

ALCOHOL MISUSE

Pour Over Stigma's Impact
on Communities Seeking
and Receiving Timely
Interventions



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Alcohol use is prevalent worldwide and within the United States. While women are advised to consume no more than one alcoholic drink per day and men no more than two per day, nearly 1 in 6 adults in the United States are considered binge drinkers.¹

Excessive drinking is a major contributor to preventable disease and death. The harms associated with excessive alcohol use can affect anyone, regardless of sex, racial or ethnic background, or geographic area. In the United States, approximately 178,000 people die each year due to excessive alcohol use.²

To ensure that people who drink at harmful levels receive the appropriate support, alcohol misuse must be addressed early. Primary care and other health care settings are ideal for screening and providing brief intervention, an evidence-based practice that may involve all members of the interprofessional health care team. Unfortunately, opportunities are often missed due to a lack of familiarity with sociodemographic, behavioral, and psychosocial factors that influence how alcohol use is perceived and addressed. Ethical concerns such as stigma, cultural sensitivity, and nonjudgmental care are essential to maximize the role of medical assistants in substance misuse prevention.

Stigma and Intersecting Identities

Gender Bias

Alcohol use among women has increased significantly in recent years,³ narrowing the gender gap in alcohol consumption and related disorders. Meanwhile, women are disproportionately affected by stigma when they experience alcohol-related problems. Unlike men, whose alcohol use may be minimized, excused, or expected, women who misuse alcohol often face moral judgment. Such stigma deters patients from seeking help.⁴

Stigma against women with alcohol use disorders is rooted in gender stereotypes that define women as caregivers, mothers,

and nurturers. These roles are often seen as incompatible with substance use, leading to perceptions of irresponsibility. Women and pregnant persons may avoid disclosing their alcohol use for fear of being judged by health care providers or of having their parenting questioned. In some cases, they may fear losing custody of their children.⁵ This fear contributes to a treatment gap. Although women often experience more severe, faster-acting health consequences from alcohol at lower levels of consumption than men,⁶ they are less likely to receive timely interventions.⁵⁻⁷

Stigma is further magnified for women who belong to marginalized groups, including women of color, LGBTQ+ individuals,⁸ and those with low socioeconomic status.⁹ These intersecting identities can result in compounded discrimination, limited access to culturally competent care, additional barriers to recovery, and disparities in alcohol-related harms.¹⁰

Racial Bias

White Americans tend to report the highest prevalence of alcohol use,^{1,10} while American Indian and Alaska Native communities experience the highest rates of alcohol-related harm.¹⁰ Black and Hispanic individuals often have lower consumption rates but may encounter greater stigma or health care disparities, leading to worse outcomes.¹¹

Cultural attitudes toward alcohol, religious practices, and community norms significantly influence drinking behavior. Structural issues such as racism, poverty, and health care inequities also contribute to disparities in both alcohol use and outcomes.¹¹ For instance, the marketing of alcohol in low-income and minority communities has been linked to increased consumption and harm.

Understanding these

There is no known safe time—and no known safe amount—to drink alcohol during pregnancy or when trying to get pregnant.

differences—while avoiding stereotyping or making assumptions—is necessary for developing targeted prevention and intervention strategies that are culturally appropriate and equitable. Medical assistants can enhance the quality of care for all patients by recognizing cultural and community-specific patterns, using culturally appropriate screening tools, and connecting patients with targeted support services.

Challenges Unique to Rural Communities

Data from the Centers for Disease Control and Prevention reveal that alcohol-related death rates have increased more rapidly in rural areas compared to urban areas. Notably, by 2018, the rates of alcohol-related

deaths in rural areas were 18% higher for males and 23% higher for females compared to their urban counterparts.¹²

Several factors contribute to these trends in rural communities:

- **Cultural norms:** In some rural communities, alcohol consumption is deeply embedded in social traditions and gatherings. Activities like county fairs, hunting and fishing trips, cook-outs, and sports events often involve drinking as a customary part of the experience. This normalization can make heavy or frequent drinking seem acceptable.
- **Limited recreational activities:** Fewer entertainment options may lead individuals to engage in alcohol use as a primary form of leisure.
- **Mental health challenges:** Higher rates of depression and anxiety, coupled with limited access to mental

health services, can lead to alcohol use as a coping method.

- **Stigma and privacy concerns:** The close-knit nature of many rural communities may deter individuals from seeking help due to fears about confidentiality and social repercussions.

Moreover, the health care infrastructure in rural areas is often under-resourced. Fewer providers, longer travel distances, and a shortage of behavioral health clinicians result in missed opportunities for early screening and intervention. Additionally, public transportation limitations and a lack of anonymity further discourage seeking treatment.

