

# Are quality and quantity of social support associated with harmful alcohol consumption? Findings from the Whitehall II study

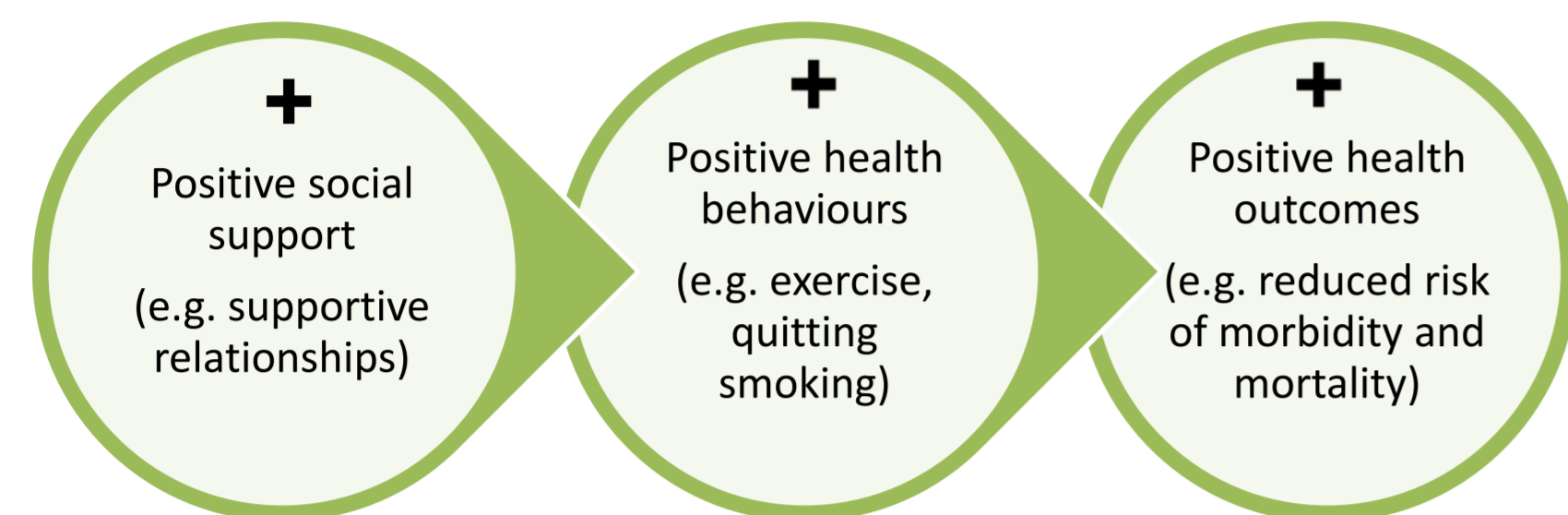
Philippa Case<sup>1</sup> and Professor Annie Britton<sup>1</sup>

<sup>1</sup> Department of Epidemiology and Public Health, University College London

