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The role of perceptions of partner's alcohol use in heavy alcohol use and alcohol reduction intervention preferences among LGBQ adults in primary, romantic relationships

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Abstract

Correlates of heavy episodic alcohol and alcohol reduction intervention preferences were examined among LGBQ adults in romantic relationships. Anonymous data were collected online; analyses included logistic and multinomial regression models. One-fourth of participants reported recent heavy episodic alcohol use. Perceptions of partners' engaging in heavy alcohol use was associated with an increased odds of engaging in heavy alcohol use. Perceptions of partners' heavy alcohol use was associated with an increased odds of preferring a couples-based alcohol intervention compared to preferring no intervention. Findings highlight the need to consider partners in alcohol interventions for LGBQ couples.

Keywords

LGBQ couples; LGBQ relationships; heavy alcohol use; partners; alcohol interventions

Heavy alcohol use is associated with various co-occurring medical, psychiatric and drug issues (Hasin et al., 2007; Rehm et al., 2009). The National Institute on Alcohol Abuse and Alcoholism defines heavy drinking as binge drinking on five or more days in the past month, where binge drinking is four or more drinks within a two-hour period for women and five or more drinks within a two-hour period for men (i.e., .08 Blood Alcohol Content) (NIAAA, 2012). Several representative samples have documented sexual orientation disparities in heavy alcohol use and disorders (McCabe et al. 2009; Drabble, Midanik, & Trocki, 2005), with the greatest differences observed between sexual minority women compared to their heterosexual counterparts (Lee et al., 2015; Operario et al., 2016). Such disparities in alcohol use have made sexual minorities a public health priority population for alcohol treatment and prevention research (HHS, 2015; IOM; 2011).

A range of factors have been associated with sexual orientation disparities in heavy alcohol use, including age and greater prevalence of co-occurring mental health distress (Lee et al., 2015). Sexual minority populations also experience unique social stressors, such as discrimination and rejection based on their sexual minority status, which has been linked to alcohol use (Hatzenbuehler, Corbin, & From, 2011; Lee et al., 2016; Wray et al., 2016). Although being in a romantic relationship is generally considered fundamental in maintaining physical health and emotional well-being (Revenson & DeLongis, 2011), romantic partners may also co-create environments that promote, maintain or exacerbate alcohol use (Homish and Leonard, 2008; see Fischer and Wiersma, 2012 for review). A large body of literature has shown that alcohol use has a detrimental effect on relationship functioning (Marshall, 2003). For instance, several studies have shown that discordant patterns of alcohol use between romantic partners' is related to lower levels of relationship functioning (e.g., lower satisfaction, more violence) (Marshall, 2003). Other evidence suggests that perceptions of partner's drinking may be a more important predictor of relationship functioning than actual behaviors (Rodriguez, Neighbors & Knee, 2015). For example, larger discrepancies between partner's perceptions of alcohol use was associated with lower relationship satisfaction among lesbian women and their female relationship partners (Kelley, Lewis, & Mason, 2015). Despite evidence that couples tend to be more similar in their alcohol behaviors (Homish and Leonard, 2008), to our knowledge, studies have yet to examine whether perceptions of partner's alcohol use are related to sexual minority men and women's own reports of alcohol use.

Furthermore, sexual minority individuals experience more barriers to seeking substance use treatment than their heterosexual counterparts (Allen & Mowbray, 2016). To date, there have been only a small number of individual-focused counseling interventions designed to reduce alcohol use for sexual minority communities (Wray et al., 2016). These interventions are primarily based in motivational interviewing and cognitive behavioral therapy (Wray et al., 2016) and don't account for the interpersonal context through which alcohol use behaviors may be reinforced these interventions. Thus, research is urgently needed to better understand the role of perceptions of partners' alcohol use in intervention preferences among sexual minority males and females in romantic partnerships.

To help better understand the role of perceptions of partners' alcohol use in intervention preferences, the purpose of present study was to identify: 1) whether perceptions of partners' alcohol use was independently associated with individuals own reports of heavy alcohol use among a sample of sexual minority men and women in romantic relationships after statistically adjusting for other known correlates of alcohol use; and 2) whether partners' alcohol use patterns were related to preferring individual-based, couples-based, or no program to reduce use of alcohol. To help address these aims, an online needs assessment was conducted with 974 eligible sexual minority partnered adults who completed a one-time, anonymous survey.

