



**RESEARCH SUMMARY**  
Date Compiled: June 2022

**Key takeaways from included research:**

- A study was conducted to examine the prevalence, drinking patterns, and sociodemographic characteristics of US adult subpopulations with specific drinking trajectories during the first 42 weeks of the COVID-19 pandemic. Through the use of biweekly surveys researchers concluded that several US adult sociodemographic subpopulations acquired new drinking patterns. Frequent alcohol use assessment in the COVID-19 era could improve personalized medicine and population health efforts to reduce drinking.
- Business models and practices can greatly influence their patrons' consumption, such as inexpensive drinks or drink promotions. Researchers examined these practices and the associated characteristics of on-premise drinking establishments in close proximity to large universities. They concluded that establishments with lowered drink prices and permissive smoking/vaping increases the risk of heavy drinking and tobacco use.
- Often alcohol may be involved during sexual assault, either by the victim, perpetrator, or both, however few studies have examined how the presence of alcohol interacts with various risk factors. Neilson et al. examined alcohol intoxication, fear of intimacy, proximal power-related emotions, and nonconsensual sex intentions. Male social drinkers were randomly assigned to an alcohol condition and then asked to read a sexual assault scenario. Based on the responses, researchers concluded that for intoxicated men only, fear of intimacy was positively associated with power-related emotions, and power-related emotions were positively associated with nonconsensual sex intentions.
- While alcohol is a legal substance for those at least 21-years-old, public and self-stigma exist around alcohol-related liver disease (ALD). ALD stigma impacts healthcare from prevention to intervention, therefore researchers emphasize the need to integrate ALD services, providing stigma-free prevention, and overcoming the frequent separation of addiction services and general healthcare.

## **ALCOHOL USE TRAJECTORIES AMONG U.S. ADULTS DURING THE FIRST 42 WEEKS OF THE COVID-19 PANDEMIC**

**May 2022**

**Background:** This study characterized the prevalence, drinking patterns, and sociodemographic characteristics of U.S. adult subpopulations with distinct drinking trajectories during the COVID-19 pandemic's first 42 weeks.

**Methods:** Adult respondents (n = 8130) in a nationally representative prospective longitudinal study completed 21 biweekly web surveys (March 2020 to January 2021). Past-week alcohol drinking frequency (drinking days [range: 0 to 7]) and intensity (binge drinking on usual past-week drinking day [yes/no]) were assessed at each timepoint. Growth mixture models identified multiple subpopulations with homogenous drinking trajectories based on mean drinking days or binge drinking proportional probabilities across time.

**Results:** Four drinking frequency trajectories were identified: Minimal/stable (72.8% [95% CI = 71.8 to 73.8]) with <1 mean past-week drinking days throughout; Moderate/late decreasing (6.7% [95% CI = 6.2 to 7.3]) with 3.13 mean March drinking days and reductions during summer, reaching 2.12 days by January 2021; Moderate/early increasing (12.9% [95% CI = 12.2 to 13.6]) with 2.13 mean March drinking days that increased in April and then plateaued, ending with 3.20 mean days in January 2021; and Near daily/early increasing (7.6% [95% CI = 7.0 to 8.2]) with 5.58 mean March drinking days that continued increasing without returning to baseline. Four drinking intensity trajectories were identified: Minimal/stable (85.8% [95% CI = 85.0% to 86.5%]) with <0.01 binge drinking probabilities throughout; Low-to-moderate/fluctuating (7.4% [95% CI = 6.8% to 8%]) with varying binge probabilities across timepoints (range:0.12 to 0.26); Moderate/mid increasing (4.2% [95% CI = 3.7% to 4.6%]) with 0.39 April binge drinking probability rising to 0.65 during August–September without returning to baseline; High/early increasing trajectory (2.7% [95% CI = 2.3% to 3%]) with 0.84 binge drinking probability rising to 0.96 by June without returning to baseline. Males, Whites, middle-aged/older adults, college degree recipients, those consistently working, and those above the poverty limit were overrepresented in various increasing (vs. minimal/stable) frequency trajectories. Males, Whites, nonmarried, those without college degree, 18 to 39-year-olds, and middle aged were overrepresented in increasing (vs. minimal/stable) intensity trajectories.

