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PREVENTING ALCOHOL-RELATED HARM

RESEARCH SUMMARY
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Key takeaways from included research:

- More than 2 million patients at primary care clinics across 25 US states were studied and researchers found that alcohol and drug screening rates were low overall, and many patients with addiction did not receive medication treatment. Latino patients who preferred Spanish-speaking providers were more likely to be screened than non-Hispanic White patients, but Black, Latino, and other minority groups were all less likely to receive medications for alcohol or opioid use disorders. Researchers say these gaps show the need to improve addiction screening and make treatment more equitable for all patients.
- A study of US adults found that using cannabis edibles and alcohol together caused greater driving impairment than using either substance alone. People who combined alcohol and THC often drove worse and felt more intoxicated, even when alcohol levels were at or below the legal driving limit of 0.08 BAC. Researchers say current drunk-driving limits may not fully account for the added danger of mixing alcohol and cannabis and significant improvements are needed for impairment detection.
- An Australian study found that people who drank alcohol while gambling were much more likely to experience gambling-related harm. The risk was especially high for people who both drank heavily and consumed alcohol while gambling, suggesting that limiting alcohol in gambling venues could help reduce harm.
- A UK study found that people who drink heavily and those with higher education levels were more likely to consume alcohol-free or low-alcohol drinks. However, people who drink alcohol to cope with depression, for social reasons, or to enhance their mood were less likely to substitute with lower-alcohol options. Researchers say this may limit the public health benefits of alcohol-free drinks, especially for disadvantaged groups who may be at higher risk of alcohol-related harm.
- A study of Black and White young adults found that Black participants viewed drunk driving as less dangerous after drinking alcohol, although both groups reported similar feelings of intoxication. Researchers say understanding these differences in risk perception could help create better impaired-driving prevention programs for different communities.

RACE, ETHNICITY, AND LANGUAGE DISPARITIES IN ALCOHOL AND DRUG SCREENING AND MEDICATION TREATMENT

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Background: Unhealthy alcohol and drug use have significant health-related sequelae. Given racial and ethnic disparities in complications of substance use, successful screening and medication prescribing for addictions are important in community health settings serving diverse populations.

Objective: To evaluate alcohol and drug use screening and prescribing of medications for addiction treatment in adults by race, ethnicity, and language preference.

Design, Setting, and Participants: This cohort study included US adults seen between 2012 and 2020 in a multistate electronic health record (EHR) network (1394 primary care clinics). Analyses were completed October 2024.

Exposure: Race and ethnicity with language preference groups: non-Hispanic White, non-Hispanic Black, Latino with Spanish language preferred, and Latino with English language preferred.

Main Outcome(s) and Measures: Multivariable logistic regression estimated covariate-adjusted odds ratios (aOR) of receipt of alcohol and drug screening and EHR-documented prescription of medication for alcohol (AUD) or opioid use disorders (OUD).

Results: There were 2 191 945 patients across 25 states (mean (SD) age, 41.3 [15.2] years; 1 236 818 female [56.4%]); 416 607 identified as non-Hispanic Black (19.0%), 1 015 066 non-Hispanic White (46.3%), 474 389 Latino with Spanish-language preference (21.6%), and 285 883 Latino with English-language preference (13.0%). Over the study period, 869 609 (39.7%) had documented completed alcohol screening, and 862 263 (39.3%) completed drug screening—113 629 (5.2%) had a diagnosis of AUD and 247 530 (11.3%) had an OUD diagnosis. Spanish-preferring Latino patients had 59% increased odds of screening compared with non-Hispanic White patients (aOR, 1.59; 95% CI, 1.31-1.93). All minoritized race and ethnicity with language preference groups had lower odds of prescribed medications for addictions treatment compared with non-Hispanic White patients; non-Hispanic Black patients had the lowest odds of any group (AUD: aOR, 0.55; 95% CI, 0.43-0.69; OUD: aOR, 0.38; 95% CI, 0.31-0.46).

Conclusions and Relevance: In this cohort study, there was an overall low likelihood of completed screening for alcohol and drug use among all minoritized race and ethnicity with language preference groups. All minoritized groups had lower odds of receipt of medications for addiction treatment compared with the non-Hispanic White group. Improving screening and addressing this emerging treatment inequity should be prioritized.

Source: Chan, B., Ezekiel-Herrera, D., Bailey, S. R., Byhoff, E., Marino, M., Lucas, J. A., ... & Heintzman, J. (2026). Race, Ethnicity, and Language Disparities in Alcohol and Drug Screening and Medication Treatment. *JAMA Network Open*, *9*(5), e2612319. https://doi.org/10.1001/jamanetworkopen.2026.12319

IMPACT OF CANNABIS EDIBLES COMBINED WITH ALCOHOL ON DRIVING, FIELD SOBRIETY PERFORMANCE, AND SUBJECTIVE EFFECTS

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Importance: Simultaneous cannabis and alcohol use (co-use) is a public safety concern. Controlled data on the effects of co-ingestion of oral cannabis products (edibles) with alcohol are lacking, despite an increased prevalence of this behavior.

