Great Lakes (HHS Region 5)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Transcript:

Policy Implications of COVID-19 on Alcohol and Marijuana Use

Presenter: Chuck Klevgaard
Recorded on July 15, 2021

ANN SCHENSKY: Hello, everyone, and welcome. We're going to give people a minute or so to get into the room.

All right, it is officially the top of the hour, so we are going to get started. Again, welcome, everyone, to our webinar today, Policy Implications of COVID-19 on Alcohol and Cannabis. Our presenter today is Chuck Klevgaard.

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We just have a little-- some housekeeping details for you today. If you are having any technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the chat section, and they'll be happy to assist you. Put any questions you have for the speaker in the Q&A section, also at the bottom of the screen. And we'll respond to those at the end of the presentation. We will be using automated transcriptions for today's webinar.

And you will be directed to a link at the end of the presentation to a very short survey. We would really appreciate it if you could fill it out. It takes about three minutes, and it's how we report our activities back to SAMHSA. We are recording the session, and it will be available on our website. It takes about a couple of weeks to get it up. And certificates of attendance will be sent out to all who attend the full session, and they take about two weeks as well.

If you would like to see what else we're doing, you can follow us on social media. And if you're on our mailing list, look for our weekly updates in your email on Thursdays for events coming the following week.

Our speaker today is Chuck Klevgaard. Chuck delivers training and technical assistance to support substance misuse prevention throughout the Midwest. He has supported communities and health agencies as they adopt evidence-

based alcohol, opioid, and other substance misuse policies and programs. Chuck also serves as the prevention manager for the Great Lakes Prevention Technology Transfer Center. And I am going to hand it over to him.

CHUCK KLEVGAARD: Great. Thank you, Ann. Welcome, and good afternoon, everyone. I want to make some quick acknowledgment. We changed the title on you along the way here. If you're registered for Alcohol and Marijuana, we're using the term cannabis today for the basic reason that cannabis and marijuana are often used interchangeably, whereas we think cannabis generally describe all the cannabis products. And we're going to be referring to multiple kinds of cannabis today. Marijuana typically refers more directly to dried leaves, flowers, stems, seeds of the cannabis products.

So know that we're going to talk about policy implications. So the objectives for this afternoon, we're going to spend some time talking about what's changed with regards to policy during the pandemic. We're going to spend a deeper dive into the implications of some of these lessened restrictions on risk factors for alcohol and cannabis use. And then we're going to spend the latter part of the afternoon looking at some strategies for both monitoring and mitigating the potential negative impact of policy on community norms in variability and on use.

So we want to start off, before we dive into policy, to kind of get a sense of the landscape, looking at what happened a year and a half ago as we went into lockdown. Both states and local municipalities and a whole host of leaders had to make big decisions really quickly about what stays open. And so the term essential services became sort of a buzzword for trying to decide what do people need, what people cannot live without with regard to what kinds of businesses and ways in which people-- [AUDIO OUT].

That was kind of launched into that lockdown, that something that happened very early on way back in March of that year, that both alcohol and cannabis were deemed essential services out of the gate at the beginning-- [AUDIO OUT] --this pandemic. And that had ramifications for us all the way through and does today in terms of what happened, the impact of that and other policies.

And primarily, we're going to talk about where we are now in this first part and then the emphasis on how to shift the emphasis from business survival into more of a balanced approach to looking at balancing and reintroducing public [INAUDIBLE] at the same time. So part of that landscape is, where are we with sort of one issue. Let's take one example of an issue-- [AUDIO OUT].

And we'll use that as an example throughout.

So this is kind of what's been the good news in 30 years. So this is the gradual decline of regular use underage drinking that's seen.

KRISTINA SPANNBAUER: Hey, Chuck, I'm sorry. I don't-- I'm sorry, Chuck. I don't mean to—

CHUCK KLEVGAARD: I think that this is a great-- go ahead.

KRISTINA SPANNBAUER: Chuck. Oh, sorry, I didn't mean to interrupt you. We're losing audio.

CHUCK KLEVGAARD: OK.

KRISTINA SPANNBAUER: It was cutting out quite a bit there. I'm wondering if you want to try maybe calling in too, and we can see if that—

CHUCK KLEVGAARD: Sure, let me do that. Let me switch my audio real quick.

KRISTINA SPANNBAUER: Sure. I'll get the meeting ID for you here and the phone number.

COMPUTER: Welcome to Zoom. Enter your meeting ID followed by pound.

KRISTINA SPANNBAUER: I just put the meeting ID in the chat.

COMPUTER: Enter your participant's ID followed by pound. Otherwise, just press pound. you have entered the meeting as a panelist. Attendees can now hear you speak. This meeting is being recorded.

CHUCK KLEVGAARD: All right, is that better?

KRISTINA SPANNBAUER: Sounds great.

CHUCK KLEVGAARD: Oh, perfect. Sorry about that, everyone. Well, we'll dive right back in and talk about this frame, to get us started, is part of the landscape, looking at, before we dive into talking about policy and the pandemic, is look at where we've come. And so right up until 2019, before this started, we were in this slow, but very steady decline of underage drinking.

