CIRCLING THE BARREL

Alcohol Legislative Trends 2013–2022 &
The California 10-Year Review of Alcohol Policy

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ALCOHOL JUSTICE®

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The California 10-Year Review of Alcohol Policy

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EXECUTIVE SUMMARY

Introduction

Alcohol harm is a multifactorial outcome, but as a legal drug, legislative priorities constitute a major influence on alcohol-related health outcomes. This has been drawn into sharp relief in the post-COVID-19 era, as alcohol harm has abruptly skyrocketed throughout the United States. No state has been more impacted by this than California, and, considering its size and economic impact, no state has more need for large-scale remedies to that harm. Legislating interventions at scale can be a double-edged sword. To promote effective legislation, the World Healther Organization's SAFER technical package provides an evidence-based collection of protective policies for lawmakers. By assessing patterns of California legislation—both proposed and passed—in light of SAFER recommendations, public health advocates can identify opportunites and barriers to establishing a more protective policy environment.

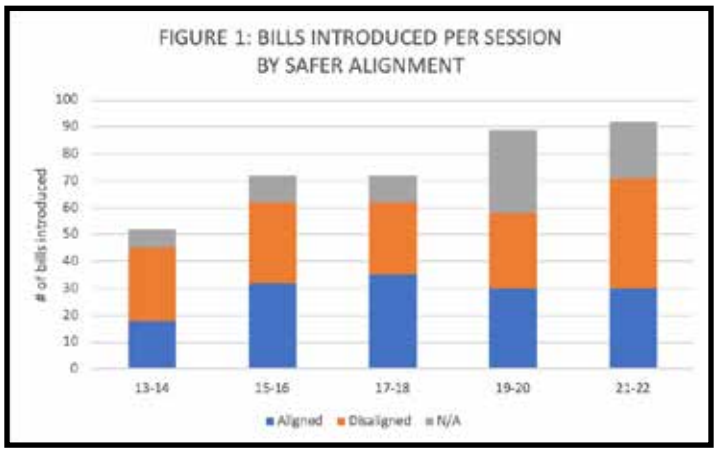
Methodology

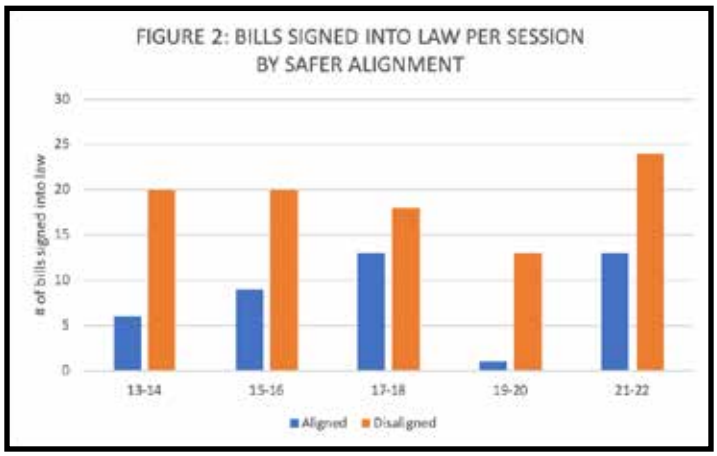
A systematic search for alcohol-related legislation in the California Legislative Info Web site found 378 relevant bills. Two reviewers read and coded each bill for multiple attributes, including what industry or industries it targeted, what tier(s) of the three-tier system it affected, whether it passed or failed, and, most importantly, what prevention domains it applied to. Prevention domains were defined by the WHO's SAFER package: alcohol access, treatment access, dangerous driving prevention, alcohol marketing and advertising, and taxation and price controls. Bills that brought California code closer to the ideal policies laid out in SAFER were coded aligned, while those that moved it further from ideal policies were coded disaligned. Otherwise, they were labeled no change, or not applicable if they addressed a policy domain not identified within SAFER.

Key Findings

- Of the 380 bills identified, 319 addressed policies within the SAFER domains
- Alcohol legislation increased year by year between the 2013-2014 and 2021-2022 sessions, from 52 to 92, see **FIGURE 1**
- Alcohol-related bills were considerably more likely to be signed into law than the average bill (44% vs. 36%), see **FIGURE 2**
- Disaligned bills were more likely to be proposed (153 vs. 146), and much more likely to pass (95 vs. 42)
- SAFER-relevant bills were most likely to be alcohol access-related (113), with 90 disaligned

- Price-related bills were the least like to be proposed (31 total), and only 5 aligned price-related bills were signed into law
- Proposed aligned bills were most likely to be treatment-related, followed by dangeorus-driving related
- The retail licensee tier was the tier most frequently targeted, with 60% of retail-related bills being disaligned
- Nearly every district-level bill was disaligned, and 74% were signed into law





Discussion and Recommendations

The pace of proposed changes to the California alcohol and related codes has accelerated over the past decade. The majority of these proposed changes are deregulatory, out of line with the suggestions made by the World Health Organization. These proposed deregulatory changes are more likely to be passed into law, while changes that would be protective were much less likely to make it to the Governor's desk. By all indications, the California legislature is being heavily pressured—culturally, economically, and/or via industries' influence—to empower industry to the detriment of public health.

Much of the potentially hazardous legislation centered on alcohol availability, be it outlet density expansion, hours of service expansion, or novel venues and/or delivery options for alcohol sales. The legislature seemed reluctant to consider price policies, particularly ones that might increase revenue to the state. When protective, SAFER-aligned legislation was proposed, it skewed away from population-level, environmental prevention, and instead focused on the individual: treatment for those with alcohol use disorder, and punishment for those who engage in dangerous driving. Importantly, the burgeoning field of commercial determinants of health stresses that individualized approaches to health concerns are often less effective, but favored by industry because they take effect *after* the alcohol has been sold.

Decisionmakers and advocates should consider laying advance groundwork in the SAFER domains where the legislature seems reluctant to pursue protective policies. Between health promotion campaigns, concerted media messaging, and organizing communities to advocate for these environmental prevention policies, the process of shifting the spectrum of acceptable legislation should beging sooner rather than later. Research shows that popular support for continued or enhanced protective policy is strong, but change in legislative priorities depends on their voices being amplified.

