Addictive Behaviors 65 (2017) 1–6

Contents lists available at ScienceDirect

Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh

Racial and ethnic differences in associations between psychological distress and the presence of binge drinking: Results from the California health interview survey

Bongki Woo, MSW *, Kaipeng Wang, MSW, Thanh Tran, Ph.D.

Boston College School of Social Work, 140 Commonwealth Avenue, Chestnut Hill, MA 02467, United States

HIGHLIGHTS

- Psychological distress was positively associated with binge drinking.
- Race and ethnicity moderated the association between psychological distress and binge drinking.
- Asian Americans were more likely to engage in binge drinking when experiencing higher levels of psychological distress.

ARTICLE INFO

Article history:
Received 9 July 2016
Received in revised form 16 September 2016
Accepted 21 September 2016
Available online 23 September 2016

Keywords:
Alcohol
Binge drinking
Psychological distress
Race and ethnicity
Asian American

ABSTRACT

Introduction: Racial and ethnic minorities often suffer from poorer health than Whites given their exposure to more stressors and fewer resources that buffer the effects of stress. Given that alcohol is often consumed to alleviate the negative moods, the present study hypothesized that psychological distress may impact the involvement in binge drinking differently across racial and ethnic groups.

Methods: We used data from the California Health Interview Survey (CHIS) from 2007 to 2012. The sample consisted of 130,556 adults including African Americans ($N = 6541$), Asians ($N = 13,508$), Latinos ($N = 18,128$), and Whites ($N = 92,379$). Binary logistic regression analysis was used with consideration for complex survey design.

Results: The results indicated that psychological distress was significantly associated with binge drinking across all racial and ethnic groups. However, this association differed by race and ethnicity adjusting for age, gender, marital status, education, poverty, and employment status. The results revealed that psychological distress had the largest effect on binge drinking for Asian Americans, particularly Filipinos and South Asians, compared to Whites.

Conclusions: This study highlights the importance of examining racial and ethnic differences in the impacts of psychological distress on alcohol consumption. Future research is needed to better understand the potential factors that mediate the effects of psychological distress on binge drinking specific to each racial and ethnic group in order to develop culturally sensitive interventions and hence decrease the alcohol-related racial health disparities.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

Excessive alcohol use jeopardizes public health and costs the society (Centers for Disease Control and Prevention [CDC], 2014). Binge drinking, which typically corresponds to 4 or more drinks for females and 5 or more drinks for males in about 2 h, is the most common form of excessive alcohol consumption in the United States (CDC, 2015; National Institute of Alcohol Abuse and Alcoholism [NIAAA], 2004). In 2012, one fourth of adults in the United States engaged in binge drinking (CDC, 2014). Binge drinking is associated with many safety and health problems including but not limited to car crashes, firearm injuries, sexually transmitted disease, liver disease, depression, and anxiety (CDC, 2015; Flegel, MacDonald, & Hébert, 2011; Lee, Chassin, & Mackinnon, 2010). Social burdens caused by binge drinking include losses in productivity, health care, or crime, which costs the nation $249 billion (CDC, 2015; Sacks, Gonzales, Bouchery, Tomedi, & Brewer, 2015). One of the main reasons that lead people to involve in binge drinking includes unpleasantness of psychological distress.

* Corresponding author.
E-mail address: woob@bc.edu (B. Woo).

http://dx.doi.org/10.1016/j.addbeh.2016.09.004
0306-4603/© 2016 Elsevier Ltd. All rights reserved.

1.1. Stress and alcohol

"Alcohol-as-sedative" theories have articulated a causal link between stress and alcohol consumption and pathology by focusing on the role of substance use as a way of coping with psychological distress (O'Hare & Sherrer, 2011). Self-medication theory provides explanation for the co-occurrence of psychological problems and substance use by arguing that individuals may use substances, including alcohol, based on the motivation to cope with or alleviate their negative affect (Khantzian, 1997). Substance abuse also is significantly associated with comorbid psychological distress, such as anxiety and depression (Ali, Seitz-Brown, & Daughters, 2015; Gorka, Ali, & Daughters, 2012; Green, Zebrak, Robertson, Fothergill, & Ensminger, 2012). For instance, Gorka et al. (2012) identified that depressive symptoms were associated with problem alcohol use, especially among female adults with low distress tolerance. Literature regarding negative reinforcement and distress tolerance suggested that the primary motivational basis for alcohol and substance use is the avoidance or reduction of negative affective states, including feelings of irritability, anxiety, and stress (Ali et al., 2015; Gorka et al., 2012).

1.2. Race and ethnicity and stress coping

Individuals from diverse cultural backgrounds may consider and respond to stressors differently (Chun, Moos, & Cronkite, 2006; Kuo, 2011; Lam & Zane, 2004). Culture determines the nature of the context that shapes stressors, the extent of strain posed by a stressor, the selection of coping strategies, and different institutional mechanisms by which people cope with stress (Aldwin, 2007; Kuo, 2011). Race is a core construct that comes into play in discussion of cultural diversity in the U.S. (Omi & Winant, 2015). For example, a study showed that African Americans and Latinos *tend to endorse religious coping to posttraumatic stress*, whereas Asians are likely to *accept the traumatic stress as the will of a spiritual higher power*, such as fatalism (Constantine, Alleyne, Caldwell, McRae, & Suzuki, 2005). However, there is still a dearth of studies that focus on diverse cultural backgrounds as a central context of stress coping (Kuo, 2011).