And that would be true for binge drinking. It would be true for almost all age groups-- lots of good news that we were gradually making tremendous progress towards reducing the use and reducing consequences from use.

So I want to start with typing in the chat right now to get you engaged in this process of, what do you think? Those of us who worked in prevention-- and in this case, you don't have to have worked for 30 years. If you worked in prevention for a period of time, what do you think contributed to this decline? How did we get there? How did we get to decline 46% of 12th grade students who report drinking the past month? How did we do this?

So type some message in the chat. How do you think we got there, if you think it was policy, if you think it was working with parents? Was it media? Was it anything at all?

Cool, seeing lots of comments about policy, science-based programs, media, working on building relationships-- very cool, all great examples; looking at the relationship of policy and attitudes and norms together. Very cool. I'll give you a quick synopsis and say, you're absolutely on target.

So early on, as you might remember, when that minimum legal drinking age changed is where we saw the first major decline in underage drinking. So changing the age at which folks could use made a big difference, right? Right as we started this process of trying to turn things around, we saw that that had that shift.

Cross-sector work made a huge difference. So somebody in the chat acknowledged this working across sectors, meeting not just with schools, but working with health departments, working with law enforcement, working with child care and early elementary work, and all kinds of cross-sector partnerships, became really critical in the middle of this phase here; multilevel approaches, meaning working in a socio-ecological way of working with individual skills and competencies and knowledge, as well as building relationship issues, looking at parents, looking at community, and finally, societal approaches; policy and availability and pricing and enforcement-- a huge shift that happened, when we started talking about environmental conditions.

Also, another big push and help us getting closer-- that graduated driver's license came in just a number of years ago. And then minor VAC limits, when these different limits on alcohol for minors and young people, all contributed dramatically to the shifts that you're seeing in what happened here. So before leaving this, let me quickly acknowledge that what happened in 2020, because that's, again, remember, the beginning of where we saw this.

This decline, most researchers and epidemiologists agree that this decline has halted. Some are saying that it's slightly ticking up. I don't know that there's consensus on that yet, but there's reason to be concerned that the decline has stopped. So what we're seeing in all grades and again, this 12-month use or use in the last year has certainly leveled off. 30-day consumption has increased slightly in all three grade levels, in terms of 8th, 10th and 12th. That's a concern.

So there's this long-term decline may have peaked. And we're going to talk about what we think and why that might be going on. We can speculate, but we can also talk about how to make sure that that doesn't go in the wrong direction.

Part of the historical framework that I think is important to look at why what happened during the pandemic is critical is looking at what we learned. So we learned in 2011 really how important it was. We certainly knew this before, but how important it is that the looking at perception of risk as playing a huge role. So this is just looking at binge drinking and marijuana use, for example. So the darker squares here are those that perceive great risk.

So students that perceive great risk-- and you look on the binge drinking side on the left-- they're far less likely to report that they're binge drinking. Students that perceive moderate or slightly no risk are more likely to be using. So that relationship, that correlational relationship, is so important, even more important with regard to past month marijuana use.

So thinking about that is foundational. I think that we look at, what then happened? What's changed? We majorly, since 2011, have lost ground on the side of cannabis use, meaning that perception of risk has eroded. And some of why we know that that's happened is that massive change with policy and legalization issues, all the way to the point now, where I think that legalization conversation is in Congress this week with regard to what's happening across the country. Because there's so many states that have done that.

So one of the points I want to make before leaving this critical importance of keeping perception of risk high, because it correlates and drives decisions to use, both the initiation of use and whether students continue to use, are both impacted by how harmful they believe it to be. We also know that risk factors work synergistically together. So for example, adolescents who perceive great risk of harm with cannabis were also more likely to report that parenteral support or parental monitoring was part of the reason they didn't do. So these don't work in isolation. They work synergistically together.

So a couple other risk factors I want to just remind us about what we know about, and then we'll move into to talking about what happened during the pandemic. So again, equally long time ago, decades ago, we understood the ease of access to a substance has been shown to have a direct and significant relationship with use. And how easy it is to get alcohol or marijuana impacts the number of young people who choose to use.

And it's really that perception of ease of access that seems to be the lever. So we know that that changes with age, in terms of ease of access increases as young people get older, all the way into young adulthood. It becomes, of course, much easier to obtain alcohol, for sure. And as well, even cannabis, there's some age relationship there.

I want to note that both physical and social availability play a significant role in determining how powerful this risk factor is. So physical availability in one's community-- how easy is it to get alcohol, how easy is it to get cannabis, in my community? The ease of access-- if that perception is that it's very easy, then

that contributes to more people using in a basic, simple relationship there. Social availability is more complicated, in that it also layers in some normative information.

So what's the prevalence of use? What's the sense of the support for use amongst peers, parents, school, and community? So social availability-- how do I perceive and interact with and think about how available this is and how much it's used, how much it's a part of my community? It begins to hint at the normative attitudes around availability, have a relationship to use, both initiation, as well as continuation of use.