INTRODUCTION

Alcohol harm is a multifactorial outcome, but as a legal drug, government policy constitutes a major influence on alcohol-related health outcomes. This has been drawn into sharp relief in the post-COVID-19 era, as alcohol harm has abruptly skyrocketed throughout the United States.[1] No state has been hit harder by this than California, and, considering its size and economic impact, no state has more need for large-scale policy approaches to reign in that harm.

California is the most populous state in the nation, and features both enormous alcohol markets and enormous production sectors, with nearly 18,000 licensed producers and wholesalers.[2] This contrasts with exceptional income disparities,[3] and the concomitant disproportionate harms to lower-income consumers.[4] Amidst this mix of vulnerable residents and outsized alcohol industry power, California experienced enormous increases in alcohol-related deaths and disability. During the years of 2020 and 2021, an average of 19,335 California residents died of alcohol-related causes annually.[5] This was a stunning increase from the last federal assessment, which estimated 11,026 annual deaths as of 2015.[6]

Runaway mortality on this scale demands solutions at scale. Government policy forms the backbone of this kind of population level intervention. Research has identified a number of policies that can affect alcohol harm.[7] However, these policies have been consolidated into five broad areas by the World Health Organization (WHO), under the SAFER Technical Package.[8]

In the lens of this package, legislative decisionmaking can be flagged as for relevance to the areas identified in that package, and whether it would bring statewide policy more or less in line with an ideal policy environment within those domains. California's robust sunshine laws allow for historical legislative sessions to be be assessed for this alignment/disalignment. This allows advocates to answer key questions: in the face of rampant alcohol harm, are California legislators inclined towards certain protective or destructive policies, and how much lawmaking capital do they dedicate to each?

BACKGROUND

Trends in Alcohol Harm

Alcohol consumption is the fourth leading preventable cause of mortality worldwide.[9] Overconsumption has been tied to a number of fatal outcomes, both acute and chronic, including motor vehicle crashes, violence, suicide, homicide, various cancers, cirrhosis, stroke, and various other cerebrovascular and cardiovascular events.[10] According to estimates from the United States Center for Disease Control and Prevention (CDC), alcohol kills 95,158 U.S. residents annually, accounting for 2,763,055 years of life lost.[6] This mortality, along with morbidity, law enforcement, recovery, lost economic productivity, and other consequences of consumption costs the U.S. $249 billion per year.[11]

Recent indications strongly suggest these costs are growing. According to an evaluation of alcohol harm trends by the National Institutes of Alcohol Abuse and Alcoholism (NIAAA), alcohol-related deaths spiked 25.5% between 2019 and 2020, outpacing the overall increase in mortality—an overall increase that included COVID-19 deaths.[1] This was accompanied by several indications of rising consumption between 2019 and 2021, including an increase in individuals reporting daily drinking (from 6.3% to 9.6%) and rates of moderate or severe alcohol use disorder (AUD) diagnoses (2.3% to 3.9%).[12] This abrupt acceleration follows two decades of concerning indications of increase, including a 50% increase in AUD diagnoses over the past 20 years[13] and a 50.9% increase in alcohol mortality rate from 1999 to 2017. [14] Importantly, this increase was not limited to acute accidents or other immediate causes. Pre- and post-COVID trends in alcoholic liver disease found that mortality rose from 13.1 to 16.9 per 100,000 between 2017 and 2020.[15]

Harm does not only accrue to individuals who consume alcohol hazardously. Around 1 in 5 adults report experiencing harm resulting from someone else's alcohol consumption.[16] Nationally, 7.4% of caregivers reported others' alcohol consumption impacted children's health and well-being.[17] These harms, termed "alcohol's harm to others," or sometimes, "second-hand drinking,"

impact morbidity and costs both directly, through lost income and other economic distress due to drinking, and more distally, through impacts to mental health and quality of life.[18]

Though the state of California did a laudable job in managing COVID-19-related deaths, it did not seem to do the same with alcohol. It already bore an outsized portion of alcohol harm. In the CDC's 2020 assessment of alcohol mortality, California accounted for 11,026 deaths annually, 11.6% of the national death toll.[6] This costs the state $2.44 per drink, with totals surmounting $35 billion, including $14.47 billion of direct costs to state government.[19] For comparison, the entire California Department of Public Health budget is $5.5 billion.[20]

> **"...alcohol-related deaths spiked 25.5% between 2019 and 2020, outpacing the overall increase in mortality—an overall increase that included COVID-19 deaths."**

These harms worsened in recent years. The CDC methodology was replicated by the California Department of Public Health (CDPH) finding an average of 19,335 deaths in the years of 2020 and 2021,[5] a 75% increase in 6 years. These increases occur alongside a marked increase in alcohol sales, with tax receipts increasing 16% from $369 million in the 2019-2020 fiscal year to $429 million in 2021-2022.[18] As would be expected, an analysis of California mortality figures in CDC WONDER found a 36.4% increase in alcohol-related deaths from 2019 to 2021.[21] On a given day in California, 10,666 people were receiving AUD-specific treatment and 28,118 were receiving combined drug and alcohol treatment.[22] The government has not yet released post-COVID estimates, but based on AUD increase trends (and ignoring shortages of beds), the current head count could be as high as 66,000.