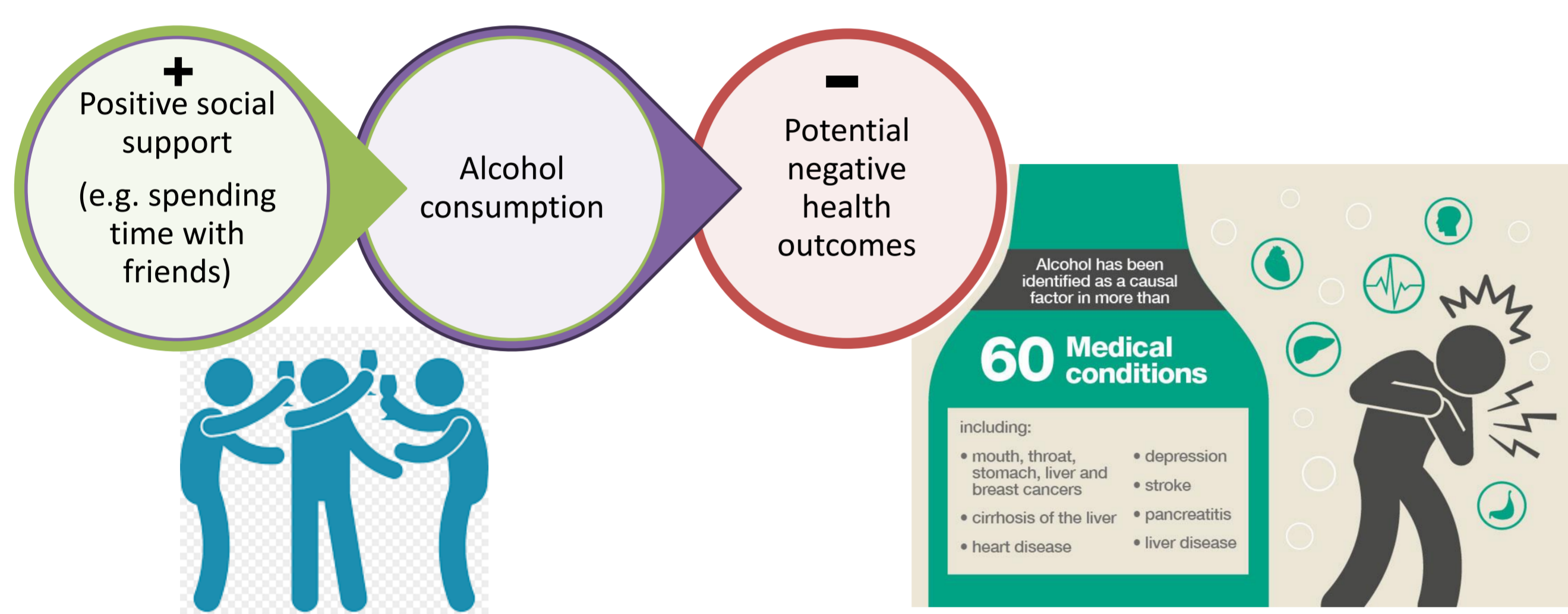


## Background

There is increasing recognition of the link between positive social support and positive health outcomes. One suggested mechanism for this relationship is via health behaviours, whereby good social support encourages positive health behaviours, which result in good health outcomes.



However, alcohol consumption often takes place in social settings and is known to be associated with a multitude of health risks.\*



Therefore alcohol is of specific interest when exploring the relationship between social support, health behaviours and health. In order for population level interventions to effectively address problematic alcohol consumption, this relationship needs to be better understood and considered within treatment and policy planning.

## Aim

To explore the relationship between quantity and quality of social support and harmful alcohol consumption amongst participants of the Whitehall II Study.

## Methodology

**Design:** Prospective cohort study of UK civil servants (Whitehall II).

**Setting:** Population based study.

**Participants:** 6401 men (n=4332) & women (n=2069) aged 35 to 55 at Phase 1 (1985).

**Measurements:**

**Outcome:** Last week alcohol consumption regrouped: non-drinkers ( $\leq 14$  units/week); increasing-risk drinkers ( $>14$  to  $\leq 35$  units/week-women,  $>14$  to  $\leq 50$  units/week-men) and higher-risk drinkers ( $>35$  units/week-women,  $>50$  units/week-men)

**Exposures:** Quantity and quality of social support from the Close Persons Questionnaire.

**Covariates:** Age, socioeconomic position, ethnicity, marital status, gender

**Statistical Analyses:** Multinomial logistic regressions (non-drinker/increasing risk drinker/higher risk drinker versus lower risk drinker): full model and models by gender

