



## Pressure and help seeking for alcohol problems: Trends and correlates from 1984 to 2005

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### HIGHLIGHTS

- ▶ Pressure to change drinking is associated with seeking help in national surveys.
- ▶ Heavy drinking and consequences do not moderate pressure and help seeking.
- ▶ Rates of help seekers receiving pressure did not change from 1984–2010.
- ▶ The predominant source of help sought was Alcoholics Anonymous.

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### ABSTRACT

**Background:** Individuals with alcohol problems frequently report receipt of pressure from a variety of formal and informal sources. While some studies have shown a positive association between receipt of pressure and treatment seeking, other studies have not found a clear association. The mix of findings may be due to several study design factors including sample limitations, lack of contextual alcohol measures as moderators, and failure to include assessment of internal beliefs that relate to help seeking.

**Methods:** Current drinkers from the National Alcohol Surveys (NAS) from 1984 to 2005 (N = 16,183) were used to describe the association between pressure and help seeking using moderators that included frequent heavy drinking, alcohol related negative consequences, and beliefs about abstinence or moderation of alcohol consumption.

**Results:** The rate of help seeking in the past year was 1.6% across all NAS surveys with Alcoholics Anonymous being the predominant source of help sought followed by physical or mental health services. In 1984 and 1990 approximately 80% of those seeking help also received pressure. The percent declined to 57% in 1995 and leveled off at 64% in 2000 and 61% in 2005. Logistic regression models showed an association between past year receipt of pressure and help seeking. Frequent heavy drinking, alcohol related negative consequences, and strong beliefs about alcohol use were also associated with help seeking, however, they did not moderate the relationship between pressure and help seeking.

**Conclusions:** Pressure is associated with help seeking as are a variety of other factors, including heavy alcohol consumption, negative consequences, and strong beliefs about moderate alcohol use. However, the effect of these factors appears to be independent of pressure and not interactive. Future research needs to assess the types of pressure and impact on help seeking to inform public policy and treatment providers as to who receives what type of pressure, when it is helpful, and when it is counterproductive.

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### 1. Introduction

Individuals with alcohol problems frequently receive pressure to make changes in their drinking (Room, 1989; Room, Bondy, & Ferris, 1996). Data obtained from national surveys of the U.S. general population over the past 21 years Polcin, Korcha, Greenfield, Kerr, and Bond (2012) found that receiving pressure during the past

12 months to decrease drinking or act differently when drinking ranged from about 13% in 1984 to 8% in 2005. Examining the characteristics of who received pressure revealed clear evidence that individuals who were heavy drinkers (5+ drinks per week) and those with greater alcohol related harm received more pressure. However, there were also a variety of demographic predictors of pressure (e.g., male gender, younger and less educated) that suggested that the social context where drinking takes place might also influence who receives pressure.

Separate from the question of who receives pressure is the question of the association between receipt of pressure and help seeking.

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The vast majority of individuals with alcohol problems do not receive help from treatment or mutual help groups (*Substance Abuse and Mental Health Services Administration & Office of Applied Studies, 2009*) even though those who receive treatment or attend Alcoholics Anonymous fare much better than those who do not (*Weisner, Matzger, & Kaskutas, 2003*). The present study seeks to examine the association between pressure and help seeking and to expand on prior research by: 1) Using representative samples of the US population, thereby avoiding limited geographic location or samples limited to treatment seekers. 2) Examine moderating effects of contextual factors. Moderators such as alcohol related harm, alcohol related consequences, and alcohol consumption in relation to receipt of drinking pressures have largely been overlooked. 3) Use internal and external factors related to help seeking. While studies have examined associations between pressure and help seeking, they have failed to determine if help seeking was connected with better recognition of drinking problems or simply compliance with external demands. 4) Change over time. Studies have not assessed how pressure and its impact might vary at different periods in time.

We hypothesize that individuals receiving pressure will be more likely than those not receiving pressure to seek help for alcohol problems. However, because the majority of individuals with alcohol related problems or alcohol dependence do not seek treatment, we believe that pressure alone cannot entirely explain help seeking for alcohol problems but that heavier drinkers and individuals that report more alcohol related consequences will receive pressure and be more likely to seek out services to aid in abating problematic alcohol use. We also believe that individuals that have stronger beliefs about alcohol use in moderation or abstinence from alcohol use and receive pressure will be more likely to seek out help for alcohol related problems. Additionally, strong beliefs about abstinence or moderation in drinking are expected to be associated with help seeking which will also be positively linked to pressure received.