California and the Alcohol Economy

It stands to reason that California would have both outsized alcohol harm hand in hand with an exceptionally important alcohol industry. California is the most populous state in the nation with over 39 million residents.[23] The state's economy is growing quickly; were it independent of the United States, it could already be the fourth largest in the world.[24] Yet it also has the fifth worst level of income inequality of any state in the U.S.[3] Despite the fact that affluent consumers drink more alcohol on average, lower-income consumers suffer outsized health and criminal justice consequences from consumption.[4]

As befits an economy of that size, the alcohol sector is enormous, including nearly 18,000 licensed producers and wholesalers, and nearly 90,000 retail licensees.[2] These licenses are subject to a "three-tier" system, an antimonopolistic strategy for structuring a legal alcohol industry that arose out of the post-repeal reforms. Under this system, alcohol is produced by one tier, which sells to a second wholesaler tier. That second tier then distributes its product to retail tiers, who can sell

SIDEBAR 1

SAFER IN PRACTICE

SAFER is an anagram for five broad policy domains with an impact on alcohol harm. The WHO defines them as:

(S)trengthen restrictions on alcohol availability
e.g., trading hour restrictions, denial of alcohol licenses in areas of overconcentration
(A)dvance and enforce drink-driving countermeasures [sic]
e.g. lowering the BAC level to 0.05%
(F)acilitate access to screening, brief interventions, and treatment
e.g. connection to treatment services on discharge from jail or prison
(E)nforce bans or comprehensives restrictions on alcohol advertising, sponsorship and promotion
e.g. a ban on alcohol advertising in public bus shelters
(R)aise prices on alcohol through excise taxes and pricing policies
e.g. assess a tax on alcoholic beverages to fund services for the housing unstable

It is important to note that certain protective alcohol policy areas, such as product design and packaging, may have an impact on public health and safety while not fitting into the five defined arenas. That said, while SAFER policy areas encompass the accepted best buys, they do not incorporate all novel strategies.

In those domains it covers, SAFER does not always mandate a policy target. For instance, drink-driving countermeasures call for reduced BAC thresholds for illegal driving, but do not specify 0.05% as the target. For purposes of policy analysis, policies become "SAFER aligned" if they change the alcohol environment in ways that support or expand SAFER-defined protective strategies, and "SAFER disaligned" if they change it in ways that obstruct these strategies.

directly to consumers. A classic three-tier system keeps the tiers firewalled, so that only retailers can sell directly to consumers, and producers and wholesalers cannot directly purchase advertising or determine product placement.[25] When strictly enforced, the same business entity would not be able to own licenses in multiple tiers. Within the tiers themselves, California does not exercise strong government control; with very few exceptions, licensees are privately held.

New licenses are subject to scrutiny by the California Department of Alcoholic Beverage Control (ABC). ABC grants new retail licenses ostensibly only if the area does not exceed a set ratio of licenses per capita in any given community, on-sale beer and wine licenses excepted. However, this cap can be circumvented in any number of ways, including "public convenience or necessity" hearings that allow local jurisdictions to exceed the formula all but arbitrarily.[26]

Policy and Alcohol Harm

Although alcohol harm is responsive to a number of interventions, community-level and state-level policy impacts are often the most efficient as well as the most overtly impactful. Research on individual policies has evaluated the effectiveness of outlet density limits,[27] tax increases,[28] trading hours,[29] overservice liability ("dram shop") laws,[30] dangerous driving countermeasures,[31] responsible beverage service training,[32] minimum unit pricing,[33] and treatment access expansion,[34] among others. More broadly, various authorities attempt to evaluate preventive policies as comparatively or as "best buy" packages.[35] [36] [37] Obstacles to implementing these policies—which in themselves

suggest further facilitating policies—include raising public awareness of policy effectiveness, reinforcing the governmental infrastructure to emplace and enforce effective policies, reducing alcohol industry access to politicians, and identifying and promoting specific and achievable policy goals rather than speaking in broad ideals.[38]

Recommendation packages have been summarized into measurement indices for many health outcomes, including tobacco prevention[39] and nutrition and physical activity.[40] Alcohol, too, has been subject to this approach, with research on potential policy intervention into binge drinking (defined as 4 or more drinks in a night for women, 5 or more for men) identifying a suite of 29 policies which are broadly correlated with population risk.[7] These same scoring criteria have been effectively applied to some second-hand drinking measures, including interpersonal aggression and dangerous driving.[41]

When applied to California, the overall policy score suggested a high-risk environment. California ranked 47th out of 50 states plus Washington, DC in total score. When looking at changes in this score over time, California ranked 44th in magnitude of health-promoting changes between 1998 and 2018. This put California in a Terrible Ten of least protective policies and least protective change.[42] A 2013 CDC analysis, rather than score based on binge drinking risk, scored according to a set of ideal policy standards. Again, California fell short, with alcohol tax policies rated red (completely noncompliant with best practices), and dram shop and overconcentration protections rated yellow (severely compromised).[43] These shortfalls, combined with the concerning increase in alcohol harm, suggest an intensive analysis of how California alcohol policy develops could help head off further decay of existing protective policies and promote the adoption of new ones.

The WHO SAFER Package

Of all the existing policy recommendation packages, none are quite as comprehensive as the WHO's Global Strategy to Reduce the Harmful Use of Alcohol. The Global Strategy addresses, in depth, a wide array of policy solution frameworks, with expected contributions from various sectors (including, controversially, the industry).[44] These recommendations have been condensed into the SAFER Technical Package, a series of concise policy domains meant to be implemented at larger governmental levels, grounded in evidence and demonstrably protective of the public health.[8]

"...California fell short, with **alcohol tax policies rated red (completely noncompliant with best practices)**, and **dram shop and overconcentration protections rated yellow (severely compromised)**."

Existing multi-policy analyses have largely identified either an outcome goal and/or a set of ideal policies by which to contrast the ones under consideration. None of these approaches allows for a simple exploratory approach, however, where policies can be "bucketed" without both granular dissection and an assumption of impact. The SAFER package, by identifying broad policy domains, provides a simple and concise set of definitions by which to categorize most alcohol-related policies. This allows for a trend-based exploration regardless of perceived or stated legislative endpoints. Details on the application of SAFER to specific policies are in **SIDEBAR 1.**

The California 10-Year Review of Alcohol Policy

To gain insight into how alcohol policy priorities have evolved and changed over time—culminating the COVID-era disaster California currently experiences—Alcohol Justice reviewed the past 10 years of proposed alcohol-related legislation in California. Although only passed and signed legislation determines policy in this state, *proposed* legislation gives insight into priorities and into deregulatory strategies pushed by the industry, its allies,

or even well-meaning but ill-informed lawmakers. See **SIDEBAR 2**. By using this kind of exploratory assessment to define trends and regulatory gaps, public health advocates can foresee or reverse hazardous trends, identify paths-of-least-resistance for protective policies, and push for novel or under-considered approaches.