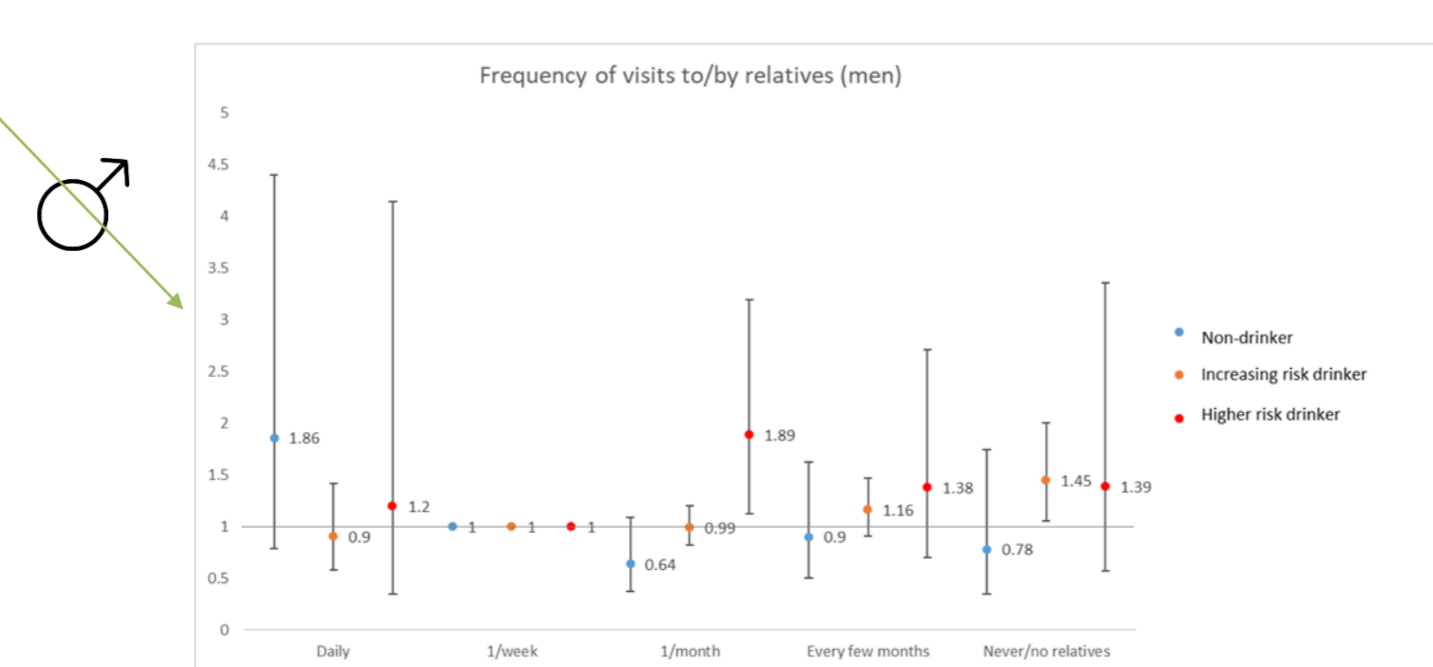
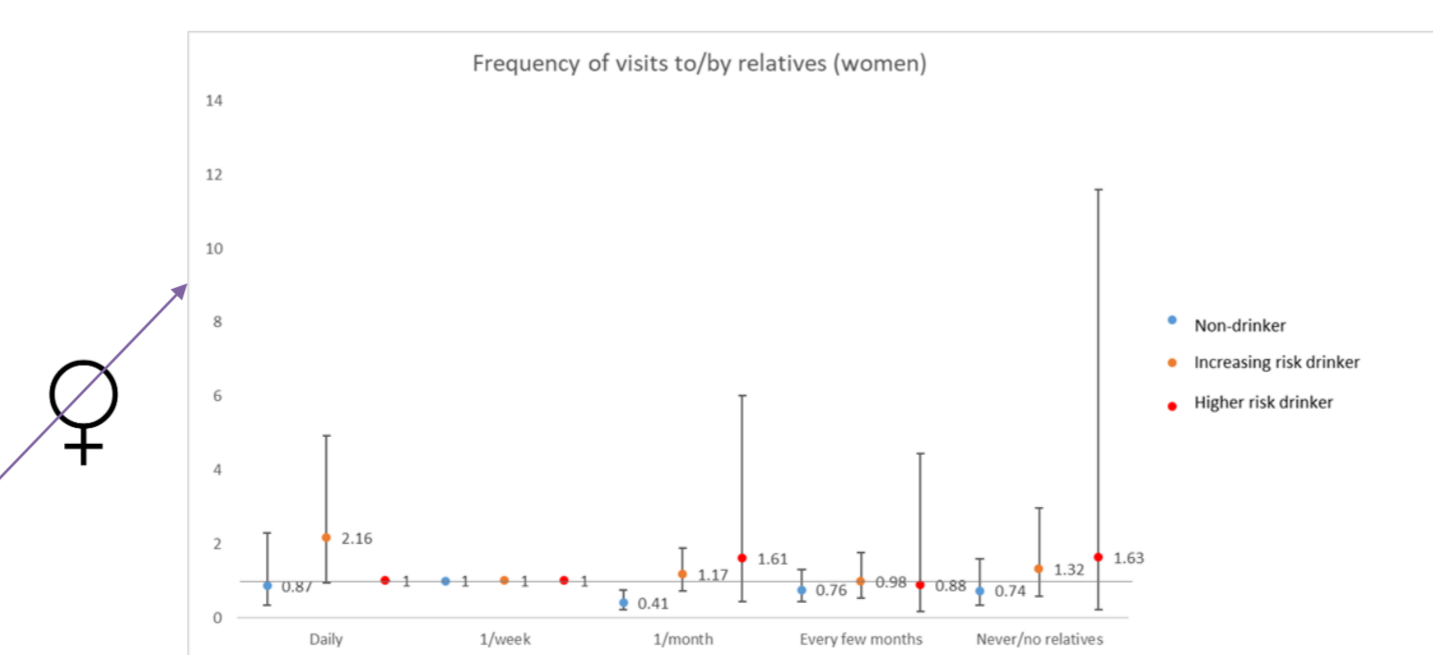
