



RESEARCH SUMMARY
Date Compiled: May 2025

Key takeaways from included research:

- Parental permission for adolescents to drink alcohol is often seen as a harm reduction strategy, but research shows it leads to increased alcohol use and related harms in young adulthood. This study found no difference in outcomes based on the age at which parental permission was given, suggesting that any early permission carries the same risk. Researchers emphasized that public health efforts should focus on correcting the misconception that supervised drinking is beneficial.
- This study found that drinking motives—whether for reward or relief—moderate the relationship between pain and alcohol-related negative consequences. Specifically, higher pain levels led to more negative outcomes in students with higher relief or lower reward drinking motives, suggesting that addressing pain could help prevent alcohol-related harm in these individuals.
- A new study found that Latino adults with alcohol use disorder are less likely than White adults to seek specialty alcohol treatment, partly due to cultural and immigration-related barriers. These include concerns about cultural acceptance, provider understanding, and fears about disclosing immigration status. Addressing these concerns through culturally tailored services may help improve treatment use among Latino adults.
- Trends in alcohol-related cirrhosis (AC) in women show a slight global decline in incidence, mortality, and disability-adjusted life years (DALYs) from 1992 to 2021. However, significant regional disparities remain, with lower-Socio-Demographic Index (SDI) regions bearing the highest burden, especially in older women. Projections suggest a continued decline by 2030, but targeted public health interventions are needed, particularly in these high-burden regions, to address the ongoing challenges of AC.

AGE OF ONSET OF ADOLESCENT ALCOHOL USE WITH PARENTAL PERMISSION AND ITS IMPACT ON DRINKING AND ALCOHOL-HARMS IN YOUNG ADULTHOOD: A LONGITUDINAL STUDY

May 2025

Abstract

Parental permission to use alcohol is common in adolescence, and many parents believe it to be an effective harm reduction strategy because it provides an opportunity to supervise drinking. Contrary to this belief, prior research has consistently linked parental provision of alcohol and permission to drink to increases in future alcohol-related harms. Whether the age of onset of parental permission to use alcohol influences these outcomes is poorly understood. This study is the first to investigate the impact of age of onset of parental permission to use alcohol on later drinking outcomes, utilizing a longitudinal US community sample of adolescents (n = 387). The analysis included nine annual waves of data and accounted for risk and protective factors at the individual, peer, and family levels. Consistent with prior research, a robust relationship was found between parental permission to use alcohol during adolescence and increased alcohol use frequency and quantity, alcohol use disorder symptoms, and alcohol-related harms in young adulthood. Age of onset of parental permission was not associated with later alcohol use outcomes, suggesting a uniform risk effect of parental permission to drink. Public health messaging to parents should seek to correct perceptions of supervised alcohol use as a harm reduction strategy and emphasize the harm of parental permission to use alcohol, regardless of age.

Source: Pereda, B., Caluda-Perdue, N., Levy, S., Zhang, L., & Colder, C. R. (2025). Age of onset of adolescent alcohol use with parental permission and its impact on drinking and alcohol-harms in young adulthood: A longitudinal study. *Addictive Behaviors*, 108271.

<https://doi.org/10.1016/j.addbeh.2025.108271>

In the News: Baldwin, Sarah Lynch. (2024, March 7). Letting teens drink alcohol at home may lead to heavier alcohol use as young adults, study finds. *CBS News*. <https://www.cbsnews.com/news/teens-drink-alcohol-home-heavier-use-young-adults-study-finds/>

THE ASSOCIATION BETWEEN PAIN AND NEGATIVE ALCOHOL-RELATED CONSEQUENCES AMONG COLLEGE STUDENTS ENGAGED IN BINGE DRINKING: THE MODERATING ROLE OF REWARD AND RELIEF DRINKING MOTIVES

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Abstract

Binge drinking, defined as consuming 4 or more drinks for females and 5 or more for males within a two-hour timeframe, is common among college students and associated with harmful health outcomes. Similarly, pain is prevalent in this population and can negatively affect students' psychological, social, and academic functioning. However, the limited research examining associations between pain and alcohol-related constructs among college students has yielded inconsistent results. Individual differences in levels of reward and relief drinking motives (i.e., drinking in response to positive affect/social situations versus negative affect/stressful situations) may contribute to the complex, heterogeneous nature of these associations. The aim of the present study was to examine the moderating effects of reward and relief drinking on the association between pain and alcohol-related negative consequences in college students who binge drink. Participants were 436 college students who had engaged in past-month binge drinking. Most participants identified as White (66.7 %) and female (78.2 %), with a mean age of 19.62 (SD = 1.56) years. Results revealed significant moderating effects of both reward and relief motives on the association between pain at time 1 and alcohol-related negative consequences at time 2. In participants with either higher levels of relief or lower levels of reward drinking greater pain was significantly associated with a higher number of alcohol-related negative consequences. In participants demonstrating higher levels of reward drinking, greater pain was significantly associated with a lower number of alcohol-related negative

consequences. Our work indicates targeting pain as a possible intervention to prevent alcohol-related negative consequences among those who report lower levels of reward or higher levels of relief drinking.