METHODS

Alcohol-related bills from 2013 to 2022, whether or not they became law, were identified through a systematic search of the state government's California Legislative Information website.[54] The following search terms were used, with asterisks representing wildcards: alcohol, alcohol*, beer, beers, brewery, breweries, distiller, distiller*, driving under the influence, driving while intoxicated, dui, dwi, liquor, liquor*, spirit, spirits, wine, wine*.

California employs a 2-year legislative calendar, meaning 2 overall sessions were analyzed. Each State Senator is restricted to 40 bills introduced per 2-year session, while each Assembly Member is limited to 50. This placed an absolute cap on the number of bills that could be considered in any given session. Note, however, that "special sessions" were called by Gov. Brown in the 2013-

SIDEBAR 2

INDUSTRY'S QUIET CLOUT

The global alcohol industry is substantial, with global sales exceeding $1.5 trillion.[45] It is also highly concentrated, with the top 10 beer, spirits, and wine companies controlling 88%, 75.9%, and 72.7% of the market, respectively.[41] Even among the "craft" producers—ostensibly the mom-and-pop companies in the market—are heavily consolidated, with 50 craft brewers accounting for 90% of sales in that category.[45] With this economic power and concentrated focus, the industry wields tremendous ability to influence policy explicitly—through lobbying, revolving doors, regulatory capture, intimidation and bribery, promotion of ineffectual policy alternatives, and direct appeals to voters.[46] Yet it also has avenues that are less available to public health-oriented policymakers, including propping up deceptive or obfuscatory research agendas,[47] conflation with health-promoting agendas,[48] and "dark nudges," forms of social engineering that change the decision criteria for seeking and consuming alcohol beverages.[49]

Big Alcohol is not afraid to use any of those resources within the United States. The top producers in the U.S. spent an aggregate $1.9 billion on all forms of marketing in 2018.[45] In 2022, the industry spent nearly $30 million on 283 federal lobbyists.[50] In the 2022 election cycle, California representatives were 2 of the 3 biggest recipients of alcohol industry donations; in 2018, they swept the podium.[51] With these levels of expenditures, the industry expects results—and often they get them, particularly when it comes to tax policy.

In California, the alcohol excise tax has not been raised since 1992, depreciating 52% in the past years and recouping only 16% of alcohol costs to the government.[52] More recently, Anheuser-Busch financially supported the American Beverage Association when it essentially extorted the California legislature to ban soda taxes until 2031.[53] It is often difficult to discern which impediments are placed by the industry and which are the results of a broader corporate coalition, but the fact remains: no organization advocating for change can spend a fraction of what the industry does.

That said, the industry does not function as a monolith. Each of the three tiers finds itself in opposition to the other; likewise, craft producers are often not aligned with industry behemoths. While it can be difficult for prevention advocates to gain credibility within internecine industry fights, when they do, the results can be pieces of truly protective legislation.

2014 and 2015-2016 sessions. These sessions did not regard alcohol policy, and did not impact the analysis. Legislative summary figures were obtained from the offices of the Clerks of the California Senate and Assembly.

Bills were then reviewed for relevance. Exclusion criteria included: no plausible link to consumer alcohol (i.e., referring only to industrial uses); no intention to change current policy (including most omnibus spending bills which simply reiterated the same alcohol-related expenditures as the previous year); use of boilerplate (e.g., new licensure types which included a sanction for drinking on the job); and reflexive incorporation into another prevention schema with no clear intention to change alcohol consumption; explicit language stating the bill created “technical, nonsubstantive changes” to existing law.

Eligible bills were then read by 2 reviewers. These reviewers independently coded the legislation for:

- Relevance (Second round of exclusion)
- House of origin (Senate or Assembly)
- Status (signed, vetoed, or failed by other mechanism)
- Scope (statewide or district-specific)
- Primary SAFER domain[8] (including not applicable)
- SAFER alignment (aligned, disaligned, no change, or not applicable)
- Licensee/three-tier impact (multiple entry between retail, wholesaler, and producer)
- Retail license type (on-sale, off-sale, or not applicable)
- Product impact (multiple entry between beer, wine, spirits, novel products, non-specific, and not applicable)

SAFER domain, alignment, scope, and impact were determined through analysis of bill text, as well as legislative analyses compiled by legislative committees as bills moved through the legislature. Intercoder discrepancies, or bills which enacted multiple changes so may not have had a clear primary alignment or domain, were reconciled through a process of discussion and consensus. Legislative body resolutions were identified and coded but excluded from analysis for lack of policy impact. In ad-

dition, a cannabis domain code was introduced in the SAFER domain field for bills that addressed the firewall between alcohol and cannabis sales but did not affect alcohol accessibility directly.

RESULTS

Over the 10-year period, 380 bills were identified as potentially affecting alcohol policy. Of these, 319 addressed policies within a SAFER domain, 58 affected some other policy domain, and 3 addressed the intersection of alcohol and cannabis sales.

Within the scope of the study, legislators steadily shifted their emphases towards alcohol policy. The number of alcohol-related bills introduced rose every year, with 2021-2022 seeing 80% more alcohol-related bills introduced as compared to 2013-2014 (52 vs. 94; see **FIGURE 1**). As a proportion of all bills introduced, alcohol-related legislation increased from 1.09% of all bills in 2013-2014 to 1.83% in the 2021-2022 session.

TABLE 1 shows the patterns of alcohol legislation compared to overall legislative activity in the 10-year period. Compared to the overall rates of bill passage, alcohol-related legislation was consistently more likely to pass. In 3 of the 5 sessions analyzed, at least 50% of alcohol-related bills passed in that session. **TABLE 2** shows rates of passage for aligned and disaligned bills, in all 5 SAFER domains.

