

The Substance Abuse Re-entry Needs of Offenders by Gender and Race

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Abstract

Objective: The purpose of this study was to determine whether ex-offenders in a medium sized Midwestern city received disparate substance abuse treatment on the basis of race or gender.

Method: Case files of a sample of substance abuse treatment clients (N=300) were collected and evaluated. Statistical procedures were employed to determine frequency, distribution and statistical significance of treatment and type of substance abuse on the basis of race/ethnicity and gender. **Results:** The type of substance abuse and history of treatment varied on the basis of both race and gender. **Conclusion:** Differences in the type of substance use and treatment received indicate the need for a culturally sensitive or specific approach to this problem for re-entering ex-offenders. Treatment professionals should be the focal community point in the re-entry process.

Key Words: Offender Re-entry, Restorative Justice, Substance Abuse, Substance Abuse, and Substance Abuse Treatment

The Substance Abuse Re-entry Needs of Offenders by Gender and Race

There are over two million men and women in federal, state, and local correctional facilities across the United States (Harrison, 2001; Petersilia, 2001). The vast majority of these individuals will eventually return to the communities that they resided in prior to incarceration. These individuals will face numerous individual, institutional, and legal barriers to their re-entry efforts (Hagan and Coleman, 2001; Harrison, 2001). Programs and processes have been proposed to aid individuals with re-entry into the community. One promising approach is grounded in the restorative justice paradigm (Rhine, Matthews, Sampson, and Daley, 2003). The restorative justice process requires that the relationship between all harmed individuals and entities be repaired. The victims, offenders, and the community all are involved in the process (Goren, 2001; Holquist, 1999). The process is usually initiated as a response to crime or a social harm with the victim as the focal point (Dzur, 2003; Dzur and Olson, 2004). However, the re-entry initiatives grounded in restorative justice, focuses upon the successful integration of the offender to the community. Members of the “community” offer their support to the re-entering offender. The community support comes in the form of both professional and non-professional individuals. Their goal is to assist the offender’s maneuvering through the maze of obstacles and barriers the offender will face. The lay people lend moral support and the professionals lend their expertise to ensure that the offender’s mental, physical, political, social, and spiritual well-being are restored. Members of the treatment professions are an integral component of this process (Goren, 2001; Rhine et. al, 2003).

Over the past three decades, there has been a dramatic increase in the number of people of color and women in correctional facilities. Nearly two-thirds of inmates are Black or Hispanic individuals, and the number of females incarcerated has increased at a rate much higher than that

of their male counterparts. This increase is largely due to the “war on drugs” (Mauer, 2001). These individuals, people of color and women, are the groups that have often been faced with societal oppression and discrimination (Austin and Allen, 2000; Hagan and Coleman, 2001; Harrison, 2001; Sorenson, Hope, and Stemen, 2003). Was with all offenders, people of color and women upon re-entry have the stigma of being an “ex-con.” With that label comes a myriad of problems and obstacles the offender must face, including health and treatment needs.

Prisoners have significantly more medical and mental health problems than the general population, due to lifestyles that often include crowded or itinerant living conditions, intravenous drug use, poverty, and high rates of substance abuse. In prisons, 50-year olds are commonly considered old, in part because the health of the average 50-year old prisoner approximates that of average persons 10 years older in the free community.

While in prison, inmates have access to state-provided health care, but on release, most are unable easily to access state-provided health care and have the potential of spreading disease and presenting serious public health risks (Patersilia, 2001, p. 368).

In order for the restorative justice re-entry process to work, the major concerns and obstacles the offender faces must be addressed. This includes the issue of mental and physical health (Hammett, Roberts, and Kennedy, 2001; Watson, Stimpson, and Hostick, 2004). In addition, the restorative justice processes must be cognizant of the cultural concerns and implications of female ex-offenders and re-entering ex-offenders of color (Clear, Rose, and Ryder, 2001; Jenkins, 2004).

This paper examined one aspect of re-entry where individuals in the professionals can have a tremendous impact upon a restorative justice re-entry process, substance abuse. An examination of offenders referred for substance abuse treatment in a medium sized Midwestern

city illustrated the substance abuse needs of offenders returning to the community and the need for addressing the substance abuse treatment issues of returning offenders.

Literature Review

Race and gender account for differences in use patterns, severity and types of medical problems, mental health problems, and access to healthcare, both in the general population and within correctional settings. Petry (2002) found that Black individuals had less severe alcohol, legal, family/social and psychiatric difficulties than their White counterparts in the general population. However, Black individuals had more severe employment problems which could impact upon their access to mental and physical healthcare. Peters, Greenbaum, Edens, Carter, and Ortiz (1998) concluded that 74% of entering inmates at a facility in Texas had substance abuse disorders, with Black inmates significantly less likely to be diagnosed as alcohol dependent than White or Hispanic inmates.

