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PREVENTING ALCOHOL-RELATED HARM

RESEARCH SUMMARY
Date Compiled: July 2021

Key takeaways from included research:

- Countries with policies that reduce alcohol's affordability or days/hours of sales tend to have fewer alcohol-attributable homicides, regardless of their income level. Alcohol-attributable homicide rates are highest in low- and middle-income countries; policies that raise alcohol-relative prices may hold promise for curbing these harms.

- Underage youth drank 11.73% of the alcoholic drinks sold in the U.S. market in 2011 and 8.6% in 2016. Total sales revenue attributable to underage consumption was $20.9 billion (10.0%) out of a total of $208.0 billion in 2011 and $17.5 billion (7.4%) out of $237.1 billion in 2016. Three alcoholic beverage companies represented nearly half (44.7%) of the market share of beverages consumed by underage youth.

- Perceived availability of marijuana, alcohol, and vaping devices declined during the pandemic of 2020. Perceived availability of marijuana and alcohol declined across the two Monitoring the Future survey waves at the largest levels ever recorded in the 46 years of the project. Despite these declines, prevalence levels did not significantly change across the two waves for marijuana use in the past 30 days or for binge drinking in the past two weeks.

- A new study indicates individuals with alcohol use disorder (AUD) commonly utilize health care and are often screened about alcohol use, but few receive treatment.

ALCOHOL POLICY SCORES AND ALCOHOL-ATTRIBUTABLE HOMICIDE RATES IN 150 COUNTRIES
July 2021

Abstract

Introduction: More comprehensive state-level alcohol policy environments are associated with lower alcohol-attributable homicide rates in the U.S., but few studies have explored this internationally. This study tests whether 3 national-level alcohol policy scores are associated with alcohol-attributable homicide rates.

Methods: Data were from the 2016 WHO Global Survey on Alcohol and Health and the 2017 Global Burden of Disease Study (N=150 countries). In 2020, the authors calculated domain-specific alcohol policy scores for physical availability, marketing, and pricing policies. Higher scores represented more comprehensive/restrictive alcohol policy environments. Negative binomial regressions with Benjamini–Simes–Hochberg multiple testing correction measured the associations between policies and alcohol-attributable homicide rates. Authors stratified countries by World Bank income group to determine whether the associations differed among low- and middle-income countries.

Results: A 10% increase in the alcohol policy score for pricing was associated with an 18% lower alcohol-attributable homicide rate among all the countries (incidence rate ratio=0.82, adjusted p-value or q<0.001) and with a 14% (incidence rate ratio=0.86, q=0.01) decrease among 107 low- and middle-income countries. More controls on days and times of retail sales (incidence rate ratio=0.96, q=0.01) and affordability of alcohol (incidence rate ratio=0.95, q=0.04) as well as adjusting excise taxes for inflation (incidence rate ratio=0.96, q<0.01) were associated with a 4%–5% lower alcohol-attributable homicide rate in the full sample.

Conclusions: Countries with policies that reduce alcohol's affordability or days/hours of sales tend to have fewer alcohol-attributable homicides, regardless of their income level. Alcohol-attributable homicide rates are highest in low- and middle-income countries; policies that raise alcohol-relative prices may hold promise for curbing these harms.

Source: Trangenstein, PJ, Peddireddy, SR, Cook, WK, Rossheim, ME, Monteiro, MG, & Jernigan, DH. (2021). Alcohol policy scores and alcohol-attributable homicide rates in 150 countries. *American Journal of Preventive Medicine*. doi.org/10.1016/j.amepre.2021.03.020

COMPANY-SPECIFIC REVENUES FROM UNDERAGE DRINKING
June 2021

Abstract

Objective: Alcohol is the most commonly used illegal drug among U.S. high school students. This study aimed to estimate the proportion of drinks and sales revenue accruing to alcoholic beverage companies that were attributable to underage consumption in 2011 and 2016.

Method: We used national survey data to estimate the number of adult and underage past-30-day drinkers, median volume of alcohol consumed, beverage preferences, and alcohol price by beverage type. We used Impact Databank to determine the total number of alcoholic drinks sold. After adjusting for underreporting, we applied the percentage of alcohol reported to be consumed by underage youth on surveys to the alcohol sales data by beverage type and assigned a beverage-specific cost.

Results: Underage youth drank 11.73% of the alcoholic drinks sold in the U.S. market in 2011 and 8.6% in 2016. Total sales revenue attributable to underage consumption was $20.9 billion (10.0%) out of a total of $208.0 billion in 2011 and $17.5 billion (7.4%) out of $237.1 billion in 2016. Three alcoholic beverage companies represented nearly half (44.7%) of the market share of beverages consumed by underage youth.

