

Does Poverty Cause Addiction?

Comparing Experiences with Alcoholism and Substance Abuse by Social Class, Race and Ethnicity

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Abstract

This article investigates how social class plays a role in how an individual may experience alcoholism and substance abuse. Research articles were selected from a variety of databases and analyzed. Results showed that although social class may not lead directly to substance abuse, the factors that do contribute are affected not only by one's class but also by their race and ethnicity. Such factors include economic constraints, social networks, opportunities for substance abuse treatment and their experiences within treatment. Implications for future research include the need for a more detailed look at the connections between social networks and substance abuse; differences in treatment episode completion based on race, ethnicity and social class; and how the present opioid epidemic is affecting changes in drug policies.

Substance abuse and addiction is a problem that affects numerous families throughout the world. Many past studies have indicated a connection between being in poverty and developing an addiction (Preble and Casey, 1969; Draus et al, 2010; Booth and Anthony, 2015; Mulia et al, 2008), although there are also studies that show conflicting information (Partnership, 2007; Cicero et al, 2014; Molina et al, 2012). Although there is an abundance of studies examining the connection between poverty and substance abuse, information on both the middle and upper

class is limited. This paper looks at the connections between social class and substance use for both those in poverty and the more affluent. My examination of findings across studies suggests that although class itself may not lead directly to substance abuse; the factors that do greatly contribute to addiction are affected by one's class. Such factors include economic constraints and/or disposable income, social networks and social constraints. Some research also shows how racial inequalities may play a contributing role when it comes to substance abuse (Draus et al, 2010; Molina et al, 2012; Joynt et al, 2013). Finally, research also shows how an individual's social class, race and ethnicity may contribute to their chances of recovery (Mennis and Stahler, 2015). These findings are discussed with implications for future research.

Methods

Data source

This article examines numerous studies located in several databases including SocINDEX, JSTOR, Medline, Social Sciences Full text, and the Psychology and Behavioral Sciences Collection. A variety of terms were used including but not limited to, "substance abuse", "addiction", "socioeconomic status", "poverty", "causes for addiction", "how SES affects substance abuse and alcoholism" and "differences between affluence and poverty for addiction". Articles were scholarly, peer-reviewed articles published in academic journals.

Due to the original intention of this study to search for differences in risks of substance abuse based on socioeconomic status, race and ethnicity were not included in the original search terms. This can also be said in answering the questions of why differences in experiences based on SES were not specifically searched for.

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Expectations

Even though it was assumed that most studies would point to poverty as the main determinant leading to substance abuse, it was expected that numerous studies would also be found pointing to affluence as a cause for substance abuse and addiction. This expectation was influenced primarily on current events including how the opioid epidemic is affecting the middle and upper classes. A main goal of this study was to draw conclusions on the main factors leading to substance abuse and addiction to aid in the prevention and treatment of those suffering from addiction or in danger of becoming addicts.

Results

The search returned a variety of articles which pointed to how not only social class affects substance abuse but also race and ethnicity. Surprisingly, there were not many results which spoke of how those in the middle and upper classes may be at a higher risk. However, any studies found were included in this article. Also, there were some studies that may not have spoken of the differences in risk but of the differences in the experience. Those articles are also included in this study.

Economic Influence on Risk Factors

A very common stereotype of addicts and alcoholics is that they belong to the lower class. This stereotype has also led to an assumption that since many who struggle with addiction are in the lower class, poverty must be a main cause of addiction. As a result, a number of studies have looked at how one's economic situation plays a role in substance abuse and/or addiction (Draus

et al, 2010; Booth and Anthony, 2015; Partnership for Drug-Free Kids, 2007; Cicero et al, 2014; Mulia et al, 2008; Molina et al, 2012). There is mixed research regarding the effect of class on substance abuse and whether it is the lower, middle or upper classes which have the greatest risk for addiction. These contradictions help lead to the assumption that it is not poverty alone that leads to a higher risk for addiction although economic status does play a role.

For example, scholars Jamie Booth and Elizabeth Anthony looked at the interaction of a variety of daily hassles (i.e. economic and social constraints, family hassles, peer hassles) on substance abuse among 315 ethnically diverse adolescents living in low-income public housing (Booth and Anthony, 2015). Results of the study showed that a number of hassles had a positive relationship with substance abuse (family, peer, school, neighborhood) but that any issue an adolescent experienced when combined with resource hassles (i.e. not having a way to earn money in your neighborhood, not having enough nice clothes to wear, not having enough bathrooms at home, and not having your own room) greatly amplified the relationship between these hassles and substance abuse. Economic hardship has also been found to contribute to substance abuse in adults due to the psychological distress it causes and what is described as “economic entrapment” (Draus et al, 2010). Research has shown that some individuals have turned to substances, such as heroin, in order to alleviate some of the stress caused by a lack of opportunities for both employment and education and see addiction, and in some cases drug sales, as their only option (Preble and Casey, 1969).