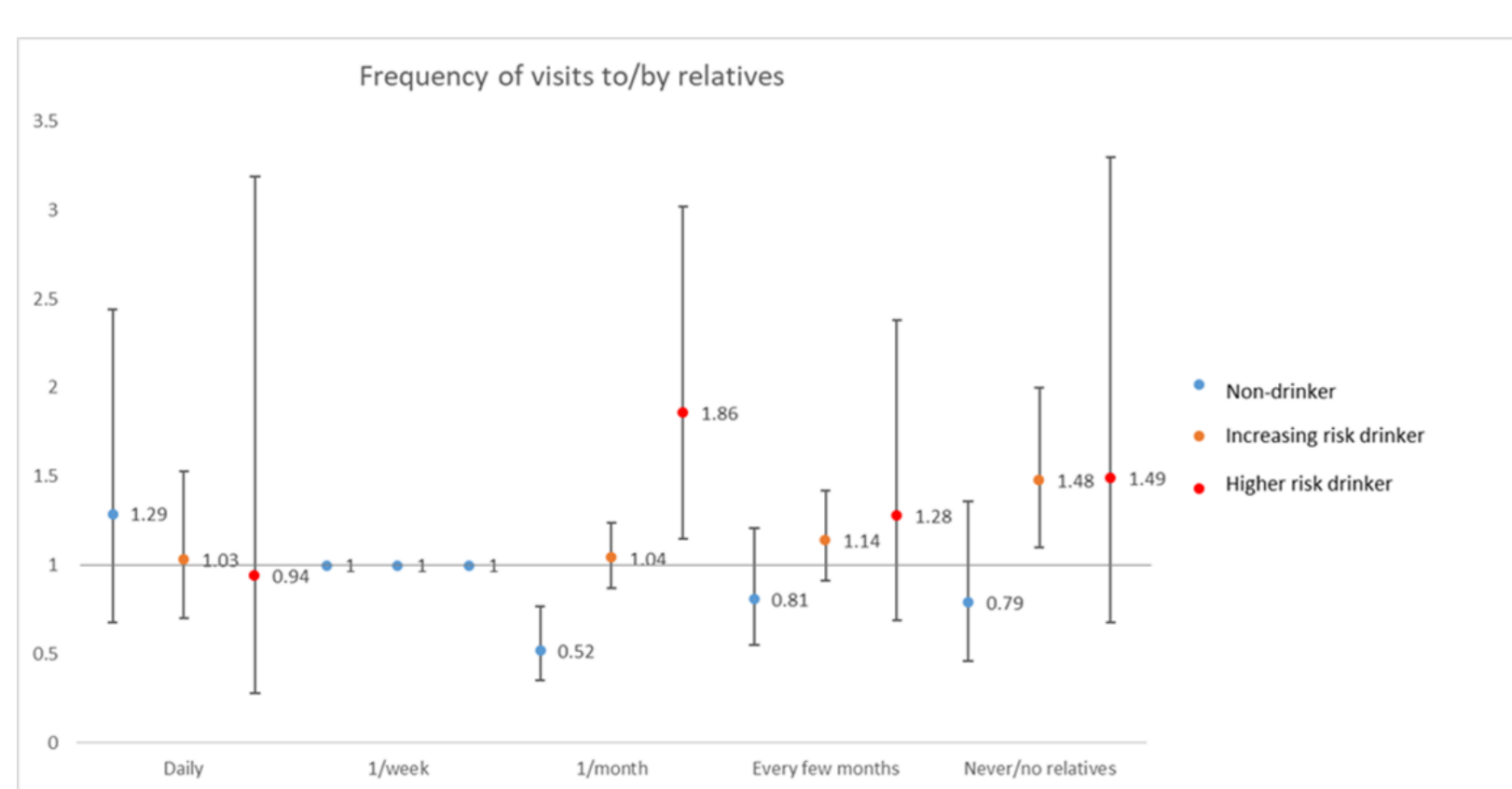
## Results

