



RESEARCH SUMMARY
Date Compiled: March 2024

Key takeaways from included research:

- New data was released by the Centers of Disease Control and Prevention regarding deaths resulting from excessive alcohol consumption. Newest research shows that average annual deaths increased by 29.3% from 137,927 during 2016-2017 to 178,307 in 2020-2021. The increase among males was 26.8% and females 34.7%. Researchers call for evidence-based policies to reduce availability and accessibility of alcohol as well as increasing price to reduce excessive use and related deaths.
- A new study examined the influence of race on criminal justice system referrals to alcohol treatment and treatment outcomes. After examining nearly 750,000 cases, researchers found significant disparities in who is referred to alcohol treatment and the association of the referral to treatment completion. American Indian/Alaska Native people were significantly more likely to be referred for treatment but showed the smallest association between the referral and treatment completion.
- Researchers investigated the relationship between arrest and alcohol use across race/ethnicity-gender status as youth. They determined that arrest history is associated with alcohol use and vary by race/ethnicity-gender and alcohol outcome. Those who had been arrested reported more days drinking, however the magnitude and direction of average drinks per occasion and binge drinking days varied with Black men and women as well as Latinx men with an arrest history reporting fewer binge drinking days as they aged than those without an arrest.
- A Canadian study estimated the sex-specific associations between socio-economic position (SEP) and incident wholly alcohol-attributable emergency department (ED) visits for acute and chronic harms. After examining nearly 90,000 respondents, they found that individuals with lower SEP had increased risk of acute and chronic ED visits. Wholly alcohol-attributable ED visit rates were higher in men than women.
- Researchers in Australia examined psychosocial characteristics associated with poly drug use in patients with alcohol misuse as their primary drug of concern among clients seeking treatment from substance use. They found that of those seeking treatment for alcohol problems, 71% also reported using another drug – 50% tobacco, 21% cannabis, and 15% benzodiazepines. This study shows that it is imperative for treatment providers to look beyond the primary drug of concern among individuals seeking treatment to ensure increased treatment engagement and success.

DEATHS FROM EXCESSIVE ALCOHOL USE — UNITED STATES, 2016–2021 **February 2024**

Abstract

Deaths from causes fully attributable to alcohol use have increased during the past 2 decades in the United States, particularly from 2019 to 2020, concurrent with the onset of the COVID-19 pandemic. However, previous studies of trends have not assessed underlying causes of deaths that are partially attributable to alcohol use, such as injuries or certain types of cancer. CDC's Alcohol-Related Disease Impact application was used to estimate the average annual number and age-standardized rate of deaths from excessive alcohol use in the United States based on 58 alcohol-related causes of death during three periods (2016–2017, 2018–2019, and 2020–2021). Average annual number of deaths from excessive alcohol use increased 29.3%, from 137,927 during 2016–2017 to 178,307 during 2020–2021; age-standardized alcohol-related death rates increased from 38.1 to 47.6 per 100,000 population. During this time, deaths from excessive alcohol use among males increased 26.8%, from 94,362 per year to 119,606, and among females increased 34.7%, from 43,565 per year to 58,701. Implementation of evidence-based policies that reduce the availability and accessibility of alcohol and increase its price (e.g., policies that reduce the number and concentration of places selling alcohol and increase alcohol taxes) could reduce excessive alcohol use and alcohol-related deaths.

Source: Esser MB, Sherk A, Liu Y, Naimi TS. Deaths from Excessive Alcohol Use — United States, 2016–2021. *MMWR Morb Mortal Wkly Rep* 2024;73:154–161. DOI: <http://dx.doi.org/10.15585/mmwr.mm7308a1>

THE CRIMINAL JUSTICE SYSTEM IN ALCOHOL USE TREATMENT: A NATIONWIDE ANALYSIS OF RACIAL DISPARITIES IN TREATMENT REFERRAL AND COMPLETION **March 2024**

Background: Alcohol use and the criminal justice (CJ) system have long been integrally connected in the United States and have both disproportionately impacted Communities of Color. Despite this connection, scholarly literature has largely focused on substance use as a whole, and little literature has examined the influence of race on CJ referral to alcohol treatment and treatment outcomes.

Methods: A total of 749,349 cases from the treatment episodes dataset discharge were used in the current study. A series of ANOVA and logistic regression analyses were conducted to examine the impact of race on (i) likelihood of referral to alcohol treatment by the CJ system and (ii) the association between CJ referral and treatment completion.

Results: Results revealed significant disparities in both who is referred to alcohol treatment by the CJ system and the association of that referral to treatment completion. Notably, American Indian/Alaska Native people were significantly more likely than people of all other races to be referred by the CJ system. However, American Indian/Alaska Native people showed the smallest association between CJ referral and treatment completion.

Conclusions: Contrary to previous literature, findings showed that referral of and positive association between CJ referral and treatment completion are not equal across people of different races. Taken together, these results highlight continued racial inequities in the role of the CJ system in alcohol treatment and the unique potential for non-CJ-related treatment to best serve people combatting alcohol use disorder.

Source: Stenersen, M. R., Peltier, M., & McKee, S. A. (2024). The criminal justice system in alcohol use treatment: a nationwide analysis of racial disparities in treatment referral and completion. *Alcohol and Alcoholism*, 59(2), agad092. <https://doi.org/10.1093/alcalc/agad092>

VARIATION BY RACE/ETHNICITY-GENDER IN THE RELATIONSHIP BETWEEN ARREST HISTORY AND ALCOHOL USE

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Background: Alcohol use contributes to the national burden of morbidity and mortality in the United States. Arrest, as a unique form of criminal justice system involvement, may be related to alcohol use from adolescence to adulthood. This study investigates the relationship between arrest and alcohol use across race/ethnicity-gender (R/E-G) status (e.g., Black, Latinx, and White men and women) as youth age.

