



RESEARCH SUMMARY
Date Compiled: January 2024

Key takeaways from included research:

- This study was conducted in California to examine rates of alcohol overservice and service refusal among licensed on-premise establishments. Researchers utilized pseudo-patrons and found that only 21% of establishments refused them alcohol service. Alcohol overservice to already intoxicated patrons continues to be an issue and could be addressed by making responsible beverage service training mandatory for all servers.
- A new study looked at the relationship between state-level alcohol and cannabis policies. They assessed Alcohol Policy Scale (APS) and Cannabis Policy Scale (CPS) scored between 1999 to 2019 and found that on average APS scored increased modestly (became more restrictive) while CPS scores decreased (became less restrictive). Researchers concluded that while cannabis policies became more liberalized, but alcohol policies stayed stable and did not differ by the degree of cannabis policy liberalization.
- An Australian study aimed to examine the cost impact of alcohol-related harms at the local level in New South Wales (NSW). They determined the total cost of alcohol-related harms in NSW alone was estimated to be \$9 billion or \$120.3 million per 100,000 population. Costs included alcohol-attributable premature mortality, non-fatal health care costs, and crime costs. Researchers indicated the economic evidence can be used to improve the quality of decision on alcohol regulation and policies and reduce harms and costs.
- A systematic review looked at the relationship between alcohol consumption and disrupted circadian rhythms. Based on previous research, researchers determined that social jet lag and eveningness were consistently associated with increased alcohol consumption and the relationship between night shift work and alcohol consumption was variable.
- As a result of the COVID-19 pandemic there was a significant increase in telehealth for alcohol and other drug treatments. This study examined experiences of people receiving these treatments and their preferences regarding future care. Researchers found that location and socioeconomic status impacted clients' ability to access reliable and private care; generally, telehealth was associated in increased treatment engagement; and participants expressed preference for a hybrid treatment model.

SERVING ALCOHOL TO AN “OBVIOUSLY INTOXICATED” PATRON

December 2023

Objective: Alcohol over-service at on-premises establishments is associated with driving while intoxicated, violence and other harms. This study examined rates of alcohol over-service and service refusal among licensed on-premises establishments in northern California, and characteristics of establishments, servers, and pseudo-patrons (PPs) that may be associated with service refusal.

Method: In 2022, 300 licensed on-premises establishments were sampled in nine counties representing the San Francisco Bay Area. From July, 2022 to January 2023, PP and observer teams visited each establishment, and PPs attempted to buy alcohol while displaying obvious signs of intoxication. The outcome of each purchase attempt and characteristics of establishments, servers, PPs, and month, day, and time were recorded. Descriptive and regression analyses were conducted to address study objectives.

Results: Twenty-one percent of the establishments refused alcohol service to PPs. No establishment or server characteristics were significantly associated with service refusal in logistic regression analysis; nor were month, day or time. However, service refusal was significantly more likely among female PPs (odds ratio = 3.71, 95% CI [1.67, 8.24], $p < .01$) and PPs displaying obvious or very obvious signs of intoxication (odds ratio = 9.28, 95% CI [1.99, 43.40], $p < .01$). There was no significant interaction effect of PP \times server gender on the likelihood of service refusal.

Conclusions: This study indicates that alcohol over-service to obviously intoxicated patrons remains common at licensed on-premises establishments. Mandatory responsible beverage service training of servers and enforcement of alcohol over-service laws are needed to address to reduce over-service and related harms.

Source: Saltz, R., Paschall, M. J., O’Hara, S., Buller, D. B., Woodall, W. G., & Martinez, L. (2023). Serving alcohol to an “obviously intoxicated” patron. *Journal of studies on alcohol and drugs*, jsad-23. <https://doi.org/10.15288/jsad.23-00253>

RELATIONSHIPS BETWEEN ALCOHOL AND CANNABIS POLICIES IN U.S. STATES, 1999-2019

December 2023

Objective: A critical question regarding the public health impacts of cannabis legalization is its impact on alcohol consumption and alcohol-related harm, but little is known about whether changing cannabis policies are occurring in liberal or restrictive alcohol policy environments, which likely affect public health impacts. We constructed comprehensive state-level alcohol and cannabis policy indices and explored relationships between them.

Method: We assessed relationships between the Alcohol Policy Scale (APS) and the Cannabis Policy Scale (CPS) from 1999 to 2019. The APS and CPS were based on 29 and 17 state-level policies, respectively, which are each policy was weighted for its relative efficacy and degree of state-year implementation.

Results: From 1999 to 2019, average state APS scores increased modestly (became more restrictive) by 4.11 points (2019 mean: 43.23, range: 24.44-66.31) and average CPS scores decreased (became less restrictive) by 15.33 points (2019 mean: 76.40, range: 29.40-95.74) on a 100-point scale. In 2019, average APS scores were similar among states that prohibited (criminalized) possession of cannabis (42.00), decriminalized possession (41.33), legalized medical cannabis (44.36), and legalized recreational cannabis (43.32). Across states, there was no correlation between the restrictiveness of state-level alcohol and cannabis policies ($r=0.03$, $p=0.37$) in unadjusted models, although there was some variation by time, geographic region, and political party, with a weak negative correlation in state fixed effects models.

Conclusions: While cannabis policies liberalized rapidly from 1999 to 2019, alcohol policies stayed relatively stable and did not differ by degree of cannabis policy liberalization. In general, there were weak associations between cannabis and alcohol policies among states; however, there was some temporal, regional and political variation.