### Quantity of social support

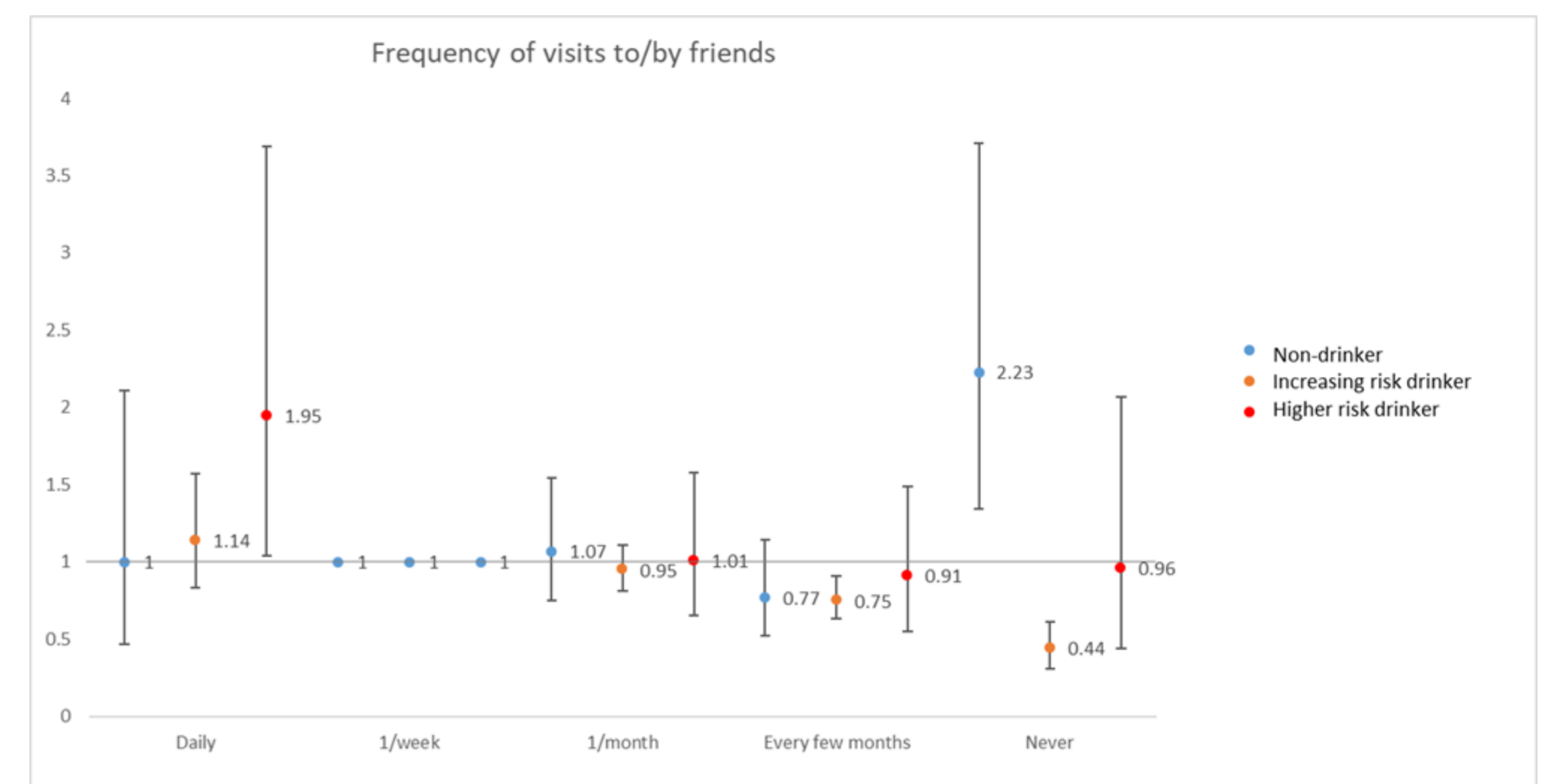
1. Frequency of visits to/by relatives was inversely related to alcohol consumption:

Participants who saw relatives more frequently were more likely to be non-drinkers and participants who saw relatives less frequently were more likely to be higher risk drinkers.

