

# Study points to how low-income, resource-poor communities can reduce substance abuse

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The Arkansas Mississippi Delta, where this photo was taken, is a region characterized by strained race relations, a stagnant economy, high unemployment, low incomes and high emigration. Credit: Ann Cheney, UC Riverside.

Cocaine use has increased substantially among African Americans in some of the most underserved areas of the United States. Interventions designed to increase connection to and support from non-drug using family and friends, with access to employment, the faith community, and education, are the best ways to reduce substance use among African Americans and other minorities in low-income, resource-poor communities, concludes a study led by a medical anthropologist at the University of California, Riverside.

The study, which analyzed substance-use life history interviews carried out from 2010 to 2012, focused on urban and rural locations within the Arkansas Mississippi Delta - a region characterized by strained race relations, a stagnant economy, high unemployment, low incomes and high emigration, and where the population is predominantly African Americans living in poverty.

"African Americans within such contexts often face multiple obstacles to accessing formal drug treatment services, including access to care and lack of culturally appropriate [treatment programs](#)," said lead researcher Ann Cheney, an assistant professor in the department of social medicine and population health in the Center for Healthy Communities in the UC Riverside School of Medicine. "Despite these obstacles, many initiate and maintain recovery without accessing formal treatment. They do so by leveraging resources or what we refer to as 'recovery capital' - employment, education, faith community - by strategically connecting to and obtaining support from non-drug using family and friends."

The study, published this week in the journal *Substance Use and Misuse*, illustrates that social networks and the resources embedded within them are critical to reduce substance use among minorities in resource-poor communities.

"Recovery without treatment, also called natural recovery, is common

and perhaps even more prevalent among ethnic and racial minorities than among Whites," Cheney explained. "Cocaine use varies along racial lines and social class and is increasingly a problem among African Americans in rural Arkansas."

Fifty-one African American current [cocaine](#) users participated in the study. They were between the ages of 18 and 61, represented by men and women about equally, and reported no formal drug use treatment/counseling in the past 30 days. Each provided information that included his/her perception of substance abuse in the community, cocaine use history, attempts to cut down or stop cocaine use, and treatment experiences.

Cheney and her colleagues found that nearly three-quarters of the participants (72 percent) reported at least one attempt in their lifetimes to reduce or quit cocaine use, motivated by:

- Social role expectations (desires to be better parents or caregivers and responsible persons, prevent harming their children, become more present in their children's lives, prevent hurting loved ones).
- Fatigue (participants were tired of the drug lifestyle and its effects on their physical and mental health).
- Criminal justice involvement (incarceration forced participants to quit cocaine use).
- Access to recovery capital (most participants accessed substance use treatment programs or self-help groups at some point in their lives).
- Abstinence-supporting networks (these helped participants reduce cocaine use and/or achieve temporary recovery outside of rehab).
- Pro-social lives and activities (participation in church, leisure-time activities were critical to reducing cocaine use).

- Religion and spirituality (faith in the divine helped participants reduce or quit cocaine use).

"Our analysis showed that recovery without treatment largely coincided with lifestyle changes and shifting social relationships," Cheney said.

"African Americans, especially those in rural areas, often face personal, cultural, and structural barriers to accessing formal treatment programs. This makes reducing or quitting cocaine use without formal treatment a more feasible alternative and encourages reliance on existing networks of support. Interventions that are culturally appropriate and feasible within their resource-poor communities are needed. While accessing resources in faith communities is normative among African Americans in the South, other minority or underserved populations may hold different values and find valued resources within other social spaces."

According to Cheney, ideally, the best approach would be for interventions to increase users' access to resources that would allow them to live more conventional lifestyles (e.g., employment, stable housing) and meaningful lives (e.g., non-drug using friends, faith or supportive communities).

"This approach is ideal in resource-poor communities - as long as interventions are tailored to local contexts and cultures," she said.

Cheney was joined in the research by Brenda M. Booth and Geoffrey M. Curran at the University of Arkansas for Medical Sciences, Little Rock; and Tyrone F. Borders at the University of Kentucky, Lexington.

The research was supported by grants from the National Institute on Drug Abuse of the National Institutes of Health.

Cheney is continuing her focus on the role of social networks in substance use outcomes and recovery among minority populations. Next,

she will systematically examine the role of social networks in substance use risk among Latinos in southern California's Inland Empire.

**More information:** Ann M. Cheney et al. The Role of Social Capital in African Americans' Attempts to Reduce and Quit Cocaine Use, *Substance Use & Misuse* (2016). [DOI: 10.3109/10826084.2016.1155606](https://doi.org/10.3109/10826084.2016.1155606)

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