Both White female college students (Madison-Colmore, Ford, Cooke, and Ellis, 2003) and White women (Darrow, Russell, Cooper, Mudar, and Frone, 1992) were found to abuse alcohol at a higher rate than Black women. However, women in general, and specifically Black women, have a higher mortality rate and incidence of alcohol-related diseases than their male counterparts in society (Walter, Gutierrez, Ramskogler, Hertling, Dvorak, and Lesch, 2003).

Within correctional institutions, over 60% of both male and female newly admitted inmates in Massachusetts reported extensive substance abuse, with more women (24% vs. 11% for men) reporting drug use that led to their current incarceration (Conklin, Lincoln, and Tuthill, 2000). Langan and Pelissier (2002) reported that women in federal prisons used drugs more frequently, used harder drugs, and used them for different reasons than their male federal inmate counterparts. Within the jail inmate population, more men were referred to drug treatment than

women in Florida; however, women had more drug-related problems than men (Peters, Strozier, Murrin, and Kearns, 1997). Phillips, Nixon, Phillips, Pferfferbaum and Briody (2000) reported that alcohol consumption by female inmates was the same as women who were in treatment outside of a correctional institution, however, female inmates were less likely to report a problem with alcohol.

Race was found as a significant variable in the access to healthcare in general (Klinkenberg and Calsyn, 1997). The societal issues of segregation and discrimination were identified as the primary cause of racial disparity in health and healthcare (Williams and Collins, 2001). Richardson, Anderson, Flaherty and Bell (2003), in their analysis of the 1997 National Hospital Ambulatory Medical Care Survey, discovered that Black individuals were less likely to receive mental health counseling and psychotherapy than Whites, and Blacks received their counseling in substance abuse clinics rather than other outpatient settings.

The academic literature supports the need for culturally sensitive and culturally specific care for both ex-offenders and the general population. There is a need for persons of the same racial and ethnic backgrounds as the clients to help form a link between the community and the healthcare system, one of the primary tenets of restorative justice (Poss, 1999). In addition, culturally sensitive therapy is very successful for female clients (Raja, 1998). Marquart, Merianos, Cuvelier, and Carroll (1996) reported that the healthcare and substance issues in society are the same as the issues within prisons. Jackson and Ammen (1996) reported that race of the correctional officer was a statistically significant variable in the officer's attitude toward treatment. White officers were more hostile toward treatment and were more punitive oriented. Studies show that gender specific and race specific substance abuse programs were more

effective and resulted in better healthcare outcomes (Beckerman and Fontana, 2001; Clear et al., 2001; Colon, 1996; Henderson, Schaeffer, and Brown, 1998).

Mental and physical healthcare is an essential component in the re-entry process. Substance abuse is one of the major healthcare issues that must be addressed. This study will determine whether there are differences between Whites and Nonwhites in their substance use and subsequent treatment. Re-entry professionals and the focal individuals and institutions within the community need to be aware of whether there are differences and, if so, to provide appropriate treatment within the re-entry process.

Methods

The data for this study is from a large metropolitan area in Ohio. The reported findings are part of a larger study on substance abuse services (Ventura, 2002). In the community where the study was conducted, there was a central intake point for all criminal justice referrals to community substance abuse treatment. The population for the study was identified from the records of this central intake point. A random sample of 300 adult offenders was selected from all offenders referred to community substance abuse during calendar years of 1999-2000. All offenders were on probation or parole and had spent some period of jail or prison confinement prior to service referral.¹ The case files of all sample clients were reviewed and demographic and treatment information was collected, including the gender and racial/ethnic characteristics of the offenders. The statistical procedures employed were frequency distributions, cross tabulations, and chi-square analysis.

Findings

Women composed slightly less than 25% of the sample. Whites composed 50% of the sample, while Blacks composed 41% of the sample. Table 1 shows the distribution of men and

women by race/ethnicity. There was no statistically significant difference between race/ethnicity by gender. On the other hand, some significant differences in background variables were noted based on gender. There were also significant differences noted based on race/ethnicity. The following sections overview the statistically significant differences associated with gender and/or race/ethnicity.

***** Insert Table 1 about here *****

Marital Status

Men were significantly more likely than women to report being single. There were also differences in reported divorces. Women were more likely than men to report being divorced (see Table 2).

