

Study of alcohol treatment completion reveals greater disparities for women of color

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An intersectional study of alcohol treatment completion rates reveals striking disparities for racial and ethnic minoritized women when compared to white men. Overall, women complete treatment at slightly lower rates than men, but the completion rates for Black, Latina, American Indian, and Native Alaskan women compared to white men are significantly lower. In some cases, these intersectional disparities are

more than double those found by assessing only gender or race and ethnicity alone.

The study, recently [published](#) in *Alcohol: Clinical and Experimental Research*, demonstrates that having multiple marginalized statuses may result in even greater disparities that may require tailored interventions to address distinctive treatment barriers and needs of these populations.

This study is the first to analyze the intersectional disparities in alcohol treatment completion in the U.S. "Intersectionality" recognizes that individuals' multiple social identities, for example, gender, race, [ethnicity](#), and [socioeconomic status](#), combine to affect their experience.

The study analyzed 600,000 discharge records of adults who received alcohol treatment in a non-intensive outpatient setting from a U.S. substance use treatment facility. Researchers compared differences in treatment completion by gender alone, by race and ethnicity alone, and intersectionally, by gender and race and ethnicity together.

In the gender-only model, the treatment completion rate for women was 55%, four percentage points lower than that for men. In the race and ethnicity model, white adults had a treatment completion rate of 60%, six percentage points higher than the rate for Black adults, two percentage points higher than the rate for Latinx adults, and six percentage points higher than the rate for American Indian and Alaska Native adults.

In comparison, Asian American and Pacific Islander adults had a three-percentage-point higher completion rate than white adults. However, in the intersectional model that analyzed records defined jointly by race/ethnicity and gender, researchers found greater disparities. That is, the treatment completion rates for Black, Latina, and American Indian Alaska Native women were nine to 12 percentage points lower than

completion rates for white men.

Asian American and Pacific Islander women also experienced a [disparity](#), completing treatment at rates five percentage points lower than the rate for white men. Additionally, women of all races and ethnicities completed treatment at lower rates than men of the same race and ethnicity, and rates for all minoritized women were lower than for white women.

The researchers suggest that the disparities in treatment completion may reflect differences in access to treatment and services and the quality of and satisfaction with treatment. Certain factors, such as childcare, access to transportation, insurance, job flexibility, and stigma, may be more likely to affect women and women of color specifically.

Due to the [large dataset](#) drawn from the Substance Abuse and Mental Health Services Administration's 2017 to 2019 Treatment Episode Data Set-Discharges (TEDS-D), all findings were statistically significant. Future research is needed to assess disparities in other intersectional groups defined by socioeconomic status, [sexual orientation](#), and disability status and examine how sociopolitical and sociocultural factors relate to disparities.

More information: Joanne Delk et al, Intersectional disparities in outpatient alcohol treatment completion by gender and race and ethnicity, *Alcohol, Clinical and Experimental Research* (2024). [DOI: 10.1111/acer.15243](#)

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