



RESEARCH SUMMARY
Date Compiled: November 2023

Key takeaways from included research:

- Previous research has shown that transgender and non-binary individuals may be at greater risk for alcohol harms. A new study explored the relationship between risk of alcohol dependence, experience of alcohol harms, drinking motives, dysmorphia, and discrimination in the United Kingdom. Researchers found that higher risk of dependence and more harms were reported among individuals experiencing higher levels of discrimination. Interventions must target enhancement motives, coping motives, and gender dysmorphia.
- A study was conducted to examine potential geographic disparities in documentation of alcohol-related problems in primary care electronic health records which may lead to lack of treatment for alcohol use disorder (AUD). Researchers found that individuals with higher practice-levels of Social Deprivation Index (SDI) were associated with lower odds of alcohol-related problem documentation. They expressed that practices located in areas with higher levels of need may require more specialized training, resources, and practical evidence-based tools to ensure proper care of individuals who may present with AUD.
- This study examined the influence of parental alcohol use on youth's early onset of use in Taiwan. They found that parent-youth relationships are protective factors for youth whose parents do not drink alcohol and increases the likelihood of alcohol use among youth whose parents drink among junior high school students. One additional point of parental alcohol use increased the likelihood of youth use by 68%. Researchers suggest needing to better guide youth in their decision-making process when it comes to alcohol use, despite parental behavior to reduce early onset of alcohol use.

DISCRIMINATION, GENDER DYSPHORIA, DRINKING TO COPE, AND ALCOHOL HARMS IN THE UK TRANS AND NON-BINARY COMMUNITY

October 2023

Abstract: Transgender (trans) and non-binary people may be at increased risk of alcohol harms, but little is known about motives for drinking in this community. This study explored the relationship between risk of alcohol dependence, experience of alcohol harms, drinking motives, dysphoria, and discrimination within a United Kingdom sample of trans and non-binary people with a lifetime history of alcohol use. A cross-sectional survey was co-produced with community stakeholders and administered to a purposive sample of trans and non-binary people from 1 February until 31 March 2022. A total of 462 respondents were included—159 identified as non-binary and/or genderqueer (identities outside the man/woman binary), 135 solely as women, 63 solely as men, 15 as another gender identity, 90 selected multiple identities. Higher levels of reported discrimination were associated with higher risk of dependence and more reported harms from drinking. Coping motives, enhancement motives, and drinking to manage dysphoria were associated with higher Alcohol Use Disorders Identification Test scores. Social, coping, and enhancement motives alongside discrimination and drinking to have sex were associated with harms. The relationship between discrimination and risk of dependence was mediated by coping motives and drinking to manage dysphoria. Further to these associations, we suggest that reducing discrimination against trans and non-binary communities might reduce alcohol harms in this population. Interventions should target enhancement motives, coping motives and gender dysphoria. Social and enhancement functions of alcohol could be replaced by alcohol free supportive social spaces.

Source: Davies, E. L., Ezquerra-Romano, I., Thayne, B., Holloway, Z., Bayliss, J., O’Callaghan, S., & Connolly, D. J. (2023). Discrimination, gender dysphoria, drinking to cope, and alcohol harms in the UK trans and non-binary community. *Alcohol and Alcoholism*, agad060.
<https://doi.org/10.1093/alcalc/agad060>

PRACTICE-LEVEL DOCUMENTATION OF ALCOHOL-RELATED PROBLEMS IN PRIMARY CARE

October 2023

Importance: Rates of alcohol-associated deaths increased over the past 20 years, markedly between 2019 and 2020. The highest rates are among individuals aged 55 to 64 years, primarily attributable to alcoholic liver disease and psychiatric disorders due to use of alcohol. This study investigates potential geographic disparities in documentation of alcohol-related problems in primary care electronic health records, which could lead to undertreatment of alcohol use disorder.

Objective: To identify disparities in documentation of alcohol-related problems by practice-level social deprivation.

