

## Full length article

# Poor, persecuted, young, and alone: Toward explaining the elevated risk of alcohol problems among Black and Latino men who drink



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## ARTICLE INFO

## Article history:

Received 27 August 2015

Received in revised form 3 March 2016

Accepted 4 March 2016

Available online 21 March 2016

## Keywords:

Hispanic

African American

Alcohol use

Disparities

Socioeconomic status

Discrimination

## ABSTRACT

**Background:** Even given equivalent drinking patterns, Black and Latino men experience substantially more dependence symptoms and other consequences than White men, particularly at low/no heavy drinking. No known studies have identified factors driving these disparities. The current study examines this question.

**Methods:** The 2005 and 2010 National Alcohol Surveys were pooled. Surveys are nationally representative, telephone interviews of the U.S. including Black and Latino oversamples; male drinkers were analyzed (N = 4182). Preliminary analyses included negative binomial regressions of dependence symptom and consequence counts testing whether effects for race/ethnicity were diminished when entering potential explanatory factors individually. Additional analyses re-examined effects for race/ethnicity when using propensity score weighting to weight Blacks to Whites, and Latinos to Whites, first on heavy drinking alone, and then on heavy drinking and all explanatory factors supported by preliminary analyses.

**Results:** Preliminary regressions suggested roles for lower individual SES, greater prejudice and unfair treatment, and younger age in the elevated risk of alcohol problems among Black and Latino (vs. White) men at low heavy drinking levels; additional support emerged for single (vs. married) status among Blacks and neighborhood disadvantage among Latinos. When Blacks and Latinos were weighted to Whites on the above variables, effects for race/ethnicity on dependence counts were reduced to nonsignificance, while racial/ethnic disparities in consequence counts were attenuated (by >43% overall).

**Conclusions:** Heavy drinking may be especially risky for those who are poor, exposed to prejudice and unfair treatment, young, and unmarried, and these factors may contribute to explaining racial/ethnic disparities in alcohol problems.

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## 1. Introduction

### 1.1. Overview

Because excessive alcohol consumption is the third leading cause of preventable death among Americans (Mokdad et al., 2004), its disproportionate impact on racial/ethnic minorities constitutes a major public health problem. Compared to Whites, Blacks and Latinos experience higher rates of alcohol-related mortality (Greenfield, 2001; Hilton, 2006; Keyes et al., 2012; Stinson et al.,

1993; Yoon and Yi, 2007), and Black and Latino drinkers are at greater risk than White drinkers for both alcohol dependence and other alcohol-related consequences even given an equivalent amount and pattern of consumption (Herd, 1994; Jones-Webb et al., 1997b; Mulia et al., 2009; Witbrodt et al., 2014). Studies specifically show that, among drinkers, Blacks and Latinos evidence a much higher intercept than Whites for both alcohol dependence and social/health consequences at the lowest consumption level, but a weaker relationship between consumption and problems, with racial/ethnic disparities converging at high consumption levels. This pattern has been repeatedly described in National Alcohol Survey (NAS) data, with remarkable effect sizes. For example, Mulia et al. (2009) reported that among drinkers reporting no/little heavy drinking, Black and Latino males had 5.5 and 4.8 times the odds respectively of 2+ dependence symptoms, vs. White males; among moderate heavy drinkers, odds of 2+ dependence symptoms were

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4.1 and 2.2 times greater for Black and Latino than White males. Bivariate tests also compared DSM-IV dependence overall and showed that, compared to White drinkers (at 2.9%), Black drinkers were twice as likely to report dependence (at 5.9%), and Latino drinkers almost three times as likely (at 8.0%). Witbrodt et al. (2014) showed that such disparities are most pervasive for men, though symptom counts were also higher among Black than White women when controlling for heavy drinking. Notably, racial/ethnic differences in overall prevalence of alcohol use disorders do not follow this same pattern, with national studies comparing Blacks, Latinos, and Whites reporting mixed results across time, disorder type, and gender (Caetano and Clark, 1998; Grant et al., 2015; Hasin and Grant, 2004; Kandel et al., 1997; Mulia et al., 2009; Smith et al., 2006; Zemore et al., 2013).

No known study has empirically evaluated factors contributing to disparities in alcohol use disorders across White, Black, and Latino drinkers. Thus, the current study aims to explore potential factors contributing to the elevated rates of alcohol problems among Black and Latino (vs. White) male drinkers at a given level of heavy drinking. We focus on men given the more extensive nature of racial/ethnic disparities in this population. The investigation is viewed as exploratory given the study's cross-sectional design, which precludes temporal lagging.