As stated earlier, it is not poverty that directly leads to substance abuse; those who are more affluent are also negatively affected by their economic status. California’s Healthy Kids Survey, which surveyed students in elementary and secondary schools throughout the state of California, found that the children living in more affluent communities were more likely than

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those living in poor neighborhoods to use drugs and alcohol (Partnership for Drug-Free Kids, 2007). According to the Partnership for Drug-Free Kids (2007), “disposable income, disconnected families, and pressure to succeed all contribute to drug use among upscale youth...[and]... that parents in these communities add to the problem by denying that it occurs” (Partnership for Drug-Free Kids, 2007). Due to the high status of these families, parents typically expect more from their children causing a significant amount of stress and pressure which can lead to substance abuse. As Madeline Levine writes, author of *The Price of Privilege*, “Perfection is very, very valued in affluent communities” (Partnership for Drug-Free Kids, 2007). The survey also found that binge drinking and alcohol usage within the past month was more prevalent among high-school juniors in the more affluent communities than those in poorer communities.

Another reason for drug use by individuals in more affluent communities is their access to medical coverage and prescription medications. According to Cicero et al. (2014) whose study examined data from the nationwide Survey of Key Informants’ Patients Program (SKIP), those who abuse heroin and opioid prescriptions has shifted in demographics more recently from those primarily in the lower class urban neighborhoods to those in middle/upper class small urban or nonurban areas (E3). The study conducted by Cicero et al. (2014), also found that “75% of those who began their abuse with opioid abuse in the 2000s reported that their first regular opioid was a prescription drug” (E3). It can be seen by the previous studies that it is not necessarily class itself that contributes to substance abuse, but the economic status of individuals does contribute in more specific ways brought on by economics such as psychological stress, disposable income, health coverage or just by amplifying the factors that do contribute to

addiction. More of these contributing factors are an individual's social networks and social constraints.

Influence of Social Networks and Social Constraints

One of the largest influences over whether or not someone will abuse substances such as drugs or alcohol is the person's social life (Preble and Casey, 1964; Draus et al, 2010; Booth and Anthony, 2015; Cicero et al, 2014; Mulia et al, 2008; Molina et al, 2012; Flanagan and Briggs, 2015). An individual's social network has been found to have a large impact on whether someone will use and/or abuse substances (Draus et al, 2010; Booth and Anthony, 2015; Cicero et al, 2014; Mulia et al, 2008; Flanagan and Briggs, 2015). Mulia et al. (2008) state that research has shown social networks, and the support they do or do not provide, play a role in substance abuse "through its direct associations with anxiety, depression and distress... [and]...It has also been found to promote positive coping responses to stress, and to improve treatment retention and recovery" from alcohol and other substances (1283). This information is important because of the strong relationship found between elevated stress and substance abuse (Mulia et al, 2008). In a 2014 study on heroin use in the United States over the past 50 years, it was stated how easy the transition was from abusing prescription opioids to heroin because of the "widespread acceptance of heroin use among those who abuse opioid products" (Cicero et al, 2014, p. 825). This could be due to a number of reasons including but not limited to: a lack of access to prescription pills and an expanded social network involved in more illegal activities due to the illegal buying and selling of prescription opioids on the street. Research has shown that the "normalization of substance abuse by the social group" can also have a large impact on whether or not an individual will decide to enter treatment or even attempt to get sober and also that a negative social environment can prevent upward social mobility (Flanagan and Briggs, 2015, p.

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84). In addition, a 2015 study conducted by Booth and Anthony showed how influential family and peer hassles were on substance abuse.

Although social networks are not directly tied to one's class, they are profoundly affected by it. For example, a study conducted in 2008 that examined 392 women with children receiving Temporary Assistance for Needy Families (TANF), showed that women residing in disadvantaged neighborhoods were found to receive less social support than woman in middle and upper classes (Mulia et al, 2008). An individual in poverty will typically live in more disadvantaged neighborhoods and may not have as many opportunities to form strong social networks. Also, data has shown that poor individual's social networks "can, in and of themselves, be a source of stress; for example, when impoverished family members and friends require help with housing, illness or injury" (Mulia et al, 2008, p. 1288). As stated earlier, the same can be said for more those living in more affluent areas due to the high amount of pressure and strong desire for perfection from those in their social networks.