Disaligned bills outnumbered aligned bills slightly (153 vs. 146), although much of that difference is driven by the 2021-2022 session. That session not only boasted the highest number of alcohol bills proposed, but disaligned bills outnumbered aligned by a 4 to 3 margin.

The legislature had a clear preference for passing disaligned bills, with 95 passing compared to 43 failing. Yearly, disaligned bills were most likely to pass in the 2021-2022 session, while aligned ones found the most success in 2017-2018. As would be expected, aligned bills were substantially more likely to fail than disaligned (n=103 vs. n=58). In all, only 42 aligned bills passed in the 10-year analysis period, including a paltry 1 in the 2019-2020 session. See **FIGURE 2**.

The vast majority of SAFER-relevant bills addressed the alcohol access domain (“S”, n=113), and most of those were disaligned (90, vs. 19 aligned). Disaligned, S-domain bills were likely to pass, with 53 (47% of all S-domain bills) signed into law over 10 years, compared to 6 (5%) of aligned S-domain bills. Despite the rush of COVID-era deregulatory legislation, the 2013-2014 session saw the most disaligned S-domain bills pass into law. However, disaligned advertising-domain (“E”) bills were the most likely to pass with 31 of 56 (55%) total E-domain bills being signed into law. Price-domain (“R”) bills were the least common, with 31 introduced over the 10-year span, of which 10 (32%) disaligned and 5 (16%) aligned bills passed.

Proposed aligned bills overwhelmingly came from the treatment domain (“F”, n=66), yet these also had difficulty passing, with 13 aligned bills signed into law and 52 failing. The most likely aligned bills to pass were drink-driving prevention-domain bills (“A”), with 13 passing out of a total 41 proposed (32%). The same number of aligned treatment-domain bills passed, but out of a much larger number of introduced bills (13 of 76, 17%).

Industry-specific bills were much more likely to target the beer (n=51) and wine (n=49) industries, as opposed to distilled spirits (n=35), see **TABLE 3**. Retail licensees were the most likely tier to be targeted, with 109 bills, of which 65 (60%) were disaligned—also the largest proportion of disaligned bills among the tiers, see **TABLE 4**. Note that both of

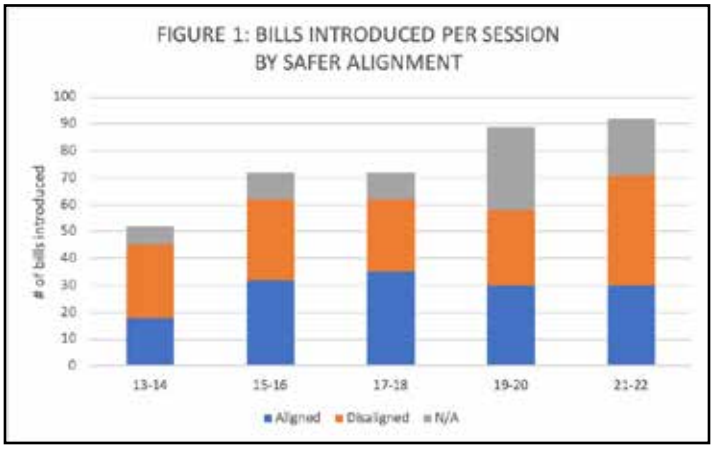
TABLE 1. All Bills and EtOHl-Related Bills Introduced in California, 2013–2022

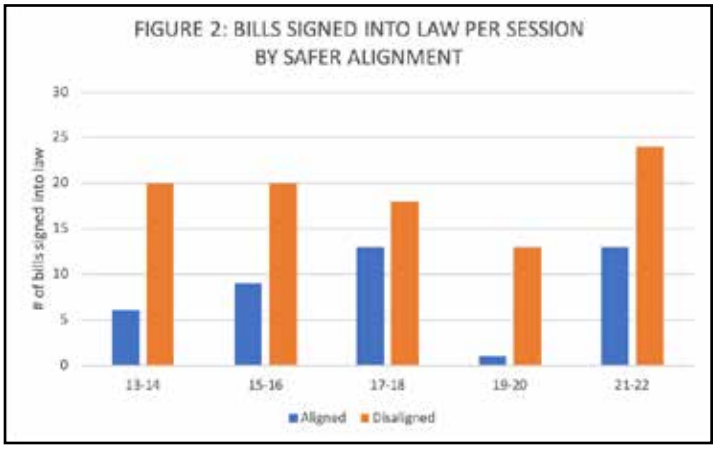
SESSION	Total Bills Intro'd	Total EtOH Bills Intro'd	SIGNED INTO LAW (%) *Total*	SIGNED INTO LAW (%) *EtOH*	*% of EtOH Bills*
2021 - 2022	5,129	94	1892 (37%)	46 (49%)	1.83
2019 - 2020	4,848	89	1242 (26%)	24 (27%)	1.86
2017 - 2018	4,775	73	1875 (39%)	38 (52%)	1.53
2015 - 2016	4,471	72	1703 (38%)	36 (50%)	1.61
2013 - 2014	4,786	52	1872 (39%)	30 (58%)	1.09
TOTAL	24,009	380	8584 (36%)	144 (44%)	1.77

