Unequal Treatment
Racial and Ethnic Disparities in Alcoholism Treatment Services

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Racial and ethnic disparities in alcoholism treatment may exist with respect to treatment need as well as access to, appropriateness, and quality of care. For any given level of alcohol consumption, ethnic minority populations experience more negative consequences of drinking than Whites and therefore have greater treatment needs. Whether access to treatment is more compromised for minority clients than for Whites is a matter of debate. It is clear, however, that ethnic disparities in the quality and appropriateness of alcohol services are ubiquitous. Despite these disparities, treatment often appears to be as successful for minority patients as for Whites. More in-depth investigations are needed to understand why outcomes often are similar despite disparities in treatment. Key words: health services research; health care availability and access; alcoholism treatment services research; problematic AOD (alcohol and other drug) use; AODU (AOD use) treatment outcomes; treatment barriers; minority group; racial differences; ethnic differences; Black; Hispanic; culturally sensitive prevention approach; health care availability and access.

Racial and ethnic disparities in medical care are the subject of much debate in the United States. Until recently, research in this area largely examined how differences in insurance coverage and socioeconomic status impact access to care. A recent report by the Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (Smedley et al. 2002), has fundamentally shifted the focus of this debate by pointing to the deep, racially based inequities that also exist in the quality and appropriateness of care. This report cites a large body of published research revealing that, compared with Whites, minorities tend to receive services of inferior quality, are less likely to receive even routine medical services, and ultimately experience poorer outcomes of care. These disparities persist even after taking into account the differences in insurance coverage, income, and education across racial and ethnic groups.

The debate over health care disparities in general also underscores the need for more information on racial and ethnic differences in the receipt of alcoholism treatment services. Some studies have addressed differences in the need for alcoholism treatment and access to care, but much less research has evaluated the quality, appropriateness, and effectiveness of care. This article reviews the evidence of disparities in each of these areas and points to some new directions for this important area of inquiry. This discussion will focus primarily on data obtained for the two largest minority groups in the United States, Blacks and Hispanics.

TREATMENT NEED: THE GROWING SIGNIFICANCE OF RACE

The more researchers have learned about racial and ethnic differences in the types and prevalence of alcohol problems, the more they have come to appreciate the significance of these differences. Since the early 1980s, epidemiological studies have documented pronounced variation in drinking practices and alcohol-related problems that translate into important differences in the need for services, including the following:

- In the three largest population groups, the rates of clinically significant alcohol problems tend to be highest among Hispanic and White men, and lowest among Hispanic women (Grant et al. 2004).

- According to the National Alcohol Survey (NAS), Hispanic men have by far the highest rates of experiencing three or more alcohol problems, moreover, these rates are higher for Black men than for White men. Among women, in contrast, rates of three or more alcohol problems are higher for Whites than for Blacks and Hispanics (Galvan and Caetano 2003).

- Life course studies suggest that symptoms of alcohol dependence remain more stable over time among Hispanic men and that both Hispanic and Black men are more susceptible than White men to developing new problems with dependence (Caetano and Kasl 1996).

- The clinical presentation of alcohol problems—including the presence of co-occurring disorders or other problems—also varies by race and ethnicity. For example, both Black and Hispanic men experience higher rates of intimate partner violence and cirrhosis mortality than White men (Caetano 2003).
Analyses of several factors commonly used to define treatment quality strongly suggest that ethnic disparities in the quality of alcohol services are ubiquitous:

- **Rates of treatment engagement and retention among people with alcohol problems.** To date, few empirical studies have directly examined racial or ethnic disparities in alcoholism treatment quality based on this definition. However, difficulties engaging and retaining minority clients in treatment are often noted in the literature on alcoholism treatment outcomes (Petry 2003).

- **“Waiting time”**—the time a person spends on a waiting list before being admitted to an alcoholism treatment program. In national surveys, Blacks have been disproportionately likely to report that they did not enter treatment because of the lengthy waiting period (Grant 1997).

- **Patient satisfaction,** which can be measured using standardized scales. An analysis of Project MATCH, a multisite clinical trial, found that Blacks and Hispanics reported significantly lower satisfaction with alcoholism treatment than Whites (Tonigan 2003). Despite being less satisfied with their care, however, Blacks in this study experienced superior treatment outcomes, as evidenced by lower drinking rates than Whites at 6 and 12 months following treatment.

**Appropriateness of Care**

Evidence also suggests that, in contrast to Whites, minorities may receive care that is less appropriate to their needs. For example, research on outcomes reveals that minority patients are less likely to receive specialty treatment and multiple episodes of care even though they often have different needs (e.g., higher unemployment rates and more legal problems) than Whites (Le Fauve et al. 2003).