Alcohol Misuse Prevention Strategies

Medical assistants are uniquely

Patterns of Alcohol Use

Patterns of alcohol use differ among racial and ethnic populations, according to the 2023 National Survey on Drug Use and Health¹⁵:

- **White Americans** tend to report the highest rates of alcohol use, with about 52% of people aged 12 or older reporting alcohol consumption in the past month.¹⁵
- **Black adults** report lower current drinking rates (43%)¹⁵ but may face disproportionate harm from alcohol, such as higher rates of alcohol-related liver disease.¹⁰ They have higher rates of alcohol-related chronic diseases despite lower consumption rates,¹⁰ likely due to differences in health care access, comorbid conditions, and social determinants of health.
- **Hispanic adults** have lower drinking rates (approximately 41%)¹⁵ but have the highest rates of death from liver cirrhosis.¹⁰ There are also disparities in alcohol treatment use among Hispanic adults.¹¹
- **Asian Americans** generally have lower rates of alcohol use (33%),¹⁵ though subgroups such as Korean and Japanese Americans may have higher rates of alcohol use within this population category.¹⁰
- **American Indian and Alaska Native (AIAN) populations** have the lowest overall rates of past-month use (30%)¹⁵ but experience significantly higher rates of heavy drinking and alcohol-related mortality. AIAN people have the highest rates of alcohol-attributable deaths per capita.⁶

positioned to help address excessive alcohol use through ethical, compassionate, and practical interventions. As trusted health care professionals who have unparalleled rapport with patients, medical assistants can contribute meaningfully to early identification and support individuals at risk of alcohol misuse.

Several strategies can help medical assistants increase their knowledge, skills, and confidence:

1. **Engage in continuing education:** Stay informed about the latest guidelines on alcohol misuse prevention and treatment. Participating in regular training ensures competence and confidence in addressing alcohol-related issues.
2. **Reflect and improve:** Engage in regular self-reflection and seek feedback to enhance your communication skills, cultural awareness, and ability to recognize biases. Reflect on your attitudes and beliefs toward substance use, which are shaped by cultural, personal, and societal factors. Strive to separate these beliefs from your clinical interactions. Personal development enriches professional impact.
3. **Incorporate routine, universal screening:** Use validated screening tools such as the Alcohol Use Disorders Identification Test, Adapted for Use in the United States (USAUDIT) questionnaire¹³ during routine patient intake. Embedding alcohol screening and brief interventions into routine primary care visits can help identify excessive drinking behaviors early and normalize conversations about alcohol use in a confidential setting.
4. **Practice nonjudgmental communication:** Foster a respectful and stigma-free

Binge drinking is the most common form of excessive drinking and is defined as consuming four or more drinks on a single occasion for women and five or more drinks on a single occasion for men.¹³

Heavy drinking is consuming eight or more drinks in one week for women or 15 or more drinks per week for men. This term also includes any alcohol use by pregnant people or those under the age of 21.¹³

environment by using empathetic language. This approach promotes trust and encourages patients to discuss sensitive issues more openly, without fear of criticism or moral judgment. This method helps individuals feel respected and heard, which is crucial in encouraging honest disclosure about alcohol use. Avoiding assumptions based on appearance, background, or behavior is vital. Individuals from all walks of life can experience challenges with alcohol, and each case should be approached with empathy and openness.

5. **Listen actively:** Demonstrate active listening by reflecting on the patient's concerns and summarizing their statements to demonstrate understanding.
6. **Provide messages to motivate behavior change:** Engage patients

in short, motivational conversations¹⁴ that raise awareness of harmful drinking patterns and support behavior change.

7. **Respect patient autonomy:** Recognize the patient's right to make decisions about their health. Provide information without pressure and support patients regardless of their readiness to change.

8. **Collaborate with the care team:** Work closely with nurses, physicians, behavioral health clinicians, and social workers to ensure comprehensive care. Share observations and inform patients of referrals authorized by the treating provider while maintaining confidentiality.
9. **Advocate for a supportive environment:** Encourage clinics and health care settings to prioritize reducing stigma, promoting cultural competency, and implementing inclusive practices. This can be achieved through policy development, team training, and quality improvement initiatives.

Additionally, health care providers and personnel can target rural communities through these strategies:

- **Expand telehealth and mobile services:** Mobile health units and digital platforms offer innovative ways to provide medically underserved populations with counseling and treatment.
- **Tailor education and outreach to the community:** Public health campaigns that resonate with rural values can help reduce stigma and encourage help-seeking behavior. Partnerships with local organizations, such as schools, churches, and businesses, can enhance outreach



efforts. Likewise, peer support groups and women-focused recovery programs provide safe spaces in which women can share their experiences without fear of judgment.

- **Increase funding for training and workforce development in rural areas:** Investing in the education and training of rural health care staff on substance use disorders is crucial for enhancing early detection and referral systems.

Nonjudgmental Care

Reducing stigma requires a multifaceted approach. Health care professionals must adopt a trauma-informed, nonjudgmental approach to screening and intervention. Public health campaigns that portray women with alcohol use disorders as individuals deserving of empathy and support, rather than blame, can also help shift societal perceptions.

Creating a clinical culture that prioritizes respect, dignity, and inclusivity reinforces the nonjudgmental approach. Staff-wide policies and training that emphasize stigma reduction can ensure that all health care professionals, including medical assistants, contribute to a welcoming and supportive environment. Medical assistants should emphasize that seeking help is a sign of strength and that support systems are in place to assist patients and to be used.

By integrating ethical principles with practical skills, medical assistants can play a critical role in addressing alcohol misuse. Through education, compassion, and collaboration, medical assistants can contribute significantly to reducing the prevalence and consequences of excessive alcohol use across a variety of patient populations. ♦



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The CE test for this article can be found on page 29.



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Vocab to Voice

Language plays a key role in creating a nonjudgmental environment. Medical assistants should use person-first and strength-based language—for example, saying “a person with an alcohol use disorder” or “individual in recovery” rather than “alcoholic.” This subtle shift in terminology reinforces the view that individuals are not defined by their condition and are capable of recovery.

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