Methods: Data from 17 waves (1997–2015) of the National Longitudinal Survey of Youth, 1997 cohort (N = 8901) were used to explore how variation in R/E-G moderates the relationship between arrest history and alcohol use trajectories from 13 to 30 years old. Multilevel zero-inflated Poisson and Poisson regression were used to assess R/E-G variation in the relationship between arrest history and days of alcohol consumption, drinks per drinking occasion, and days of binge drinking after accounting for covariates, including incarceration.

Results: The findings indicate that an arrest history is associated with alcohol use, and these results varied by R/E-G status, age, and alcohol use outcome. Those with an arrest history reported more days of drinking than their counterparts without an arrest; yet, the magnitude and direction of average drinks per occasion and binge drinking days varied by R/E-G status and age. Paradoxically, Black men, Black women, and Latinx men with an arrest history reported fewer days of binge drinking as they aged than their counterparts without an arrest.

Conclusions: A history of arrest is important for alcohol use from adolescence to adulthood and varies by R/E-G status, age, and alcohol use outcome. This work confirms previous scholarship showing that arrest and alcohol use are socially patterned and R/E-G status is an essential consideration in understanding the relationship. Future work should include additional identities and health behaviors and the consequences related to alcohol use outcomes.

Source: Jurinsky, J., & Christie-Mizell, C. A. (2024). Variation by race/ethnicity-gender in the relationship between arrest history and alcohol use. *Alcohol, clinical & experimental research*. <https://doi.org/10.1111/acer.15285>

SOCIO-ECONOMIC INEQUITIES IN EMERGENCY DEPARTMENT VISITS FOR WHOLLY ALCOHOL-ATTRIBUTABLE ACUTE AND CHRONIC HARMS IN CANADA, 2003–2017

February 2024

Introduction: Individuals with low socio-economic position (SEP) experience disproportionate alcohol-attributable harm. Limited research has investigated whether these inequities are driven by alcohol-attributable conditions that are acute or chronic. The study aimed to estimate the sex-specific associations between SEP and incident wholly alcohol-attributable emergency department (ED) visits for acute and chronic harms, respectively.

Methods: A cohort study was conducted using the Canadian Community Health Survey (2003–2008) linked to the National Ambulatory Care Reporting System (2002–2017) in Alberta and Ontario. SEP was measured using educational attainment. Acute and chronic ED visits were captured in the National Ambulatory Care Reporting System follow-up data. Hazard models were fit to estimate the association between SEP and acute and chronic wholly alcohol-attributable ED visits.

Results: The analytical sample included 88,865 respondents. In men and women, individuals with lower SEP had increased hazard of acute ED visits (women hazard ratio [HR] 1.75, 95% confidence interval [CI] 1.07–2.87; men HR 3.47, 95% CI 2.29–5.25) and chronic ED visits (women HR 2.24, 95%

CI 1.04–4.80; men HR 5.02, 95% CI 2.88–8.75). Acute and chronic wholly alcohol-attributable ED visit rates were higher in men than women.

Discussion and Conclusions: The findings indicated lower SEP was associated with greater harms for both acute and chronic wholly alcohol-attributable ED visits when compared to their higher SEP counterparts. We conclude that gradients in SEP are associated with acute and chronic harms. These results highlight a need for equitable interventions that reduce the absolute burden of inequities in both acute and chronic wholly alcohol-attributable ED visits.

Source: Benny, C., Hobin, E., Andreacchi, A. T., Schwartz, N., & Smith, B. T. (2024). Socio-economic inequities in emergency department visits for wholly alcohol-attributable acute and chronic harms in Canada, 2003–2017. *Drug and Alcohol Review*. <https://doi.org/10.1111/dar.13821>

PREVALENCE AND FACTORS ASSOCIATED WITH POLYDRUG USE AMONG CLIENTS SEEKING TREATMENT FOR ALCOHOL MISUSE

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Introduction: The aim of this paper was to examine the client and psychosocial characteristics associated with polydrug use in patients with alcohol misuse as their primary drug of concern (PDC) seeking treatment from substance use treatment centres.

Methods: Self-report surveys were undertaken with clients attending 1 of 34 community-based substance use treatment centres across Australia with alcohol as their PDC. Survey items included client's socio-demographic characteristics, level of alcohol dependence, use of other drugs including tobacco, health and wellbeing factors including health-related quality of life. The factors associated with polydrug use (alcohol use concurrent with at least one other drug) were examined.

Results: In a sample of 1130 clients seeking treatment primarily for alcohol problems, 71% reported also using another drug. The most frequently used drug was tobacco (50%) followed by cannabis (21%) and benzodiazepines (15%). Excluding tobacco use, 35% of participants reported polydrug use. Factors associated with any polydrug use were younger age, lower education levels, lower levels of mental health related quality of life and housing risk (i.e., risk of eviction or experienced homelessness in past 4 weeks). When tobacco was excluded, factors associated with polydrug use were age, lower physical and mental health-related quality of life, and housing risk.

Discussion and Conclusions: Most adults seeking treatment for alcohol misuse as their PDC reported using another drug in addition to alcohol. Treatment services should be designed accordingly to maximise the likelihood of treatment engagement and success.

Source: Lawson, S., Bryant, J., Freund, M., Dizon, J., ... Farrell, M. (2024) Prevalence and factors associated with polydrug use among clients seeking treatment for alcohol misuse. *Drug and Alcohol Review*. <https://doi.org/10.1111/dar.13833>