***** Insert Table 2 about here *****

There were significant differences in marital status by race/ethnicity. Hispanics were more likely to report being married than any other racial or ethnic group. Blacks were most likely to report being single. See Table 3 for complete results.

***** Insert Table 3 about here *****

Educational Background

There were no statistically significant differences between men and women in terms of high school completion. Most (59%) male offenders and most (57%) of female offenders reported completing high school. Significant differences in high school completion did exist based on race/ethnicity. Whites were most likely to report high school completion followed by Hispanics and then Blacks (see Table 4).

***** Insert Table 4 about here *****

Employment History

Most (61%) of the offenders in the sample had worked at least one day in the last month prior to their referral for substance abuse treatment. The average number of days worked was 11.04 days. In terms of by race /ethnicity, there were no significant differences in whether offenders had worked in the month prior to referral for substance abuse intervention. There, however, was a significant difference by gender (see Table 5). Men were significantly more likely to have worked than women.

***** Insert Table 5 about here *****

Alcohol and Other Drug Use

The most commonly used drugs and those most likely to be considered a major problem were, in order of frequency: alcohol, cannabis and crack/ cocaine. There were significant differences in the nature of substance abuse problems by gender and by race/ethnicity. Men were more likely to report use of cannabis and women were more likely to report use of cocaine and opiates. Gender differences are detailed in Table 6.

***** Insert Table 6 about here *****

As shown in Table 7, statistically significant differences in drug use also existed by race. Whites were more likely than other groups to report using alcohol to intoxication. Cocaine was more frequently used among groups other than Whites.

***** Insert Table 7 about here *****

Treatment History

Most of the clients in the sample reported a prior history of substance abuse treatment at the time referral for substance abuse treatment. Over 25% of the sample received some type of mental health treatment prior to referral. Moreover, Table 8 shows that there were significant

differences in mental health treatment histories by gender. There were also significant differences in substance abuse and mental treatment histories by race, as shown in Table 9.

***** Insert Table 8 about here *****

***** Insert Table 9 about here *****

Discussion

The findings of this study suggest that Hispanics and Whites are more likely than Blacks to have a spouse who could provide possible support during the treatment and recovery process. The findings also indicate that Whites are most likely to have completed high school. Educational issues are therefore culturally relevant in a holistic treatment approach. In terms of employment, male offenders were more likely than female offenders to have a recent work history. Employability and the economic stability associated with it appear to be more of an issue for female offenders re-entering the community than male offenders.

The type of substance abused also varied by gender. Findings show that male offenders were more likely to have a major problem with cannabis. Women were more likely to have a major problem with cocaine/crack and opiates. Treatment approaches should be sensitive to these potential differences in substance abuse by gender. There appears to be different abuse patterns associated with Whites and people of color. Whites are more likely to abuse alcohol to intoxication. People of color are more likely than Whites to have a problem with cocaine/crack.

In terms of substance abuse treatment, White offenders were significantly more likely than offenders of color to report a history of inpatient and outpatient treatment. Whites were also more likely to report attending Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and/or Cocaine Anonymous (CA) meetings. Treatment providers need to be aware that Nonwhite offenders who are re-entering the community are likely to have less treatment experience and be

less likely to be affiliated with a self help group than White offenders. Female offenders were more likely than male offenders to have a history of mental health treatment. Female offenders were more likely than male offenders to have been hospitalized for psychiatric problems. Female offenders also were more likely than male offenders to have a history of outpatient mental health treatment. Assuming prior treatment history is an indication of potential problems, treatment providers working with female offenders need to be particularly alert for the co-occurrence of mental health and substance abuse problems.

Conclusion

Treatment professionals are a vital component of the “community” in the restorative justice re-entry process. The physical and mental well-being of the ex-offender, and his/her family, are essential for a successful re-entry into society. Substance abuse is not only a variable that influences whether an individual will become an inmate or a productive member of society, but also an issue when it comes to re-entry. Cultural differences and more importantly, the community’s and especially professionals’ responses to these differences can make the difference between a successful re-entry and the offender returning to the correctional system. At worst discriminatory and at best “different” responses to substance abuse based upon ascribed statuses are apparent. A fundamental knowledge of these differences by all members of the community and professionals is needed.

This study is preliminary. There could be other variables which impact the professional response to substance abuse during the re-entry process. Additional research is needed. In addition, other cultural variables such as age, sexual orientation, class, and physical ability should be examined to determine whether there is disparity with reference to drug usage and response to it, including treatment needs. Finally, more studies should be conducted on culturally

sensitive/specific programs within nursing, social work, and criminal justice to determine the effectiveness of these approaches (Jenkins, 2004).