A similar pattern of results was found for women and men:



2. Participants who saw friends daily were more likely to be higher-risk drinkers and participants who never saw friends were more likely to be non-drinkers and less likely to be increasing risk drinkers.

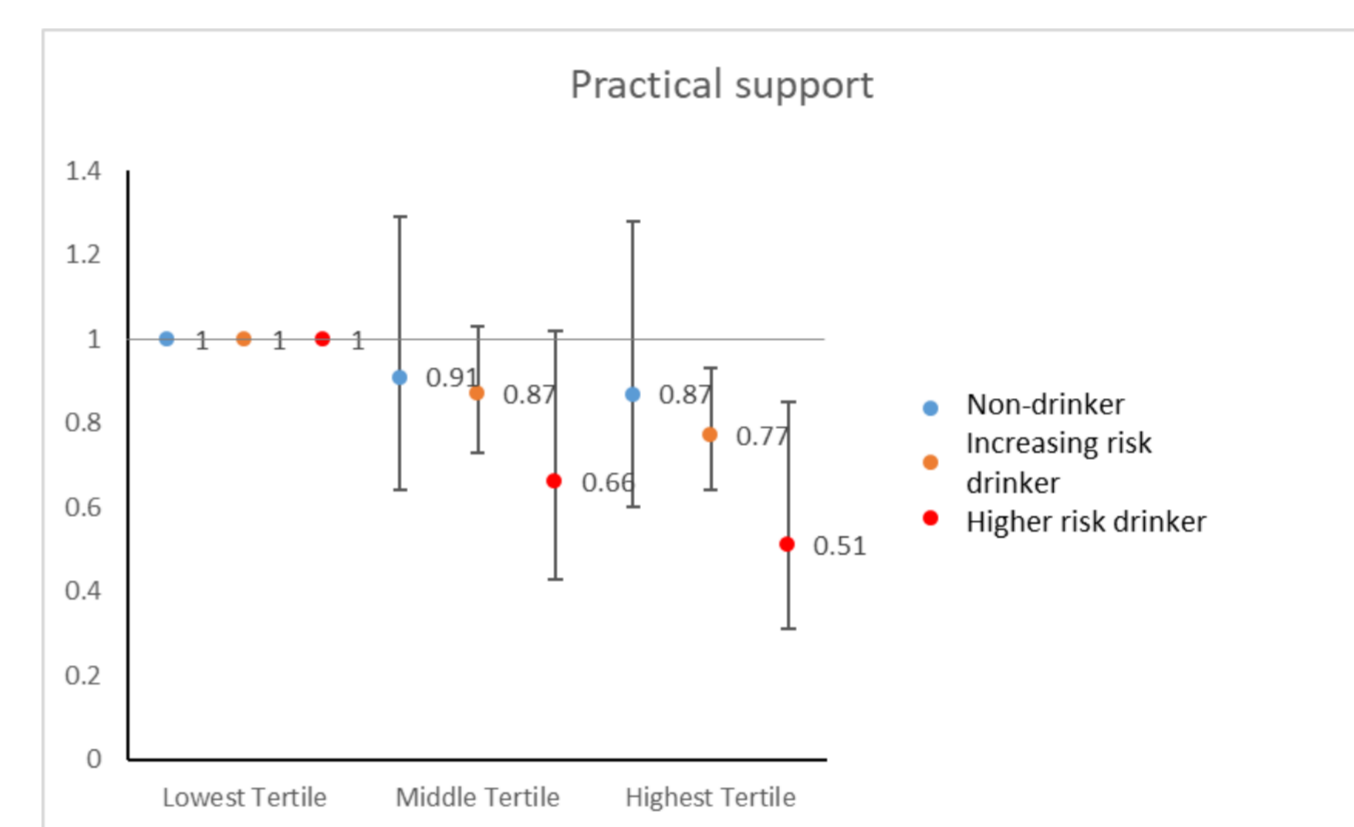


For men, this pattern of results was replicated.