TABLE 2. California EtOH Bills by SAFER Domain and Alignment, 2013–2022

SESSION	TOTAL	PASSED				FAILED			
		Aligned	%	*Disaligned*	%	*Aligned*	%	*Disaligned*	%
2021 - 2022	92	13	14.13	24	26.09	17	18.48	17	18.48
S *(access)*	25	1	4.00	12	48.00	2	8.00	10	40.00
A *(DUI)*	8	3	37.50	1	12.50	4	50.00	0	0.00
F *(treatment)*	19	7	36.84	0	0.00	9	47.37	0	0.00
E *(advertising)*	12	1	8.33	7	58.33	1	8.33	2	16.67
R *(price)*	12	1	8.33	4	33.33	1	8.33	5	41.67
2019 - 2020	89	1	1.12	13	14.61	29	32.58	15	16.85
S *(access)*	23	0	0.00	7	30.43	2	8.70	11	47.83
A *(DUI)*	7	0	0.00	0	0.00	6	85.71	0	0.00
F *(treatment)*	24	0	0.00	0	0.00	19	79.17	0	0.00
E *(advertising)*	9	1	11.11	5	55.56	1	11.11	2	22.22
R *(price)*	4	0	0.00	1	25.00	1	25.00	2	50.00
2017 - 2018	72	13	18.06	18	25.00	22	30.56	9	12.50
S *(access)*	23	1	4.35	9	39.13	5	21.74	7	30.43
A *(DUI)*	12	4	33.33	0	0.00	7	58.33	0	0.00
F *(treatment)*	13	5	38.46	0	0.00	8	61.54	0	0.00
E *(advertising)*	10	1	10.00	7	70.00	1	10.00	1	10.00
R *(price)*	6	2	33.33	2	33.33	1	16.67	1	16.67
2015 - 2016	72	9	12.50	20	27.78	23	31.94	10	13.89
S *(access)*	21	3	14.29	12	57.14	2	9.52	4	19.05
A *(DUI)*	11	4	36.36	0	0.00	7	63.64	0	0.00
F *(treatment)*	14	1	7.14	0	0.00	11	78.57	1	7.14
E *(advertising)*	14	0	0.00	7	50.00	1	7.14	5	35.71
R *(price)*	4	1	25.00	1	25.00	2	50.00	0	0.00
2013 - 2014	52	6	11.54	20	38.46	12	23.08	7	13.46
S *(access)*	21	1	4.76	13	61.90	2	9.52	5	23.81
A *(DUI)*	5	2	40.00	0	0.00	3	60.00	0	0.00
F *(treatment)*	6	0	0.00	0	0.00	5	83.33	0	0.00
E *(advertising)*	11	2	18.18	5	45.45	1	9.09	1	9.09
R *(price)*	5	1	20.00	2	40.00	1	20.00	1	20.00
TOTAL	380	42	11.05	95	25.00	103	27.11	58	15.26
S *(access)*	113	6	5.31	53	46.90	13	11.50	37	32.74
A *(DUI)*	43	13	30.23	1	2.33	27	62.79	0	0.00
F *(treatment)*	76	13	17.11	0	0.00	52	68.42	1	1.32
E *(advertising)*	56	5	8.93	31	55.36	5	8.93	11	19.64
R *(price)*	31	5	16.13	10	32.26	6	19.35	9	29.03

these categories allowed for double entry, so the same bill could qualify under more than one category. On-sale licensees were overwhelmingly the beneficiaries of disaligned bills, with 88 disaligned bills solely addressing that license class. District bills—bills that only go into effect in a specified county or locality—were overwhelmingly likely to pass, with 42 of 57 (74%) bills passing, of which all but 5 were disaligned.



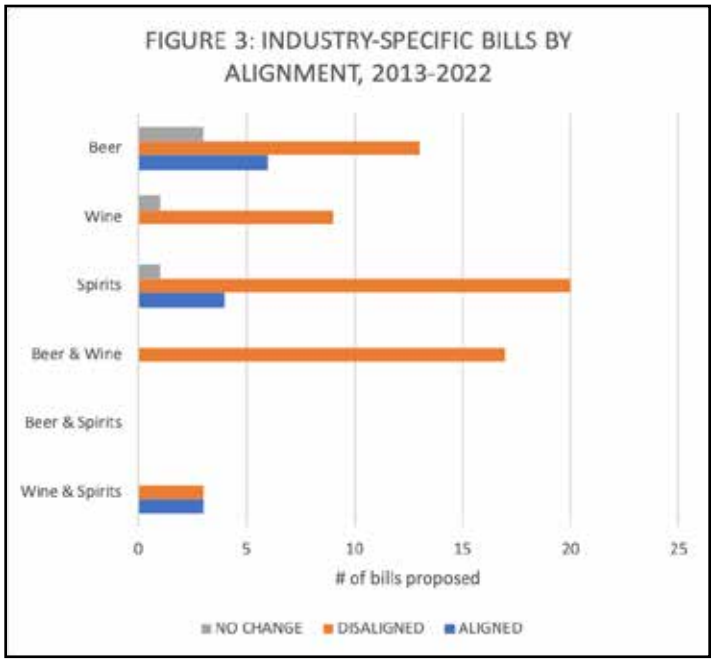


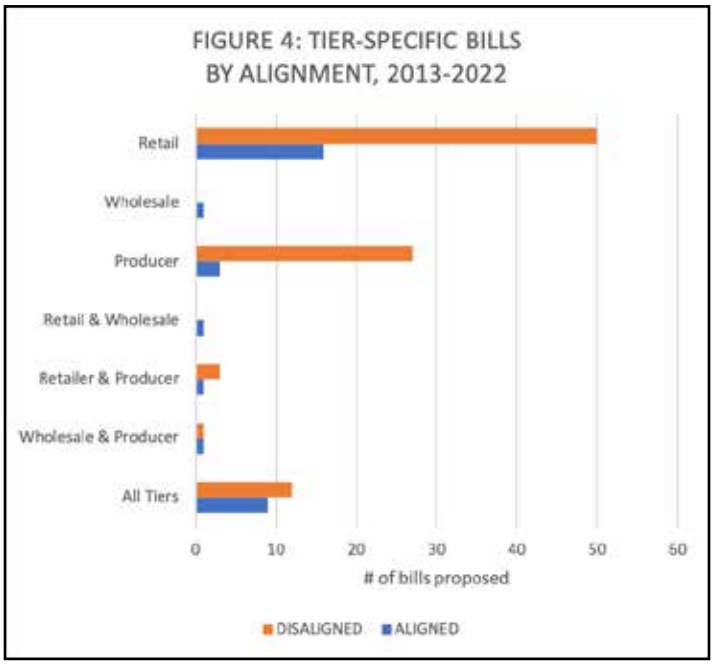
DISCUSSION

A 10-year review of alcohol policy proposed in California suggests that the interest of the legislature in alcohol policy increased progressively and substantially between 2013 and 2022. While the argument that the COVID-19 lockdowns inspired emergency legislation to protect business owners holds some water, the trends predated the 2020 legislative half-session. In fact, much of the disaligned policies enacted during lockdowns came through regulatory action and Governor's emergency decree, not legislated relief. Likewise, the trend continued in 2021-2022, despite the fact that the lockdowns had already been lifted. Clearly, the alcohol industry has increasingly occupied the interest of legislators, and it is possible the burst of bar- and restaurant-industry-focused bills following lockdowns were an amplification of pre-existing priorities as much as a reaction to emerging economic concerns.