Source: Holmes, F., Herchenroeder, L., Votaw, V. R., Frohe, T., & Yeung, E. W. (2025). The association between pain and negative alcohol-related consequences among college students engaged in binge drinking: The moderating role of reward and relief drinking motives. *Addictive Behaviors*, 108287. <https://doi.org/10.1016/j.addbeh.2025.108287>

DIFFERENCES IN BARRIERS TO SPECIALTY ALCOHOL TREATMENT BETWEEN LATINO AND WHITE ADULTS WITH AN ALCOHOL USE DISORDER

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Background: Among individuals with an alcohol use disorder (AUD), little is known about why Latino adults are less likely to use formal alcohol treatment than their non-Hispanic White counterparts.

Objective: To investigate Latino-White differences in barriers to specialty alcohol treatment, including sex differences by race/ethnicity.

Methods: In 2021, a national sample of 1200 Latino and White adults with AUD were recruited to complete a structured online questionnaire. Alcohol treatment barriers were assessed using the 36-item Barriers to Specialty Alcohol Treatment (BSAT) scale. Differences in barriers to specialty alcohol treatment between Latino and White participants were examined using multivariable regression models.

Results: Latino (vs. White) adults had greater odds of reporting that specialty alcohol treatment was not culturally accepted (AOR: 1.43; 95 % CI: 1.29–1.59), concerns that providers might not understand their cultural background (AOR: 1.45; 95 % CI: 1.32–1.61), and that providers would not be of the same racial/ethnic or cultural background as them (AOR: 1.58; 95 % CI: 1.42–1.76) as reasons for not using treatment. Further, Latino (vs. White) adults were more likely to endorse immigration-related barriers to treatment, including concerns about disclosing sensitive information, such as their immigration status (AOR: 1.34; 95 % CI: 1.21–1.48) or that using treatment would negatively affect their own immigration status (AOR: 1.35; 95 % CI: 1.21–1.48) or the immigration status of someone in their family (AOR: 1.36; 95 % CI: 1.23–1.50). No sex differences by race/ethnicity were documented.

Conclusion: Culturally tailoring existing alcohol treatment services that incorporate immigration-related concerns may be key for encouraging Latino adults to use formal alcohol treatment services.

Source: Pinedo, M., Zemore, S. E., Gilbert, P. A., Castro, Y., & Caetano, R. (2025). Differences in barriers to specialty alcohol treatment between Latino and White adults with an alcohol use disorder. *Drug and Alcohol Dependence*, 112594. <https://doi.org/10.1016/j.drugalcdep.2025.112594>

GLOBAL, REGIONAL, AND NATIONAL BURDENS OF ALCOHOL-RELATED CIRRHOSIS AMONG WOMEN FROM 1992 TO 2021 AND ITS PREDICTIONS

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Abstract

Alcohol-Related Cirrhosis (AC) has become a growing global health issue, particularly affecting women. This study provides a comprehensive analysis of the global, regional, and national burden of AC in women from 1992 to 2021, addressing a research gap by focusing on long-term trends specific to women. Using data from the Global Burden of Disease (GBD) 2021 database, we assessed trends in age-standardized incidence rates (ASIR), mortality rates (ASMR), and disability-adjusted life years

(DALYs) for AC in women across 204 countries. Temporal trends were examined using the estimated annual percentage change (EAPC) method, and future projections to 2030 were generated using the Nordpred model. Between 1992 and 2021, the global ASIR of AC in women showed a slight decrease, from 3.10 to 2.42 per 100,000, with an EAPC of -1.02. A significant variation was observed across Socio-Demographic Index (SDI) regions, with the highest ASIR (3.77 per 100,000) reported in low-SDI regions in 2021. Mortality and DALYs also declined globally but remained disproportionately high in lower-SDI regions. The age distribution analysis revealed distinct gender-specific trends, with women experiencing a marked increase in AC burden in older age groups. Predictions indicate a further decline in AC burden by 2030, although the disease remains a significant public health concern. The findings highlight both global progress and persistent regional disparities in the burden of AC among women. Targeted public health interventions, particularly in lower-SDI regions, are essential to address the ongoing burden of this preventable disease.

Source: Zhang, Z., Xu, C. M., Chen, W., Yao, K. T., Sun, T., & Wang, J. H. (2025). Global, regional, and national burdens of alcohol-related cirrhosis among women from 1992 to 2021 and its predictions. *Scientific Reports*, 15(1), 10959. <https://doi.org/10.1038/s41598-025-95563-0>