

Study reviews approaches to cocaine treatment for Black Americans

April 26 2024, by Lindsay Travis



A pile of cocaine hydrochloride. Credit: DEA Drug Enforcement Agency, public domain

A team of researchers at the University of Kentucky have found that both culturally tailored and culturally universal approaches can be effective for cocaine treatment in Black Americans.



Danelle Stevens-Watkins, Ph.D., the acting dean of the College of Education and a professor, and William Stoops, Ph.D., the Dr. William R. Willard Professor in Behavioral Science in the College of Medicine with joint appointments in the Departments of Psychiatry and Psychology, are both lead investigators on the study.

The article titled "Systematic Review of Cocaine Treatment Interventions for Black Americans" was recently <u>published</u> in the journal *Clinical Psychological Science*.

"It's evident the U.S. and Kentucky continue to have high numbers of overdose deaths associated with prescription opioids, heroin and fentanyl," said Stevens-Watkins. "However, there's a less-acknowledged epidemic of cocaine-related overdose deaths among Black Americans."

Cocaine is the most-used illicit stimulant nationwide. While Black and white people use cocaine at similar rates, overdose deaths among Black Americans are more than double of that of white Americans. Black Americans saw an 8% increase from 2010 to 2013 to a 26% increase from 2013 to 2018. In the same timeframe for white Americans, the increase was roughly 4% to 13%.

"Several sociocultural and <u>economic factors</u> disproportionately impact Black Americans that help us understand this disparity: rising rates of fentanyl-laced cocaine, race-related stress, economic insecurities, older age, health comorbidity, disproportionate incarceration and a lack of culturally competent and quality treatment," said Stevens-Watkins.

"No pharmacological interventions have been approved for <u>cocaine use</u>, although we are seeing some promising medications," said Stoops.
"Currently, the best and most feasible approaches for reducing morbidity and mortality rates among Black Americans who use cocaine are psychological or behavioral treatment."



The team of researchers wanted to better understand the existing research on the effectiveness of culturally universal and culturally tailored treatment interventions for Black Americans. After identifying and reviewing thousands of articles, researchers found 30 studies for analysis that met their criteria.

"Nineteen studies investigated the effectiveness of culturally universal treatment approaches for cocaine use in samples of more than 75% Black participants," said Stevens-Watkins. "We found 11 studies that were culturally tailored to Black participants' salient identities, needs and preferences for treatment."

"The studies we reviewed used evidence-based interventions such as cognitive behavioral therapy (CBT), motivational interviewing (MI) and contingency management (CM). These approaches are among the best behavioral interventions we have for treating substance use disorders," said Stoops. "We found that CBT and CM were effective, but MI interventions had mixed findings."

Culturally tailored approaches include Black peer counselors, a traditional meal and a culturally relevant film about the consequences of drugs. Faith-based approaches integrated spirituality into treatment and engaged Black churches. Another <u>intervention</u> focused on treatments through the lens of motherhood.

Some of the reviewed studies in this section also focused on reducing cocaine use and simultaneously lowering risky sexual behaviors in hopes of also decreasing sexually transmitted infections, primarily HIV.

"Interventions that addressed stressors of poverty, unemployment, unstable housing, unreliable childcare and poor relationship dynamics helped Black women reduce their cocaine use," said Stevens-Watkins. "We also found that culturally tailored approaches validated race-based



stressors and promoted self- and collective-esteem to promote drug recovery."

"Interventions that offer incentives for abstinence, identify drug triggers, increase coping skills and encourage changes in drug-related behaviors are generally effective in decreasing cocaine use," said Stoops. "We conclude that some culturally universal treatment approaches like MI or 12-step programs may have more limited utility in reducing cocaine-related racial health disparities if they do not specifically address Black participants' needs."

"Our goal with this paper is to identify effective approaches that can be used in future research and to engage Black Americans in cocaine treatment, reduce their cocaine use and ultimately improve their physical, emotional and social well-being," said Stevens-Watkins.

The research team noted more study is needed to broaden the understanding of the cultural components that will be most important to integrate in cocaine treatment among various subgroups in Black communities, including men, LGBTQ* individuals and non-religious individuals.

More information: Jardin Dogan-Dixon et al, Systematic Review of Cocaine-Treatment Interventions for Black Americans, *Clinical Psychological Science* (2024). DOI: 10.1177/21677026241242709

Provided by University of Kentucky

Citation: Study reviews approaches to cocaine treatment for Black Americans (2024, April 26)



retrieved 13 May 2024 from https://medicalxpress.com/news/2024-04-approaches-cocaine-treatment-black-americans.html

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