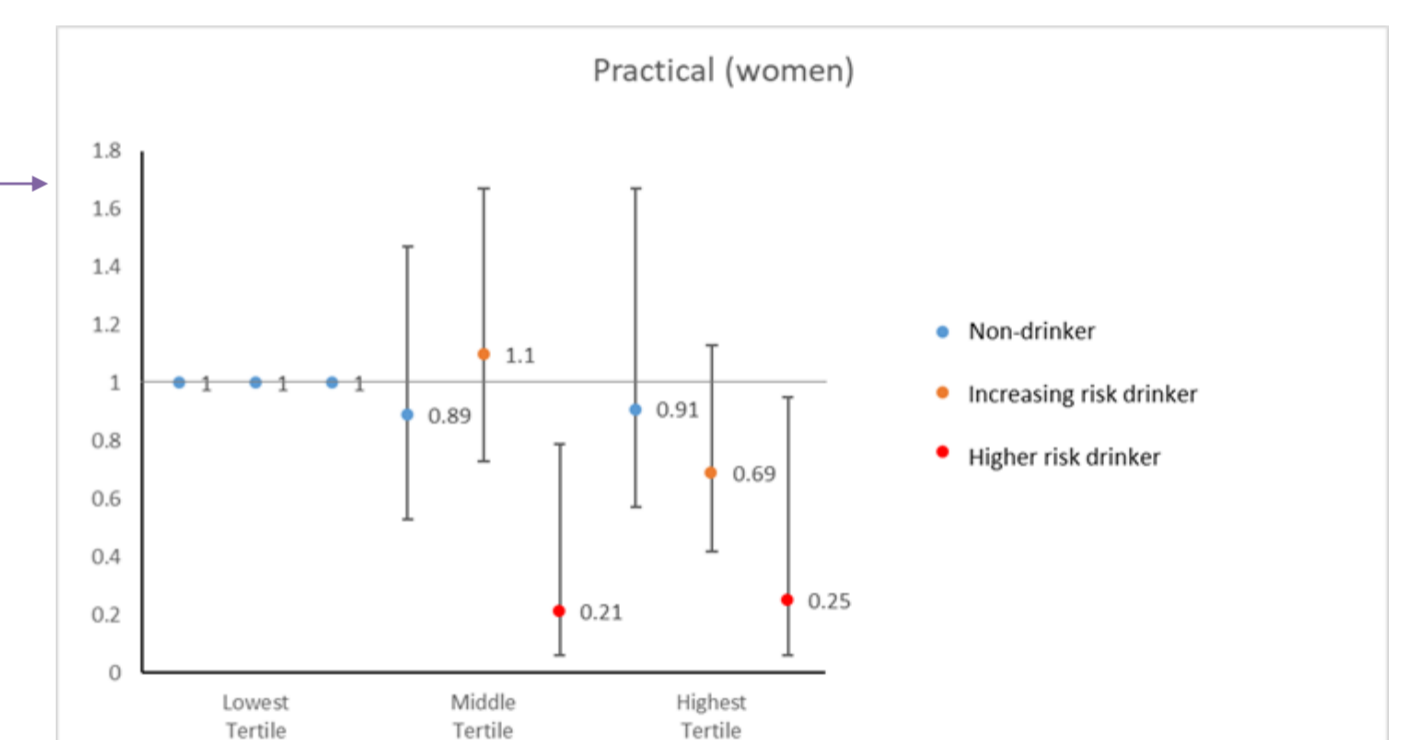
For women, frequency of seeing friends was not significantly associated with alcohol consumption

### Quality of social support

3. Participants who experienced the highest levels of practical support were less likely to be increasing or higher risk drinkers.