Racial and ethnic minorities demonstrate poorer mental health compared to Whites as they are more likely to be exposed to social stressors, such as racial discrimination, and have less resources to cope with the stressors (Kessler, Mickelson, & Williams, 1999; Mcleod & Kessler, 1990). However, racial and ethnic minorities are less likely than Whites to initiate and receive adequate mental health care (Alegría et al., 2007; Cook et al., 2014). Given their exposure to social stressors as minorities and less access to professional mental health care, it is important to examine whether they are more likely to engage in unhealthy stress coping strategies, such as binge drinking, than Whites. Furthermore, as stress coping strategies may vary within racial and ethnic minorities, making a comparison between different racial and ethnic minority groups versus Whites would inform which specific minority groups are more in need.

1.3. Variation in alcohol consumption by race and ethnicity

Studies have shown that the pattern of alcohol consumption varies by race and ethnicity (Banta, Mukaire, & Haviland, 2014; Chauhan, Ahern, Galea, & Keyes, 2016). Overall, binge drinking is most prevalent among Whites (18.0%), followed by Hispanics (17.9%), Blacks (12.7%), and other racial groups (12.7%) (Kanny, Liu, Brewer, Garvin, & Balluz, 2012). In a study of older adults in California, Bryant and Kim (2012) found that Asian American older adults had lowest prevalence of binge drinking compared to other racial/ethnic groups. However, there is little information about binge drinking prevalence of Asian American adults compared to other racial groups. Furthermore, racial and ethnic minorities have heavier social and health burden as consequences of alcohol use than Whites, such as unemployment, alcohol attributed violence, and greater unmet needs for alcohol treatment (Chartier & Caetano, 2010; Kerr, Greenfield, Bond, Ye, & Rehm, 2011; Sloan, Malone, Kertesz, Wang, & Costanzo, 2009). Psychological distress may help explain such different drinking patterns, given that racial and ethnic minorities may experience more social adversities and disadvantages.

1.4. Rationale and research hypotheses

The U.S. population has become increasingly racially, ethnically, and culturally diverse. However, research has constantly shown that racial and ethnic minorities face greater health burdens and disparities (Mericle, Park, Holck, & Arria, 2012). Though the problem of comorbid mental health problems and substance use is prevalent, research on racial and ethnic disparities in the co-occurrence of mental health problems and substance use is sparse (Mericle et al., 2012). Given that racial and ethnic minorities are more likely to be exposed to stressors and less likely to seek professional mental health treatment, the present study seeks to examine whether they are more likely to engage in binge drinking than Whites to cope with stress. Based on the findings that there is racial and ethnic heterogeneity in binge drinking (Kanny et al., 2012) as well as response to stress (Chun et al., 2006), the present study will also examine which specific racial and ethnic minority groups are more likely to engage in binge drinking under stress, compared to Whites. With this regard, the research hypotheses for the present study are as follows:

1. Higher level of psychological distress positively correlates with binge drinking for all racial and ethnic groups.
2. The association between psychological distress and binge drinking differs across racial and ethnic minority groups, compared to that of Whites.

2. Methods

2.1. Data sources

The California Health Interview Survey (CHIS) is one of the largest population-based telephone health surveys, which captures a diverse sample of individuals from different racial and ethnic backgrounds (CHIS, 2011). CHIS uses complex survey design which employ both disproportional stratified sampling and multiple frame sampling methods to increase representativeness of racial and ethnic groups in the state of California. CHIS is designed to allow researchers to combine multiple CHIS datasets and provides the final replication weights to correct estimation of standard errors (Lee et al., 2007). The present study used the pooled cross-sectional design of 2007, 2009, and 2011/2012 CHIS adult data sets in order to increase the stability of estimates and to ensure that the population estimates and standard errors reflect the average California population over the pooled year periods.

2.2. Measures

2.2.1. Binge drinking

CHIS assessed binge drinking by using a single question: 'In the past 12 months, about how many times did you have five (four for females) or more alcoholic drinks in a single day?' Response options for this question were *No binge drinking past year* (76.69%), *Once a year* (3.57%), *Less than monthly* (10.53%), *Monthly* (2.95%), *Less than weekly but more than monthly* (3.42%), and *Daily or weekly* (2.85%). As the present study focuses on the risk of engaging in binge drinking and the distribution of the original variable was skewed, the categories except for *No binge drinking past year* were collapsed into one (0 = no binge drinking, 1 = binge drinking). The decision to dichotomize binge drinking is consistent with several past studies that used binge drinking as an outcome variable (e.g. Bryant & Kim, 2012).

متن کامل مقاله ← دریافت فوری

ISIArticles
مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات