



RESEARCH SUMMARY
Date Compiled: December 2024

Key takeaways from included research:

- This study explored the intersectional disparities in alcohol consumption in the US along with dimensions of gender, race and ethnicity, age, and level of education. Researchers found significant intersectional disparities in the prevalence of drinking and the average consumption by drinkers. They determined that young, highly educated men were most likely to drink currently and consume the highest amount of alcohol.
- A new study examined trends in US alcohol-related mortality between 1999 and 2020 by age, gender, race, and region. Researchers found that overall, the mortality rate ratio increased about 2.0-fold in that time frame. They also found significant increases in individuals aged 25 to 34 (3.8-fold increase); women (2.5-fold); Asians and Pacific Islanders (2.4-fold); and the Midwest (2.5-fold). They suggest that targeted interventions by health care providers may help reduce this trend.
- A study done in Texas aimed to characterize and compare transitions in cannabis (THC) vaping by sociodemographic and other risk factors, such as alcohol use, among youth and young adults. They found that current alcohol use was a common predictor of cannabis vaping experimentation among non-Hispanic White, Hispanic, and non-Hispanic Black participants.
- This study examines the relationship between social norms and impaired driving behaviors among young adults who use alcohol and marijuana. Researchers found that while descriptive norms (perceptions of others' behaviors) were not linked to driving under the influence (DUI), they were positively associated with riding with an impaired driver (RWI), and injunctive norms (perceived approval or disapproval) were strongly linked to both DUI and RWI behaviors.
- A new study identified patterns in six parent-reported indicators of their child's alcohol restrictions and access and characterized them by race/ethnicity, socioeconomic status, community type, and neighborhood (dis)advantage. Researchers found that Black and Latinx youth and parents with lower education levels and income were overrepresented in households with high restrictions and no drinkers as well as high restrictions and low access while long restriction households were generally parents of White youth in advantaged neighborhoods.

AN ANALYSIS OF INTERSECTIONAL DISPARITIES IN ALCOHOL CONSUMPTION IN THE US **December 2024**

Abstract

Alcohol is one of the leading causes of preventable deaths in the United States (US). Prior research has demonstrated that alcohol consumption and related mortality are socially patterned; however, no study has investigated intersectional disparities in alcohol consumption, i.e., attending to how social positions overlap and interact. In this study, we used an innovative intersectional approach (Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy, MAIHDA) and data from a large nationally representative survey (the National Health Interview Survey, 2000–2018) to quantify inter-categorical disparities in alcohol consumption in the US (proportion of current drinkers, and average consumption amongst drinkers), along dimensions of sex, race and ethnicity, age, and level of education. Our analysis revealed significant intersectional disparities in both the prevalence of drinking and the average consumption by drinkers. Young, highly educated White men were the most likely to be current drinkers and consumed the highest amounts of alcohol on average, whilst racially and ethnically minoritized women with lower education were the least likely to drink and had the lowest levels of alcohol consumption, across all age categories. Notably, we found significant interaction effects for many intersectional strata, with much higher consumption estimated for some groups than traditional additive approaches would suggest. By identifying specific understudied groups with high consumption, such as young American Indian or Alaska Native (AI/AN) men, adult Black men with low education, and older White women with high education, this analysis has important implications for future research, policy, and praxis. This is the first known application of MAIHDA to account for a skewed outcome, highlighting and addressing critical methodological considerations.

Source: Bright, S., Buckley, C., Holman, D., Leckie, G., Bell, A., Mulia, N., ... & Purshouse, R. (2024). An analysis of intersectional disparities in alcohol consumption in the US. *Social Science & Medicine*, 117514. <https://doi.org/10.1016/j.socscimed.2024.117514>

NEW CLINICAL AND PUBLIC HEALTH CHALLENGES: INCREASING TRENDS IN UNITED STATES ALCOHOL RELATED MORTALITY **November 2024**

Background: In the United States (US) and worldwide alcohol is a major contributor to premature mortality and morbidity. We explored US trends in alcohol related mortality from 1999 to 2020 overall and by age, gender, race, and region

Methods: Publicly available US Centers for Disease Control and Prevention (CDC) Wide-ranging Online Data for Epidemiologic Research (WONDER) and the underlying cause of death file from CDC WONDER using ICD-10 codes.

Results: In 1999, there were 19,356 alcohol-related deaths, a mortality rate of 10.7 per 100,000. By 2020, deaths increased to 48,870 or 21.6 per 100,000. Overall, the mortality rate ratio (MRR) was significantly increased about 2.0-fold. There were significant increases in all 10-year age groups with the largest 3.8-fold in those 25 to 34. Women experienced a 2.5-fold increase; Asians and Pacific Islanders had the largest increase of 2.4-fold; the Midwest showed the largest regional increase of 2.5-fold.

Conclusions: During the last 20 years there have significant increases of about 2-fold in US alcohol-related mortality. Clinical challenges are increased by interrelationships of risk factors, especially overweight and obesity and diabetes. -Alcohol, overweight and obesity and diabetes all cause liver damage which may be additive and lead to earlier onset of alcohol related mortality. In addition health providers should also consider demographic shifts, and regional differences. Targeted interventions

by health care providers may reduce this increasing US epidemic of alcohol related mortality. These data also generate many hypotheses testable in analytic studies designed a priori to do so.

Source: Matarazzo, A., Hennekens, C. H., Dunn, J., Benson, K., Willett, Y., Levine, R. S., ... & Kitsantas, P. (2024). New Clinical and Public Health Challenges: Increasing Trends in United States Alcohol Related Mortality. *The American Journal of Medicine*.
<https://doi.org/10.1016/j.amjmed.2024.10.024>

CANNABIS VAPING USE IN EMERGING ADULTHOOD: CHARACTERIZING TRANSITIONS BETWEEN STAGES OF VAPING AMONG A DIVERSE COHORT IN TEXAS **November 2024**

Objective: To characterize and compare transitions in cannabis (THC) vaping by sociodemographic and other risk factors among a diverse cohort of youth and young adults observed between Spring 2019 and Fall 2021.

Methods: We analyzed six (6) waves of panel data from n = 2605 youth transitioning into young adulthood via the Texas Adolescent Tobacco and Marketing Surveillance (TATAMS) system; participants provided N = 13,974 observations (i.e., completed surveys). The TATAMS sample was 37.7% Hispanic, 31.7% NH-White, 14.5% NH-Black, and 16.1% among NH-Other. We applied a three-state Markov model to estimate cannabis vaping initiation (never→ever), experimentation (never→current), escalation (ever→current), and de-escalation (current→ever). First, we compared transitions in THC vaping by race/ethnicity, with non-Hispanic (NH) Black as the referent. Second, we stratified the Markov models by race/ethnicity to identify common and unique predictors of cannabis vaping transitions, examining differences by: sex, age, alcohol use, depression (PHQ-9), anxiety (GAD-7) and nicotine vaping, across each race/ethnic category.

Results: At baseline, 72.7% never vaped cannabis, 12.7% ever vaped cannabis, and 14.5% currently vaped cannabis. Across three years, risk for cannabis vaping experimentation (never → current) was significantly greater among NH-Blacks, relative to Hispanics (aHR: 1.89), NH-Whites (aHR: 2.27), and NH-Other (aHR: 2.01). Stratified models showed that current alcohol use was a common predictor of cannabis vaping experimentation among NH-White (aHR: 5.08), Hispanic (aHR: 2.32), and NH-Black (aHR: 2.91) participants. Depression predicted cannabis vaping initiation among Hispanics (aHR: 1.75) and experimentation among NH-Blacks (aHR: 3.95).

Conclusions: Onset of cannabis vaping during youth and young adulthood was most common among NH-Black youth, relative to other race/ethnic categories. Alcohol was a common predictor of cannabis vaping across race/ethnic categories while depression was linked to cannabis vaping transitions among Hispanic and NH-Black youth, only. Future research should investigate the link between alcohol use, mental health, and cannabis vaping among young people.

Source: Mantey, D. S., Clendennen, S. L., Chen, B., Amin, S., & Harrell, M. B. (2024). Cannabis vaping use in emerging adulthood: Characterizing transitions between stages of vaping among a diverse cohort in Texas. *Social Science & Medicine*, 361, 117326.
<https://doi.org/10.1016/j.socscimed.2024.117326>

YOUNG ADULT IMPAIRED DRIVING BEHAVIORS AND PERCEIVED NORMS OF DRIVING UNDER THE INFLUENCE OF SIMULTANEOUS ALCOHOL AND CANNABIS USE

December 2024

Background: Impaired driving behaviors among young adults who are under the influence of simultaneous alcohol and marijuana/cannabis (SAM) use are associated with increased risks of motor vehicle accidents and resulting increased injury and mortality. Exploration of associations with descriptive and injunctive norms may have prevention implications.

