



Past year treatment status and alcohol abuse symptoms among US adults with alcohol dependence

S. Janet Kuramoto^{a,*}, Silvia S. Martins^a, Jean Y. Ko^a, Howard D. Chilcoat^{a,b}

^a Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, 624 N. Broadway, 8th floor, Baltimore, MD 21205-1900, USA

^b Purdue Pharma, Risk Management and Epidemiology, One Stamford Forum, Stamford, CT 06901, USA

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ABSTRACT

Objective: We tested whether the number and type of alcohol abuse symptoms were associated with an increased likelihood of treatment seeking among respondents with alcohol dependence.

Methods: Data from 4027 adult respondents from 2006 and 2007 National Survey on Drug Use and Health (NSDUH) who met DSM-IV criteria for the past year alcohol dependence were used. Respondents were classified according to the number of past year alcohol abuse symptoms endorsed, as well as type of abuse symptom. Associations were estimated using weighted multivariate logistic regressions that controlled for severity of alcohol dependence, other drug use disorders and other characteristics.

Results: Twenty-eight percent of individuals with alcohol dependence had one alcohol abuse symptom, 20% had two and 19% had three or four. Individuals with more alcohol abuse symptoms differed from those without alcohol abuse symptoms in a number of sociodemographic characteristics and severity of alcohol and drug dependence. Even after adjusting for these factors, individuals with three or four alcohol abuse symptoms had 2.67 times increased odds of treatment seeking, as compared to those without alcohol abuse symptoms [95% CI = 1.65–4.30]. However, individuals with one or two alcohol abuse symptoms were no more likely to seek treatment than those without alcohol abuse symptoms. Majority of those with one or two alcohol abuse symptoms endorsed the hazardous abuse symptom.

Conclusion: Alcohol abuse symptoms are important factors for treatment seeking in individuals with alcohol dependence, but only among certain subset of individuals with three or four alcohol abuse symptoms. Examining structural and psychosocial differences across these subgroups may help inform and reduce barriers to treatment seeking among this population.

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1. Introduction

Despite the seriousness of alcohol-related disorders and availability of effective treatments (McLellan, Lewis, O'Brien, & Kleber, 2000; Rehm et al., 2003), a low likelihood of alcohol treatment among individuals with alcohol use disorders (i.e. dependence and/or abuse) continues to be a long-recognized problem. The prevalence of past year treatment among individuals with alcohol-related disorders in the United States ranges anywhere from 9.9% to 12.2% (Cohen, Feinn, Arias, & Kranzler, 2007; Hasin, Stinson, Ogburn, & Grant, 2007; Wu & Ringwalt, 2005; Wu & Ringwalt, 2004) and between 14.6% to 24.7% for lifetime treatment (Cohen et al., 2007; Cunningham & Blomqvist, 2006; Hingson, Heeren, & Winter, 2006). Given these low estimates of treatment rate, a greater

understanding of the characteristics associated with seeking treatment for alcohol use disorders may better inform clinical efforts and interventions.

Recent research suggests that the severity of alcohol problems may be a stronger factor for treatment seeking than sociodemographics alone (Saunders, Zygowicz, & D'Angelo, 2006; Weisner, Matzger, Tam, & Schmidt, 2002). Individuals with alcohol dependence are considered to be at the highest spectrum of severity; yet treatment seeking is still fairly low in this group (Cohen et al., 2007; Ko et al., 2010). Two epidemiological studies have identified the presence of alcohol abuse as a strong factor for treatment seeking among individuals with alcohol dependence (Cohen et al., 2007; Mojtabai & Singh, 2007). Data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) showed that 28% of individuals with both lifetime alcohol abuse and dependence had ever sought treatment, whereas less than 10% sought treatment among individuals with either abuse or dependence alone (Cohen et al., 2007). Using another epidemiologic survey, the National Survey on Drug Use and Health (NSDUH), Mojtabai and Singh (2007) also found that individuals with alcohol dependence and abuse were over eight times more likely to

* Corresponding author at: Johns Hopkins Bloomberg School of Public Health, Department of Mental Health, 624 N. Broadway, 8th floor, Baltimore, MD 21205-1900, USA. Tel.: +1 410 614 5473; fax: +1 410 955 9088.

E-mail addresses: skuramot@jhsph.edu (S.J. Kuramoto), smartins@jhsph.edu (S.S. Martins), jyko@jhsph.edu (J.Y. Ko), Howard.Chilcoat@pharma.com (H.D. Chilcoat).

seek treatment than alcohol dependent individuals without alcohol abuse.

These prior studies have used a dichotomous measure of alcohol abuse symptoms (presence vs. absence), which fails to capture qualitative and quantitative aspects of alcohol abuse symptoms in its relationship to treatment seeking. In this study we aim to extend prior understandings of the role of alcohol abuse symptoms on treatment seeking by estimating the association of past year alcohol treatment seeking with number of alcohol abuse symptoms, as well as type of symptoms among adults with past year alcohol dependence. Further, we estimate these associations by holding constant severity of alcohol dependence and presence of other drug dependence, as well as other characteristics.