## 1.2. Theoretical rationale and specific aims

Researchers have speculated that various forms of social disadvantage, in combination with cultural/social factors, underlie the special susceptibility of Black men to alcohol problems. Among them, Zapolski et al. (2014) recently proposed a theoretical framework for understanding this phenomenon. They suggest that low-income Black men are at elevated risk for alcohol problems even where drinking is moderate due to greater exposure to racism and residence in low-income neighborhoods, both of which may increase distress (and thus stress-related drinking and problem behaviors) and surveillance by authorities, such as the police. Connected with this, drinking practices common in poor neighborhoods, such as public drinking, may attract special notice. Negative consequences (e.g., problems with family or friends due to drinking) are further worsened, they argue, by more conservative drinking norms in Black communities, which may amplify the social disapproval associated with drinking. Additionally, longer heavy drinking trajectories and restrictions in access to, and use of, health services among poor Black populations may exacerbate the negative effects of heavy drinking. Finally, Zapolski et al. acknowledge that biological vulnerability to the effects of alcohol may differ across race/ethnicity; for example, some evidence suggests that Black males are more sensitive than White males to both positive and negative effects of alcohol, which may have an underlying genetic basis (Pedersen and McCarthy, 2009, 2013). Zapolski's ideas are predated by work by Jones-Webb and Herd, who pointed out that poverty and residence in poor, predominantly Black neighborhoods may be associated with social conditions increasing the risk of alcohol problems among Black men. Indeed, their analyses suggest that Black-White differences in alcohol problems are greatest among the poor and those living in poor neighborhoods (Herd, 1994; Jones-Webb et al., 1997a, 1995). Others have likewise found that poor neighborhoods connote higher risk for heavy drinking and alcohol disorders (Karriker-Jaffe, 2011; Karriker-Jaffe et al., 2012).

Theory regarding disparities between Latino and White men in the relationship between consumption and problems has been comparatively under-developed. Nevertheless, many of the factors discussed by Zapolski et al., above, seem plausible as causal mechanisms—and particularly those that distinguish Latino from White men, including lower individual and neighborhood socioeconomic status (SES; U.S. Census Bureau, 2013), greater exposure to

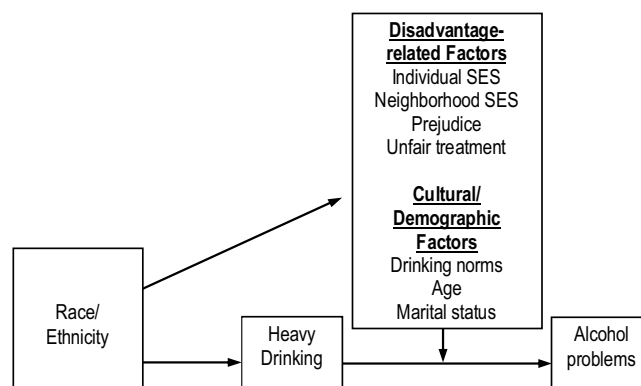


Fig. 1. Conceptual model.

discrimination (McLaughlin et al., 2010; Mulia et al., 2008; Zemore et al., 2011), more restrictive drinking norms (Keyes et al., 2010; Smith et al., 2010; Zemore et al., 2013), and later and longer heavy drinking careers (Caetano, 1997; Caetano and Kaskutas, 1995; Caetano et al., 2008; Johnson et al., 1998). To our knowledge, there is no evidence of any special biological vulnerability to alcohol's effects among Latino men.

The current study draws on the combined 2005 and 2010 National Alcohol Surveys to assess the contributions of key candidate mechanisms described above to Black-White and Latino-White disparities in alcohol-related problems overall and at low and moderate levels of consumption, targeting men. We specifically examine the contributions of individual and neighborhood SES, perceived prejudice and unfair treatment (which are conceptually similar to discrimination), drinking norms, and age to these disparities, hypothesizing a substantial reduction in both Black-White and Latino-White disparities when these factors are accounted for. Witbrodt et al. (2014), described above, reported that disparities were minimally affected when accounting for estimated differences in drink size based on race/ethnicity, gender, age, and preferred beverage type, so we do not address drink size here. We also exclude biological factors due to a lack of appropriate measures. Extending Zapolski et al., we have added marital status to our model, recognizing that Black men are more likely than White men to be single (U.S. Census Bureau, 2013), which may lead to a riskier drinking pattern (e.g., higher risk-taking) and hence more problems (see Fig. 1).

## 2. Materials and methods

### 2.1. Data source

Data were derived from the 2005 and 2010 National Alcohol Surveys (NAS). The 2005 and 2010 NAS are national, household, Computer Assisted Telephone Interview (CATI) surveys of adults aged 18+ in all 50 U.S. states and Washington, DC. Respondents were sampled via a random digit dialing (RDD) approach using a list-assisted number generation protocol. Black and Latino oversamples were obtained by targeting telephone exchanges in higher density areas, with the exception of the 2005 Latino oversample, drawn using Latino surnames. Interviews were conducted in both English and Spanish.

The total N was 11,839 (2005 NAS=6631; 2010 NAS=5208), including 4182 male drinkers (N's=2841 Whites, 508 Blacks, and 833 Latinos). Although the 2010 NAS included cell phone interviews, these data were excluded because cell surveys did not include key outcomes. Cooperation rates were 56% for the 2005 NAS (53% for the main sample, 63% for the Black oversample, and 70% for the Latino oversample) and 50% for the 2010 NAS when

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