



Alcohol problems in young adults transitioning from adolescence to adulthood: The association with race and gender

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ABSTRACT

Race and gender may be important considerations for recognizing alcohol related problems in Black and White young adults. This study examined the prevalence and age of onset of individual alcohol problems and alcohol problem severity across race and gender subgroups from a longitudinal study of a community sample of adolescents followed into young adulthood ($N = 166$; 23–29 yrs. old who were drinkers). All alcohol problems examined first occurred when subjects were in their late teens and early 20s. Drinking in hazardous situations, blackouts, and tolerance were the most common reported alcohol problems. In race and gender comparisons, more males than females experienced alcohol problems. Blacks generally had a later age of onset of alcohol problems. Multivariate regressions showed greater alcohol problem severity in males compared to females, but no significant differences between Blacks and Whites. Education, family environment and earlier alcohol use behaviors and expectancies were reliable predictors of alcohol problem severity in young adulthood. White males were at particular risk for experiencing more severe alcohol problems. Findings may inform the design of more targeted interventions for alcohol problems in different populations.

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1. Introduction

In its most recent Strategic Plan, the National Institute on Alcohol Abuse and Alcoholism (National Institute on Alcohol Abuse and Alcoholism, 2008) endorses a lifespan perspective for examining the characteristics and consequences of drinking behaviors at different stages of development. In this study we prospectively examined individual alcohol related problems and alcohol problem severity in Black and White young adults. Alcohol use behaviors typically change over time, particularly during the transition period from adolescence to adulthood. Adolescence includes the peak years for the initiation of drinking (i.e., ages 13–14) (Faden, 2006). Rates of alcohol use and intoxication increase during adolescence and continue to rise in the years after high school (Brown, et al., 2008; O'Malley, Johnston & Bachman, 1998). Epidemiological studies demonstrate a peak for alcohol use and heavy drinking in late adolescence and early adulthood, as well as the incidence and prevalence of alcohol abuse

and dependence (Harford, Grant, Yi & Chen, 2005; Harford et al., 2005). Not surprisingly, symptoms of alcohol abuse and dependence frequently first appear in mid- to late adolescence, approximately 40% of persons with alcohol use disorders developed their first symptoms between ages 15 and 19 (Martin & Winters, 1998).

1.1. Differences in alcohol use behaviors by race and gender

Alcohol use behaviors do vary by sociodemographic characteristics such as race and gender. For example, the 1991–2007 rates of underage drinking are highest for Whites, followed by Hispanics and then Blacks (Chen, Hsiao-ye, Williams & Faden, 2009). Across this time period, males had a higher average frequency, quantity, and volume of past 30-day drinking than females. In a national sample of young adults from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), Whites compared with Blacks had a higher prevalence of both drinking and exceeding the recommended daily and weekly drinking limits (Chen, Dufour and Yi, 2004/2005). Daily limits were specified as consuming more than 4 drinks in a single day for men and more than 3 drinks in a single day for women; weekly limits involved consuming on average more than 2 drinks per day for men and more than 1 drink per day for women. Compared with females, more males exceeded the recommended daily and weekly alcohol limits (Chen et al., 2004/2005). The 2006 National Survey on Drug Use and Health (NSDUH) also reported higher rates of

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30-day binge and heavy drinking for males than females ages 18–25 (50.2% and 21.0% versus 43.0% and 10.0%, respectively; SAMHSA, 2007).

Similar to drinking behaviors, individual alcohol use disorder symptoms and related problems appear to vary according to race and gender. However, few studies have examined these subgroup differences, particularly among adolescents and young adults (Wagner, Lloyd & Gil, 2002). Several studies of older adults have tested race and gender differences in the prevalence and age of onset of alcohol problems using retrospective subject reports. Adult males generally report a higher prevalence of individual alcohol problems (e.g., alcohol-related violence, driving while intoxicated, and drinking in hazardous situations) compared to females (Schuckit, Daepfen, Tipp, Hesselbrock & Bucholz, 1998; Scott, et al., 2008), while ages of onset for alcohol problems varied based on the population studied. Scott et al (2008), for example, found few differences in the age of occurrence of alcohol problems between male and female Blacks, while Schuckit et al. (1998) reported older ages of occurrence for females versus males for most alcohol problems in a predominately White sample. Comparisons showed a higher prevalence of alcohol problems for White adults versus Black adults with few exceptions, with a later age of onset for Blacks for getting into alcohol-related fights and losing control of problem drinking (Scott, et al., 2008).

Among adolescent drinkers, Wagner et al. (2002) found a higher prevalence of most alcohol abuse and dependence symptoms (6 of 11) in Whites compared to Blacks. Few differences were reported between males and females (2 out of 11), with higher rates for males only in drinking in hazardous situations and alcohol-related legal problems. Harford et al. (2005) found both gender and race differences in the rates of alcohol abuse and dependence symptoms in the general population, but these differences varied by age group. Young adolescent males and females (aged 12–17 years) did not vary in the prevalence of alcohol symptom criteria, whereas males in all older age groups (e.g., 18–23, 24–29, 30–49, and ≥ 50) reported higher proportions of symptoms than females. Furthermore, Black males and females in younger age groups (e.g., 12–17 and 18–23) were less likely to report most individual alcohol symptoms compared to White males and females, although this difference may change in older age groups. Alcohol problems for Blacks are highest among those in their 30s, while for Whites alcohol problems are associated with younger drinkers and a youthful lifestyle (Caetano, 1984; Caetano & Herd, 1984; Muthen & Muthen, 2000).