Source: Naimi, T. S., Lira, M. C., Pessar, S. C., Smart, R., Blanchette, J., & Pacula, R. L. (2023). Relationships between alcohol and cannabis policies in US states, 1999-2019. *Journal of studies on alcohol and drugs*, jsad-23. <https://doi.org/10.15288/jsad.23-00035>

THE ECONOMIC COSTS OF ALCOHOL-RELATED HARMS AT THE LOCAL LEVEL IN NEW SOUTH WALES **January 2024**

Introduction: Alcohol is a harmful, toxic and addictive substance that causes many diseases and injuries. Alcohol use also incurs a financial cost to the health care system and wider economy. This project aimed to undertake a cost impact analysis of alcohol-related harms at the local level in New South Wales (NSW). The alcohol-related harms costing model is an interactive tool designed for use by local health districts, stakeholders such as Liquor and Gaming NSW, NSW Independent Liquor and Gaming Authority and community stakeholders.

Methods: Costs included in the analysis were alcohol-related hospitalisations, deaths, crimes, emergency department attendances, outpatient presentations and their impacts on productivity. Two local government areas (LGA) were used as case studies to demonstrate local impacts.

Results: In 2019–2020, the total cost of alcohol-related harms for NSW was estimated at \$9 billion, at a rate of \$120.3 million per 100,000 population. The total costs were comprised of alcohol-attributable premature mortality (\$8.3 billion), non-fatal health care costs (\$275 million) and crime costs (\$457 million). A comparative analysis of two case study LGAs estimated that alcohol-related harms cost \$195 million for the Northern Beaches LGA and \$351 million for the Central Coast LGA.

Discussion and Conclusions: This research has developed a ‘proof-of-concept’ model to estimate the cost of alcohol-related harms at the local level in Australia, empowering health agencies and local community stakeholders to use economic evidence in their submissions in response to new liquor licence applications and other policies that impact their local community. This economic evidence can be used to improve the quality of decisions on alcohol regulation and policies. There are a number of future research opportunities that would enhance the economic evidence available to liquor licensing decision-makers.

Source: Crosland, P., Angeles, M. R., Noyes, J., Willman, A., Palermo, M., Klarenaar, P., ... & Ananthapavan, J. (2024). The economic costs of alcohol-related harms at the local level in New South Wales. *Drug and Alcohol Review*. <https://doi.org/10.1111/dar.13794>

DISRUPTION OF CIRCADIAN RHYTHMS PROMOTES ALCOHOL USE: A SYSTEMATIC REVIEW **December 2023**

Abstract

This systematic review investigates the bidirectional relationship between alcohol consumption and disrupted circadian rhythms. The goal of this study was to identify (i) the types of circadian rhythm disruptors (i.e. social jet lag, extreme chronotypes, and night shift work) associated with altered alcohol use and (ii) whether sex differences in the consequences of circadian disruption exist. We conducted a search of PubMed, Embase, and PsycINFO exclusively on human research. We identified 177 articles that met the inclusion criteria. Our analyses revealed that social jet lag and the

extreme chronotype referred to as eveningness were consistently associated with increased alcohol consumption. Relationships between night shift work and alcohol consumption were variable; half of articles reported no effect of night shift work on alcohol consumption. Both sexes were included as participants in the majority of the chronotype and social jet lag papers, with no sex difference apparent in alcohol consumption. The night shift research, however, contained fewer studies that included both sexes. Not all forms of circadian disruption are associated with comparable patterns of alcohol use. The most at-risk individuals for increased alcohol consumption are those with social jet lag or those of an eveningness chronotype. Direct testing of the associations in this review should be conducted to evaluate the relationships among circadian disruption, alcohol intake, and sex differences to provide insight into temporal risk factors associated with development of alcohol use disorder.

Source: Nelson, M. J., Soliman, P. S., Rhew, R., Cassidy, R. N., & Haass-Koffler, C. L. (2023). Disruption of circadian rhythms promotes alcohol use: a systematic review. *Alcohol and Alcoholism*, agad083. <https://doi.org/10.1093/alcalc/agad083>

EXPERIENCES OF TELEHEALTH AMONG PEOPLE RECEIVING ALCOHOL AND OTHER DRUG TREATMENT DURING THE COVID-19 PANDEMIC: IMPLICATIONS FOR FUTURE TELEHEALTH DELIVERY

December 2023

Introduction: The novel coronavirus (COVID-19) pandemic necessitated the rapid uptake of telehealth to deliver treatment for alcohol and other drug (AOD) concerns. However, little is known about how the move from in-person to telehealth delivery impacted clients' experience of care. This qualitative study aimed to explore experiences of telehealth among people receiving alcohol and other drug treatment during the COVID-19 pandemic, and their preferences regarding future telehealth care.

Methods: Participants were aged 34–66 years (M = 44 years, 60% male) and were recruited from Victorian AOD treatment services and consumer networks. A total of 20 semi-structured interviews were analysed using thematic analysis.

Results: Three themes were identified: (i) experiences of the practical impacts of telehealth; (ii) experiences of telehealth interactions; and (iii) preferences for future telehealth. Contextual factors, including location and socioeconomic status, were found to impact clients' ability to access reliable telehealth with sufficient privacy. While telehealth was generally associated with increased treatment engagement (for a typically stigmatised population), participants noted varying effects on the therapeutic alliance. Although in-person treatment was generally favoured, participants often valued telehealth as a modality to provide empathic care during the pandemic. Participants expressed a preference for a hybrid treatment model in the future, in which they could choose a combination of telehealth and in-person services.

Conclusion: Client and clinician information and training are vital to improve the future delivery of telehealth for AOD treatment.

Source: Woolley, J., Savic, M., Garfield, J. B., Petukhova, R., Manning, V., Lubman, D. I., & Barnett, A. (2023). Experiences of telehealth among people receiving alcohol and other drug treatment during the COVID-19 pandemic: Implications for future telehealth delivery. *Drug and Alcohol Review*. <https://doi.org/10.1111/dar.13797>