Method

Participants and Procedures

In May and June 2016, advertisements were placed on Facebook mobile and desktop newsfeeds to recruit the study sample by targeting individuals with Facebook profiles who were 18 years of age or older, currently in a sexual relationship, living in the US, and either interested in only men, only women, or both men and women. Each advertisement included a picture of a couple (e.g., interested in only men were shown an image of a gay couple), a brief study description, and a link to the eligibility screener and consent webpage.

In total, 2,478 Facebook users clicked on the advertisement and were directed to an anonymous, online, eligibility screener. Of the 2,478 individuals who responded to the advertisement, 1233 (49.8%) participants were deemed eligible. Among the 1233 eligible individuals, 1101 (89.3%) provided consent electronically and participated in the cross-sectional study by completing an anonymous, online survey. Participants had to be 18 years of age, reside in the U.S., identify as a sexual or gender minority defined as non-heterosexual or transgender, and have been in their current relationship for 1 month. Individuals who did not meet one or more of these criteria (e.g., in current relationship for < 1 month) were ineligible to participate. No statistically significant demographic differences existed between those who were eligible but did not provide consent versus those who were eligible and provided consent. Of the 1101 eligible participants who took the survey, 127 (11.5%) were excluded due to insufficient outcome data resulting in a final sample of 974 (88.5%) participants consisting of sexual minority partnered adults (e.g., LGBTQ).

The anonymous survey was hosted online via a Health Insurance Portability and Accountability Act compliant server by SurveyGizmo (Boulder, CO). Due to the anonymity and 5-minute estimated completion time of the survey, incentives were not provided nor personal identifying information collected. The Institutional Review Board approved the study protocol.

Measures

Sociodemographic characteristics.—Participants self-reported their age, Hispanic (yes/no), race (American Indian or Alaskan Native, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, White, Multiracial, Latino, Other), education (some high school, high school diploma or GED, some college or Associates degree, currently enrolled in college, 4 year college degree, graduate school), sexual identity (gay or lesbian, bisexual, queer), sex assigned at birth (male, female), relationship length (less than one month, 1 to 3 months, 3 to 6 months, 6 months to 1 year, 1 to 3 years, 3 to 5 years, 5 to 10 years, greater than 10 years), and cohabitation with their partner (yes/no). Except age, all items were captured categorically and recoded accordingly for bivariate and multinomial analyses. For example, education was recoded into a dummy variable with three categories from the six original response options; a similar recoding approach was used for other measures.

Heavy alcohol use.—Participants self-reported how many days a week, on average, they drank alcohol in the last 30 days. A subsequent question then assessed the average number

of drinks participants usually had when they did drink on a given day; options ranged from “1” to “10 or more drinks.” Similar questions were used for participants’ perceptions of their partners’ alcohol use. We used the NIAAA and SAMHSA guidelines for binge drinking to create two dummy variables to categorize whether the participant or partner was a heavy drinker (i.e., 5 standard drinks, on average, on a drinking day).

Program preferences to reduce alcohol use.—Participants were provided with the following prompt, “We are in the process of developing health and relationship programs for couples in the U.S. We would like to know who you believe this topic would be helpful for in your relationship.” and then asked the question: “Who in your relationship do you think reducing alcohol would be helpful for?” with response options of me, my partner, me and my partner, and no one – neither of us. We recoded this variable to be: 1) my partner and me (couples-based intervention); 2) me or my partner (individual intervention); and 3) no-one neither of us.

Analytic Strategy

Sociodemographic and behavioral factors were compared by heavy alcohol use using independent t-tests and chi-square tests. Next, we conducted a fully adjusted logistic regression model to examine whether perceptions of partners’ alcohol use were independently associated with an individual’s own reports of heavy alcohol use. Finally, we conducted a multinomial logistic regression model among those who met criteria for heavy alcohol use ($n = 218$) to understand whether perceptions of partners’ alcohol use were differentially associated with preferences for alcohol intervention programs. The multinomial outcome was operationalized to have three unordered categories: 1) couples-based intervention; 2) individual intervention; and 3) no intervention.

Results

Participants’ sociodemographic and behavioral characteristics, including results from the comparative analyses by heavy alcohol use, are shown in Table 1. Participants’ age ranged from 18 to 77 years ($M=32.5$, $SD=12.2$). In total, 51.3% participants identified as male and 48.7% as female. In addition, a higher proportion of males engaged in heavy episodic alcohol use compared to females (59.6% vs. 40.4%, $\chi^2(1) = 7.74$, $p < 0.01$). Approximately 89% of participants self-reported their sexual identity as gay or lesbian. A little less than one-third of the sample self-identified as a person of color and almost two-thirds self-reported they had less than a Bachelor’s degree. Most participants lived with their partner (81.5%) and a little over half had been in their relationship for 3 years (55.6%). Nearly one quarter of the sample reported heavy alcohol use in the past month ($n = 218$, 22.4%) and perceived similar rates for their partner (22.3%).

