Evidence-Based Treatments for Drug and Alcohol Problems in Ethnic Minority Populations

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Background

- Greater prevalence of substance use problems in some ethnic minority populations
- Greater need for efficacious treatments for ethnic minorities
- However, standard evidence-based treatments (EBTs) may not work as well with minorities

Background

- Problem with Conventional EBTs:
  - Developed for White, Western, English-speaking
  - Majority of providers are White
  - Not consider language, beliefs, worldview of culturally different
- When culture is ignored:
  - Value conflicts & miscommunication
  - Client discomfort & poor engagement
  - Dropout & treatment failure

Background

- Ethical concerns
  - Failing to provide CRTs may be “unethical” & constitute “cultural malpractice”
- Treatments must be culture-responsive

What is Culture-Responsive Tx?

- No uniform view
- Many opinions, many frameworks, many labels:
  - Culturally-competent, minority-specific, ethnically-sensitive, culturally-tailored, culturally compatible, etc.
- CRT = Efforts to make txs more "appropriate" for ethnic minorities

Key Questions

- What drug/alcohol treatments are efficacious for ethnic minorities?
- Do minorities and non-minorities benefit equally from the same treatments?
- Are culture-responsive treatments more effective with minorities than “culture-neutral” treatments?

Method

- Search of all published drug/alcohol treatment meta-analyses (n=65)
- Hand review of all eligible RCTs included in meta-analyses
- Over 1,200 studies screened so far
- However, this overview covers only the first 400 studies

What Drug/Alcohol Treatments Work with Minorities?

Defining Minority EBTs

<u>Well-Established EST Criteria:</u>

I. Two between-group experiments showing
   A. Superior to pill or placebo
   B. Equivalence to established tx
II. Treatment manual
III. Sample clearly specified
IV. At least 2 different investigating teams

Defining Minority EBTs

Probably Efficacious EBT Criteria:

I. Two between-group experiments showing Treatment > No treatment; OR

II. Two experiments meeting Well-Established Criteria I, II, & III, but not & IV

Possibly Efficacious EBT Criteria:

I. At least one study showing treatment efficacious compared to control, absent conflicting evidence

Defining Minority EBTs

<u>Supplemental Conditions:</u>

I. At least one experiment meets following conditions:
   A. 75% or more minority; <u>OR</u>
   B. Separate analyses with minority youth show superiority to control condition; <u>OR</u>
   C. Ethnicity <u>not</u> moderate treatment effects

Evidence-Based Drug/Alcohol Treatments

- EBTs for Problems with:
  - Alcohol
  - Cocaine
  - Marijuana
  - Opioids
- Mostly CBTs and Behavioral therapies
- For African Americans & Latinos only
- Asian Americans, Native Americans, & other minorities largely missing from literature

Well-Established Treatments

- NONE

Probably Efficacious Treatments

Contingency Management (CM) for Cocaine Use:

- Petry & Martin, 2002
- Minority *(Latino & AfrAm)*, cocaine-using methadone patients
- Combined CM and standard treatment
- Treatment involved:
  - Verbal reinforcement & concrete reinforcers for drug abstinence
- Results: CM led to greater continuous abstinence from cocaine & opioids than standard methadone treatment alone

Probably Efficacious Treatments

Contingency Management for Cocaine Use:

- Schumacher et al., 2003
- For cocaine-dependent, *African American* homeless
- Combined contingency management with standard day treatment (CM+DT)
- Treatment involved:
  - Abstinence-contingent housing
  - Work-therapy (at minimum wage)
- Results: CM+DT more effective than day treatment alone

Probably Efficacious Treatments

Motivational Enhancement Therapy (MET) & Multicomponent treatment (MT) for Marijuana:

- Marijuana Treatment Project Research Group, 2004
- MET
  - focuses on helping patient resolve ambivalence re: drug use
- MT
  - Combines MET, CBT, & case management
- Results: MT & MET more effective at reducing cannabis use than delayed treatment
  - Also, MT > MET
  - Ethnicity did not moderate outcomes

Probably Efficacious Treatments

Node-link mapping for opioid users

- Desereau et al., 2004
- AfrAm, Mex-Am, & White opioid users in methadone treatment
- Enhancement to counseling that visually represents client issues
- To reduce communication difficulties between client and patient
- Involves:
  - Drawing nodes (e.g., a discussion topic) on a chalkboard/paper
  - As discussion progresses, add additional nodes and links to represent decision and action sequences
- Results: Node-linking more effective than standard counseling for African Americans and Mexican-Americans, but no differential effects for Whites

Probably Efficacious Treatments

Multidimensional Family Therapy (MDFT) for cannabis

- Liddle et al., 2001
- Latino & AfrAm youth in outpatient drug treatment
- Family-based, multicomponent
- Focus on:
  - Communication and problem-solving skills
  - Changing negative family interaction patterns
  - Help with access to concrete resources such as job training and academic tutoring
- Results: MDFT led to more rapid decreases in cannabis use than group-based CBT

Possibly Efficacious Treatments

Multisystemic Therapy (MST) for "soft" drug use

- Henggeler et al., 1999
- AfrAm & Caucasian juvenile offenders with substance use problems
- Family-centered, home-based, individualized treatment
- Uses diverse treatment methods, such as:
  - contingency contracting
  - communication training
  - behavioral parent training
- Results: MST more efficacious than minimal treatment at decreasing "soft" drug use.
  - Ethnicity did not moderate outcomes

Possibly Efficacious Treatments

Behavioral Self-Control Training for alcohol use

- Hester & Delany, 1997
- Anglo & Latino, nonalcoholic heavy drinkers
- Treatment involves:
  - Individualized feedback, goal-setting and self-monitoring re: drinking behavior
  - Also drink refusal, behavioral contracting, evaluating drinking triggers, problem solving, relapse prevention
- Results: Behavioral Self-Control more effective than wait-list at reducing drinking
  - Ethnicity did not moderate outcomes

Do Minorities and Non-Minorities Benefit Equally?

Evidence

- Does Ethnicity (minority vs. nonminority) Moderate Tx Outcomes?
  - For three, *ethnicity did not moderate*
    - Henggeler et al. 1999
    - Hester & Delaney, 1997
    - MTPRG, 2004
- So no evidence *yet* that treatments are less efficacious with ethnic minorities

Are Culture-Responsive Treatments More Effective?

Culture-Responsive Treatments

- Culture-Responsive Components:

  <u>Ethnic Minority Therapists:</u>
  - Henggeler et al., 1999 → 2/3 counselors ethnic minority
  - Liddle et al., 2004 → 86% of counselors ethnic minority
  - But neither tests ethnic match effects

  <u>Node-Mapping:</u>
  - Dansereau, 2004 → node-linking more effective than standard counseling for African Americans and Mexican-Americans, but not for Whites

Summary

- EBTs appear to be efficacious w/minorities
- Minorities & non-minorities may benefit equally
- Virtually nothing on effects of culture-responsive treatment, but node-mapping promising

Limitations

- Fairly conservative criteria (>75% minority)
- Preliminary results – still doing search, so will likely find more
- Need meta-analysis, which I'm working on
- Did not include *null* studies
- Does *not* address treatment engagement & retention
- Minimal evidence for Asian Americans, Native Americans

QUESTIONS?