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► [Ethnic differences in drinking outcomes following a brief alcohol intervention in the trauma care setting.](#)

Field C.A., Caetano R., Harris T.R. et al. [Request reprint](#)

Addiction: 2010, 105(1), p. 62–73.

At a US emergency department, a brief conversation about the pros and cons of their drinking and offers of support for any efforts to reduce harm led (compared to assessment and usual care) to extra reductions in the drinking of injured Hispanic patients but not white or black patients.

Original abstract *Background* Evidence suggests that brief interventions in the trauma care setting reduce drinking, subsequent injury and drink-driving arrests. However, evidence on the effectiveness of these interventions in ethnic minority groups is lacking. The current study evaluates the efficacy of brief intervention among white, black and Hispanic patients in the USA.

Methods A two-group parallel randomised trial comparing a brief motivational intervention (BMI) against treatment as usual plus assessment (TAU+) to evaluate treatment differences in drinking patterns by ethnicity. Patients were recruited from a Level 1 urban trauma centre over a two-year period. The study included 1493 trauma patients including 668 whites, 288 blacks, and 537 Hispanics. Hierarchical linear modelling was used to evaluate ethnic differences in drinking outcomes including volume per week, maximum amount consumed in one day, per cent days abstinent and per cent days heavy drinking at six- and 12-month follow-ups. Analyses controlled for age, gender, employment status, marital status, prior alcohol treatment, type of injury and injury severity. Special emphasis was given to potential ethnic differences by testing the interaction between ethnicity and BMI.

Results At six- and 12-month follow-ups, BMI significantly reduced maximum amount consumed in a day and per cent days heavy drinking among Hispanics. Hispanics in the BMI group also reduced average volume per week at the 12-month follow-up. In addition, Hispanics in TAU+ reduced maximum amount consumed at the six- and 12-

month follow-ups and volume per week at the 12-month follow-up. Whites and blacks in both BMI and TAU+ reduced volume per week and per cent days heavy drinking at the 12-month follow-up and decreased maximum amount at six- and 12-month follow-ups. All three ethnic groups in both BMI and TAU+ reduced volume per week at the six-month follow-up and per cent days abstinent at the six- and 12-month follow-ups.

Conclusions All three ethnic groups evidenced reductions in drinking at the six- and 12-month follow-ups independent of treatment assignment. Among Hispanics (but not the other ethnic groups), BMI reduced alcohol intake significantly more as measured by average volume per week, per cent days heavy drinking and maximum amount consumed in a day. The findings of a differential benefit among Hispanics are contrary to the a priori hypothesis that brief intervention would be less effective among ethnic minorities.

For other reports on this trial see these Findings entries: [The role of ethnic matching between patient and provider on the effectiveness of brief alcohol interventions with Hispanics](#); [The effectiveness of brief intervention among injured patients with alcohol dependence: who benefits from brief interventions?](#).

Last revised 20 January 2011

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