And then finally, one of the other powerful factors that we learned how to leverage in the last decade is disapproval and use. So it's social influences on alcohol use, looking at close, proximal social contexts, family and peers, in particular; looking at what are the norms and expectations that folks have within those immediate circles of friends and parents. So perceived disapproval of alcohol by parents or peers is well-established in the literature, that that's a protective factor against use.

I'm using this term here, injunctive norms, to-- so just so you make that distinction, if you haven't heard that before, injunctive norms has to do with the perceptions of which behaviors are typically approved of or disapproved of, the assisting individual in determining what's acceptable or unacceptable social behavior, as opposed to descriptive norms involve the perceptions of what people are actually doing, rather than what they think about it. So slight difference-- we think both sets of norms matter, but injunctive norms, we learned early on, that perceived disapproval with regard to-- can impact injunctive norms, which impact the decisions to use or not.

So here we are then. So what happened during the pandemic? With what I started with, the rapid changes to businesses operating or not, those being considered essential, the industry on both sides of alcohol and cannabis industries responded to the pandemic by lobbying very directly for the deregulation and the weakening of existing laws, policy, protocols, ordinances. But primarily to make the business case, that in order to stay alive or get services that were really critical to people, in the example of cannabis, if people needed this medication, we had to get it to them. We can't close that business, because it's the only avenue they have to get it.

So as well, they were advocating for tax reductions and suspension of retail restrictions. So what we know happened-- these three things. So the frequency of use increased on both sides as stay-at-home orders began. In the early parts of the pandemic, we saw 54% increases in national sales of alcohol overall. Depending on where they got it, it was different. We saw online sales increased by almost 300% in 2019.

We saw increases in folks using multi-packs of beer. So instead of buying a six pack, people were buying two cases at a time or 24 packs. And same with

wine, instead of buying a bottle of wine, they were buying big boxes and multiple boxes-- and again, for reasons about being able to get to the store and back or be able to get the alcohol or not, because bars were closed. Restaurants weren't serving.

So it was early on in that process, the World Health Organization felt like that alcohol use, during the pandemic, was going to be predictive of massive amounts of alcohol use disorders and addictions and all kinds of other problems. And while I think some of that was overstated early on, and we didn't see dramatic changes persist in terms of how much people drink, but what we saw later in the pandemic was with changes, and definitely in the way that people use.

So frequency itself might have leveled off in some ways. But use to deal with problems, use to deal with coping, shifted significantly. So in terms of that, that is a dangerous risk factor, in terms of the reasons that you use to address grief, or sadness, or boredom, are dangerous with regard to on the addiction side of things.

And then lots of related problems increased. The folks who were using, who may have already had mental health, behavioral health, issues going on, those were made far worse. Or in the cases of being at home in lock-up all day long, we'll talk about this more later with regard to parents and families. For some folks, having additional time with family was protective. But for the majority of other folks in terms of if you think about young adults or early relationships, being locked up at home, when there's a high degree of stress because of the economic situation or being fired or sadness, or just major disruption in folks' lives, there's a significant correlation with off-sale alcohol use or off-premise alcohol use, and other kinds of problems, including significant increases in domestic violence.

And again, we talk a little bit about that in a previous webinar. But generally, I want to make the case and get a sense from you all now, what's changed with use where you are? So do you concur with some of what I just talked about? Do you see change in the way that people use alcohol and marijuana where you live? Or you see some change? Do you see dramatic change where you are and in some cases, are even shocked by how much has changed in the last year? To get a sense of, what does it look like where you live, on the ground? Whether you're in a city, a town, a rural situation, we'll get a sense of feeling like what you all see from where you sit.

Awesome-- acknowledging the poll here, lots of folks have observed at least some change. Overwhelmingly, some of you have seen a lot of change in use. And some of you have seen much more dramatic change. Probably a small number of you don't see a huge difference in the way that people are using. So awesome-- so as we move forward, we can close the poll. More of you saying you see at least some change-- perfect.

All right, let's talk initially then about what's been the major impact on use, in terms of what's in the literature? What are in these surveys that we're seeing? What are some of the most acknowledged concerns or issues with regard to use?

So the frequency of consumption, I mentioned a moment ago already, that for many folks who maybe drink once a week or drink several times a month, that the number of days [AUDIO OUT].

ANN SCHENSKY: Chuck, I think you're muted. I'm not sure if that was intentional or not.

CHUCK KLEVGAARD: All right. I lost my screen on my side for a second. Is it back up?

ANN SCHENSKY: It looks good. It's back up.

CHUCK KLEVGAARD: Cool. Sorry about that. I have unstable internet today. It's been happening all day long. So let me bring us back. So we talked about consumption changing. For some folks, that's more significant.

We see gender differences. We saw, again, more wine drinking at home, in particular. One study really points to the fact that in particular, parents with young children saw significant increases in more regular-- both the frequency, as well as heavy drinking-- In part tied to the frustration of homeschooling and not being sure how to help. Many folks were thrust into that get your kid at the computer and figure out how to get him to sit there for three or four hours, in some cases five hours, and guide them with instruction was really stressful, many parents feeling like, I don't know how to help my kid with this, I'm not a teacher, and I can't make my kids sit in that chair for three hours.