Methods: Young adults (aged 18–25; N = 1941) in the 2019 cohort of the Washington Young Adult Health Survey comprised study participants. Associations between descriptive norms (estimates of other's frequency of driving under the influence of SAM [DUI-SAM] and riding with a SAM impaired driver [RWI-SAM]), injunctive norms (perceived approval or disapproval of DUI-SAM and RWI-SAM for young adults in their community), and past month DUI and RWI behaviors were assessed with logistic regression models, adjusting for covariates and applying post-stratification weights.

Results: DUI-SAM was reported by 2.7% and almost double (5.3%) reported RWI-SAM at least once in the past month. Almost half of the participants believed the average young adults in Washington State engaged in DUI-SAM (49.8%) and RWI-SAM (48.7%) at least once a month in the past year (i.e., descriptive norms). The majority reported DUI-SAM (68.8%) and RWI-SAM (67.6%) to be totally unacceptable for young adults in their community (i.e., injunctive norms). In models adjusting for covariates including SAM use frequency and corresponding injunctive norms, descriptive norms were not associated with DUI, but were positively associated with RWI-SAM. However, after controlling for SAM use frequency and descriptive norms, higher perceived approval (i.e., injunctive norms) was significantly associated with increased odds of all DUI and RWI behaviors.

Conclusions: Injunctive norms for SAM impaired driving behaviors may be a promising intervention focus for DUI and RWI behaviors. Future research is needed to replicate these findings to determine if development and evaluation of individual and community-based interventions focused on changing normative beliefs are warranted.

Source: Hultgren, B. A., Delawalla, M. L., Szydowski, V., Guttmanova, K., Cadigan, J. M., Kilmer, J. R., ... & Larimer, M. E. Young adult impaired driving behaviors and perceived norms of driving under the influence of simultaneous alcohol and cannabis use. *Alcohol: Clinical and Experimental Research*. <https://doi.org/10.1111/acer.15459>

PARENTS' PERSPECTIVES AND BEHAVIORS REGARDING THEIR CHILD'S ACCESS TO ALCOHOL: VARIATION BY RACE/ETHNICITY, SOCIOECONOMIC STATUS, AND NEIGHBORHOOD

December 2024

Background: Setting rules about alcohol use and minimizing its availability in the home are known effective parent-level strategies for reducing underage drinking risk. However, parents' restrictions and their perceptions of their child's alcohol access have rarely been considered in combination (e.g., determining if rule-setting consistently accompanies perceived easy access), despite the potential to inform targeted prevention. The current study identified patterns in six parent-reported indicators of their child's alcohol restrictions and access and characterized them with respect to race/ethnicity, socioeconomic status, community type (urban, suburban, or rural), and neighborhood (dis)advantage.

Methods: Latent profile analysis was applied to Follow-up Year 2 data from the parents of Black, Latinx, and White participants in the Adolescent Brain Cognitive Development Study (n = 9586; youth mean age = 12.05; 47.50% girl, 51.32% boy, 0.32% other gender; 14.29% Black, 25.97% Latinx, and 59.74% White) to derive distinct profiles.

Results: Four profiles (subgroups) emerged: High Restrictions/No Drinkers in Household (32.18%), Low Restrictions/High Access (29.58%), High Restrictions/High Access (26.38%), and High Restrictions/Low Access (11.86%). Black and Latinx youth and parents with relatively low educational attainment and income were overrepresented in the High Restrictions/No Drinkers in Household and High Restrictions/Low Access subgroups. By contrast, the low restrictions subgroups were composed primarily of parents of White youth living in advantaged neighborhoods.

Conclusions: Findings support the notion that parents' perspectives and behaviors around youth alcohol access cannot be divided simply into restrictive and permissive. Further, the observed differences by demographic and neighborhood factors suggest the value of tailoring parent-level prevention approaches to consider community norms.

Source: Sartor, C. E., Latendresse, S. J., Jackson, K. M., Steers, M. L. N., Lipperman-Kreda, S., Slade, T., & Chung, T. Parents' perspectives and behaviors regarding their child's access to alcohol: Variation by race/ethnicity, socioeconomic status, and neighborhood. *Alcohol, clinical & experimental research*. <https://doi.org/10.1111/acer.15498>