

Relationship Amongst Hispanic Women and Marijuana Use

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INTRODUCTION

Self-medication through substances may be perceived as more accessible for Hispanic women (Martins et al., 2016), especially for marijuana since its legalization (Hasin et al., 2017). Studies have shown that self-medication helps temporarily alleviate symptoms and helps as a coping mechanism among those experiencing mental health symptoms (Fenichel, 1994; Rado, 1995; Khantzian, 1985; Levy, 2018). However, treating a mental illness with substances can lead to poorer health outcomes, such as dependence, in the future (Wu et al., 2016). Past studies on self-medication and untreated mental illness have only focused on the general population, neglecting differences across gender and racial identity groups (Harris and Edlund, 2005; Smith et al., 2017).

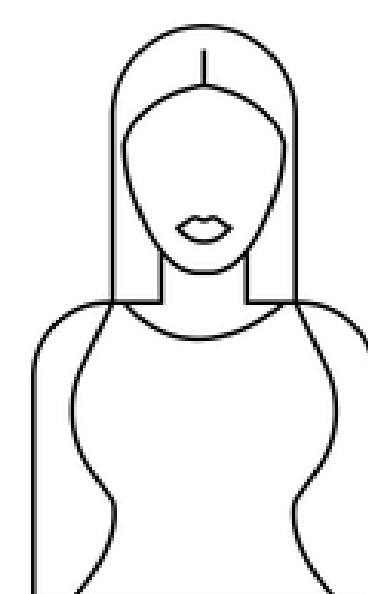
Research Questions:

- Are Hispanic women who have an unmet need for mental health treatment more likely to report using marijuana in the past year?
- Compared to those without an unmet need for mental health treatment, do Hispanic women with an unmet need for mental health treatment report a greater frequency of marijuana usage?

Hypothesis: Unmet needs of mental health treatment are related to an increased likelihood of using marijuana and an increase in frequency of marijuana usage among Hispanic women.

ABSTRACT

The present study aimed to examine the relationship amongst Hispanic women with unmet needs of mental health treatment and marijuana use. The research was conducted through a secondary analysis of the 2014 National Survey on Drug Use and Health (NSDUH) dataset. A sub-sample of 3586 was retrieved from this dataset of Hispanic women over the age of 18 who reported having an unmet need for mental health care treatment. The study findings did not support the hypothesis; however, it was found that there is high frequency of marijuana use amongst Hispanic women. The replication of this study is encouraged, along with understanding the possible influences Hispanic women that lead to substance use instead of professional, evidence-based treatment. Furthermore, this study can help create programs on intervention and prevention of co-occurring disorders tailored for Hispanic women.



MATERIALS&METHODS

Research Design: The current study is a secondary analysis of the data collected from the 2014 National Survey on Drug Use and Health (NSDUH) public data.

Data Collection: The original study was directed by RTI International Research Triangle Park staff members. RTI staff managed approximately 700 field investigators (FI) to collect data across the United States. The majority of the interview was through CAPI, a computer-assisted person interview, and an interviewer completing the questionnaire.

Sample and Sampling Method: Stratified sampling was used for the recruitment of participants in the original study. The original sample size was 67,901 participants. The current study utilized a subsample of the original study, with the following specific criteria: Hispanic, female, and aged 18 or older. Based on the inclusion criteria, the current study's sample size was 3,643.

