

RESEARCH SUMMARY Date Compiled: May 2021

Key takeaways from included research:

- Efforts to improve systematic screening for substance use and interventions for prevention and cessation in hospitalized adolescents are critically needed.
- Evaluation of an ordinance prohibiting all liquor stores from selling "any food, goods, wares, supplies, or other merchandise to any person under the age of 18" revealed a 68% non-compliance rate. Researchers noted that in the absence of enforcement, ordinances are neither likely to be honored nor to achieve the intended public health benefits.
- In general, awareness of the risk of alcohol for certain types of cancer was low to moderate, reflecting a need to inform people not only that alcohol increases risk of cancer, but which types of cancer are most highly associated with alcohol.
- Reduction in excessive alcohol consumption would result in a decreased burden of alcoholrelated liver disease (ALD) mortality. Policies that reduce access to alcohol, such as limits on sales, price controls, and taxes, may be the most effective tools.

<u>SELF-REPORTED AND DOCUMENTED SUBSTANCE USE AMONG ADOLESCENTS IN THE PEDIATRIC HOSPITAL</u> May 2021

<u>Abstract</u>

Background and Objectives: Adolescent substance use is associated with numerous adverse health outcomes. A hospitalization represents an opportunity to identify and address substance use. We sought to describe self-reported and documented substance use among hospitalized adolescents.

Methods: We conducted a cross-sectional survey of adolescents aged 14 to 18 years old admitted to two pediatric hospitals between August 2019 and March 2020. Using previously validated questions, we assessed the proportion of adolescents reporting ever, monthly, and weekly use of alcohol, marijuana, tobacco, electronic cigarettes, and other illicit drugs and nonmedical use of prescription medications. We reviewed medical records for substance use documentation.

Results: Among 306 respondents, 57% were older (16–18 years old), 53% were female, and 55% were of non-Hispanic white race and ethnicity. The most frequently reported substances ever used were alcohol (39%), marijuana (33%), and electronic cigarettes (31%); 104 (34%) respondents reported ever use of >1 substance. Compared with younger adolescents, those aged 16 to 18 years were more likely to report ever use of alcohol (29% vs 46%; P = .002), marijuana (22% vs 41%; P < .001), and \geq 2 drugs (26% vs 40%; P = .009). A positive substance use history was rarely documented (11% of records reviewed), and concordance between documented and self-reported substance use was also rare.

Conclusions: In this study of hospitalized adolescents, the most commonly reported substances used were alcohol, marijuana, and electronic cigarettes. Positive substance use documentation was rare and often discordant with self-reported substance use. Efforts to improve systematic screening for substance use and interventions for prevention and cessation in hospitalized adolescents are critically needed.

Source: Masonbrink, AR, Hunt, JA, Bhandal, A et al. (2021) Self-reported and documented substance use among adolescents in the pediatric hospital. *Pediatrics*, e2020031468; DOI: 10.1542/peds.2020-031468

EVALUATION OF A LOCAL ORDINANCE TO PREVENT ANY UNDERAGE PURCHASES IN LIQUOR STORES: THE NEED FOR ENFORCEMENT April 2021

Abstract

Objective: In June 2012, Baltimore City, MD, enacted legislation (commonly referred to as the Mosby Bill) prohibiting all liquor stores (outlets that primarily sell alcoholic beverages) from selling "any food, goods, wares, supplies, or other merchandise to any person under the age of 18." Three years after enactment, we evaluated the impact of this legislation on non-alcohol product sales among youth.

Method: Research assistants (RAs) ages 16–20 were trained in using a standardized observational tool to quantify and record characteristics of the outlets, including products sold. A trained pair comprising one RA age 16 to 20 and one RA exactly age 18 were sent into every liquor store (i.e., packaged goods stores and bar/taverns with packaged goods sales) in Baltimore to conduct the assessment and make a non-alcohol purchase. Since the research was not conducted in concert with the police, the 18-year-old RA made the purchase attempt while the other (age 16 to 20) RA completed the assessment.

Results: Purchase attempts were made at 502 liquor stores, and 352 of those attempts were successful (able to make purchase without being asked for identification or age; noncompliance rate = 68.1%). Noncompliance was highest among packaged goods stores compared with bar/taverns, and in neighborhoods with a lower median household income and a higher proportion of African American residents (p < .050). Noncompliant outlets were also located closer to public schools (p < .050).

Conclusions: This evaluation demonstrates that, in the absence of enforcement, ordinances are neither likely to be honored nor to achieve the intended public health benefits.

Source: Milam, AJ, Furr-Holden, CDM, Nesoff, ED & Trangenstein, PJ. (2021) Evaluation of a local ordinance to prevent any underage purchases in liquor stores: The need for enforcement. *Journal of Studies on Alcohol and Drugs*, 82:2, 219-227.

ARE PEOPLE AWARE OF THE LINK BETWEEN ALCOHOL AND DIFFERENT TYPES OF CANCER? April 2021

Abstract

Background: Alcohol consumption is causally linked to several different types of cancer, including breast, liver, and colorectal cancer. While prior studies have found low awareness of the overall alcohol-cancer link, few have examined how awareness differs for each type of cancer. Greater awareness of risks associated with alcohol use may be a key factor in reducing alcohol-related cancer incidence.

Methods: We surveyed 1759 people of legal drinking age at the 2019 Minnesota State Fair. We used multivariable generalized linear models and linear regression models with robust standard errors to investigate factors associated with alcohol-cancer risk awareness. Models were fit examining predictors of overall awareness of alcohol as a risk factor for cancer, and prevalence of awareness of alcohol as a risk factor for specific types of cancer.

Results: Prevalence of awareness varied by cancer type, with awareness of alcohol causing liver cancer having the highest prevalence (92%) and awareness of alcohol causing breast cancer having the lowest prevalence (38%). Factors associated with awareness of alcohol-cancer risk differed by type of cancer.

Conclusions: In general, awareness of the risk of alcohol for certain types of cancer was low to moderate, reflecting a need to inform people not only that alcohol increases risk of cancer, but which types of cancer are most highly associated alcohol.

Source: Calvert, CM, Toomey, T & Jones-Webb, R. (2021) Are people aware of the link between alcohol and different types of Cancer? *BMC Public Health*, 21, 734, https://doi.org/10.1186/s12889-021-10780-2

ALCOHOL POLICIES AND ALCOHOL-RELATED LIVER DISEASE MORTALITY March 2021

Summary

Mortality due to alcohol-related liver disease (ALD) is rising, driven by recent and historically unparalleled increases among young people. Changes in mortality vary from state to state, suggesting a complex interconnectedness between ALD, socioeconomic factors, and policy. Reduction in excessive alcohol consumption would result in a decreased burden of ALD mortality. Policies that reduce access to alcohol such as limits on sales, price controls, and taxes, may be the most effective tools. Just as ALD mortality is variable across states, alcohol control policies also vary substantially. Herein, we aimed to determine the association of alcohol policies on variation and recent trends in ALD in the United States.

Source: Parikh, ND, Chung, GS, Mellinger, J et al. (2021) Alcohol policies and alcohol-related liver disease mortality, *Gastroenterology*, ISSN 0016-5085, https://doi.org/10.1053/j.gastro.2021.03.031