Social constraints have also been found to be a contributing factor for substance abuse (Preble and Casey, 1969; Draus et al, 2010). Although not always a direct result of someone's class, they too can be influenced by it. An example of this relates back to an idea discussed earlier of how people in poverty often lack opportunity. Preble and Casey (1969) stated that heroin users who experience these types of social constraints turn to the use of heroin because it "provides a motivation and rationale for the pursuit of a meaningful life" (202). This point is backed by similar research which also discussed how poor individuals use substances to mediate and/or improve social strains (Draus et al, 2010). Other examples of social constraints which may negatively affect an individual would be social exclusion due to the fact that poor peoples' homes, votes and lives are ultimately considered worth less than those of the more affluent,

leaving them less able to fully participate in society, and resulting in them turning to substances for reasons stated above (Draus et al, 2010). Although research shows how there are specific factors that can be exacerbated by class that lead to a higher risk of addiction, some research pointed to race and ethnicity as the main factor leading to substance abuse and addiction.

Influence of Race and Ethnicity on Risk Factors

Some research steps away from class as an explanation and instead turn to racial and ethnic inequalities in order to explain what leads to substance abuse. In a 2012 study on substance use disorders and neighborhood context, results showed how different races and ethnicities had varying rates of substance use as compared to their peers in the same neighborhood and economic class, based on a nationally representative sample of 13,837 African Americans, Asians, Caribbean Blacks, Latinos, and non-Latino whites (Molina et al, 2012). For example, Molina and her colleagues found that African Americans had a greater rate of use when compared to their peers from different races and ethnic backgrounds (Molina et al, 2012). They also found that in affluent neighborhoods, immigrants and non-Whites had a higher rate of substance use than Whites and that immigrants had a higher rate of use as compared to U.S. born citizens regardless of the class (Molina et al, 2012). Other findings from this study were that Asians in poverty had a lower rate of substance use than more affluent Asians and that overall the more affluent had a higher rate of alcohol use than the poor (Molina et al, 2012).

In another study, both race and socioeconomic were shown to have an effect on the risk for abuse by impacting the prescribing of opioids in emergency departments (Joynt et al, 2013). This study looked at a total of 1,408 emergency departments throughout the United States. The results showed the opioids were prescribed less frequently to patients with a lower

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socioeconomic status, African Americans and Hispanics. Although the authors of this study used the data to show how these groups are treated unfairly, this can also be used to show how patients who are White and from a higher socioeconomic status are more at risk for opioid abuse and/or addiction due to the fact that they are receiving prescriptions for these medications at a much higher frequency.

Chance of Recovery

Not only is an individual affected by different factors with regards to their chance of abusing substances and/or becoming an addict, but these factors may also play a role in their experience as well as their chance of recovery.

Research has shown that completion of a treatment episode will typically lead an individual to have “better health, fewer relapses, fewer readmissions, less future criminal involvement, and higher levels of employment and wages, and to maintain longer term abstinence” (Mennis and Stahler, 2015, p.25). According to Mennis and Stahler (2015), whose study examined a sample of 416,224 individuals who were discharged from treatment nationwide in 2011, only one in ten Americans who are age 12 or older do receive treatment in a facility which specializes in substance abuse (25). However, research has shown that minority groups have less access to treatment, may experience greater delays in entering treatment, and have different experiences while in treatment (Mennis and Stahler, 2015). A study conducted by Mennis and Stahler (2015) found that Hispanics and African Americans have lower treatment episode completion rates than Whites which may be a result of social isolation in a treatment setting “where the majority of clients are from different social, economic, and/or cultural backgrounds” (30).

Treatment in a substance abuse facility is costly which may make it more difficult for those economically disadvantaged, specifically minorities, to enter. Also, it is suggested that more research be conducted to see how the effects of minorities receiving harsher sentences than Whites and affluent for drug related crimes may also play a role in the disparities found by Mennis and Stahler in treatment facilities.

Conclusion

As discussed, there is evidence which supports the idea that those in poverty are at a greater risk but there is also evidence which shows the same with regards to the more affluent. Although it seems as though there are more important factors at work than class, the research does not give a solid answer. For this reason, it is suggested that further research be done to look at previous studies on substance abuse in hopes of finding more supporting evidence on how class does not directly contribute to substance abuse although it does affect that factors that do. Also, it is important to look at more studies conducted on the middle and upper classes rather than the poor in order to make better comparisons. Considering the research is limited on these groups, it is highly recommended that future studies be conducted regarding contributing factors for substance abuse in the middle and upper classes. Further research should be conducted in order to look more closely at the role that social networks and social support play in substance use as well as buffering stress and aiding in recovery from addiction and how class affects the quality of an individual's social network. It would also be important to look closer out how effective positive support is at protecting someone from loneliness and negativity which contributes to negative behaviors such as substance abuse. Future work should also look at studies which can either confirm or challenge the findings of Molina et al. and their idea of how racial and ethnic inequalities are the primary factor which leads to substance abuse and

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addiction. Finally, future studies should be conducted in order to look at how the present opioid epidemic, which is affecting those in the middle and upper classes, may be a contributing factor in more recent drug policy changes which have been recently seen in the media.

Overall, it is important to see that experiences and risk factors may differ in important ways by social class because of intervening factors but the risks may be systematically different for people of different class backgrounds.

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