Conclusions: Despite the alcoholic beverage industry's stated commitment to reducing underage drinking, significant revenues appear to accrue from this activity. This presents an opportunity to enact and enforce policies—such as alcohol taxes or required company funding of independently managed youth drinking prevention initiatives—that recover these revenues from the industry and use them to help achieve the goal of preventing youth alcohol consumption.

Source: Eck, RH, Trangenstein, PJ, Siegel, M & Jernigan, DH. (2021). Company-specific revenues from underage drinking. *Journal of Studies on Alcohol and Drugs*, 82, 368-376. doi:10.15288/jsad.2021.82.368

ADOLESCENT DRUG USE BEFORE AND DURING U.S. NATIONAL COVID-19 SOCIAL DISTANCING POLICIES

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Abstract

Background: How adolescent substance use and perceived availability of substances have changed during the COVID-19 pandemic remain largely unknown. Substantial reduction in availability of substances would present a unique opportunity to consider the supply-side hypothesis that reductions in drug availability will lead to reductions in drug prevalence.

Methods: Longitudinal data come from Monitoring the Future and are based on responses from 582 adolescents who were originally surveyed as part of a national sample of 12th grade students in early 2020, one month before social distancing policies began. They were surveyed again after social distancing policies were implemented, in the summer of 2020.

Results: Perceived availability of marijuana and alcohol declined across the two survey waves at the largest levels ever recorded in the 46 years of the project, by an absolute 17 %, $p < .01$ and 24 %, $p < .01$, respectively. Despite these declines, prevalence levels did not significantly change across the two waves for marijuana use in the past 30 days or for binge drinking in the past two weeks. Perceived availability of vaping devices significantly declined, from 73 % to 63 %, as did nicotine vaping prevalence in the past 30 days, from 24 % to 17 %.

Conclusions: Perceived availability of marijuana, alcohol, and vaping devices declined at historic rates during the pandemic of 2020. Lack of accompanying reductions in prevalence for marijuana and binge drinking demonstrates the substantial challenges facing a supply-side approach to the reduction of adolescent use of these substances.

Source: Miech, R, Patrick, ME, Keyes, K, O'Malley, PM & Johnston, L. (2021). Adolescent drug use before and during U.S. national COVID-19 social distancing policies, *Drug and Alcohol Dependence*, 226. doi: 10.1016/j.drugalcdep.2021.108822

A CASCADE OF CARE FOR ALCOHOL USE DISORDER: USING 2015–2019 NATIONAL SURVEY ON DRUG USE AND HEALTH DATA TO IDENTIFY GAPS IN PAST 12-MONTH CARE

May 2021

Background: Although effective treatments exist, alcohol use disorder (AUD) is undertreated. We used a cascade of care framework to understand gaps in care for persons with AUD.

Methods: Using 2015–2019 National Survey on Drug Use and Health data, we evaluated the following steps in the cascade of care: (1) adult prevalence of AUD; (2) proportion of adults with AUD who utilized health care in the past 12 months; (3) proportion with AUD screened about their alcohol use; (4) proportion with AUD who received a brief intervention about their alcohol misuse; (5) proportion with AUD who received information about treatment for alcohol misuse; and (6) proportion with AUD who received treatment. Analyses were stratified by AUD severity.

Results: Of the 214,505 persons included in the sample, the weighted prevalence of AUD was 7.8% (95% CI 7.6–8.0%). Cascades of care showed the majority of individuals with AUD utilized health care in the past 12 months [81.4% (95% CI 80.7–82.1%)] and were screened about alcohol use [69.9% (95% CI 68.9–70.8%)]. However, only a minority of individuals received subsequent steps of care, including 11.6% (95% CI 11.0–12.2%) who reported receiving a brief intervention, 5.1% (95% CI 4.6–5.6%) who were referred to treatment, and 5.8% (95% CI 5.4–6.3%) who received treatment. Similar patterns were observed when cascades of care were stratified by AUD severity.

Conclusions: Persons with AUD commonly utilize health care and are often screened about alcohol use, but few receive treatment. Healthcare settings—particularly primary care settings—represent a prime opportunity to implement AUD treatment to improve outcomes in this high-risk population.

Source: Mintz, CM, Hartz, SM, Fisher, SL, Ramsey, AT, Geng, EH, Grucza, RA & Bierut, LJ. (2021). A cascade of care for alcohol use disorder: Using 2015–2019 National Survey on Drug Use and Health data to identify gaps in past 12-month care. *Alcoholism: Clinical and Experimental Research*, 45: 1276-1286. doi.org/10.1111/acer.14609