And then that led to a great deal of frustration on the part of young parents, in particular. And that then led to using to cope. And the messaging even was, with young people perceiving that message-- my mom, or my dad, whoever is helping me with home schooling, is at the end of the day, using alcohol to take some of the stress or anxiety or frustration off.

It sounds very simple. What's the damage of a glass of wine? And I think we're now, in retrospect, looking at some potential disturbing sort of information we're learning about how kids perceive that in the world of things. So increase in related problems-- we've already talked a little bit about that; changes in who's using, as well, racial and ethnic disparities showing up even more significantly with regard to social isolation affecting people differently.

Knowing, for example, again, that older folks were already isolated, in large part. So the idea that there was less stigma or less frustration there, I think that there were more folks using in different age groups and in different ways.

So similarly, before we go to cannabis, let me say a couple of more findings about alcohol use that I think are critical to note.

You heard me say that overwhelmingly, the first part of the pandemic, use increased dramatically with alcohol for lots of groups and that over time, the amount that folks use or the frequency of their use seem to level off.

Whereas, for folks who had substance use disorders already, that wasn't true, that those things were made far worse during the pandemic. And I also think it was made worse in uneven ways for different groups. So I want to make that point before we leave, and then say something about young people.

The effects on adults were more clear. I think the effects on youth are less obvious and difficult to quantify, in some ways. There is a fair amount of evidence that young people were majorly disrupted by that change, in terms of being isolated from peers. At all age groups, that was much more traumatic for young people to have that disruption, and that for many, that use became a way of coping. Self-medication is a way of dealing with the pandemic, in some respects.

Some slight increase in some studies, showing that youth started to use with their parents. I don't think that was widespread, but I think it's something that's showing up as a concern. I think the other side of that is that there's a lot more protective aspects of that.

So during the early part of lockdown, we know that spending time with family, eating meals together, all of those things are protective, and that for youth, who were generally healthy, in the first place, those protective factors kicked in and offered even more protection. For youth that already had substance use issues, being locked in with parents created more anxiety, more frustration, more conflict.

So finally, there's interesting research about natural circadian rhythms. In particular, with young people, their sleep patterns are really critically important to them. And without structure in their lives, circadian rhythms were majorly thrown out of whack.

Now, those things affect mental health outcomes, as well as substance use. So imagine for a year of your life, when you're an adolescent, to have your daily routine completely thrown out of whack and be different every single day of the week. So there's a fair amount of evidence we need to be concerned about that in the long term.

So the idea of thinking about young people as not being impacted by the pandemic because of disruption was, I think, a mistake. I think that they were much more critically impacted by not only just the disruption in their schedule, but isolation from peers, the loss of prom, the loss of education. The loss of all

kinds of major milestones in their lives was really very stressful and created much more using to cope kinds of stuff.

Impact on cannabis use-- again, this early on indication in the pandemic was that there was a significant changes in the ways that people use. Those that engaged in self-isolation, meaning that those that really isolated themselves the most from others, reported a 20% increase of cannabis use. I think that self-isolation has always been a unique risk factor, but in this case, it was escalating cannabis use in lots of populations.

Folks with mental health conditions bear the worst brunt of this with regard to cannabis use. So those folks who already had anxiety or depression were far more likely to report increases in cannabis use. So boredom was, early on, the most important reason. Then as the economic and grief issues kicked in, depression and anxiety even led the way for increases in the second part of the pandemic.

Some folks changed their use. So then, the good news-- there were some folks who used less because of their concerns about-- in particular, if they were using marijuana, versus any cannabis product, that was less used there. But what we also saw was the shifts to edibles, in that case.

So if they were worried about the impact of smoking on their lungs and the increased risk for COVID, there were some folks who shifted to edibles. And I think we saw some of that trend continue. As people got introduced to edibles, I think the ease of using them and again, now the increased ease of access to them, in the latter part of the pandemic, impacted that as well.

So finally, gender and age is older adults-- again, one of the populations that we're worried about; increased use of cannabis-- again, reductions in stigma about use. So I think that we'll see more concerns about women, minorities, folks with diabetics, is something that's being watched closely right now. So lots of changes with regard to gender and age, that out of the pandemic, I think we have to get a handle on what happened.

So most important as you talk with your peers and begin to think about these issues of coming out on the other side of this. Consider how to measure the impact of stress and social isolation. We think that that had a lot to do with both changes in the way that people use and what they'll need, coming out, as we reconnect in communities. So coping motivated use led to both habitual issues, that will be hard to reverse, as well as other kinds of problems; keeping an eye towards social determinants of health as you think about equity and disparities, thinking about focusing on individuals with substance use disorders, and the way that they were impacted.

And then e-commerce platforms all context to what was happening during the pandemic. All of those issues related to how people coped, got through, and what they'll need on the other side. So this brings us into, what differences

does it make? What are the most important things to think about with regard to, why COVID related changes in issues matter?

