

The DRAM, Vol. 20(1) - Gender inequalities in the receipt of brief alcohol interventions

January 3, 2024

Excessive alcohol consumption is a [significant cause of mortality and morbidity](#) around the world. Early identification and prevention of alcohol problems can reduce alcohol related harms and improve health. [Brief interventions](#) for alcohol consumption are one method for helping individuals who drink in excess but have not yet developed dependence. These interventions usually involve providing a person with feedback related to their alcohol use behaviors, information about the harms associated with alcohol consumption, facts about the benefits for drinking less, and advice on how to reduce their drinking. Brief interventions are [equally effective](#) for both men and women. Despite this, brief interventions are not widely implemented in healthcare settings and there is some evidence that certain people are less likely to be offered brief interventions on the basis of their age, gender, or race. This week, The DRAM reviews a [study by Sujaya Parthasarathy and colleagues](#) that investigated brief intervention rates among patients by their gender, age, and race.

What were the research questions?

(1) At what rate do patients receive brief alcohol interventions by their gender, age, and race? (2) Does the intersection of these factors influence the likelihood that a patient receives a brief intervention?

What did the researchers do?

The researchers conducted a population-based primary care study of adults in the [Kaiser Permanente Northern California \(KPNC\)](#) health system. The KPNC is a healthcare delivery system with over 4 million patients and providers and provides data related to members' healthcare consultations. For patients, this data includes their responses to health history interviews (e.g., demographic questions, health behavior questions) that are conducted during medical consultations. For providers, this data includes codes that are entered during consultations. The data was limited exclusively to patients who reported unhealthy levels of alcohol use. In total, the researchers included data from

287,551 patients and 2,952 providers. The patients in their sample were predominantly men (n = 173,258, 60.3%) and predominantly White (n = 181,158, 63.0%).

What did they find?

Women were less likely to receive brief interventions than men. This effect was true for women of all age groups, racial and ethnic groups, and levels of alcohol consumption. Women between the ages of 35 and 65 were less likely to receive brief interventions for alcohol use than women of other age groups. Gender differences in the receipt of brief alcohol interventions intersected with race and ethnicity. Specifically, Latine/Hispanic women were at worsened odds of receiving brief intervention than men when compared to people of other racial/ethnic groups (see Figure).

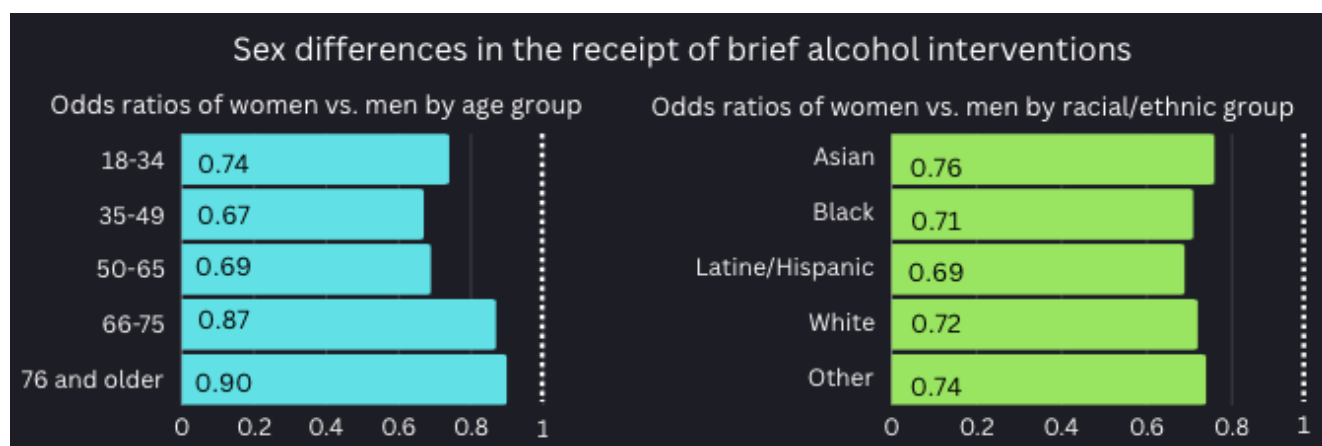


Figure. This Figure was adapted from [Sujaya Parthasarathy and colleagues](#). This Figure depicts the [odds ratios](#) that women receive a brief alcohol intervention based on their age and racial/ethnic group. For example, women who were between the ages of 35 and 49 were 33% less likely to receive a brief alcohol intervention than male participants of the same age ($1 - 0.67 = 0.33$, or 33%). Click image to enlarge.

Why do these findings matter?

Brief alcohol interventions were administered to women at drastically lower rates compared to men. This might be because providers perceive [women to have a lower treatment need compared to men](#) or due to [stigma](#) associated with women consuming alcohol. The gender disparity in receipt of brief alcohol interventions was widespread but was especially pronounced among women between the ages of 35 and 65, as well as women identifying as Latine/Hispanic. This finding has important public health implications. Namely, women reporting unhealthy alcohol

use are not receiving interventions during medical consultations, which could prevent them from developing more serious alcohol-related problems. Going forward, efforts should be made to educate providers about the importance of providing brief alcohol interventions to women, as well as ensuring that such efforts are culturally appropriate.

Every study has limitations. What are the limitations in this study?

Given that the data for this study was taken from the KPNC, the data was limited to what was documented in the healthcare system. Because of this reason, the data may lack the nuance that qualitative interviews or validated questionnaires would have had. For instance, the data lacked potential [moderators](#) and [mediators](#) that could explain the effects found in the study. Another limitation is that the data was taken from a healthcare system based in California. Due to this, the data might not [generalize](#) to other parts of the United States or the world.

For more information:

The [National Institute on Alcohol Abuse and Alcoholism](#) has tips and resources for people struggling with problem drinking. For additional drinking self-help tools, please visit our [Addiction Resources](#) page.

— Seth McCulloch, PhD

What do you think? Please use the comment link below to provide feedback on this article.