2. Methods

2.1. Data source

The NSDUH is sponsored by the Substance Abuse and Mental Health Administration (SAMHSA) and is designed to provide estimates of the prevalence of extramedical use of legal and illegal drugs in United States household populations aged 12 and older. Surveys have been conducted on a regular basis since 1971. The computer-assisted questionnaire (CAPI and ACASI-audio computer-assisted self-interviewing) was incorporated in 1999 to increase the validity of self-reports of illicit drug use and other sensitive behaviors by providing confidential means for the participants to respond to these questions (Office of Applied Studies, 2007). The respondents were offered a \$30 incentive payment for participation in the survey (Office of Applied Studies, 2007). The overall weighted response rates for 2006 and 2007 were both 74%. Detailed information about the sampling and survey methodology in the NSDUH are found elsewhere (Office of Applied Studies, 2007, 2008).

2.2. Sample

The combined NSDUH public use data files from 2006 ($n = 55,279$) and 2007 ($n = 55,435$) were used for the analyses to obtain a larger aggregate sample size of 110,714 (Office of Applied Studies, 2007, 2008). In this report, we focus on the 4036 respondents who met the DSM-IV criteria (APA, 1994) for alcohol dependence in the year prior to the interview. After excluding six individuals due to missing information on at least one alcohol abuse symptom, one individual with missing treatment location, and two who sought alcohol treatment at a jail setting alone, the final sample size became 4027.

2.3. Measurement

2.3.1. Definition of alcohol use and dependence

In the NSDUH, ten questions were used to measure the seven DSM-IV symptoms of alcohol dependence experienced during the 12 months prior to the interview (Office of Applied Studies, 2007, 2008). All response choices were binary, in which the respondents reported whether or not they experienced any of these dependence symptoms in the past 12 months. Symptoms of past year alcohol dependence were self-reported, and respondents were classified as alcohol dependent if they met the DSM-IV criteria for alcohol dependence (3 out of 7 symptoms; (APA, 1994)).

2.3.2. Past year treatment seeking for alcohol

Those who reported lifetime substance use were asked whether they have “ever received treatment or counseling for your use of alcohol or any drug, not counting cigarettes” (Office of Applied Studies, 2007, 2008). Respondents who answered affirmatively were subsequently asked to specify if they sought treatment or counseling for alcohol use only, drug use only or both alcohol and drug in the past

12 months. Individuals were defined as having sought alcohol treatment if they had sought treatment for alcohol at any location in the past year, broadly defined as any source that intended to help the individual reduce or stop their substance use. These sources included specialty facilities (hospitals, inpatient and outpatient residential rehabilitation facility, or mental health center) and non-specialty facilities (e.g. self-help group, emergency room, doctor's visit).

2.3.3. Alcohol abuse symptoms

The NSDUH includes five questions that examine the four alcohol abuse symptoms as defined by DSM-IV (APA, 1994): “1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household); 2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use); 3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct); 4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication and physical fights).” The number of alcohol abuse symptoms was summed, and individuals were categorized as having none, one, two, or three or four alcohol abuse symptoms. Three or four abuse symptoms were combined into one category because of the smaller number of individuals with three or four abuse symptoms compared to the other categories.

2.3.4. Other individual characteristics

All respondents provided information about their drug experiences and other personal data (e.g., demographic data). The sociodemographic variables selected for this study were gender, age of respondent at time of interview, race/ethnicity (Non-Hispanic White, Non-Hispanic African-American, Hispanic, Other), education (at least high school), marital status (married, single, and no longer married [widowed, divorced or separated]), insurance status (public [Medicare, Tricare, Champus, VA, and/or military health], private/other and uninsured) and employment status (employed if full-time or part-time). The number of alcohol dependence symptoms and presence of other drug dependence (none vs. one or more) were also considered. Other drug dependence variable included past year dependence on marijuana, cocaine, inhalant, hallucinogen, extramedical prescription drugs (i.e., stimulant, sedative, tranquilizers, and analgesics) and/or heroin.

2.4. Statistical analyses

Cross-tabulations were performed to describe individual characteristics across the number of alcohol abuse symptoms. We also used cross-tabulations to report different types of abuse symptoms associated with treatment seeking (Table 3) and treatment locations (Table 4). Logistic regression was then conducted to examine the magnitude of association between these characteristics and alcohol treatment seeking without any adjustments. Next, multivariate logistic regression was conducted to control for sociodemographic characteristics. The subsequent model added number of alcohol dependence symptoms and presence of other drug dependence to examine the association between past year treatment seeking and number of alcohol abuse symptoms after adjusting for these factors. Gender differences were also examined by including interaction terms.

NSDUH recommends using the sample weights that adjust for complex sampling design such as nonresponse and multistage sampling. Because two survey years were combined for this analysis (Office of Applied Studies, S., 2008), the weights were revised by dividing each weight by the number of survey years as instructed by the NSDUH files. In order to take the complex sampling design into

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