**Conclusions:** Several distinct U.S. adult sociodemographic subpopulations appear to have acquired new drinking patterns during the pandemic's first 42 weeks. Frequent alcohol use assessment in the COVID-19 era could improve personalized medicine and population health efforts to reduce drinking.

**Source:** Leventhal, A. M., Cho, J., Ray, L. A., Liccardo Pacula, R., Lee, B. P., Terrault, N., ... & Whaley, R. C. (2022). Alcohol use trajectories among US adults during the first 42 weeks of the COVID-19 pandemic. *Alcoholism: Clinical and Experimental Research*.

<https://doi.org/10.1111/acer.14824>

**In the News:** Tarun Sai Lomte. (2022, May 12). New alcohol consumption patterns during COVID-19 pandemic in the USA. *New Medical*. <https://www.news-medical.net/news/20220512/New-alcohol-consumption-patterns-during-COVID-19-pandemic-in-the-USA.aspx>

## **DRINK PRICES, DRINK SPECIALS, AND TOBACCO POLICIES IN A NATIONAL SAMPLE OF ON-PREMISE DRINKING ESTABLISHMENTS**

**May 2022**

**Background:** Bar and nightclub practices, such as offering inexpensive drinks, having pricing promotions (e.g., 2-for-1, happy hour), and permitting e-cigarette use indoors can increase the amount of alcohol that individuals consume and the number of negative consequences they experience. College students in particular may have a greater risk of increased consumption and

related harms to themselves and others. Despite the implications, few studies have assessed the presence of low-cost alcohol and e-cigarette-friendly environments around colleges. The current study surveilled drink prices and specials and examined associated characteristics of on-premise drinking establishments near large universities.

**Methods:** In 2018, telephone calls about prices, practices, and policies were made to 404 randomly selected bars and nightclubs within 2 miles of the largest residential universities in each U.S. state. The Alcohol Policy Information System provided data on state-level alcohol policies. Multivariable linear and logistic regression models examined associations between drinking establishment characteristics, drink prices, and drink specials.

**Results:** The average price for a beer and a shot of vodka were \$3.62 and \$4.77, respectively. Most establishments (65%) had happy hour specials and 6% had 2-for-1 drink specials. Nearly all (91%) sold food, while 9% sold cigarettes on-premise and 8% allowed smoking inside. Almost 1 in 5 establishments (18%) allowed e-cigarette use inside. Allowing e-cigarette use indoors ( $b = -0.54$ ) and selling cigarettes on-premise ( $b = -0.79$ ) were associated with significantly lower vodka prices, whereas allowing cigarette smoking inside ( $b = -0.46$ ) was associated with significantly lower beer prices. Several factors were significantly associated with higher odds of having a happy hour special, including lower beer prices ( $OR = 1.38$ ), selling food ( $OR = 2.97$ ), no state law banning happy hour specials with full day price reductions permitted ( $OR = 12.74$ ), and no complete bans on happy hour specials ( $OR = 4.24$ ). Allowing e-cigarette use indoors was significantly associated with higher odds of having a 2-for-1 drink special ( $OR = 6.38$ ).

**Conclusions:** The current study is one of the first to identify associations between business practices/policies of on-premise drinking establishments and drink prices. This study used a national sample of on-premise drinking locations near large universities to provide insight into how alcohol prices may be discounted to promote sales of other products. For example, locations selling cigarettes on-premise were associated with lower vodka prices. Importantly, previous research indicates positive associations between alcohol consumption and smoking. Coupled with the lowered drink prices, settings that are permissive of smoking and vaping may be associated with increased risk of both heavy drinking and tobacco use, as well as their related harms. Given the frequently offered drink specials and strong association between price and consumption, more research is needed regarding alcohol prices/specials at on-premise drinking sites.