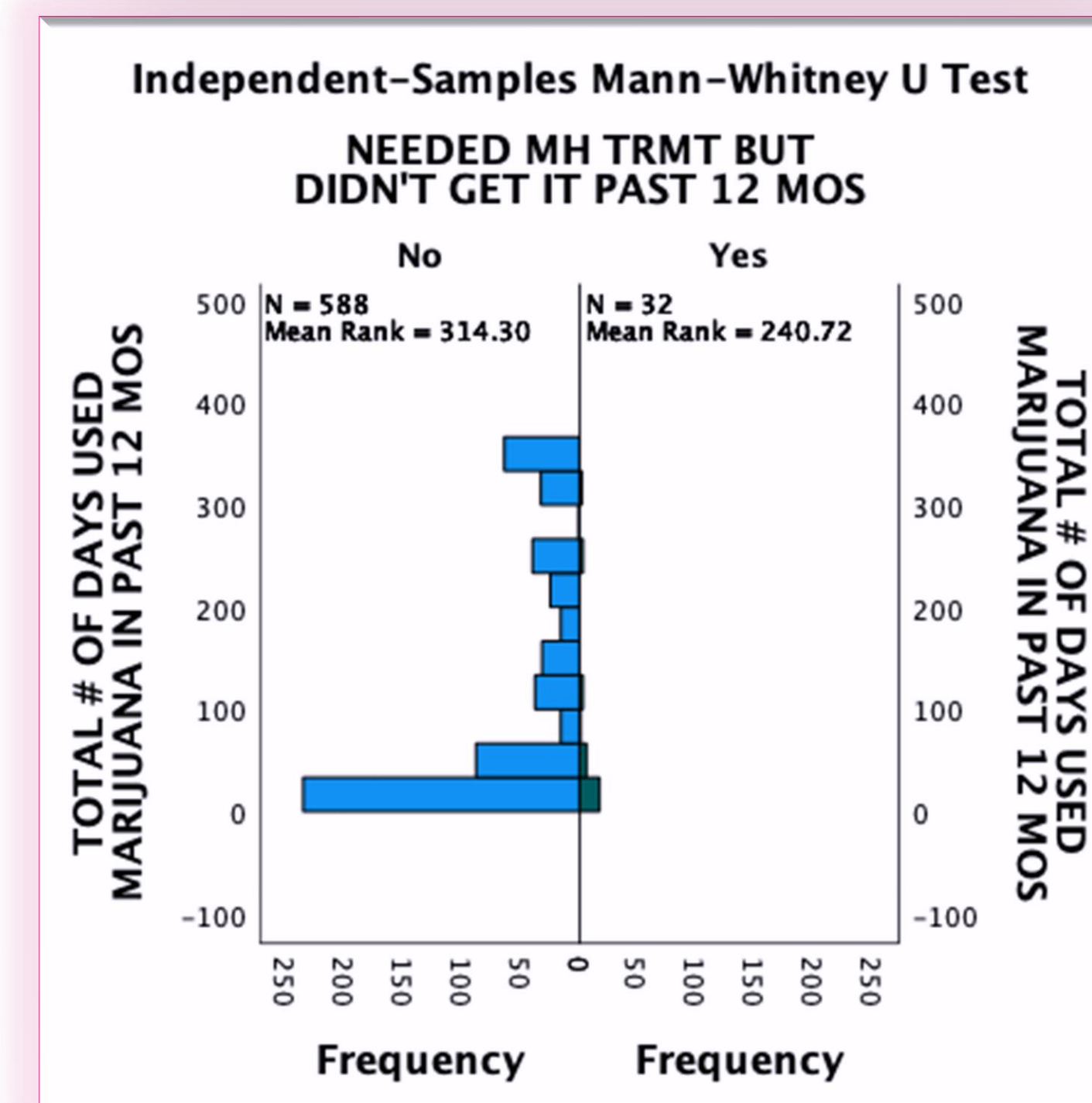
Marijuana Use: Participants were categorized as either using marijuana in the past 12 months or not using marijuana in the past 12 months (yes/no). To further evaluate the use of marijuana, another variable was utilized to measure its frequency. The frequency of usage for the past 12 months was assessed with responses ranging from 1-365 days.

Demographic Variables: The current study's demographic variables included participants' age, marital status, education level, employment, and family income.

Statistical Analysis: A chi-square statistic was calculated to examine the relationships between the unmet needs of mental health treatment and marijuana use. A Mann-Whitney U test was conducted to examine the relationships between unmet needs of mental health treatment and marijuana frequency.

