

Alcohol-programming outreach is especially important for female Black and Latina drinkers

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Very few national studies have examined racial/ethnic disparities in the use of alcohol services. In addition, little is known about whether racial/ethnic disparities generalize across genders, and what factors may account for any disparities. A study of the combined impact of race/ethnicity and gender on alcohol services utilization has found a pattern of lower services utilization among Latinos and Blacks, versus Whites, and women, versus men.

Results will be published in the August 2014 online-only issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"Although a lot of studies have looked at whether [alcohol](#)-services use differs by race/ethnicity or [gender](#), most have not had large enough sample sizes to examine race and gender together—that is, to test whether the association between race/ethnicity and services use is different for men and [women](#)," said Sarah Zemore, senior scientist at the Alcohol Research Group, a program of the Public Health Institute, and corresponding author for the study. "In this study, we were able to combine three separate waves of national survey data, so with our large sample we were well-positioned to look at this question."

Zemore added that there exist very few recent, national studies on racial/ethnic disparities in alcohol services use, but those that do exist

consistently suggest that Latinos overall are less likely to use alcohol services than Whites, even given the same level of alcohol severity.

"Studies have also consistently shown dramatically lower rates of alcohol services use among women, compared to men," she added. "However, we know of no published studies using national data that test whether racial/ethnic disparities in services use differ for men and women. Our study appears to be the first such national study to look at this question."

"We see higher rates of abstinence from drinking in Latina and Black women in the U.S. population compared to White men and women," added Karen G. Chartier, assistant professor in research in the School of Social Work at Virginia Commonwealth University. "These differences in abstinence may distract from the treatments needs of Latina and Black women who are experiencing drinking problems. Additionally, the conversation about racial/ethnic minority group access to health care is often overly focused on health insurance and the higher proportion of Latinos and Blacks who are uninsured or publically insured compared to Whites. Public insurance is often identified as a barrier to accessing general health care services, while in relation to alcohol treatment, public versus private insurance can be associated with the increased utilization of alcohol treatment services, although this relationship is complex."

Furthermore, Zemore noted, researchers know next to nothing about the mechanisms responsible for racial/ethnic and gender disparities in alcohol services use, other than that they appear to not be attributable to differences in alcohol severity, or basic demographic characteristics such as socioeconomic status. "Our study, by examining mechanisms that might explain such disparities, helps to address this gap," she said. "This is an important step because understanding more about disparities can help us to mitigate them."

Zemore and her colleagues analyzed data pooled across the 2000, 2005, and 2010 National Alcohol Surveys. Outcome variables included

lifetime utilization of any services, specialty alcohol treatment, and Alcoholics Anonymous (AA) meetings. Social influence factors were assessed as lifetime social pressures – such as pressures from a partner, friends, and/or family – legal consequences, and work-related consequences. Core analyses included only those with a lifetime alcohol use disorder.

"Our study essentially confirmed that Latinos are less likely than Whites to use alcohol services," said Zemore, "but [we] additionally found, by looking at race and gender together, that this disparity tended to be stronger among women than men. We also found something completely new, that is, a Black-White disparity in services use among women only. In other words, Black women were significantly less likely to report alcohol services use than White women. This Black-White difference was likely overlooked in prior work because men and women were combined for analysis, and because men do not show this effect. In fact, we found that Black men were nonsignificantly more likely to receive any alcohol services than White men, probably because of coercion. So this is quite a dramatic difference across genders."

Zemore said these results also confirmed previous research finding that women overall were less likely than men to receive alcohol services.

"The effect sizes for race/ethnicity and gender together were remarkable," she said. "To illustrate, only 2.5 percent of Latinas and 3.4 percent of Blacks with a lifetime alcohol use disorder had ever accessed specialty treatment, versus 6.7 percent of Whites; among men, corresponding figures were 6.8 percent for Latinos, 12.2 percent for Blacks, and 10.1 percent for Whites. These disparities clearly deserve our attention."

Zemore added that the results also indicate that women's lower exposure to social-influence factors related to treatment seeking – including lower social pressures, employment consequences, and work-related

consequences – strongly contributed to their low alcohol services use.

"This means that female heavy drinkers in our sample were unlikely to hit the radar of friends, family, employers, and the law, and therefore to seek help," she said. "This implies that outreach to female heavy drinkers may be important to reducing gender disparities in help-seeking. Because female heavy drinkers are slipping below the radar and avoiding trouble, we need other ways of detecting problems and pulling them into treatment."

Getting help is key to recovery and even survival, said Zemore. "We know that getting help – especially participation in alcohol-treatment programs and 12-step groups, the two most common forms of help-seeking – is associated with a reliably higher likelihood of recovery for all problem drinkers," she stated. "So, it is troubling that Latinos, women, and Black and Latina women in particular are not getting the help they need for their alcohol problems. We as researchers need to develop a more complete understanding of why such racial/ethnic and gender disparities exist so that we can develop effective interventions to increase involvement in alcohol treatment and 12-step groups.

Meanwhile, providers should be aware that outreach may be especially important for Latinos, women, and female Black and Latina drinkers in particular. Family and friends of heavy drinkers among these groups might also consider sensitively exploring the benefits of, and barriers to, getting help together with their loved ones. Assisting others with getting help – in a gentle and non-confrontational manner – can be very effective."

"It will be important to examine whether and how current policy changes under the Affordable Care Act related to access to substance abuse treatment influence the utilization of alcohol treatment services across racial/ethnic and gender groups," added Chartier. "These changes are only now going into effect."

Provided by Alcoholism: Clinical & Experimental Research

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