So I mentioned a moment ago this sort of interrelationship between risk factors. We know that social norms and perception of harm go hand in hand, that for folks, the more it appears, and is visible, that folks are using, and that they're using to cope, and that they're using to deal with emotions, or stress or boredom. But more dangerous that is, then the more it gets tied into a cultural norm.

The availability of alcohol and cannabis, as they were deemed essential services, became more visibly available than ever before. That also has an impact on attitudes and perception of risk and harm; and then the overall perception of harm, again, in its relationship to increased use. So these first two factors began to compound and create synergy about the fact that this isn't dangerous. I see it everywhere. I see a lot of people using. I see people using in ways that I didn't think about before.

I see my mom having a glass of wine. I see my neighbors using. I see deliveries of [INAUDIBLE] on my block three times a week. So whatever it is, all of a sudden, it's everywhere. And that impacts perception of harm and increases the use.

So these are the major contextual factors. I would add, that some of what we learned in the last decade, with regard to medical marijuana dispensary, is that they correlate with these attitudes and use pretty directly with young people. And I make this case here not to villainize dispensaries, but to say, why is that? Why is it that location of a marijuana dispensary impacts attitude so directly?

And I think, in this particular study, they suggest, that because retail outlets became more visible and more numerous, they began to impact the ways in which young people thought about marijuana. Now, if that's the frame, and in a year, and prior to COVID, is that what's happening in the States where most of us live? That we think that visibility of curbside pickup, which is not even happening in the counter of a closed store that young people can't go into, but happening on the curb. And it's happening through delivery, and it's happening in lots of conversations that weren't happening before.

If this is true, if that relationship about why young people get at higher risk to use marijuana in proximity-- it's about visibility-- I think we're in trouble. So let's move the conversation into more directly, into, what policies changed? So at that point again-- so type in the chat examples of policies and regulations that your state or community has changed.

So if that term applies in terms of curbside pickup, or you're familiar with DoorDash and changes there; takeout cocktails are now OK, where restaurants are, where you are; you've heard about some of these apps and

the way that they're used. Delivery of alcohol, cannabis-- some have legalized in your state happened; so all during COVID, lots of shifting around of issues; takeout cocktails-- more and more, people-- curbside pick up; drink kits to go.

Designated outdoor refreshment areas in small towns-- let's talk about that one. Some folks are seeing that. Again, popular not just in Ohio, but growing here in the Midwest, the downtown outdoor refreshment areas. So cool-- continue to identify that. And let's talk about what does that look like.

So clearly, in almost every state, we saw changes with regard to takeout cocktails. So on the top left, here where I live, Illinois bars and restaurants, you can sell premixed cocktails for pickup and delivery. So Governor Pritzker signed that into law. So it's no longer a pandemic-specific thing. It's become law in Illinois that restaurants can do that.

Now, the reason they couldn't do that before is because, obviously, both for normative reasons, we don't want to create the thing that you can just take your liquor to go. And we also don't want it to increase access or availability for young people. So that was a concern.

Outdoor refreshment area, or D-O-R-A, or DORA, in that case, designates this. And so the top right designates part of the downtown area, where if you go into that part of that area, you can have a drink and walk around with it between businesses, and walk on the street with alcohol. So for prevention, what would be concerning about that? That was about supporting businesses. Now, that was way before the pandemic hit. But DORA has expanded-- or D-O-R-A, in that case. Outdoor refreshment thinking has stimulated businesses to the degree that it's not even an issue about the pandemic anymore. It's about stimulating downtown areas, stimulating business and restaurant areas. So in most of the cases here, those areas are not restricted to adults only. So this is in a beer tent. This is a part of the city where folks can use and walk around and use together. So that's something that's now taken hold here in the Midwest as a way of stimulating and keeping businesses alive.

So on the bottom left, that curbside pickup started with certain restaurants and became more part of protocol for even national chains being able to do curbside pickup of alcohol at liquor stores, restaurants. The bottom right are all of the different apps that you can use. So in addition to just getting alcohol delivered, which you can now do in most places, you can even order it from your phone-- so another significant change.

I think that one of the things that tells you how big that is-- so Drizly was one of the popular ones here in the Midwest, with the bear, down there on the bottom, that just sold. They just sold that Drizly, including the app, for $1.1 billion, with a B. So that has now been sold to a larger mobile business entity, to be able to create and expand on the ability to order alcohol as easily as possible and have it delivered that way.

So changes to policy-- keeping the frame, as you talk about this in your community, that much of it started because alcohol vendors were deemed essential. Biggest changes to off sale, off-premise changes, have to do with ID checking and home delivery. So there are concerns there with regard to how in which we verify whether somebody is old enough or not. Who trains them? And most important, who monitors that?

We think about how strict it was with regard to liquor stores or off-premise kinds of issues and how we train them. We work with making sure that they had strict policy, and there were compliance checks, and all kinds of majors-- so when we think about that first graph I put up about in 30 years, that 40% reduction access to alcohol, was a major win for us, in terms of being able to make those gains. Much of that could be out the door if, in fact, there is no verifiable, rigid, rigorous way of understanding how we do ID checking and home delivery.