The steady fixation on one specific SAFER domain—access to and availability of alcohol—throughout the entire decade supports this view. The sheer number of disaligned bills signed into law not only surpasses the number of aligned bills passed, it is over twice the number of aligned bills *introduced*. This suggests an aggressive effort to increase alcohol outlet density, character, and/or mechanism. This urge was seen plainly during the 2021-2022 sessions, which were heavily influenced by emergency economic measures taken during the COVID-19 "lockdowns," including expanded on-sale footprints and increased delivery options for both on- and off-sale licensees, among other liberalizing measures.[55] However, this type of bill was overrepresented even before the lockdowns, suggesting, again, legislative opportunism as much as new interest.

The quantity of disaligned access-domain legislation, combined with the outsized passage rates of disaligned advertising-domain bills, contrasts with the nature of the aligned bills signed in to law. It should be emphasized that, across the board, aligned bills were unpopular. Fewer than half as many aligned bills passed as disaligned, while nearly twice as many aligned bills failed as disaligned. That said, the successes were disproportionately





clustered around to dangerous-driving- and treatment-related bills, with 13 of each passing. This reflects a key concern with alcohol harm prevention in particular: for decades, it has been much more palatable to consider it an individual problem with individual-scale solutions.[56] Both intoxicated driving and treatment emphases push individuals to make specific choices, often after some harm has already occurred, instead of changing the choice architecture of the environment to prevent that harm. The latter, environmental scale interventions are most easily accomplished through legislation impacting the access, advertising, and price domains—yet unlike punitive or palliative regulations, these also impact industry profits.[57]

This raises a crucial question for all entities in the alcohol harm prevention sphere: how can policy be influenced to prevent economic incentives, political incentives, and public disengagement from resulting in wide-scale stripping away of 90-year-old alcohol control norms? How can experts communicate the impact and value of environmental approaches when the industry has laid a nearly $2 billion hand on the scale?[45] A survey from the Center for Alcohol Policy shows that public support for current structures is strong—78% of Americans believe the three-tier system works well, 73% believe protecting public health and safety should be considered when setting new policy, and 64% say that not enough is being done to offset alcohol harm.[58] Experience of harm from second-hand drinking may further solidify individuals' desire for more rigorous harm prevention policy.[59]

As they stand, these attitudes might generate motivation to pressure on elected representatives to follow evidence-based policies, if those constituents feel the issue is salient and urgent. This, in turn, leads into questions and theories of organizing and power-building, and the fraught ground between advocacy, education, and lobbying. Comparative evaluation of power-building strategies goes far beyond the scope of this document. However, public health advocates and professionals can always engage in steady health promotion campaigning, consistent presence at sites of policymaking (e.g., city halls, capitol legislatures), and a robust system of legislative surveillance. It is in the last two where exploratory projects like this review become most significant, providing informed and long-term overviews of priorities and gaps, and helping advocates adjust emphases opportunistically to take advantage of promising trends and strategically to shift heavily entrenched narratives that give cover to harmful policy.

Future Directions

Further research should continue this comprehensive monitoring, and begin incorporating more rigorous qualitative research into the assessment. California's transparency laws provide a wealth of public information—including recorded testimony, published analyses and supporter lists, campaign contributions, and vote records—that can, in the long-term, illuminate the webs of power that allow alcohol legislation to emerge. In addition, while SAFER is effective as a broad structure to explore legislative trends, the WHO Global Framework, among other best practices packages, provides more granular policy detail that can be used to better describe policies in each domain.

Lastly, the current bill set did include a large proportion of bills that were not in any SAFER domain. Closer qualitative analysis of these bills may provide insight into emerging avenues for both prevention and deregulation.

Limitations

This methodology provides no insight into the relative impact of bills. Aside from the basic distinction between district and statewide bills, the coding schema created no coherent opportunity to weight policies. Moreover, the fact that failed bills were coded further complicated an impact assessment, as a failed bill could be revived by the subsequent session. These tallies should be regarded as measures of legislative attention, rather than an assessment of change to the policy environment.

The F-domain (treatment) bills were particularly vulnerable to being both over-coded and having different iterations of the same bill included in tallies. Nearly every treatment-involved bill mentioned alcohol treatment, yet some were clearly fo-

> "Both intoxicated driving and treatment emphases push individuals to make specific choices, often **after some harm has already occurred**, instead of **changing ... the environment to prevent that harm**."

cused on people who use illegal drugs, and some of these were substantial overhauls that took several sessions to pass. That said, alcohol use increases the risk of accidental overdose, so even a treatment bill that doesn't center alcohol has power to reduce alcohol harm.

The SAFER package, although wide-reaching, does not encompass every policy that could impact public health and safety. A number of bills did not affect a SAFER domain, but that does not mean they did not have other impacts on alcohol harm. Similarly, harmful alcohol policy legislated far upstream (e.g., through legislative changes in budgetary allocations) would not be flagged by this method.

CONCLUSION

The California legislature introduced steadily more alcohol-related legislation every session between 2013-2014 (52) to 2021-2022 (92). These bills were far more likely to be disaligned with the WHO's SAFER package for alcohol-related policy than aligned, and disaligned bills were more likely to pass into law than aligned ones. Aligned policies that did pass were much more likely to encourage individual-level interventions than environmental ones. These trends coincide with, and almost certainly contribute to, a pattern of soaring alcohol morbidity and mortality in California. Describing the priorities and trajectories in a given body helps public health advocates conceive and adjust education campaigns and constituent power-building strategies to promote healthier alcohol policy environments, and publicly recognizing the dual trends of harm and SAFER-disaligned policy priorities may hasten public action.