1.2. Other indicators of risk for alcohol problems

Several heuristic models for predicting drinking behaviors and related problems among adolescents and young adults have been proposed. These models focus on risk factors associated with pathological alcohol use, including low school success, a family history of alcoholism, family conflict/disorganization, childhood behavior problems, relationships with substance abusing peers, and positive expectancies for the effects of alcohol on behavior, cognition and affect (Chassin & DeLucia, 1996; Hesselbrock & Hesselbrock, 2006; Sher, Grekin & Williams, 2005). The nature of the risk for developing alcohol problems due to a family history of alcoholism appears to be both genetic and environmental (Hesselbrock & Hesselbrock, 2006). Parents may influence adolescent alcohol use through modeling, approval of drinking, and providing access to alcohol (Brown et al., 2008; Donovan, 2004). Children from families characterized by high stress and family dysfunction are also at greater risk for developing alcohol problems (Kumpfer, 1998). Zucker (2008), in a review of longitudinal studies, identified a consistent relationship for aggressiveness and other childhood conduct problems with problem drinking. Furthermore, a relationship between early drinking behaviors and later drinking problems was dependably replicated. For example, based on Monitoring The Future longitudinal data obtained

on a national sample of adolescents, drinking behavior at age 18 predicted later drinking outcomes from ages 22 to 35 (Zucker, 2008). An earlier age of drinking onset is also a strong predictor of the increased risk for the development of an alcohol use disorder and alcohol problem severity (Grant, Stinson & Harford, 2001; Hingson, Heeren & Winter, 2006a; Muthen & Muthen, 2000).

The current study aims to expand previous analyses of individual alcohol problems across race and gender groups. The literature for adolescents and young adults on this topic is relatively small, particularly when compared with empirical findings for gender and racial group differences in adolescent/young adult drinking behaviors. We tested race and gender differences in the prevalence and age of onset of individual alcohol problems, as well the number of problems reported by subjects in a community sample of Black and White young adult drinkers. This study included data collected from biological fathers and their adolescent/young adult offspring; adolescent data was collected over a 10-year period. We hypothesized that Whites and males would generally have a higher prevalence and earlier age of onset of individual alcohol problems compared to Blacks and females, respectively. Whites and males were also expected to report more alcohol problems (i.e., greater alcohol problem severity). Other possible predictors of alcohol problem severity examined included demographics, family environment, childhood conduct problems, and alcohol use behaviors and expectancies. Examining race and gender group differences in relation to individual alcohol problems may be important for recognizing early symptoms for pathological alcohol use in diverse young adult populations. The number of alcohol problems reported by young adults provides information about the overall severity of alcohol problems across ethnic and gender groups. The identification of other predictors of alcohol problem severity may help to create more targeted and effective interventions for young adults who are at risk for alcohol use disorders.

2. Method

2.1. Participants

This sample of young adults ($N = 166$) was between the ages of 23 and 29 ($M = 25.89$, $SD = 1.53$), and was 59.6% female. All subjects self-identified their racial group as either White (77.7%, $n = 129$) or Black (22.3%, $n = 37$). Subjects were defined as drinkers if they met 1 of 3 lifetime criteria: 1) consuming 4 or more drinks in a 24-hour period, 2) drinking to intoxication on at least one occasion, and 3) drinking at least once a month for 6 months or more. White and Black young adults did not differ in terms of their gender composition (59.5% versus 59.7%, respectively).

Adolescent and young adult 'at risk' subjects were recruited from the greater Hartford metropolitan area, CT as a part of a larger longitudinal study (RISK project). This larger study was designed to follow offspring of alcohol and drug dependent fathers over time as they progressed from adolescence to adulthood. Offspring whose biological parent(s) have a history of alcohol/substance dependence are at greater risk for pathological alcohol use (Chassin et al., 1991; Sher, Walitzer, Wood & Brent, 1991). Most subjects (76.1%) recruited for the RISK project had initiated alcohol use at baseline, but no subjects met diagnostic criteria for alcohol dependence. Subjects were interviewed 3 times at five-year intervals between 1993 and 2009 to assess the effect of paternal alcoholism on offspring alcohol use behaviors and related problems.

A total of 338 subjects completed a baseline interview for the RISK study. Follow up interviews were completed with 281 subjects at Time 2 and 209 subjects at Time 3. We selected the current sample of White and Black drinkers ($n = 166$) from interviews conducted at Time 3 of the longitudinal study. Nondrinkers ($n = 22$) were excluded from the sample. Hispanic subjects and those categorized as 'other'

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