So off-premise changes-- again, that curbside pickup takeout cocktail-- lots of concerns about whether that is an issue. What does that do with regard to the amount of use, the way people use? And then normative piece, that's so troubling-- as more and more people see that you can pick up and take alcohol with you, there are concerns about that.

Biggest changes to cannabis policy-- marijuana vendors were also deemed essential, the cannabis vendors, in this case. Delivery became legal in some states. At the same time, we saw relaxed requirements for obtaining medical marijuana cards.

Now, I'm a firm believer in telemedicine. I think it is the future. It's critical. It works. It's effective. But in some states, there are concerns about how easy it is to get a medical marijuana card now. You don't have to go see a doctor. You don't have to have an exam. . You can do that online relatively quickly with a telemedicine appointment.

So we just made it way easier to get. And again, maybe that's a good thing. It depends on how that's done. So there are questions about, should relaxed requirements be in place for folks to be able to obtain cannabis, in that case, are concerns.

So what are some of the ramifications that we're worried about? One I've mentioned already, that unclear guidance about delivery. How do we safely confirm the age of the purchaser at the point of delivery? And that concern about enforcement-- who does that? Who's watching that? Who's keeping an eye on that?

And then the major push toward contactless delivery is meaning it's left on your porch. Now, if I was 16 years old, and I knew my parents had alcohol delivered, and it's sitting there-- and I get home at 3 o'clock in the afternoon; they don't get home till 5:00-- who's watching that box? So those are the kinds

of concerns that people are talking about with regard to contactless delivery, enforcement, ID checking, all disturbing ramifications with regard to use.

And finally, now, I think that more recently, in the second half of the pandemic, the industry is positioning itself as helper. We want to make this easier for you. We know that this is not just about convenience, but it's important that you get what you need in the case of cannabis. So I think that in that scenario, some of what positioning itself as helper has done is to create this flow, then, of change, with regard to some of these policies that started out of a very desperate need to keep businesses alive, to this is an important thing, to make sure that we have access for people who need these things.

So protective measures that people are thinking about already, immediately moving in to COVID-regulated regulations-- to make sure that they're temporary, and that we revisit that, and that we add enforcement to all aspects of this issue with regards to ID checking; limiting the amount of alcohol that can be delivered at one time. Some really basic protective measures are being put in place in communities here in the Midwest; requiring deliveries to prove that they checked IDs, taking a picture of that that ID checking process itself and the person's face in the ID.

So somebody could stand there with an ID, with a bar code on it, of somebody that's not them and not their age. And is that the only assurance that we have that that person was old enough? So again, many communities thinking about, we need more assurance than scanning an ID. We want a picture taken of the ID process and of the person who was able to sign for that.

And finally, some communities have really already stopped to think about this unintended normalization of alcohol and the role that parents play. This is an example of an evidence-based practice that was created in Europe, that had to do with educating parents about this unintended normalization, and what are some things that you do? If you are, in fact, going to drink in front of your kids, some things that you should pay attention to-- some ways in which you're going to monitor what happens with regard to delivery and how you're accessing all of these lessened restrictions. How do you maintain the position, if your family position is, I don't want my kid to use? How do you do that? So there's some great evidence-based programs already popping up about dealing with this unintended normalization of alcohol use.

So in the conversation we just had, let's do a quick poll. What are the most important reasons for keeping an eye on policy where you live? So is it that you think that it might normalize use in what we just talked about? Is it that you might think it might lead to increased use by young people? Or are you already worried, where you live, that these changes might all become permanent, because of the helper industry that's out there?

[INAUDIBLE] It should have allowed you to fill up more than one. I think it was more interesting to me to figure out, what's leading the worry right now?

What's the biggest concern that we have? So this gives us a snapshot. Let's go ahead and close the poll out and see where we landed.

The biggest worry is that these are going to become permanent overwhelmingly, but a close second, that this is going to lead to increased use for young people. And some of us worry that it's happening that this might change the norms or perceptions and that normalized use is going to become an issue as we move ahead. Absolutely.

So let's talk about that issue, that leading issue that people just let it stew. What's happening where you live? Take a look at your state. This was in the news this month, or last month, in some cases. Some of these are July articles. I could tell you, here, where we are in Illinois, lawmakers passed a bill to extend cocktails to-go till 2024. Indianapolis-- "Curbside alcohol sales are here to stay; DeWine, in Ohio, talking about to-go cocktails being permanent; a Michigan regulator wanting to make curbside pickup and drive-through service; part of the law, Wisconsin.

As a whole, there's a trilogy of policies that have all happened in Wisconsin, that they're trying to tie all together and make them all legal at once, three different bills that they want to group together; Minnesota legislators being pressured to pass cocktails to-go-- one of the states that's trying to hold firm with some of this. These things have not moved immediately to permanence here in Minnesota, but there is massive pressure to do so. So if you think this isn't happening where you live, know that it is.

And a quick, easy way to do that-- we'll talk about how to track what's changing where you are. But let's frame this real quickly about why these changes mattered. So the current trends towards deregulation is not in the public health interest. And it isn't being done for public health reasons. So keeping the conversation about this, about public health, is really critical.

