African American Cocaine Users’ Perceived Need for Drug Abuse Treatment: A Qualitative Analysis

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Methods

• Mixed-method design
  – **Phase #1**: Semi-structured interviews (n ≈ 42)
  – **Phase #2**: Structured interview (target n = 400).

• Qualitative informed quantitative
  – Rich, detailed information permitted new questions for the quantitative data collection

• Triangulation of data
  – Combination of qualitative and quantitative data triangulates the findings and will strengthen the analysis
Respondent-Driven Sampling

- A **non-random sampling** method that is often used to recruit hidden populations

- **Ethnographic Mapping** as Recruitment Strategy:
  - “Hanging-out” in cocaine using/buying areas (e.g., certain blocks, motels, shelters)
  - Talking to community members about local drug use
  - Identifying **key informants** who provided entrée into cocaine using circles
  - Finding “seeds” – initial study participants– to give referral coupons to up to 3 “friends” who used cocaine

- These strategies helped us to:
  - 1.) Uncover new groups of users
  - 2.) Evaluate whether certain groups were over-sampled
Qualitative Interviews

- **Semi-structured interviews**
  - Conducted in field offices in rural towns
  - Conducted in campus office in urban setting
  - Involved a series of open-ended questions
  - Lasted 45 to 170 minutes

- **Explored** the following themes:
  - Drug use in the local area
  - Substance use history
  - Attempts at cutting down/stopping
  - Perceived need for treatment & help-seeking behaviors
  - Treatment experiences & beliefs about treatment

- **Captured** the range of rural and urban cocaine users’ perspectives and experiences of drug use and treatment-seeking behaviors
Data Analysis

*Grounded theory*

Analysis used to uncover underlying themes and relationships between them

- **Rural**
  - Ages 21-61
  - 9 women
  - 11 men

- **Urban**
  - Ages 24-52
  - 8 women
  - 14 men

*Sample includes a range of rural/urban, male/female, younger/older substance users (n=42)*
Theme: Accessing Treatment

- Captures participants’ statements of accessing substance use treatment programs

- Subthemes we highlight today:
  Facilitators to Accessing Treatment &
  Barriers to Accessing Treatment
Facilitators

TO ACCESSING TREATMENT:

• Personal:
  – Wanting/Needing treatment
  – Past experience of treatment success
  – Accumulation of negative consequences from drug use (e.g., relationship stress, nowhere to live)

• Structural
  – Availability & accessibility of treatment programs
  – Legal coercion

• Social
  – Family coercion
  – Other’s experiences of treatment success

• “I went to the rehab place to try to . . . get some help and get off the street . . . they let you come on in for free cost . . .” [43-year old, homeless, urban male crack user]

• My wife . . . was always talking about [treatment] . . . actually that's when I went to rehab. She just mentioned it. It wasn't like she was just always on my back. She would talk about it sometimes . . . She was asking me to change what I was doing. Quit what I was doing. [46 year-old, urban male powder user]
Barriers

TO ACCESSING TREATMENT:

• Personal:
  – Not Wanting/Needing treatment
  – Resistance to going away
  – Psychological instability/behavioral problems
  – Doubt about treatment effectiveness
  – Limited knowledge/experience of treatment programs

• Structural
  – Travel distance
  – Lack of treatment facilities
  – Limited resources to pay

• Social
  – Lack role successful role models

• “I don’t need to lose my job . . . See, if you go in there [rehab], you have to be in there. You have to be there so long before they let you start leaving to go somewhere.” [51 year-old, rural female crack user]

• “Their boyfriends [other women in facility] were bringing drugs in. On the weekends, they were still using. You're at a rehab thinking you're there to get help, and to see that . . . I was like ‘Wow how do you get help here then, 'cause they're using even in rehab?’”. [42 year-old, urban female crack user]
**Key Message**

**Treatment is effective only “if you want it.”**

- “For me it was real effective, the second time. The first time it wasn’t because I didn’t want help. But, like they say, *it works if you work it*. I didn’t want to work it the first time. The second time, I really wanted it. I wanted it bad. [51 year-old male crack user]

- “Treatment is good . . . you just got to have the willing to accept the treatment and willing to stop and the willing to ask for help. That’s the main three.” [43 year-old male crack user]
Wanting to “Quit”

Participants were skeptical about court-mandated treatment, unless the person wanted to be placed in a program.

Some reported that the most important factor to cutting down or stopping use was the desire to do so.

This desire was perhaps more important than the formal help that one can get in treatment.

• “Well, I checked myself into a rehab. It was okay, but that ain't what will stop you from smoking crack though. It's all about YOU. You have to start with that man in the mirror.” [48 year-old male crack user]

• “I have been to rehab. I have got off of drugs. I do good five or six months but no longer . . . Long as they said you don't need rehab, you need Jesus. I think you need to make up your own mind.” [61 year-old female crack user]

• No [doesn’t need rehab]. ‘Cause if I can want to quit, I can quit. I'm a strong person. [26 year-old female powder cocaine user]
Other Findings

• **Rural-urban differences:**
  – Urban residents compared to rural residents reported:
    • Greater access to, experience with, and knowledge of formal treatment

• **Generational trends**
  – Crack/cocaine was more prevalent among older users
  – Powder/cocaine was more present in younger users
Further Data Collection & Analysis

- Interviews with *younger generations of women* cocaine users
  - Between the ages of 18-24
- *Older generations* of crack/cocaine users
- *Religious and spiritual dimensions* of cutting down/stopping
  - Belief that recovery is only possible through divine intervention, God’s help, and/or significant involvement in formal religious activities
  - It remains unclear whether “Being with the Lord” is something people do in place of formal help, or along with it.