Design, Setting, and Participants: A cross-sectional study using secondary data from the Integrating Behavioral Health and Primary Care clinical trial (September 21, 2017, to January 8, 2021) was performed. A national sample of 44 primary care practices with co-located behavioral health services was included in the analysis. Patients with 2 primary care visits within 2 years and at least 1 chronic medical condition and 1 behavioral health condition or at least 3 chronic medical conditions were included.

Exposure: The primary exposure was practice-level Social Deprivation Index (SDI), a composite measure based on county income, educational level, employment, housing, single-parent households, and access to transportation (scores range from 0 to 100; 0 indicates affluent counties and 100 indicates disadvantaged counties).

Main Outcomes and Measures: Documentation of an alcohol-related problem in the electronic health record was determined by *International Classification of Diseases, 9th Revision, Clinical*

Modification and International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Clinical Modification codes or use of medications for alcohol use disorder in past 2 years. Multivariable models adjusted for alcohol consumption, screening for a substance use disorder, urban residence, age, sex, race and ethnicity, income, educational level, and number of chronic health conditions.

Results: A total of 3105 participants (mean [SD] age, 63.7 [13.0] years; 64.1% female; 11.5% Black, 7.0% Hispanic, 76.7% White, and 11.9% other race or chose not to disclose; 47.8% household income <\$30 000; and 80.7% urban residence). Participants had a mean (SD) of 4.0 (1.7) chronic conditions, 9.1% reported higher-risk alcohol consumption, 4% screened positive for substance use disorder, and 6% had a documented alcohol-related problem in the electronic health record. Mean (SD) practice-level SDI score was 45.1 (20.9). In analyses adjusted for individual-level alcohol use, demographic characteristics, and health status, practice-level SDI was inversely associated with the odds of documentation (odds ratio for each 10-unit increase in SDI, 0.89; 95% CI, 0.80 to 0.99; $P = .03$).

Conclusions and Relevance: In this study, higher practice-level SDI was associated with lower odds of documentation of alcohol-related problems, after adjusting for individual-level covariates. These findings reinforce the need to address primary care practice-level barriers to diagnosis and documentation of alcohol-related problems. Practices located in high need areas may require more specialized training, resources, and practical evidence-based tools that are useful in settings where time is especially limited and patients are complex.

Source: Waddell EN, Leibowitz GS, Bonnell LN, Rose GL, McGovern M, Littenberg B. Practice-Level Documentation of Alcohol-Related Problems in Primary Care. *JAMA Netw Open*. 2023;6(10):e2338224. <https://doi.org/10.1001/jamanetworkopen.2023.38224>

PARENT-YOUTH RELATIONSHIPS AND YOUTH ALCOHOL USE: THE MODERATING ROLE OF PARENTAL ALCOHOL USE **October 2023**

Abstract: Previous studies have shown that strong parent-youth relationships serve as a protective factor inhibiting early alcohol use onset among youth, while parental alcohol use as a risk factor. However, little is known about the moderating effect of parental alcohol use on the relationship between parent-youth relationships and youth alcohol use. Using a nationally representative sample of 2,667 junior high school students entering eighth grade (aged 14 to 15) in Taiwan, this study examined the moderating role of parent use of alcohol on the relationship between parent-youth relationships and youth alcohol use. Results show that parent-youth relationship only remains a protective factor for youths whose parents do not drink alcohol; parent-youth relationship increases the likelihood of youth alcohol use if the parents use alcohol. Results suggest that parents and practitioners aiming to prevent early alcohol use onset among junior high school students should be aware of the potential influence of parental alcohol use behaviors and educate youths to assess their health behaviors regardless of their parents' alcohol use behaviors.

Source: Yang, C. Y., Shen, A. C. T., Hsieh, Y. P., Huang, C. Y., Wei, H. S., Feng, J. Y., & Hwa, H. L. (2023). Parent-Youth Relationships and Youth Alcohol Use: The Moderating Role of Parental Alcohol Use. *International Journal of Mental Health and Addiction*, 1-13. <https://doi.org/10.1007/s11469-023-01177-w>