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APPENDIX I

SAFER IN THE WILD: CASE STUDIES IN CA LEGISATION

Yearly, Alcohol Justice, often in coordination with the California Alcohol Policy Alliance, identifies key bills to concentrate on for the given legislative session. Historically, these bills have encompassed all SAFER domains. The below examples both provide examples of the types of SAFER-aligned and -disaligned bills that are actually proposed, and brief context for what influences their pasage or failure during a given legislative session.

"S" — Alcohol access.

AB 1322. Introduced 2016.

Overview: Allowed hair salons, barbershops, and other stores offering cosmetological services to provide free alcohol to consumers without an ABC license.

Impact: *SAFER disaligned*. Increases both the number of stores in which alcohol is availble, and the environmental contexts in which residents might expect to drink.

Outcome: Signed into law.

Notes: Not all industry clout comes directly from the alcohol industry. This bill was nicknamed the Drybar Bill because of the salon chain that championed it. It elicited strong community opposition, but advocates failed to convey that even "one drink here and there" had the potential for harm—in terms of normalization, behavioral modeling for underage customers, and creating precedent for other industries to become loci for alcohol provisioning.

"A" — Intoxicated driving countermeasures.

AB 1713. Introduced 2019.

Overview: Changed one of the legal definitions of "driving under the influence" from a 0.08% blood alcohol concentration (BAC) to a 0.05% BAC.

Impact: *SAFER aligned*. BAC reductions in other high-income countries shows these policies are associated not just with lower alcohol-related crashes and crash mortality, but less alcohol consumption overall.

Outcome: Held in committee.

Notes: Because of systemic inequities, carceral approaches risk of affecting some racial, ethnic, and/or socioeconomic groups more harshly. Although research suggests that BAC changes in other countries are not associated with greater arrests, concerns with disparate impacts were used to stall this bill. Future efforts should seek to both change the BAC threshold and reform enforcement—not just to raise popular support but because biased application creates enforcement holes where certain dangerous drivers are never stopped.

"F" — Access to screening and treatment.

AB 1304. Introduced 2019.

Overview: Offered sentence reductions for returning citizens who undergo comprehensive substance abuse treatment while on parole, and strengthened access to post-release treatment.

Impact: *SAFER aligned*. Between the economic impacts of incarceration, the stigma following individuals on parole, and the complexities in accessing substance abuse treatment even without criminal justice burdens,

returning citizens are extraordinarily vulnerable to continued substance use disorders, including alcohol use disorder (AUD). This bill both closes a gap of access to treatment, and positively incentivizes adherence.

Outcome: Signed into law.

Notes: In recent years, treatment-related bills have been centered around opioid use disorders, and this bill was no exception. However, it was written so as to make sure that treatment was comprehensive and therefore inclusive of co-occurring alcohol use disorder, and to include medication for AUD. Ultimately, there is little benefit to segregating AUD from other treatment, especially consideirng the increased risks from co-use. Alcohol advocacy should not silo itself from concerns about other drugs, legal or not.

"E" — Restrictions on alcohol marketing and advertising.

AB 840. Introduced 2023.

Overview: Allowed California State University (CSU) campuses to enter into agreements with alcohol companies to display ads in facilities owned and operated by the university system.

Impact: *SAFER disaligned*. Research is clear that exposure to alcohol advertising does change young adults' desires and decisional balance in terms of alcohol use. This is already a broad-scale public concern with public alcohol advertising. The constituency of the CSU system, however, is 40% underage, and alcohol drives the leading causes of mortality in this age group.

Outcome: On Governor's desk as of October 5, 2023.

Notes: More than any other bill, this one posed a public salience challenge. Acceptance of drinking among underage college student seems high, and since these ad venues are opened up through a technical three-tier exemption, the actual intent of these bills is easily obscured. The legislature has been carving out *ad hoc* exceptions for college campus facilities as district bills, and the steady trickle of those has been used as a justification for the broader AB 840. This, more than anything, calls attention to the value of treating a trickle of small bills as the harbinger of larger-scale deregulation.

"R" — Taxes and other alcohol price controls.

AB 205. Introduced 2020.

Overview: Expanded the definition of beer to inlcude products fermented with fruits and/or sugars—allowing these producers to enjoy a favored lower tax bracket.

Impact: *SAFER disaligned*. California's alcohol excise tax policy assesses much lower taxes on beer than other alcohol products. Although the bill encompasses fruits and sugars as "flavorants," there is no teeth in the bill requiring the resulting product to be recognizable as beer. Fermenting these non-malt products, particularly raw sugar, creates extremely cheap alcohol, which, when added to a nominal amount of denatured malt, can create a high-ABV base for anything that is nonetheless taxed at a favored rate.

Outcome: Signed into law.

Notes: California has not yet gone as far as other states in terms of granting "beer" status to products that are very obviously not beer. However, with the rise of non-beer, ready-to-drink beverages, the industry continues pushing heavily for these measures. Most recently, in 2023, the legislature rejected a bill that would have allowed off-sale beer-and-wine retail licensees (which includes most gas stations and convenience stores) to also stock cocktails-in-a-can, which are explicitly made with distilled spirits. Interestingly, these bills are starting to earn the enmity of the existing beer industry, particularly craft brewers, who rightly see these policies as economically threatening.

ALCOHOL JUSTICE

VISION	Alcohol Justice envisions healthy environments and empowered communities free of the negative impacts of alcohol and other drugs
MISSION	Through evidence-informed advocacy and community organizing, Alcohol Justice prevents the proliferation of misuse of alcohol and other drugs, and reduces the harms suffered by populations targeted by the alcohol industry.
BOARD OF DIRECTORS	Jill Jacobs, MA Terry Cunningham, MAOM Richard Zaldivar Geni Cowan, PhD Tom Greenfield, PhD Rita Sedano-Garcia, MBA Larry Meredith, PhD Veronica De Lara, MPA
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