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UNIVERSITY OF WISCONSIN - MADISON

Transcript for “Disparities in the negative consequences of drinking by race, ethnicity, and poverty status”

Featuring Joseph Glass

Hosted by David Chancellor

In this podcast, Joe Glass of UW–Madison’s School of Social Work discusses results from a study that examines disparities in the effects of alcohol consumption by race, ethnicity, and poverty status.

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[Chancellor]: Hello, you’re listening to a September 2014 podcast from the Institute for Research on Poverty at the University of Wisconsin Madison. I’m Dave Chancellor.

For this podcast, we’re going to be talking to Joe Glass, a professor at UW Madison’s school of social work who researches alcohol and drug addictions. I recently spoke with Professor Glass about a study he’s working on that looks at disparities in the effects of alcohol consumption by race, ethnicity, and poverty status.

Let’s turn to Professor Glass to see how he got started with this project.

[Glass]: What really motivated this project is that there’s a finding that comes up in the field over and over again, and what that is, is that holding how much you drink constant, African Americans and Hispanics tend to have more negative consequences due to their drinking than whites do.

[Chancellor]: So, these negative consequences—or symptoms or outcomes—these are things associated with unhealthy alcohol use. And Glass says they can appear in many different forms:

[Glass]: So people tend to have problems with their family, problems at work, or other types of social problems. Drinking too much can lead to psychological problems such as mood swings, depression, symptoms of anxiety, and also medical problems—when people start experiencing these due to their drinking, then they’re considered to be having symptoms of alcohol use disorder. So, if you experience enough symptoms in any of those areas repeatedly, then you may meet the criteria for an alcohol use disorder.

[Chancellor]: A lot of these symptoms that Glass is talking about can be associated with things other than just drinking, so I asked him how researchers like him know that some issue stems from a person's drinking and not from some other factor.

[Glass]: All of the symptoms of alcohol use disorder can be observed or asked about in some form or fashion. So here's an example. One pretty nasty symptom is what researchers call "role failure", which is simply when someone fails to attend to important roles in one's life. So, we can ask whether drinking has made it difficult to work, to study, or to take care of your children or whatever type role is pertinent to that individual. When doing these questions, we'll tie them specifically to someone's drinking, or even being intoxicated or hung over. We'll also pay close attention to how often these things are experienced when drinking. If it happens just once, it could be an aberration. But repeating the same negative behavior over and over again, or having a consequence due to drinking that you just don't do anything about would let us know that yeah, there is a problem in that area.

[Chancellor]: Let's go back to this finding that African Americans and Hispanics tend to have more negative outcomes due to their drinking than whites do, Glass says that these differences appear to be linked to exposure to various stressors including poverty.

[Glass]: We know that all racial/ethnic minority groups in the U.S., and particularly African-Americans, are more likely to live in poverty than whites. So we can think of poverty as a stressor that can contribute to the worse outcomes among these groups, or we can think of poverty as a stressor that comes along with a lot of other risk factors.

[Chancellor]: These risk factors can include things like less access to health care and less choice in terms of where a person might be able to get that care from. And Glass points out that the neighborhood someone lives in and the stores that they're able to go to seem to make a difference when it comes to drinking.

[Glass]: You'll often find that stores in poorer tend to market huge inexpensive bottles and cans that are ready to drink and pack a lot of alcohol—things like malt liquor. And they're already chilled so they're ready to go, often sold in bags to consume on the street or by yourself. What's different about stores in more affluent neighborhoods is that they tend to market the types of alcohol that you'll bring home and drink over time, and usually sell things in multiple-bottle packages. That's the type of product you'd bring home and drink over time or bring to a party.

So, poverty is definitely one condition that can contribute to adverse consequences of drinking and there are also things like unfair treatment or racial discrimination. And also things like there being more stigma towards having alcohol problems among certain racial and ethnic minority groups and this stigma is worse than that experienced by white persons. And so these types of things, discrimination, stigma, unfair treatment, these things are referred to as psychosocial stressors and these are the types of things that I'm particularly interested in studying.

[Chancellor]: Glass suspects that these kinds of experiences or psychosocial stressors might have an effect on a person's mindset when they drink.

[Glass]: One way to think about this is that there are many different motivations for why people drink. You might drink to compliment a meal, to mark a transition, like from a workweek to a weekend. In other times, you might use alcohol to alleviate tension, or to cope when you're stressed out about something. Any individual may do both, but some people also have more stressful experience than others. When you drink to cope, worse outcomes tend to happen. In other words, if you're drinking as a response to everyday stressors such as discrimination, stigma, and unfair treatment related to your race or ethnicity, it could lead to worse outcomes.