RESULTS

Mann-Whitney U test

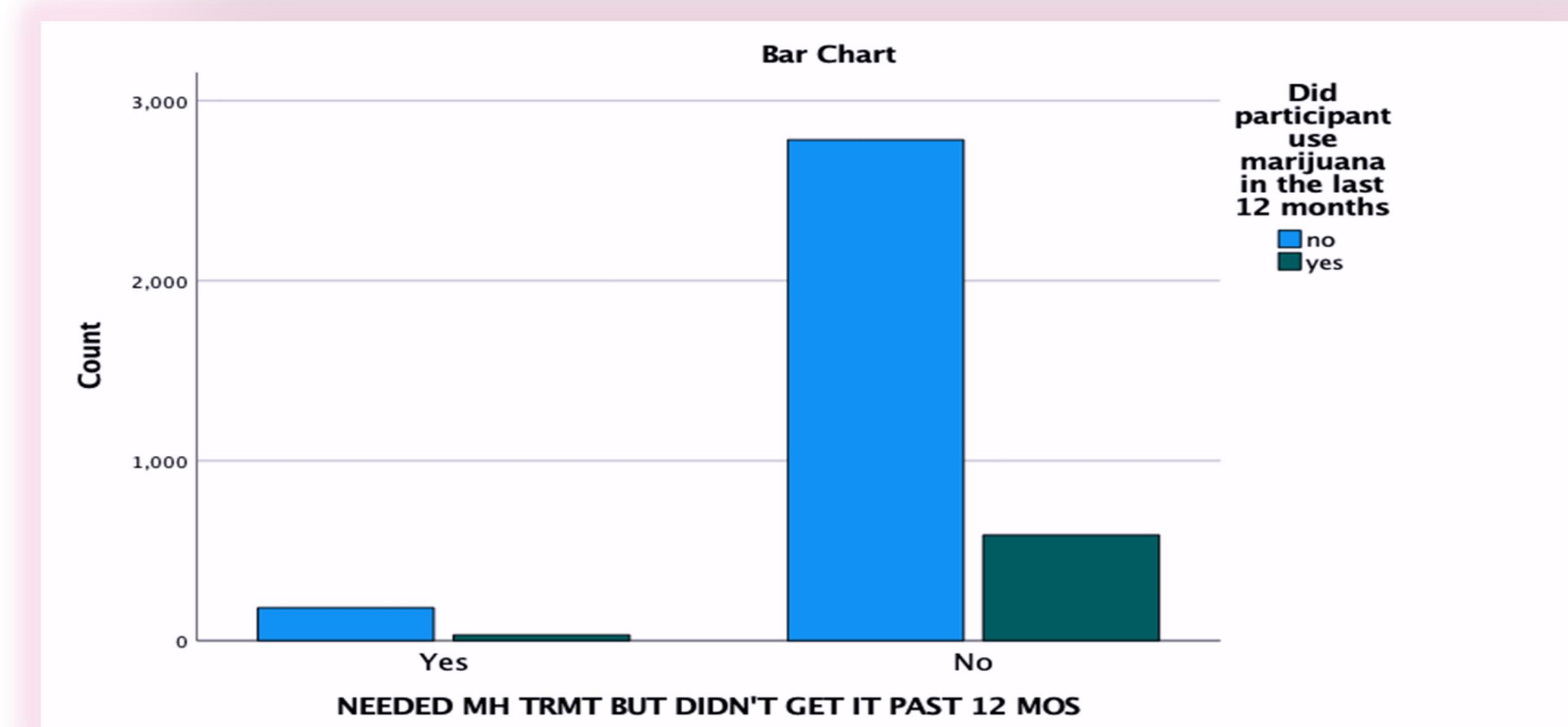


Results indicated a statistically significant association between these two variables. Participants with an unmet need for mental health treatment reported fewer days of marijuana use compared to participants who did not have unmet needs of mental health treatment.

Descriptive statistics

Variables	n	%
Independent Variable		
Needed Mental Health Tx		
Yes	219	6.1%
No	3396	93.9%
Dependent Variables		
Did participant use marijuana in the last 12 mos		
No	2989	82.7%
Yes	625	17.2%
Total # of days used marijuana in the past 12 mos (n = 625)	M = 114.12 Min = 1	SD = 125.47 Max = 365

Chi-square analysis



Results indicated no statistically significant relationship between these two variables. A total of 32 (14.9%) participants answered yes to using marijuana in the past 12 months and also answered yes for needing mental health treatment. In comparison to 2783 (82.6%) participants who answered no to needing mental health services and used marijuana in the past 12 months.