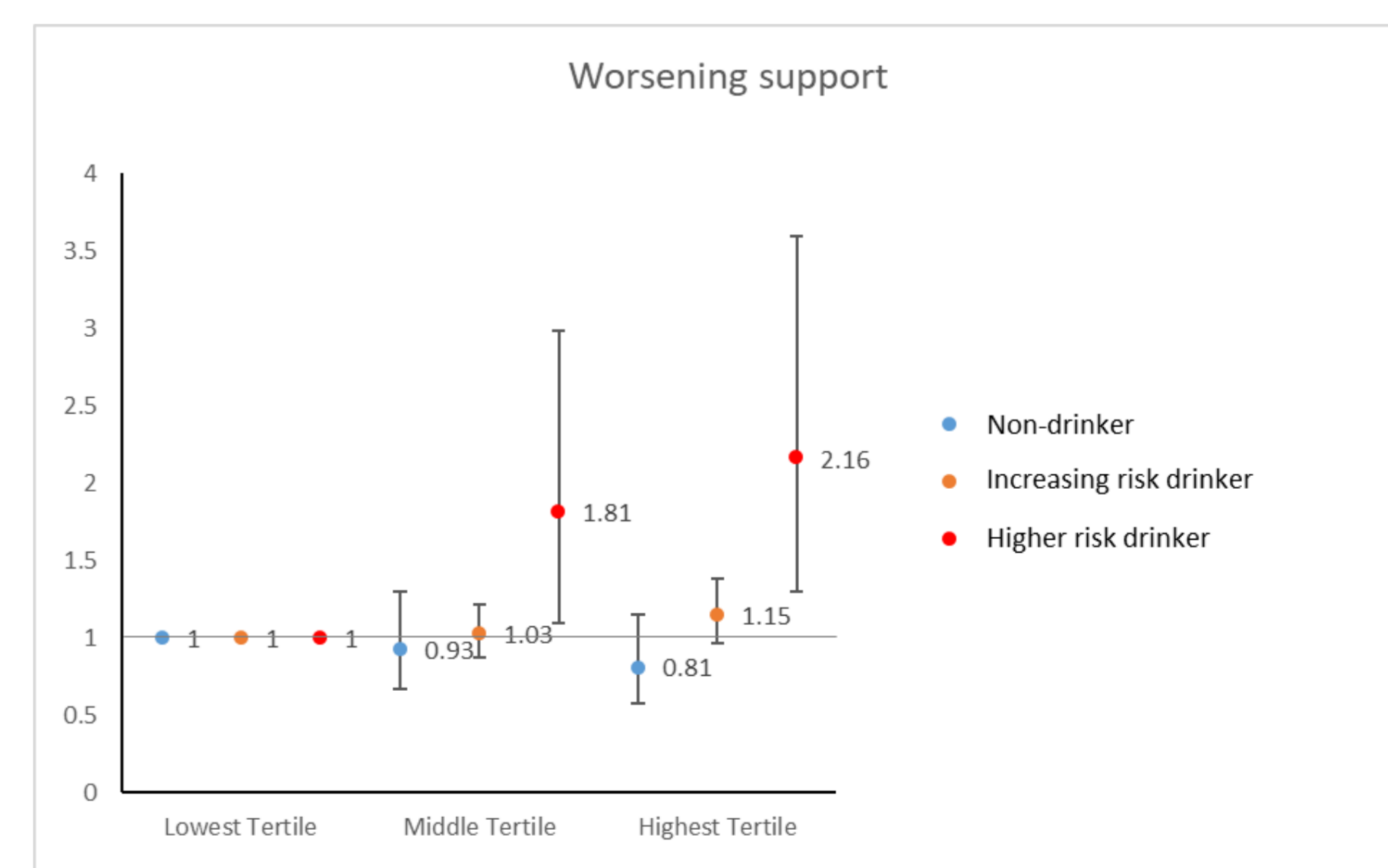


For women, both those in the middle and highest tertiles for practical support were less likely to be higher risk drinkers



For men, practical support was not significantly associated with alcohol consumption

4. Participants who experienced the highest levels of worsening support were more likely to be higher risk drinkers.



This pattern was replicated amongst men.

For women, worsening support was not significantly associated with alcohol consumption

## Conclusions

- Seeing relatives less frequently and seeing friends more frequently were associated with higher levels of alcohol consumption.
- Different aspects of the quality of relationships were associated with alcohol consumption for men and women, with good practical support associated with less drinking in women, and higher worsening (negative) support associated with higher levels of drinking in men.
- Both the quantity and quality of social support was associated with alcohol consumption in Whitehall II participants, although different aspects were important depending upon gender.

## Next Steps

- To explore longitudinal associations between social support and alcohol consumption to identify the direction of causality in these associations.

### ACKNOWLEDGEMENTS:

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