Bivariate analyses revealed that a higher proportion of males engaged in heavy episodic alcohol use compared to females (59.6% vs. 40.4%, $\chi^2(1) = 7.74$, $p < 0.01$). Education was also associated with heavy episodic alcohol use: A higher proportion of individuals with higher levels of educational attainment were heavy episodic alcohol users than those who did not engage in heavy episodic alcohol use (83.5% vs. 79.2%, $\chi^2(2) = 9.93$, $p < 0.01$). Perceptions of partners’ alcohol use were also associated with heavy episodic alcohol use.

For instance, 22.3% of those who reported engaging in heavy episodic alcohol use perceived their relationship partner to be a heavy alcohol drinker compared to 5.6% of those who did not engage in heavy episodic alcohol use ($\chi^2(2) = 126.65, p < 0.01$). No other correlates were statistically significant with participant's heavy episodic alcohol use.

In multivariable logistic regression models, identifying as male sex compared to female (aOR=1.52, 95% CI: 1.00, 2.30, $p < 0.05$) and perceiving that one's partner engages in heavy episodic alcohol use compared to not being a drinker (aOR=18.80, 95% CI: 12.62, 27.99, $p < 0.001$) were each independently associated with an increase in odds of engaging in heavy episodic alcohol use. We refit the model to examine whether there were significant differences between perceiving that one's partner engages in heavy alcohol and not being a drinker were associated with engaging in heavy episodic alcohol use compared to those who perceived their partner was a light drinker. In this multivariable logistic regression model, perceiving one's partner engages in heavy alcohol use was associated with an increased odds of engaging in heavy episodic alcohol use (aOR = 14.60, 95% CI: 9.53, 22.38, $p < 0.001$); whereas, perceiving one's partner was not a drinker was associated with a reduced odds of engaging in heavy alcohol use (aOR = 0.48, 95% CI: 0.28, 0.82, $p = 0.007$; data available upon request).

Results of the multinomial logistic regression examining alcohol intervention program preferences among participants who reported heavy alcohol use are presented in Table 2. After adjusting for covariates, those who perceived their partner also engaged in heavy alcohol use was associated with an increase in odds of one preferring a couples-based alcohol intervention compared to no intervention (aOR=9.99, 95% CI: 1.18, 85.04, $p < 0.05$). In contrast, those who perceived their partner who also engaged in heavy alcohol use was associated with a decrease in odds of one preferring an individual-based alcohol intervention compared to no intervention (aOR=0.10, 95% CI: 0.01, 0.85, $p < 0.05$).

Discussion

This study identified perceptions of partners' heavy alcohol use as an important correlate of one's own heavy alcohol use and alcohol intervention program preferences among sexual minority men and women in primary romantic relationships. Findings revealed participants who were male sex and perceived their partner was also a heavy drinker had an increased odds of reporting heavy alcohol use. Previous research has noted that couple members influence one another both positively and negatively with respect to their health and health behaviors (Lewis et al., 2006a; Lewis et al., 2006b). Consistent with prior research with heterosexual samples (Homish & Leonard, 2008; Rodriguez, Neighbors, & Knee, 2015), our findings suggest that perceptions of partners' alcohol use may have a reinforcing effect on heavy alcohol use among sexual minority men and women in romantic relationships. Although the etiological associations are unclear as to whether couples become more similar over time or whether individuals select partners who are similar to them (Rodriguez, Overup, & Neighbors, 2013), our results suggest that perceptions of concordance between partners heavy alcohol use may serve as a significant barrier to reducing alcohol use given that continued alcohol use may be positively reinforced by one or both partners (Lewis et al., 2016a). While we did not collect dyadic data to examine whether these effects remained

after adjusting for actual use, prior studies have found that perceptions of partners' use are more important than their partners' reports of actual use (Rodriguez, Neighbors, Knee, 2015). However, future research using longitudinal dyadic data is warranted to understand the ways in which perceptions of partners' alcohol use is related to relationship functioning, including control tactics which may reinforce heavy alcohol use among sexual minority men and women in romantic relationships.