DISCUSSION

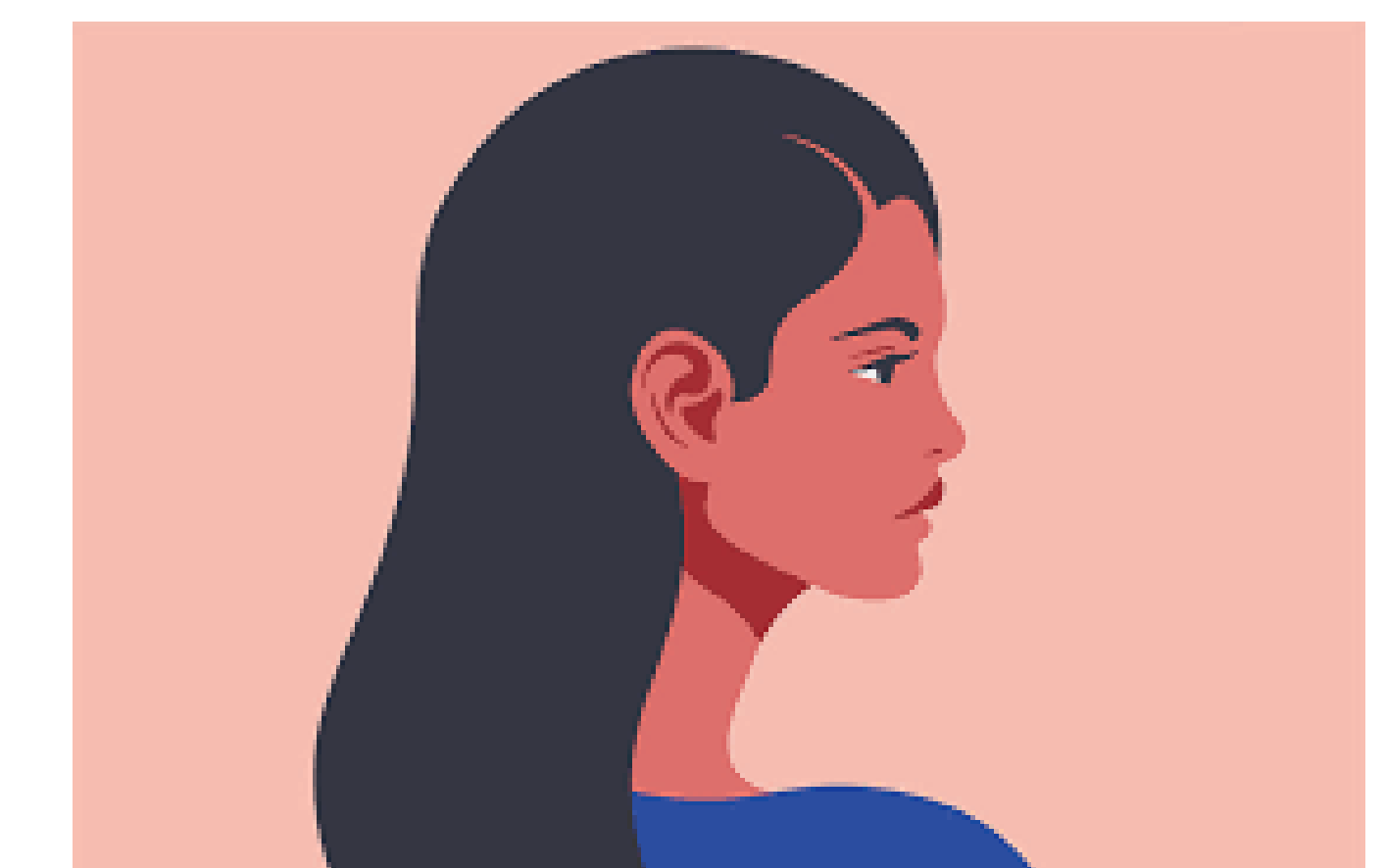
Strengths:

- The 2014 National Survey on Drug Use and Health (NSDUH) public dataset provided specific questions that allowed for easy data collection and data analysis.
- NSDUH surveys a diverse population, so there was flexibility to choose specific populations.

Limitations:

- There was no control over the sample size of Hispanic women, which contributed to having an unequal number of participants.
- Survey was computer-assisted, participants answered questions through self-reporting.

Implications. Although results were not significant for this current study, these are not definite results. Prior studies have shown that people with an untreated mental illness tend to use more substances. Therefore, the replication of this study is encouraged to explore further their need for mental health care or substance use treatment. This study can help to inform programs on intervention and prevention of co-occurring disorders tailored for Hispanic women. Furthermore, this study will contribute to the knowledge base regarding the possible barriers that may influence Hispanic women to resort to self-medicating instead of professional, evidence-based treatment.



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