[Chancellor]: I asked Professor Glass about the mechanisms behind this, or how race, ethnicity, and these psychosocial stressors connect when we're thinking about unhealthy alcohol use.

[Glass]: So the reason that this project in particular looks at race/ethnicity, discrimination, and poverty all at the same time is because of what some researchers call cumulative stress. What these theories say is that potentially, when people experience one form of stress such as poverty, their coping resources may already be taxed when they experience another stressor. You might say that they have used up some of their coping resources. So one example is somebody living in poverty: they may be frequently worrying about how they're going to pay the bills. And once they're introduced with another stressor such as racial discrimination, it could make things much, much worse than the stress would be if they hadn't been experiencing poverty. You might say that the effect of one stressor could be magnified when you are already experiencing another stressor.

[Chancellor]: Still, Glass cautions that more stress doesn't in and of itself mean that someone is going to experience worse alcohol outcomes.

[Glass]: It is important to consider that some research has found that people who are used to experiencing stressors can actually end up with improved coping resources to deal with future stress. We know that

people have a lot of strengths and coping can definitely be one of them. For instance, if someone has been discriminated against in the past, and they know it's wrong—they have been taught or know it's because the aggressor is being racist or enacting some sort of stigma— some research says knowing and realizing this can help the individual to be able to better cope when they experience future discriminations. Also, maybe they can also get the support they need, so when they experience discrimination in the future, they can more easily handle it and lean on others who can relate to that experience. It's totally possible that this theory of cumulative stress doesn't apply for many people. With this in mind as being a potential limitation of this research, which tries to see if cumulative stress in general is one reason that alcohol outcomes tend to be worse among African Americans, Hispanics, and other racial and ethnic minority groups.

[Chancellor]: Glass says that his study confirmed prior studies which have shown that African Americans and those living in poverty tend to have worse alcohol outcomes, but they found something else going on too.

[Glass]: African Americans and people who were living below the poverty line had worse drinking outcomes over three year study period as compared to their more privileged counterparts. We also found what you call an interaction effect. Specifically, white persons who are not in poverty tend to do a lot better than poor whites in terms of alcohol outcomes. However, for African Americans, this finding didn't exist. In other words, African Americans, regardless of poverty status tended to have worse alcohol outcomes than whites who were above the poverty threshold. One way to interpret this is that the effect of poverty is different depending on your race or ethnicity, perhaps the effect of living above the poverty line that exists for whites did not exist for African Americans.

[Chancellor]: So this finding suggests a connection between discrimination and worse alcohol outcomes for African Americans, but Professor Glass says that despite these worse outcomes, there are differences in alcohol use that run in the opposite direction.

[Glass]: People who are living below the poverty threshold tend to drink less than people who are living above the poverty threshold. But they tend to do worse in terms of the negative consequences of drinking when they do drink. And the same thing is true for African Americans and Hispanics according to many studies. As a whole, African Americans and Hispanics tend to drink less than whites. That's really clear from many research studies. But when you hold alcohol consumption constant people living below the poverty line as well as African Americans, they tend to do worse than whites in terms of the negative consequences of drinking.

[Chancellor]: Treatment for alcohol use disorders is often thought of in terms of the individual but Glass says that findings like these are a good reminder of the very social nature of these issues. And so I asked him how we might approach all of this from a policy perspective?

[Glass]: We know that alcohol use disorders are really costly to society—economists say they are more costly than cancer or heart disease. They're also the third leading cause of death in the United States according to the Center for Disease Control. And alcohol use disorders cause all sorts of individual harm and social harm and we need to think more about how poverty and how racial and ethnic discrimination, and more about disparities in general, and how we should target these factors when we design prevention programs to try reduce the problems associated with unhealthy alcohol use. So, those prevention programs could be targeted or tailored more to racial or ethnic minorities. So that's one policy implication. But also, I think we should do more to reduce the sources of these differences in alcohol outcomes. So to try to remove the sources of these disparities. We need to think about ways to reduce economic disparities, to improve access to treatment, and to reduce discrimination, it's possible that these differences in outcomes would go away and result in health equities.

[Chancellor]: Thanks to Joe Glass for discussing these issues with us. You've been listening to a podcast from the Institute for Research on Poverty.