



ESTHER BUSH

## Alcohol

This month, the "Take Charge of Your Health Today" page focuses on alcohol use. Jennifer R. Jones, MPH, community engagement coordinator with the University of Pittsburgh CTSI, and Esther L. Bush, president and CEO of the Urban League of Greater Pittsburgh, discussed the topic.

**JJ:** Good afternoon, Ms. Bush. It's always a pleasure to talk with you, especially before the busyness of the holiday season. This month our focus is on alcohol use. This is a topic that we've never focused on in these "Take Charge" pages.

**EB:** I am glad we are talking about alcohol use and abuse. There is a fine line between the two. We all know that because the legal drinking age in the United States is 21 years old, we spend a lot of time and attention on underage drinking and telling minors about the negative effects of alcohol. Sometimes I think that we actually have uneducated adults on the subject. It's not uncommon for many of us to look forward to a glass of wine at the end of the day or a beer at the ballgame as a way to relax and as a typical part of socializing. We can have a hard time figuring where, when or if use turns to abuse.

**JJ:** That is very true. Our society views minimal alcohol consumption in a positive way. What happens is that sometimes, one drink leads to two, which leads to three and four.

**EB:** I'm curious, Jennifer, what does research tell us about alcohol use? I'm sure there are many researchers at the University of Pittsburgh who focus on alcohol and the associated health outcomes.

**JJ:** Yes, there are. What is interesting to me is that research proves that everyone responds differently to alcohol. We just do not know why yet. Each person has a different combination of factors that make up their tolerance level (how much alcohol one can consume and how the alcohol affects them). These factors contribute to each person's sensitivities to alcohol. Research has found that Whites drink more than any population in the United States and that African Americans drink less. However, there is some evidence that in some Black neighborhoods there are eight times more liquor stores than in mostly White neighborhoods.

**EB:** That is interesting. I remember reading that Dr. Mair's research also shows the environment as being a factor in outcomes related to alcohol use. I know that alcohol abuse can lead to awful events occurring, like community violence, intimate partner violence, risky sexual practices and child neglect. I am glad that we have resources like FamilyLinks, Alcoholics Anonymous, and many other recovery programs for those struggling with alcohol addiction.

**JJ:** Certainly! Thank you for your time, Ms. Bush. The next time we talk it will be 2016. Our January focus is physical activity—a timely topic for those who are making New Year's resolutions to lose weight, eat better or exercise more. I look forward to hearing your opinions on a Healthy New Year!

For more information or if you have any questions, e-mail partners@hs.pitt.edu.

# Take charge of your health today. Be informed. Be involved.

## When does alcohol use become abuse...and why?



For many people, alcohol is a part of their lives—having fun with friends, celebrations or for relaxation. But when alcohol use begins worsening people's lives or their health, it is no longer something to take lightly. According to the National Institute on Alcohol Abuse and Alcoholism, alcohol use disorder is a medical condition when a patient's drinking causes distress or harm. The consequences of too much drinking can range from violence to increased risk for some cancers or a shortened lifespan. But what makes drinking alcohol more risky for some people than others?

Research proves that everyone responds differently to alcohol. Researchers are now trying to learn why. On a basic level, it is a combination of different factors—people's sex, age, where they drink, family history and how healthy they are. Research is beginning to suggest that there might be some difference in how alcohol affects people of different races or ethnicities. Sarah Pedersen, PhD, assistant professor of psychiatry, University of Pittsburgh School of Medicine, says that research has shown that whether people are sensitive to alcohol is based somewhat on their genes. "We know which genetic proteins break down alcohol in our systems and that they can change how bodies process alcohol," she said. "For instance, in people of Asian descent, if they have this genetic sensitivity to alcohol, they'll get flushed, hot or really sick when they drink. It's actually a protective reaction. Drinking makes them

sick, so these people tend not to drink heavily."

A different genetic factor found in about 30 percent of people of African descent

may also be protective against alcohol use disorders. But whether or not African Americans have this genetic factor, studies have shown that they may be more sensitive in general to the effects of alcohol use. Studies have also shown that African Americans drink alcohol less than almost any other racial/ethnic group in this country. In fact, Whites drink more than any other population in the United States, says Christina Mair, PhD, assistant professor of behavioral and community health sciences, University of Pittsburgh Graduate School of Public Health. "They drink casually more.