Objective: To evaluate the individual and interactive effects of cannabis edibles and alcohol on simulated driving and subjective and objective impairment measures.

Design, Setting, and Participants: This within-participant, double-blind, double-dummy crossover study of healthy adults included 7 outpatient sessions, separated by 1 week, at Johns Hopkins University School of Medicine from February 2022 to August 2025.

Intervention: Brownies containing 0 mg, 10 mg, or 25 mg Δ9-tetrahydrocannabinol (THC) combined with placebo drinks or alcohol-containing drinks, calculated to achieve breath alcohol concentrations (BrACs) of 0%, 0.05%, or 0.08%.

Main Outcomes and Measures: Driving outcomes included the global drive score (GDS), a composite index of multiple driving measures, and the standard deviation of lateral position as the main outcomes. Other outcomes included cumulative impairment clues on standardized field sobriety tests (SFSTs), subjective drug effects, cognitive and psychomotor performance (using the DRUID [Driving Under the Influence of Drugs] application), and blood cannabinoid concentrations.

Results: Participants included 25 healthy adults (15 males [60%]; mean [SD] age, 25.6 [4.9] years) who reported recent binge drinking, prior cannabis and alcohol co-use, and fewer than 3 cannabis uses per week. Compared with placebo, all active drug conditions except 10 mg THC negatively impacted driving performance (ie, GDS). Driving impairment from alcohol alone at 0.08% BrAC was comparable with that of 0.05% BrAC and 10 mg THC (mean [SD] GDS, 1.6 [1.6] vs 1.6 [1.4]) and significantly lower than 0.05% BrAC and 25 mg THC (mean [SD] GDS, 2.5 [1.7]; P = .02). Driving impairment and subjective intoxication (eg, confidence to drive) were often greater under co-use conditions compared with cannabis or alcohol alone. Relative to placebo, SFST performance worsened at 0.08% BrAC (mean [SD] score, 2.2 [2.2] vs 0.2 [1.3]; P = .008) but not in several other conditions in which marked driving decrements were observed. THC and metabolite pharmacokinetics were not influenced by alcohol.

Conclusions and Relevance: In this crossover trial of healthy adults who co-used cannabis and alcohol, cannabis edibles combined with alcohol augmented driving impairment. The legal alcohol intoxication limit in most of the US (0.08% BrAC) may be too liberal if a driver has co-used cannabis and alcohol. In this era of expanding cannabis legalization, there is a pressing public health need for improved impairment detection strategies and consideration of cannabis and alcohol co-use in policies dictating access to these substances.

Source: Zamarripa, C. A., Lin, S., Klausner, M., Rastogi, K., Roche, D. J., Novak, M., ... & Spindle, T. R. (2026). Impact of Cannabis Edibles Combined With Alcohol on Driving, Field Sobriety Performance, and Subjective Effects: A Within-Participant Crossover Trial. *JAMA Network Open*, *9*(5), e269842. https://doi.org/10.1001/jamanetworkopen.2026.9842

In the News: HealthDay. (2026, May 6). Edibles + Alcohol Combo Poses Driving Risks Missed by Sobriety Tests. *U.S. News & World Report*. https://www.usnews.com/news/health-news/articles/2026-05-06/edibles-alcohol-combo-poses-driving-risks-missed-by-sobriety-tests

ALCOHOL USE ASSOCIATED WITH GAMBLING HARM IN A POPULATION REPRESENTATIVE AUSTRALIAN SAMPLE

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Introduction: This study examined whether alcohol use while gambling and engaging in heavy episodic drinking (HED) are associated with gambling harm in Victoria, Australia. It also explored whether combined alcohol use behaviours further increase harm, and whether economically disadvantaged individuals experience greater harm from alcohol use.

Methods: Data were used from the representative 2023 Victorian Population Gambling and Health Study subsample (N = 3114; 47.9% female; mean age = 46). Regressions were used to test whether HED (six or more drinks per occasion) and drinking while gambling predicted gambling harm and number of harms, measured using the Short Gambling Harm Screen.

Results: Alcohol use while gambling was associated with gambling harm (OR = 2.58, 95% CI [1.53, 4.35], $p < 0.001$) and number of harms (IRR = 2.57, 95% CI [1.65, 4.00], $p < 0.001$), controlling for HED, gambling expenditure and socio-demographic variables. HED was associated with harm in bivariable models only (OR = 2.20, $p < 0.001$), not in adjusted models. The interaction between HED and consuming alcohol while gambling was associated with increased gambling harm.

Discussion and Conclusions: Drinking while gambling was associated with increased gambling harm, as were combined alcohol use behaviours. HED was not independently associated with harm. Those with heavier drinking patterns who also consumed alcohol while gambling were at particularly elevated risk. Findings are consistent with restricting alcohol use in gambling venues to reduce gambling-related harm.

