



CWHS

Data Points

RESULTS FROM THE 2009 CALIFORNIA WOMEN'S HEALTH SURVEY

Women metabolize alcohol differently than men and, consequently, are vulnerable to experiencing negative health, social, and psychological consequences of heavy drinking in a shorter time frame.¹⁻² Potential alcohol-related health consequences for women include liver problems, endocrine and gynecological problems, increased risk of breast cancer, and risk of injury.²⁻³ Although young women are more likely to engage in heavy drinking, alcohol problems in older women are increasing, and the risk of negative health consequences are particularly high among older women.^{1,4} There is evidence that screening and brief interventions (SBI) in primary health care settings and emergency departments may be effective in reducing hazardous drinking⁶⁻⁹

in women and men.¹⁰ At the same time, barriers to SBI are substantial and include lack of provider time, competing priorities, staff turnover, and limited expertise.¹¹⁻¹²

This report, based on 2008 and 2009 combined California Women's Health Survey data (N = 9001), examined rates of screening or brief intervention for alcohol-related problems based on responses to the following questions: *Has a doctor or other health professional ever talked with you about alcohol use? If yes, about how long ago was it: within the past 12 months, within the past 3 years, or more than 3 years ago?* Respondents were also asked about alcohol consumption in the past 30 days and were classified as non-drinkers (consumed no alcohol in the past 30 days);

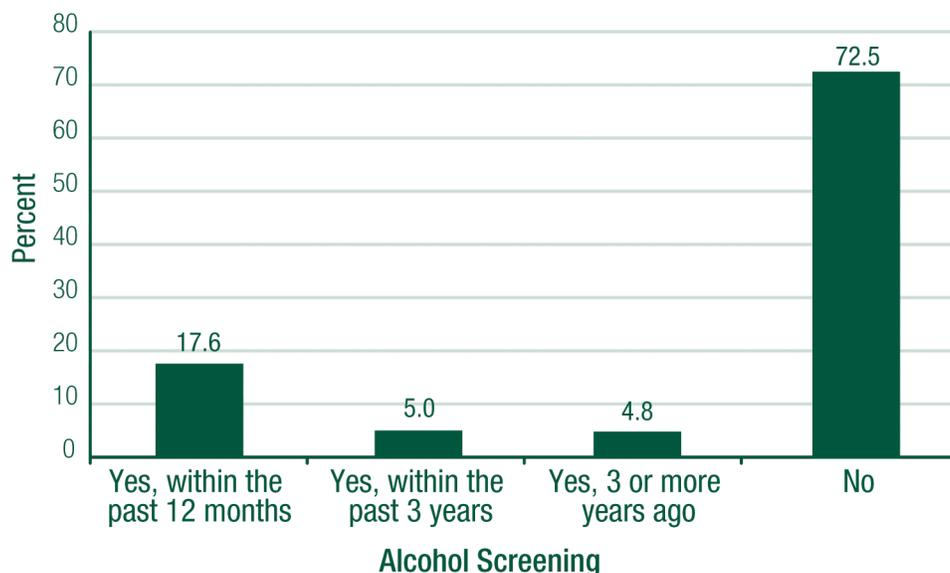
Screening and Brief Intervention for Alcohol Consumption and Alcohol-Related Problems, 2008-2009

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Public Health Message: Findings underscore the importance of integrating SBI in preventive health services and of educating health care professionals, including physicians and mid-level professionals.¹³ Increasing access to health coverage is important, as is the development of SBIs designed for different age groups. Innovative strategies for providing SBIs are needed, such as using computers and the Internet, which can help overcome barriers of limited time and resources.¹⁴

Figure 1

Percentage of Women Who Were Asked by Health Provider About Their Alcohol Use, 2008-2009



Source: California Women's Health Survey, 2008-2009

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moderate drinkers (consumed alcohol in the past 30 days but did not consume four or more drinks on at least one occasion); or binge drinkers (consumed four or more drinks on one or more occasions in the past 30 days). Responses were weighted in these analyses by age and race/ethnicity to reflect the 2000 California adult female population. Analyses were stratified by age, race/ethnicity, income, and sexual orientation using multiple logistic regression.

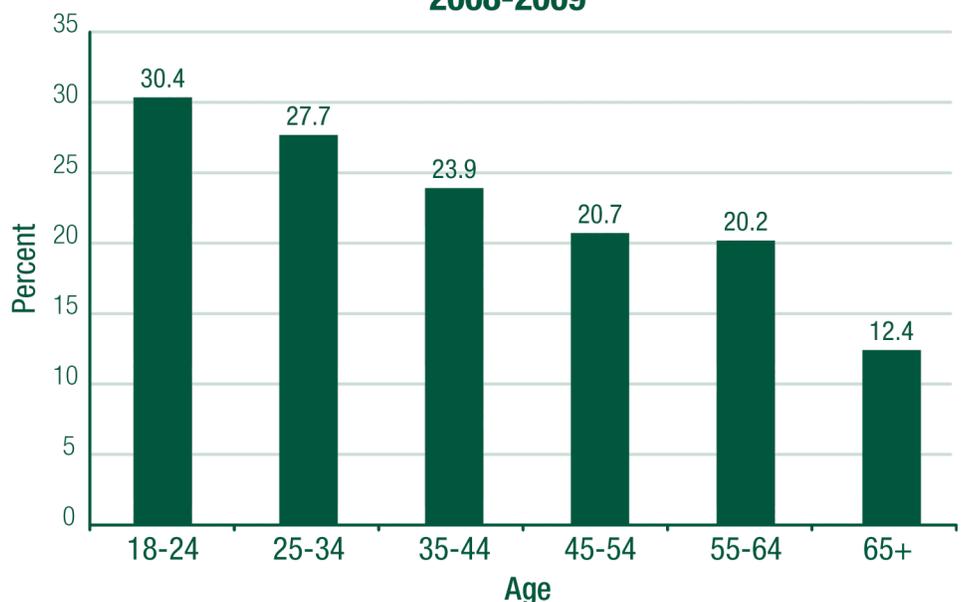
Most respondents, nearly 73 percent, said they had not been asked about their alcohol use by a health provider. Figure 1 summarizes the overall rates of screening reported by respondents.

Rates for screening or brief intervention were compared for respondents according to insurance status, age, race/ethnicity, poverty status, marital/partnership status, educational background, employment status, and sexual orientation. Significant differences in alcohol screening were only found for insurance status ($P < .0001$) and

age ($P < .001$), using logistic regression and controlling for other variables. Respondents who had some form of health plan were more likely to report having had a health provider ask them about their alcohol consumption than women without insurance. Women in younger age groups were significantly more likely to be asked about alcohol consumption than women in the older age group. The percentage of women who were asked about alcohol use decreased with age (Figure 2).

Rates for screening or brief intervention were also examined by alcohol consumption, while controlling for other variables. Although the overall rates of screening or brief intervention among women were low, women who were binge drinkers were more likely to report having been asked about alcohol use in the past three years (29.0 percent) than abstainers (20.6 percent) and moderate drinkers (22.7 percent; $P < .001$). Despite having higher rates of screening, 71.0 percent of binge drinkers were not asked about their alcohol consumption by health providers.

Figure 2
Rates of Screening for Alcohol Use by Age Category, 2008-2009



Source: California Women's Health Survey, 2008-2009

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