They engage in risky drinking behaviors more. But when you look at problems related to drinking (intimate partner violence, community vio-

Living with high stress levels, a history of discrimination, genetic sensitivity or living in environments with more places to access alcohol are all risk factors for experiencing more problems associated with alcohol.

"Researchers know that living in an environment with more bars, restaurants or liquor stores is associated with more problems at the community level—violence, crime, intimate partner violence, etc.," said Dr. Mair. "There's some evidence that there are as many as eight times more liquor stores in predominantly African American neighborhoods than in mostly White neighborhoods."

Dr. Mair has done a lot of research about how where people drink affects their risk for alcohol-related problems.

**"When you look at problems related to drinking (intimate partner violence, community violence, sexual assault, risky sexual behaviors and child abuse/neglect), the problems are not building up in the heaviest-drinking group, the White population. They're happening more in Latino and African American populations."**

CHRISTINA MAIR, PHD

"It's not just alcohol use but the places where people drink that put them at risk. For example, if we look at drinking on college campuses, the risk of sexual assault isn't the same everywhere. It's different based on drinking at a fraternity party versus drinking at an off-campus party versus drinking at a bar. People's attitudes and what is socially accepted behavior are different depending on where people drink. In some places, it doesn't matter if people have one drink or five, the risks are still higher. Now we need to find out why there are these differences."

Why does it matter where people drink if they are drinking heavily? "We often use the cut-off of four or more drinks for a woman and five or more for a man," said Dr. Mair. "But the reality is that it depends on what kind of drinker people are. So, if people usually only have one drink, they could have two drinks in a neighborhood with many bars and be at an increased risk for all kinds of problems. If people on a more regular basis have three to five drinks at a restaurant, they may not be at an increased risk for any problems happening. Who you are as a drinker matters. There isn't some magic number of drinks that puts people at an increased risk."

Drs. Mair and Pedersen think that a lot more research needs to be done. But knowing different racial/ethnic group's sensitivities to alcohol and the fact that where people drink affects their risk for drinking-related problems can lead to interventions that could reduce problems related to alcohol use.

## Familylinks helps with all aspects of addiction

Everyone knows someone whose life has been affected by addiction. Drug and alcohol dependence take an enormous toll on individuals and families. And while no one wants to live with an addiction, taking the first steps to confront it can be hard. Familylinks' Recovery Support Center and Family Treatment Centers provide the tools you or your loved one might need to help face drug or alcohol dependency problems.

Familylinks is a nonprofit human services agency with outpatient recovery services in Shadyside. We provide care for the whole person because recovery involves all aspects of a person's life. Case management

and housing assistance are available. For parents of young children, the outpatient Recovery Support Center provides child care during treatment. Familylinks' two Family Treatment Centers serve women, especially those who are pregnant, have children, are intravenous drug users and/or overdose survivors. For example, a mother entering treatment is encouraged to bring up to two of her children (up to age 12) to live with her during her stay. The program supports women who are receiving medication-assisted therapy. Clients also attend Alcoholics Anonymous and Narcotics Anonymous meetings while in treatment.

Drug and alcohol dependency often co-occur with mental health disorders. Familylinks recognizes this. We offer help for clients who need additional mental health treatment. Substance abuse and overall mental health are linked. If you don't address both, you may not succeed in addressing either one.

Familylinks offers a variety of levels of care for those living with substance abuse disorders, including medication-assisted treatment for those with opiate addictions.

For more information, visit [www.familylinks.org](http://www.familylinks.org). To get help from Familylinks today, call 866-583-6003.



## CTSI Research Participant Registry

The Research Participant Registry is a database of people who have volunteered to consider participation in research studies. This participation can be for themselves or their children. Its goal is to bring medical research advances quickly and more directly to those who can benefit from them. Although the registry is a joint effort between the University of Pittsburgh and UPMC, neither you nor your child need be a patient in the UPMC health care system to sign up for the registry. When you sign yourself or

### Research Participant Registry | ctsi

your children up for the registry, you will begin to receive a periodic newsletter. It describes research findings, details of the research process and includes a list of research studies that you may consider joining or allowing your child to join. Participation is voluntary and confidential. Participants can take themselves or their children off from the registry at any time. There are over 200 research studies in the registry.

You can view the full list of research studies at [www.researchregistry.pitt.edu/](http://www.researchregistry.pitt.edu/).