Our findings also revealed participants' perceptions of their partner's heavy alcohol use was associated their alcohol reduction intervention program preferences. Specifically, those who perceived their partner was a heavy drinker preferred a couples-based intervention compared to no intervention. On the contrary, those who perceived that their partner also engaged in heavy alcohol use was associated with a decrease in odds of preferring an individual-based intervention compared to no intervention. These associations suggest that romantic partners' alcohol use patterns may play an important role when considering optimal alcohol interventions for sexual minority populations in romantic relationships such that individuals who perceive that their partner is also an alcohol user may prefer a couples-based program. Evidence indicates that couples and family-based alcohol treatment is more effective than individual approaches to treating alcohol use problems (McCrady, Epstein, Cook, Jensen, & Hildebrandt, 2009; Powers, Vedel, & Emmelkamp, 2008). For example, Behavioral Couples Therapy (BCT) has been shown to be an effective intervention to improve relationship functioning and reduce alcohol use (Powers et al., 2008). BCT is guided by the premise that substance use problems and intimate relationships are intertwined, such that substance use impairs relationship functioning, and relationship distress combined with partners' attempts to control substance use may reinforce substance use and trigger relapse. Despite proven efficacy, there has been poor uptake of couples-based interventions due to the extensive time, training and resources demanded for such an intervention (McGovern, Fox, Xie, & Drake, 2004). Further, BCT requires that only one partner have a substance use disorder and the identified patient has alcohol abstinence as the treatment goal; however, our findings indicate that many LGBQ couples may have partners who both engage in heavy alcohol use. Thus, future intervention programs are needed to meet the needs of sexual minority men and women whose romantic partners may also engage in heavy alcohol. The present research sheds important insights into the role of perceptions of partners' drinking in heavy alcohol and preferences for alcohol intervention programs. Clinicians may benefit from having their clients discuss their perceptions of their partner alcohol use to determine whether inviting their significant other into treatment may be particularly useful. Couples-focused alcohol interventions may also benefit from having couples discuss their drinking-related values and goals to help harness motivation and come to an agreed upon goal for acceptable levels of drinking. The current study is a first step toward identifying perceptions of one's partner's alcohol use as potential determinant of one's own alcohol use and preferences for alcohol intervention programs among LGBQ adults in romantic relationships.

Contrary to prior studies using nationally representative samples (Operario et al., 2015), sexual minority males had increased odds of reporting heavy alcohol use compared to sexual minority females. Research with heterosexual couples demonstrates that males unilaterally influence their female partners (Marshall, 2003); whereas, same-sex couples may engage in more bilateral forms of influence in each other's health behaviors (Reczek, 2012). Given that

sexual minority individuals have diverse gender identities and “sex at birth” does not capture gender socialization and norms (IOM, 2011), we did not assess whether the effects of perceptions of partner’s alcohol use on heavy alcohol use was moderated by sex. Thus, future research aimed at understanding role of gender differences in partner’s role in alcohol use is warranted among sexual minority couples.

Limitations

Our study has limitations. Temporality cannot be established as this was a one-time brief cross-sectional survey. Other potential factors, which may impact heavy alcohol use (e.g., income, minority stress, mental health, relationship satisfaction), were not assessed. Dyadic data were also not collected. While this is an important limitation, perceptions may be more important than actual behavior for optimal alcohol reduction program development. It is also possible that both members of a couple were enrolled in the study. Although we did not recruit couples, we also did not ask participants whether or not their partner had participated, so it is plausible that not all of our observations are independent. By virtue of online recruitment, the sample may not be representative of the broader population. In addition, data for relationship length should be captured continuously instead of categorically to help avoid potential measurement error. Thus, future research that includes a variety of factors and collects dyadic data from a larger, diverse sample of sexual and gender minority adult couples is warranted to better inform intervention development.

Conclusion

Despite these limitations, this study adds to the burgeoning body of literature supporting the importance of understanding and intervening on alcohol use among LGBQ populations. Despite calls to examine the effectiveness of BCT among LGBQ couples (McCrary, Wilson, Munoz, Fink, Fokas, & Borders, 2016), there has been a paucity of research in this area. One study found that including a significant other of LGBT clients to attend at least one substance use treatment session was associated with greater abstinence rates, treatment satisfaction, and increased program completion (Senreich, 2010). However, to our knowledge, there are no couples-based alcohol interventions developed for LGBQ communities or account for the unique needs of couples’ who may be concordant in their alcohol use. Future research is warranted to better understand the social factors, such as network composition, minority stressors, as well as the relationship factors, such as relationship satisfaction and social control tactics which may be associated with heavy alcohol use among LGBQ couples in order to guide effective intervention programs.