**Source:** LoParco, C., Walker, D., Livingston, M., Trangenstein, P., Khoshhal, B., Gonzalez-Pons, K., ... & Rosshem, M. (2022). Drink prices, drink specials, and tobacco policies in a national sample of on-premise drinking establishments. <https://hdl.handle.net/20.500.12503/30998>

## **POWER-RELATED EMOTIONS, ALCOHOL INTOXICATION, AND NONCONSENSUAL SEX INTENTIONS: THE ROLE OF FEAR OF INTIMACY** **May 2022**

### **Abstract**

The problem of alcohol-involved sexual assault against women highlights the need to identify how the presence of alcohol interacts with risk factors associated with sexual assault perpetration. One risk factor for sexual assault perpetration is fear of intimacy, the inhibited capacity to exchange vulnerable thoughts and emotions with a valued individual. Men who have perpetrated sexual violence report higher fear of intimacy and alcohol use than those who have not. However, little research has investigated how fear of intimacy may contribute to sexual assault perpetration in the context of alcohol intoxication. This study examined alcohol intoxication, fear of intimacy, proximal power-related emotions, and nonconsensual sex intentions. Non-monogamous, male social drinkers ( $N = 94$ ) completed measures and were randomly assigned to an alcohol condition (alcohol [BrAC = .10%] versus control). Participants then read a sexual assault analogue scenario depicting sexual assault

against a hypothetical woman and reported power-related emotions and nonconsensual sex intentions. Self-reported fear of intimacy differed across types of past perpetration. Results found that for intoxicated men only, fear of intimacy was positively associated with power-related emotions, and power-related emotions were positively associated with nonconsensual sex intentions. These associations were not observed for men in the control condition who did not consume alcohol. Future research should examine intimacy-related interventions for sexual assault prevention programming.

**Source:** Neilson, E. C., Maitland, D. W., & George, W. H. (2022). Power-Related Emotions, Alcohol Intoxication, and Nonconsensual Sex Intentions: The Role of Fear of Intimacy. *Sexual Abuse*. <https://doi.org/10.1177/10790632221096420>

## **THE STIGMA OF ALCOHOL-RELATED LIVER DISEASE AND ITS IMPACT ON HEALTHCARE** **May 2022**

### **Summary**

People with alcohol related liver disease (ALD) experience stigma and discrimination. This review summarizes the evidence on ALD stigma in healthcare and its implications for people with ALD, drawing from the literature on mental illness stigma and specifically the stigma of alcohol use disorder (AUD). Public stigma, self-stigma and structural stigma all contribute to increased illness burden of ALD, failure or delay of seeking help, inferior healthcare, and negative health outcomes. Stigma can be experienced, but also anticipated and avoided, which all negatively impacts ALD healthcare. Blaming people with ALD for their condition is central to ALD stigma. Stigma affects ALD healthcare at all stages, from prevention, early detection and intervention, to allocation of scarce resources in liver transplantation. People with lived experience need to be empowered to lead action against the stigma of ALD. Promulgating a dynamic model of individual and social responsibility for AUD, a continuum model of harmful alcohol use, and establishing training on ALD related stigma for healthcare professionals are strategies to address stigma. Integrating addiction and ALD services, providing stigma-free prevention, and overcoming the frequent separation of addiction services from general healthcare are necessary. Beyond healthcare, addressing social inequality, the social dimensions of ALD risk and outcomes, and ensuring equal access to services is necessary to improve outcomes for all people with ALD. More research is needed on the stigma of ALD in low and middle income countries and in countries with restrictive drinking norms. Interventions to reduce ALD stigma and facilitate early help-seeking need to be developed and evaluated.

**Source:** Schomerus, G., Leonhard, A., Manthey, J., Morris, J., Neufeld, M., Kilian, C., ... & Corrigan, P. W. (2022). The stigma of alcohol-related liver disease and its impact on healthcare. *Journal of Hepatology*. <https://doi.org/10.1016/j.jhep.2022.04.026>