## 2. Methods

### 2.1. Survey data

This study draws on five National Alcohol Surveys (NAS) (1984–2005) administered approximately every 5 years by the Alcohol Research Group (ARG). The surveys were primarily designed to document trends in alcohol consumption among U.S. residents age 18 and older. However, the NAS surveys have also tracked related variables relevant to this analysis, such as the social context of drinking, pressure to change drinking, ways of seeking help for alcohol problems, and the prevalence of various types of alcohol related harm.

The five administrations of the NAS (1984, 1990, 1995, 2000, and 2005) are highly comparable, particularly in regard to similar item content. Differences in the surveys include over-sampling for Latino/Hispanics and African Americans in four surveys (1984, 1995, 2000, 2005) and use of random digit dial (RDD) telephone survey methods for the last two surveys (2000 and 2005) while the earlier surveys were multi-stage clustered samples using in-person interviews. All surveys are weighted to reflect the general population of the United States so over-sampling of minorities does not bias the results because they are accounted for by the weights in the analysis (*Kerr, Greenfield, Bond, Ye, & Rehm, 2004*). Response rates were 77% in 1984, 70% in 1990, 77% in 1995, 58% in 2000, and 56% in 2005. Extensive methodological work, comparing the face-to-face and telephone modes of the survey interview found prevalence estimates of drinking behaviors to be substantively comparable, in spite of lower response rates for telephone interviews (*Greenfield, Midanik, & Rogers, 2000; Midanik & Greenfield, 2001; Midanik & Greenfield, 2003a, 2003b; Midanik, Greenfield, & Rogers, 2001; Midanik, Hines, Greenfield, & Rogers,*

*1999*). For a more detailed discussion of the NAS surveys and comparability across time see *Polcin et al. (2012)*.

### 2.2. Measures

All NAS items are designed to maximize consistency across survey years so that there could be comparisons over time. The measures described below were all administered in all survey years and, with the exception of demographics, refer to the past 12 months.

Because our measure of alcohol-related pressure is only asked of persons that consumed alcohol in the past 12 months, analyses exclude non-current drinkers.

#### 2.2.1. Demographics

These items consisted of gender, age, race, marital status, employment status, and years of education to describe the characteristics of who received services and pressure at each NAS survey.

#### 2.2.2. Pressure

Pressure was coded as a dichotomous measure and consisted of 6 items measuring pressure from spouse/intimate partner, family, friends, physicians, work, and police in the past 12 months. Four items asked whether the respondent experienced specific types of interactions that involved pressure to change drinking: 1) My spouse or someone I lived with got angry about my drinking or the way I behaved while drinking; 2) A physician suggested that I cut down on drinking; 3) People at work indicated I should cut down on drinking; and 4) A police officer questioned or warned me about my drinking. Two additional sources asked whether “other people might have liked you to drink less or act differently when you drank” and include: 1) Friends (inclusive of friend or boy/girlfriend); and 2) Family (inclusive of parents or other relatives). The measurement of pressure, and variations of it, have been used at ARG for many years (*Hasin, 1994; Polcin et al., 2012; Room, 1989; Room, Greenfield, & Weisner, 1991*).

#### 2.2.3. Help seeking

Help seeking constitutes the primary dependent variable in our models testing the impact of pressure. Combined analyses will be assessed for dichotomous measure of help seeking through Alcoholics Anonymous (AA), alcohol and drug programs, mental or physical health professionals or programs, and other health services as well as a measure of any help seeking, consisting of any of the four sources. For each, respondents were asked whether they had ever “gone there about a drinking problem.” If they indicated yes, they were asked how long ago. Our primary objective is to assess help seeking over the past 12 months and its association with pressure. Like the measurement of pressure, the NAS help seeking measures have been used effectively in a number of previous studies (*Hasin, 1994; Kaskutas, Weisner, & Caetano, 1997; Schmidt, Ye, Greenfield, & Bond, 2007*).

#### 2.2.4. Frequent heavy drinking

Heavy alcohol consumption was calculated using the “Knupfer Series” (KS) beverage-specific, graduated-frequencies items (*Greenfield, 2000; Nyaronga, Greenfield, & McDaniel, 2009*). The KS items ask the frequencies of drinking specific beverages including wine, beer, and distilled spirits using a categorical scale, followed in each case by asking the proportion of time the respondent drinks each beverage in three quantity ranges (one to two, three to four, and five or more drinks). The current drinkers that reported drinking 5 or more drinks in a sitting on at least a weekly basis in the past 12 months were considered to be frequent heavy drinkers.

#### 2.2.5. Alcohol related negative consequences

Consequences of drinking were based on eleven questions about the negative consequences related to drinking and identify 4

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