014). The FDA announced that the reformulated ER drugs with the deterrent is an important step in reducing the amount of individuals abusing opioids and a holistic approach will be taken for opioid abusers where they will attend programs focused on monitoring use, and strategies to hinder use (Michna et al., 2014). Pergolizzi and LeQuang (2014) stated that there is such a large amount of opioids to prescribe that it is often correlated with misuse and this problem may never end if physicians continue with prescribing so many medications. Michna et al. (2014) analyzed the ER/long-acting utilization patterns amongst the commercial insured patients and the new ER oxycodone
had encouraged individuals to switch to other opioids without abuse deterrent technology so they were not identified as abusers may continue to find new ways to get the opioids that they desire.

Curriculum for Graduate Students

Meaningful interaction with individuals allows for a more enriched learning experience than just reading from a course textbook Bial, Gutheil, Hanson, & White-Ryan (2012) article discussed a project designed by graduate social work students for curriculum on the elderly and their experiences with substance use disorders. Bial et al. (2012) reported that students identified some misperceptions that they had about this population, gained more of an understanding of effective treatment for addictions, and learned that recovery is an ongoing process. Projects like these need to continue to be done to prepare individuals going into the professional field of assisting elderly with substance abuse disorders. This project can serve as a way for students and faculty to complete continued education competencies because new knowledge would occur as the years continued to progress. This project can be altered to implement strategies on how to educate elderly individuals on how to cope with their withdrawal and various treatment methods that would be available for them to use.

Data Collection Methods

There were several collection methods through this review of literature. Data from the National Survey on Drug Use and Health (NSDUH) was used to collect information on drug use and the respondents in the study were compensated thirty dollars after completing a computer-assisted in-person interview and a computer-assisted audio self-interview (Tetrault et al., 2008). Jamison et al. (2010) used several surveys to collect data such as the Screener and Opioid Assessment for Pain Patients (SOAPP-R), which determines the potential of risk; The Brief Pain Inventory (BPI), which provides information on the severity of pain and is
When collecting data, Lev-Ryan et al., conducted face-to-face interviews with individuals 18 years and older analyzing substance use disorders that had various sampling methods (2013). The Alcohol Use Disorder and Associated Disabilities Interview Schedule—DSM-IV Version (AUDADIS-IV) due to its reliability was used to examine the substances abused and whether there was a lifetime exposure to these substances (Lev-Ryan et al., 2013). Data was taken from Substance Abuse and Mental Health Services Administration's (SAMHSA) where they surveyed different age groups and they were able to receive a monetary gift for their participation (Back et al., 2010). Delforterie et al. (2015) used data from National Epidemiological Survey on Alcohol and Related Conditions of approximately 1,600 participants who reported cannabis use were examined. The NSDUH survey used approximately 333,000 data files with audio interviews to collect information on the substances used as well as collect demographics, health statuses, and health insurance information (Bouchery et al., 2012).

This study used data from National Co-Morbidity Survey Replication (NCS-R), National Survey of American Life (NSAL), and National Latino and Asian American Study (NLAAS) to determine how race had an effect on which services were available for treating their substance use disorders while also looking at the correlation between mental health and impairments (Lo & Cheng, 2011). Data was taken from the National Latino and Asian American Study (NLAAS) after they conducted face-to-face interviews of both Latinos and Latinas and they were approved by the institutional review board (Verissimo et al., 2014). Data was collected from the Collaborative Psychiatric Epidemiology Studies (CPES) to assess the neighborhood
characteristics and the neighborhood past use was examined (Molin et al., 2012). All of these
data collection methods have assisted in capturing important information regarding substance
abuse.

CONCLUSIONS

Health professionals and treatment facilities need to be prepared to address substance
abuse among this population. The research presented in this Senior Thesis focused on variations
in gender, minority disparities in substance abuse treatment, elderly individuals, and HIV
positive individuals. Several of these studies discussed in the literature review show the
importance of accessibility to substance abuse services and prevention methods because it has a
significant impact on the amount of people who relapse and overdose. Healthcare professionals
will need to improve on addressing these public health concerns in order to continue to make
improvements
REFERENCES


French, T., Tesoriero, J., & Agins, B. (2011). Changes in stress, substance use and medication beliefs are associated with changes in adherence to HIV antiretroviral therapy. *AIDS and Behavior, 15*(7),


doi:http://dx.doi.org/10.1177/0886260513496902


http://doi.org/10.3109/10826084.2013.846379


doi:http://dx.doi.org/10.1177/0898264310386224