I think a lot of relaxed attitudes towards advertising are happening at the same time. Major gains that we had about marketing and advertising have gone out the window because of some of the ways in which the visibility of what you can do, what you can buy, and how you can get it, are all things that have not been regulated, because they're not as much directly about the substance. So permanent changes absolutely may lead to more people with health problems.

Mental health issues will absolutely be made worse if we don't get a handle on this issue, and these lessened restrictions, and the way that they impact risk factors. Certainly, more folks with substance use disorders, longer-term, we're absolutely going to see that. So that early warning from the World Health Organization, because of the 300% increase in alcohol sales online, was, again, a sort of overstatement about how much of that would produce substance use disorders. But as we come out of the pandemic, and we see what's happened during that time-- unresolved grief and economic issues,

and disparities, and social and economic determinants, being made worse for a population, along with all of these lessons policy, we absolutely could see dramatic changes within numbers of substance use disorders.

So what can prevention do? Follow the policies where you live. Figure out what's happened in your town and in your state. Understand the research. Go back to what we learned.

So in that very first set of slides, understanding what are the risk factors that relate to community health and resilience and the less underage drinking-- refresh yourself in the power of access and availability to be a predictor of use to be a risk factor and that we've leveraged, for two decades, reducing access and availability, to be able to maintain health for our youngest, most vulnerable population. Reach out to policymakers to start raising these issues. Being able to frame this in all of the context of risk is really valuable.

And use the media. So communities that are already on board with this and aggressively advocating for holding these policies to not become permanent yet, to say, let's wait a minute here. There are public health issues at stake.

And that these business critical issues with the economy have lessened, but let's not rush to make them permanent, are using the media effectively.

I think folks that are using media are thinking about all of the ways to make sure that media understands the different levels of what we might think of as this socio-ecological model; understanding at the individual level of race and ethnicity and immigration status-- socioeconomic issues can impact this; and at the family microsystem level, family home environment, and again, the parental monitoring, parental use issues, and making sure that the community knows about that. And then lots of emphasis with media about understanding how norms and attitudes and access and availability all impact cultural norms, and that there are issues with regard to gender and all kinds of community-level stuff; and then keeping an eye toward advertising, marketing, and policy, as being the ways in which we manage all those levels together.

So thinking about that, there's a couple of tools I would highlight that I think are really amazingly helpful. An Alcohol Research Current Reviews article, which, again, was provided to you all as part of this, is a massive, rich document in understanding how to frame social and cultural issues with alcohol use. So people understand it's not just about helping that business survive or access and convenience for folks. It can't drive public health policy agendas.

And then a big amount of work that happened in these two alcohol studies, "Like sugar for adults" is a document that came out prior to the pandemic. But understanding, that when young people observe and are exposed to people who are drinking, whether they're parents or whether they're others, that they don't distinguish between being drunk in front of them, versus being tipsy in

front of them. So what that means is any amount of alcohol use and that repeated exposure by multiple people, in multiple ways, by the parents at different times, all do some damage, both to their perception about the normalization of drinking and alcohol, as well as the impacting their relationship of role-modeling and parental positioning. So that article also has massive information we can use to help parents and in general, caregivers understand the importance of reclaiming norms, in that sense.

Applying lessons learned-- one of the final statements I'll make again is understanding oppositional research. One of the very most important things you can do is pay attention to what the industry is saying. So they're putting tremendous pressure on lawmakers and policymakers right now to make policy and lessened restriction and deregulation the message of the day. They're being seen as the helpful one. So look at the positions and frames that they're taking, and be able to counter them directly.

So look at working with untraditional partners and working with vendors. Just as we learned, working with alcohol vendors early on, is working with bars and restaurants was a very positive thing. They may very much care about the community and the members within it as much as you do, and understanding that there are a dozen things that a marijuana dispensary, cannabis dispensary, can do that may also help lessen the impact, and make sure that folks who get this, need it, but that it's not going to inadvertently impact young people in any negative way. So again, all that we've learned about the ways that dispensaries can work, they can become partners in that process with us.

Mobilize community support and build their capacity for action. Be strategic and keep the focus on the long term. Fight some of these immediate battles, but keep the focus on, how do we keep health in all policies? So how do we keep the frame on public health in policy making, policy decisions, in that same way?

Two resources that are great for your coalition or ways to think about primers on this-- if you're not a policy advocate-- you don't know enough-- I think the School of Medicine-- I think folks from Connecticut are with us today-- is a great place. They maintain a website that's a tutorial on policy and adolescent drinking, using science in the public interest. There's four slide presentations, that are recorded, you can listen to-- Why be a policy advocate? Introduction to effective alcohol policy. Key elements of an advocacy campaign. And then, Post policy adoption-- what are some ways that you can do-- from Michael Sparks-- to maintain the position that you've just gained?