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Endnotes

1. The confinement may have been a brief period of pre-trial detention or a sentence to a local jail or state prison.

Table 1

Race/ Ethnicity by Gender

Race/Ethnicity	Gender	
	<u>Men</u>	<u>Women</u>
White	113 (50%)	50 (50%)
Black	91 (40%)	33 (45%)
Hispanic	16 (7%)	4 (5%)
Other	6 (3%)	0 (0%)
Total	226	74

Note. Column percentages reported.

There were no statistically significant differences at $p < .05$

Table 2

Marital Status by Gender

Marital Status	Gender	
	<u>Men</u>	<u>Women</u>
Married	30 (13%)	8 (11%)
Single	138 (61%)	33 (46%)
Divorced	58 (26%)	26 (36%)
Widowed	0 (0%)	5 (7%)
Total	226	72

Note. Column percentages reported.

There was a statistically significant difference at $p < .001$.

Table 3

Marital Status by Race

Marital Status	Race			
	<u>White</u>	<u>Black</u>	<u>Hispanic</u>	<u>Other</u>
Married	21 (14%)	10 (8%)	5 (25%)	2 (33%)
Single	76 (50%)	83 (68%)	9 (45%)	3 (50%)
Divorced	52 (35%)	25 (20%)	5 (30%)	1 (17%)
Widowed	1 (1%)	4 (3%)	0 (0%)	0 (0%)
Total	150	122	20	6

Note. Column percentages reported.

There was a statistically significant difference at $p \# .001$.

Table 4

High School Completion Rates

Graduated from High School	Race			
	<u>White</u>	<u>Black</u>	<u>Hispanic</u>	<u>Other</u>
Yes	104 (70%)	59 (48%)	10 (50%)	2 (33%)
No	45 (30%)	65 (52%)	10 (50%)	5 (67%)
Total	149	124	20	6

Note. Column percentages reported.

There was a statistically significant difference at $p < .001$.

Table 5

Work History in Month before Substance Abuse Referral by Gender

Worked In Month Before Referral	Gender	
	<u>Men</u>	<u>Women</u>
Yes	151 (67%)	33 (45%)
No	75 (33%)	41 (55%)
Total	226	74

Note. Column percentages reported.

There was a statistically significant difference at $p < .001$.

Table 6

Major Substance Abuse Problem by Gender Assessed at Time of Intake

Substance	Gender	
	<u>Men</u>	<u>Women</u>
Alcohol	44%	36%
Alcohol to Intoxication	10%	10%
Amphetamines	0%	0%
Barbiturates	0%	0%
Cannabis	28%*	16%*
Cocaine/Crack	19%	31%*
Heroin	2%	1%
Inhalants	0.5%	0%
Methadone	0%	0%
Opiates	1%**	12%**
Other Drugs	3%	5%

* p # .05 ** p # .01

Table 7

Major Substance Abuse Problems by Race

Substance	Race	
	<u>White</u>	<u>Nonwhite</u>
Alcohol	47%	37%
Alcohol to Intoxication	13%	6%*
Amphetamines	0%	0%
Barbiturates	0%	0%
Cannabis	23%	27%
Cocaine/Crack	15%**	29%**
Heroin	3%	1%
Inhalants	1%	0%
Methadone	0%	0%
Opiates	4%	4%
Other Drugs	3%	3%

* p # .05

** p # .01

Table 8

History of Treatment by Gender

History of Treatment	Gender	
	<u>Men</u>	<u>Women</u>
Inpatient Substance Abuse	13%	20%
Outpatient Substance Abuse	52%	55%
AA, NA, or CA	66%	73%
Psychiatric Hospitalization	9% **	22% **
Outpatient Mental Health	24% *	38% *

Note. Percentages do not total 100% because clients often had more than one past treatment option. AA stands for Alcoholics Anonymous, NA stands for Narcotics Anonymous, and CA stands for Cocaine Anonymous.

* p # .05

** p # .01

Table 9

History of Treatment by Race

History of Treatment	Race	
	<u>White</u>	<u>Nonwhite</u>
Inpatient Substance Abuse	20% *	10% *
Outpatient Substance Abuse	59% *	47% *
AA, NA, or CA	74% *	61% *
Psychiatric Hospitalization	18% *	7% *
Outpatient Mental Health	31%	23%

Note. Percentages do not total 100% because clients often had more than one past treatment option. AA stands for Alcoholics Anonymous, NA stands for Narcotics Anonymous, and CA stands for Cocaine Anonymous.

* p # .05

** p # .01