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Table 1.
Correlates of heavy episodic alcohol use among LGB adults in primary romantic partnerships

	Bivariate Comparisons				Multivariate Logistic Regression		
	Total, N=974 N (%)	Yes, n=218 N (%)	No, n=756 N (%)	Statistic	aOR	95% CI	p-value
<i>Age</i>	32.54 (12.19)	32.23 (10.51)	32.63 (12.64)	n.s.	0.93	0.98, 1.01	0.442
<i>Sex Assigned at Birth</i>				$\chi^2(1)=7.74^{**}$			
Male	500 (51.3)	139 (59.6)	370 (48.9)		1.52	1.00, 2.30	0.049
Female	474 (48.7)	88 (40.4)	386 (51.5)		--	--	--
<i>Sexual Identity</i>				n.s.			
Lesbian or Gay	869 (89.2)	195 (89.3)	674 (89.2)		0.97	0.45, 2.10	0.967
Bisexual	43 (4.4)	9 (4.1)	34 (4.5)		0.79	0.25, 2.54	0.693
Queer	62 (6.4)	14 (6.4)	48 (6.4)		--	--	--
<i>Person of Color</i>	241 (24.7)	53 (24.3)	188 (24.9)	n.s.	1.13	0.72, 1.76	0.601
<i>Education</i>				$\chi^2(2)=9.93^{**}$			
High School Degree or Less	193 (19.8)	36 (16.5)	157 (20.8)		0.59	0.59, 1.01	0.056
Some College	435 (44.7)	85 (39.0)	350 (46.3)		0.76	0.50, 1.16	0.202
Bachelor's Degree or Higher	346 (35.5)	97 (44.5)	249 (32.9)		--	--	--
<i>Relationship length</i>				n.s.			
Less than 3 years	432 (44.4)	99 (45.4)	333 (44.0)				
3 years or more	542 (55.6)	119 (54.6)	423 (56.0)				
<i>Cohabitation</i>	794 (81.5)	171 (78.4)	623 (82.4)	n.s.	1.00	0.99, 1.00	0.238
<i>Perceptions of Partner Drinking</i>				$\chi^2(2)=126.65^{**}$			
Partner Light Drinker	478 (49.5)	143 (66.5)	335 (44.7)		1.29	0.78, 2.13	0.323
Partner Heavy Drinker	90 (9.3)	48 (22.3)	42 (5.6)		18.80	12.62, 27.99	0.000
Partner Non-Drinker	397 (41.1)	24 (11.2)	373 (49.7)		--	--	--

Notes

Data in the 'Yes' column represent individuals who met criteria for heavy episodic alcohol use (n=218) whereas data in the 'No' column represented individuals who did not meet this criterion.

Mean and Standard Deviation (SD) are reported for age.

* $p < 0.05$;

1000 > d

; 100 > d
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Table 2.

Alcohol program preferences among heavy drinkers (N=218)

	Couples-Focused Vs. None	Individual-Focused Vs. None
	aOR (95% CI)	aOR (95% CI)
<i>Age</i>	1.00 (0.96, 1.03)	1.00 (0.97, 1.04)
<i>Sex Assigned at Birth</i>		
Male	1.03 (0.45, 2.37)	0.97 (0.54, 3.48)
Female	--	--
<i>Sexual Identity</i>		
Lesbian or Gay	0.87 (0.23, 1.02)	0.32 (0.10, 1.03)
Bisexual	0.57 (0.10, 1.05)	0.47 (0.22, 1.08)
Queer	--	--
<i>Person of Color</i>	0.73 (0.29, 1.85)	1.37 (0.54, 3.48)
<i>Education</i>		
High School Degree or Less	0.79 (0.24, 2.57)	1.27 (0.39, 4.14)
Some College	0.53 (0.23, 1.22)	1.88 (0.82, 4.30)
Bachelor's Degree or Higher	--	--
<i>Cohabitation</i>	1.01 (0.99, 1.10)	0.99 (0.97, 1.03)
<i>Perceptions of Partner Drinking</i>		
Partner Light Drinker	7.64 (0.93, 62.81)	0.13 (0.02, 1.08)
Partner Heavy Drinker	9.99 (1.18, 85.04)*	0.10 (0.01, 0.85)*
Partner Non-Drinker	--	--

* $p < 0.05$