And then out of California, Getting It Right From the Start, further ahead of us, folks there are thinking about-- again, there are dozens of different ways to think about cannabis and the way that what I shared with you earlier about the potential negative impact on normalization, on visibility; so in the same way we've learned about outlets and outlet density, marketing messaging, So this

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particular book is a guide for ordinances in probably 20 different kinds of ordinances that all are grounded in science about maintaining the position in the community, while assuring that people that need cannabis can get it. So those are great ways to do some homework.

And then finally, I think tracking change, there's a lot of interactive dashboards that have been developed. Look at state reopening plans. So every state that we're in, the ones that we just looked at, that they have legislation on the table, also have state reopening plans that are publicly posted. And you can see what the plans are for all of these policy and regulatory changes that have happened.

What are they doing? Reopening restaurants-- under what conditions, and what stays in place? So whatever happened during COVID, does it stay in place? It's in your state reopening plan.

Government sites are a great place to look as well. I'll show you some examples. Industry trade associations-- remember, for both reasons, to see what their talking points are, as well as what their plans are. Public policy organizations, health organizations, legal organizations-- all great. The NABCA maintains a list of all of those types of things. So that's the National Alcohol Beverage Control Association, has a COVID page that just has probably 30 different links to dashboards, to figure out what happened in Wisconsin, where you live; what's happening at the state and city level; what's changed? What's the plan for restaurants and bars reopening? So a tremendous resource for getting started, to understand what's changed where you are.

APIS is the other place. And again, you're probably already familiar with. Just know that they've added COVID section to the alcohol policy information. They've also added two significant modules to deal with tracking cannabis and cannabis change around policy. So those are two great places to start.

Handouts from today give you some talking points to frame what we talked about with you, in particular. This particular piece of work from Linda Richter is an awesome, nice summary, that's two pages, that can give you great talking points about what's happened with youth. And then this bigger issue, which is an international organization, has significant outlines what happened during the pandemic with alcohol, in particular, in terms of everything from domestic violence and what happened, to use and attitudes with regard to policy and law, all the same way.

And finally, we have another handout on its way to you. So you'll see, in the weeks to come, and as you go back, and look at that when the recording gets posted, and you'll get an invitation to this document. It's a bigger, I want to say, maybe a four or six-pager. It's still in the final editing phases. It's going to give you all the context of what we just talked about, so that you have it as a handout.

You can use it at a coalition or task force meeting. It gives you those sources for tracking what's happening, both in your state and locally. It's going to give you the data about what the concerns are, from a public health perspective, around use and health. It's going to give you resources and all of the research are cited. So if we mentioned an article or something that's been in the literature, you're going to have all of the citations as well. So I know we have about five minutes left for questions.

ANN SCHENSKY: Great. Thank you, Chuck-- really good information, a lot of resources that people can use. So thank you. We do have a couple of questions. One is, do you think that DoorDash people need RBS training?

CHUCK KLEVGAARD: Absolutely. I think it should be customized Anybody who's going to take a role in being able to transfer and hand over alcohol, I think should have some basic training in the way that we thought about training bartenders and clerks in package stores, the most basic understanding about the role that they play in the damage and danger of getting into the hands of youth. So not just how to use the technologies to ensure that the idea is correct, and it's the person, that's valuable, number one.

But even more valuable is how important it was, when we started training bartenders and clerks in package stores, about why the position they take is so important. The responsibility that they're really taking on mattered to those folks, when they were trained, because then they were like, yeah, I don't want to play that role. This is dangerous for young people. I want to be responsible. So then they take the time to learn the technologies about ensuring age or dealing with refusing to serve someone in that same way. So the answer is yes, I think they should be.

ANN SCHENSKY: Great. Thank you. And then another question is, what about companies not doing drug screening for marijuana as part of the hiring process?

CHUCK KLEVGAARD: I think that's become even more tricky with regard to medical marijuana issues. I think that that's super complicated. I think there have been some industries where earlier on, it was determined that it was dangerous for someone to use. I think it's interesting. And more recently, in the last few weeks, why should an athlete not be able to use cannabis? It's not a performance-enhancing drug, is the same argument that gets made with some employers, is that their use of cannabis doesn't impact their ability or safe ways to do the work that they're doing, could have been an original reason to do that.

Whereas, I think now, it's they're getting tremendous pushback to say that cannabis doesn't impact that issue, and that they may be using it for medical reasons. So everyone with a medical card could then qualify to say, I'm

exempt from that policy. And what a nightmare to track that, of who has a medical card, is what some businesses would say.

So I think it's worth keeping the conversation open about, are there industries for which you would not want someone to have just used cannabis? And it's certainly there that the example of a pilot of a plane has always come up. But what if that pilot is now using for medical reasons? Is it then legal to say that they have to be screened and that they can never use cannabis? All worth conversations. [CHUCKLING] Raising it from a public health and safety perspective is the way to go.

ANN SCHENSKY: Excellent-- great way to end. We are at the top of the hour. I want to, again, thank you, Chuck, very much for this great webinar and all of this information, and everyone who joined us today.

Again, we will be posting this recording, as well as all of the resources that we talked about today. So look for that. It will be the Great Lakes PTTC website. And it takes us about 7 to 10 days to get things up on the website. So thank you, all, very much. And have a wonderful afternoon.