

Factors Associated With Use of Public and Private Drinking Contexts Among Urban Emergency Department Patients

PURPOSE

Drinking in public venues (e.g., bars) confers greater risk for certain alcohol-related harms than drinking in private settings. Little is known about the extent that urban Emergency Department (ED) patients drink in public and private contexts, nor the factors related to their use of these contexts.



METHODS

Data for this analysis were obtained from survey interviews on intimate partner violence and drinking contexts among non-acute ED patients sampled at an Oakland, California public safety-net hospital. Eligibility criteria included: ages 18-50; English or Spanish speaker; and married, cohabiting, or in a dating relationship for the past 12 months. Sample characteristics are shown in Table 1.

Measurements:

Current drinkers were asked about frequency of attendance and volume of alcohol consumed at bars, restaurants, homes of friends or relatives, own home, outdoor settings such as parks, street corners or parking lots, community centers, and large events.

Demographic characteristics: age, gender, race/ethnicity, food insufficiency. Psychosocial factors: impulsivity, depression, PTSD.

Other substance use factors: marijuana use, illicit drug use, spouse/partner problem drinking (assessed with AUDIT-C).

Public venues included bars, restaurants, outdoor settings such as street corners and parking lots, community centers and large events. Private venues were one's own home and friend's or relative's home.

Analytic Strategy:

We calculated the percentage of past-year drinking occasions in which alcohol was consumed in public and private settings. Drinking continued volumes was calculated as drinks beyond the first across occasions. Tobit models assessed relationships of demographic and psychosocial covariates and outlet densities to percentage of drinking in these contexts. Archival Census tract-level alcohol outlet densities data (bars, restaurants, off-premise outlets per square mile) were combined with survey data. Analyses were based on 638 drinkers (47% female; 43% Hispanic; 35% African American).

Table 1 Sample Characteristics

Variable	Mean	SD
Age (18-50)	35.34	8.52
Proportion Hispanic female	0.18	0.38
Proportion white male	0.03	0.17
Proportion white female	0.05	0.21
Proportion Black male	0.16	0.36
Proportion Black female	0.19	0.39
Proportion multiethnic/multiracial male	0.03	0.17
Proportion multiethnic/multiracial female	0.04	0.20
Proportion 'other' race/ethnicity male	0.04	0.19
Proportion 'other' race/ethnicity female	0.03	0.17
Proportion Spanish language preference	0.28	0.45
Proportion food insufficiency	0.50	0.50
Proportion depression	0.18	0.39
Proportion PTSD	0.28	0.45
Impulsivity (1-12)	5.53	2.54
Proportion marijuana use	0.37	0.48
Proportion illicit drug use	0.17	0.38
Proportion spouse/partner hazardous drinker	0.28	0.45
Drinking occasions (1-365)	67.08	98.71
Continued volumes (0-3276)	199.51	462.77
Drinking environments:		
Bars/square mile	2.03	7.62
Restaurants/square mile	9.29	30.47
Off-premise outlets/square mile	10.18	7.07

RESULTS

Greater mean percentage of drinking occasions (Table 2) occurred in private settings (own home, 48.0 [SD 43.5]; homes of friends or relatives, 25.8 [SD 37.0]) than in public venues (bars, 15.0 [SD 29.4]; restaurants, 13.4 [SD 27.0]; outdoor settings such as street or parking lot, 8.6 [SD 24.0]).

Results of the Tobit models (table not shown) that assessed relationships of covariates to percentage of drinking occasions for each drinking context can be summarized as follows:

Demographic factors:

Compared to Hispanic males, white males had a lower percentage of drinking in homes of relatives or friends ($b = -66.26$, $t = -2.117$). Hispanic females had a lower percentage of drinking in outdoor public settings ($b = -55.59$, $t = 2.272$) and large events ($b = -60.12$, $t = -2.401$). Multiethnic/multiracial males had a greater percentage of drinking in outdoor public settings ($b = 77.75$, $t = 2.100$). Multiethnic/multiracial females had a greater percentage of drinking in bars ($b = 57.46$, $t = 2.242$).

Greater age was related to a lower percentage of drinking at homes of friends or relatives ($b = -2.153$, $t = -3.765$) and a greater percentage of drinking at one's own home ($b = 2.659$, $t = 3.773$).

Food insufficiency was related to a lower percentage of drinking occasions at bars ($b = -20.07$, $t = -2.015$).

Psychosocial factors:

Depression was related to a greater percentage of drinking occasions in outdoor public settings ($b = 39.23$, $t = 2.307$).

Marijuana and illicit drug use:

Marijuana use was related to a greater percentage of drinking occasions at the home of friends or relatives ($b = 29.15$, $t = 2.777$). Illicit drug use was related to greater percentage of drinking occasions at bars ($b = 28.09$, $t = 2.183$) and lower percentage of drinking occasions at one's own home ($b = -39.04$, $t = -2.447$).

Drinking frequencies and alcohol outlet densities:

Greater drinking frequencies were related to a greater percentage drinking at home ($b = 0.241$, $t = 2.812$) and in outdoor public settings ($b = 0.198$, $t = 2.119$).

Alcohol outlet densities were not related to use of drinking venues.

Table 2 Percent drinking occasions and continued volumes by context

Variable	Mean	SD
Drinking occasions:		
Percent bars	14.93	29.43
Percent restaurants	13.47	26.97
Percent friends/relative's homes	25.80	37.01
Percent own home	48.00	43.53
Percent outdoor settings	8.61	23.96
Percent community centers	1.37	9.19
Percent large events	2.65	12.90
Drinking continued volumes:		
Percent bars	14.03	27.85
Percent restaurants	10.14	23.55
Percent friends/relative's homes	25.59	36.67
Percent own home	43.78	41.98
Percent outdoor settings	7.94	22.77
Percent community centers	1.28	8.53
Percent large events	1.92	10.24

CONCLUSION

Among an urban ED sample, the results provide evidence that specific drinker characteristics are associated with drinking in certain contexts. The findings can help ED staff identify and counsel patients who may be likely to drink in settings linked with increased risk for alcohol-related harms.

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