Source: Smit, K., Jiang, H., Room, R., Suomi, A., Hahn, M. H., MacLean, S., & Laslett, A. M. (2026). Alcohol Use Associated With Gambling Harm in a Population Representative Australian Sample. *Drug and Alcohol Review*, *45*(4), e70164. https://doi.org/10.1111/dar.70164

DO THE REASONS PEOPLE DRINK ALCOHOL AID OUR UNDERSTANDING OF SOCIODEMOGRAPHIC DIFFERENCES IN ALCOHOL-FREE AND LOW-ALCOHOL CONSUMPTION? A PATH ANALYSIS ON A CROSS-SECTIONAL STUDY OF ADULT ALCOHOL DRINKERS IN GREAT BRITAIN

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Introduction: In the UK, consumption of alcohol-free (< 0.05% ABV) and low-alcohol (≤ 1.2% ABV; NoLo) drinks is more prevalent among heavier drinkers and socially advantaged groups. If heavier drinkers are substituting alcoholic drinks with NoLo drinks, this could improve public health. However, socioeconomic differences in consumption could exacerbate alcohol-related health inequalities. Socioeconomic groups vary in their reasons for drinking alcohol, with less advantaged individuals more likely to drink alcohol to cope. This study examined whether alcohol drinking motives can help explain differences in NoLo consumption.

Methods: A total of 2549 adults residing in Great Britain provided data on at least monthly NoLo consumption, hazardous drinking (AUDIT-C), alcohol drinking motives, social grade, education, age and gender, via the Alcohol Toolkit Study. Path analysis explored mediating effects of drinking motives between sociodemographic characteristics, hazardous drinking and NoLo consumption.

Results: Drinking alcohol to conform, education and hazardous drinking were positively associated with NoLo consumption. Drinking alcohol to cope with depression was a serial mediator between social grade and NoLo. Drinking to cope with depression, more frequently reported among lower social grades, weakened the positive relationship between hazardous drinking and NoLo consumption ($\beta = -0.001$, 95% CI −0.002, −0.000). Enhancement and social motives also weakened this relationship, partially mediating pathways between age, gender, education and NoLo consumption.

Discussion and Conclusions: While hazardous drinking is positively associated with NoLo consumption, for those drinking to cope with depression, for enhancement or for social reasons, this effect diminishes, potentially limiting the public health potential for those who drink for these reasons, including disadvantaged groups.

Source: Burke, L., Angus, C., Brown, J., & Kersbergen, I. (2026). Do the Reasons People Drink Alcohol Aid Our Understanding of Sociodemographic Differences in Alcohol-Free and Low-Alcohol

Consumption? A Path Analysis on a Cross-Sectional Study of Adult Alcohol Drinkers in Great Britain. *Drug and Alcohol Review*, *45*(4), e70159. https://doi.org/10.1111/dar.70159

DIFFERENCES IN ALCOHOL-IMPAIRED DRIVING RISK PERCEPTIONS BETWEEN BLACK AND WHITE YOUNG ADULTS

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Objective: Risk perceptions for alcohol-impaired driving (AID) are reliably associated with AID behavior. Extant research relies on samples comprising predominantly White individuals, despite racial inequities in alcohol-related harms. This study is one of the first to compare AID risk cognitions in Black and White young adults. We assessed AID cognitions following a moderate dose of alcohol and examined their associations with AID behavior.

Method: Participants (N = 137, M age = 24.57 years, 67% female, 43% Black) received a moderate dose of alcohol (target breath alcohol concentration = .08%). Subjective intoxication and perceived danger of driving were assessed five times following alcohol consumption. Perceived safe driving limit and AID behavior were assessed at baseline, and AID behavior was assessed at 6-month follow-up. Multilevel models tested differences between groups in subjective intoxication and perceived danger, whereas generalized estimating equations tested risk perceptions as predictors of AID behavior both cross-sectionally and prospectively.

Results: Black participants reported lower perceived driving danger than White participants ($b = -0.27$, $p < .05$), but no group differences were observed for subjective intoxication or perceived safe limit. Higher subjective intoxication in the lab was prospectively associated with less AID for Black participants ($b = -0.43$, $p < .001$). Perceived safe limit was associated with AID, but this association did not differ for Black and White young adults.

Conclusions: Results suggest commonalities and differences in AID risk for Black and White young adults. Future AID research among individuals with minoritized identities is needed to explore how experiences of discrimination influence risk perceptions and AID decision making.

Public health significance statement: Perceptions of risk related to alcohol-impaired driving (AID) are reliably predictive of engaging in AID, a significant health risk behavior. Extant research has focused on White individuals, despite the alcohol-specific health inequities that Black individuals experience. This study examined differences in AID cognitions in Black and White individuals. The results suggest both common and unique elements in the AID decision process for Black and White individuals. Understanding unique aspects of this decision process for Black individuals is crucial for tailoring intervention and prevention efforts to this population.

Source: Warner, O. M., Haney, A. M., Motschman, C. A., McCarthy, D. M., & Pedersen, S. L. (2026). Differences in Alcohol-Impaired Driving Risk Perceptions Between Black and White Young Adults. *Journal of Studies on Alcohol and Drugs*, *87*(3), 528-536. https://doi.org/10.15288/jsad.24-00406