The value of culturally specific alcoholism treatment is a topic of vigorous debate. Must treatment regimens specially address patients’ racial and ethnic identities in order to be appropriate? According to treatment program data, about one-third of AOD abuse treatment programs nationwide offer specialty services for Blacks and Hispanics, and less than one-fifth offer specialized services for Native Americans. Many treatment providers assume that culturally sensitive programs are not only more effective but also better able to engage and retain minority clients (Petry 2003). Some findings appear to support this assumption. For example, regional comparisons have indicated that communities offering more services with bilingual and bicultural staff have higher utilization rates among minorities (Rouse et al. 1995).

Culturally specific programs might be more appropriate for several reasons. First, clinical trials increasingly indicate that different racial and ethnic groups may take different pathways to recovery from alcohol problems (Le Fauve et al. 2003). Other findings imply that these groups sometimes vary in their responses to standard treatment approaches. For example, Native American patients in the Project MATCH study experienced better outcomes from motivational enhancement therapy than from cognitive-behavioral therapy or 12-step facilitation (Villanueva et al. 2002). Investigators also may find variations in treatment response within important minority subpopulations, such as those defined by age or co-occurring disorders, but as yet little research has been conducted on these groups (for an exception, see Venner et al. 2003). All these observations suggest that more effective treatment regimens could be developed by taking into account racial and ethnic characteristics.

**TREATMENT EFFECTIVENESS**

A few clinical trials and outcome studies have analyzed the effectiveness of treatment for different racial and ethnic groups. Most of these studies have compared Whites with the largest minority groups, primarily Blacks. Although some studies reported poorer treatment outcomes for minority patients, most found no significant differences in treatment effectiveness across groups, based on measures of alcohol consumption following treatment (Brower and Carey 2003). In many studies, minority patients enter treatment with more characteristics that predict lower rates of success (e.g., lower income, less education, more extensive family histories of alcoholism, more co-occurring drug abuse, and poorer physical health) compared with Whites (Le Fauve et al. 2003). Even with poorer odds of success at the beginning of treatment, however, minority patients often appear to be as successful as Whites when followed for a year or more after treatment.

Treatment outcome researchers also have investigated claims that culturally specific treatment programs, as well as therapist-client matching on race, are more effective for minority patients than standard treatment regimens. To date, these studies have provided little support for the idea that specialized treatment protocols produce superior clinical outcomes (Tonigan 2003). However, this issue has not yet been addressed in a randomized controlled trial using a manual-guided, culturally specific treatment regimen, which could provide the strongest evidence for or against the effectiveness of such an approach (Tonigan 2001). Until such a study is available, it appears reasonable for alcoholism treatment programs to focus on providing a range of treatment modalities and culturally sensitive environments. At a minimum, these efforts may be rewarded with higher rates of engagement and retention among minority patients.

Several important limitations in the outcomes studies conducted to date underscore the need to interpret the results of outcome studies with caution.

- First, the finding that ethnic groups do not differ in treatment outcomes could result from unidentified strengths and coping mechanisms that minorities bring to treatment rather than from the effectiveness of the treatment per se.

- Second, study findings may be biased by the fact that minority patients have a higher probability of being excluded from treatment efficacy trials. These patients disproportionately present to treatment programs with characteristics that often are used as exclusion criteria, such as coexisting psychiatric disorders, heavy drug use, and homelessness (Humphreys and Webner 2000).

- Third, results could be biased by lower rates of treatment engagement and retention among minority patients—for example, if only the most motivated minority patients remain in a study.

- Finally, the patients grouped together under the standard ethnic designations generally are highly heterogeneous with respect to their biological and cultural characteristics. Therefore, a finding that treatment outcomes do not vary across racial/ethnic categories could result from the fact that the racial/ethnic categories used failed to capture the truly meaningful differences across groups.

**TOWARD MORE EQUAL TREATMENT**

The more alcohol researchers investigate the influence of race and ethnicity, the more they have come to appreciate the importance of racial and ethnic disparities in different aspects of treatment. Studies already have documented differences in treatment need and access across ethnic groups in the United States. However, exploration of potential disparities in the quality, appropriateness, and effectiveness of care is only just beginning. One consideration in all such explorations should be that race and ethnicity per se influence the delivery of alcoholism treatment services. One cannot assume that differences in income, education, and insurance coverage among the groups account for all racial and ethnic disparities in alcoholism treatment. Recognizing the complexity of these issues, the National Institute on Alcohol Abuse and Alcoholism (2001) has developed a strategic plan to promote new research on these issues and offers technical guidance on psychometrically validated measures of alcohol problems in minority populations.


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