

Emerging Trends in Alcohol Misuse and Related Harms

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Disclosure Information

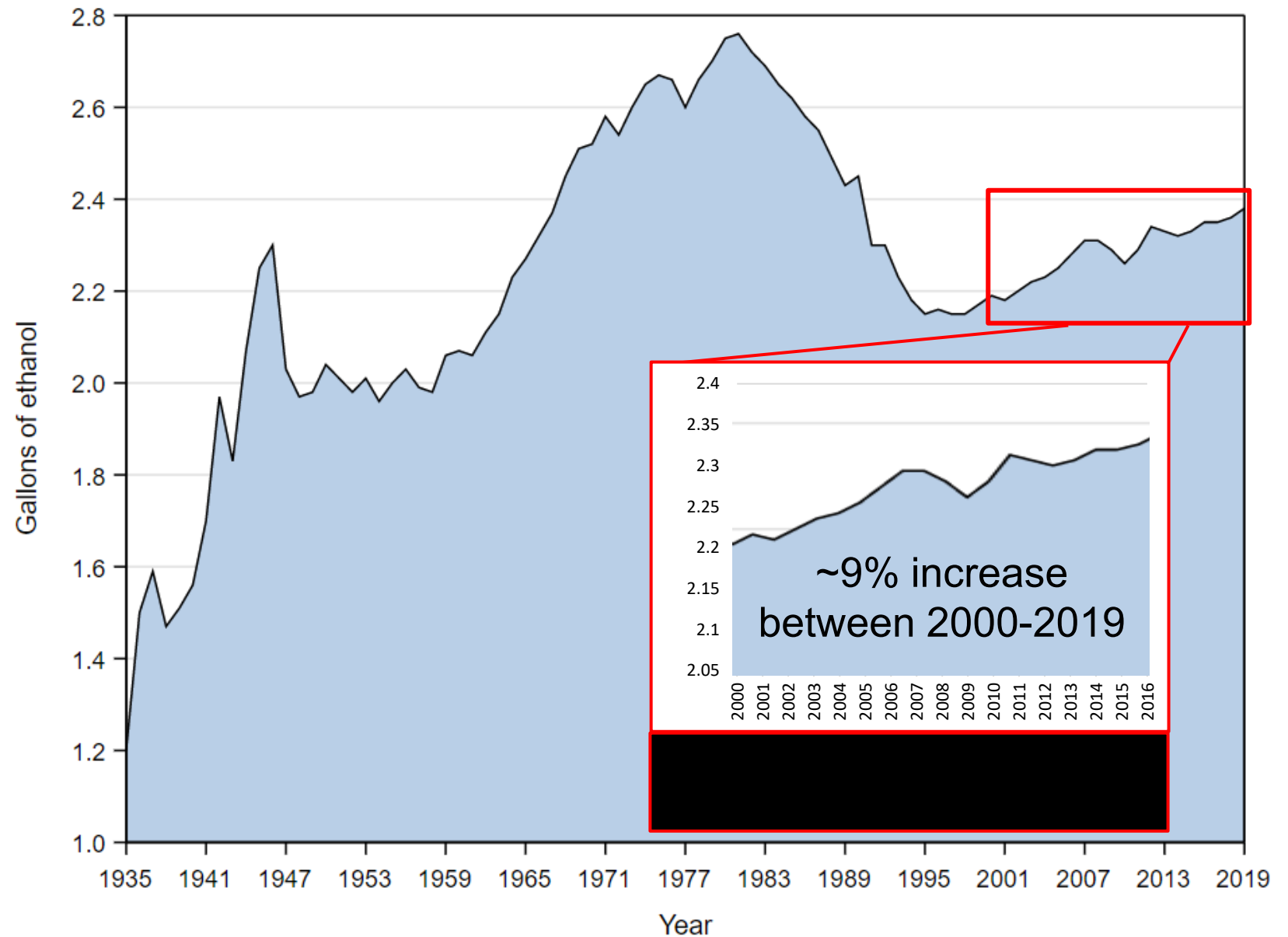
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- No relevant disclosures.

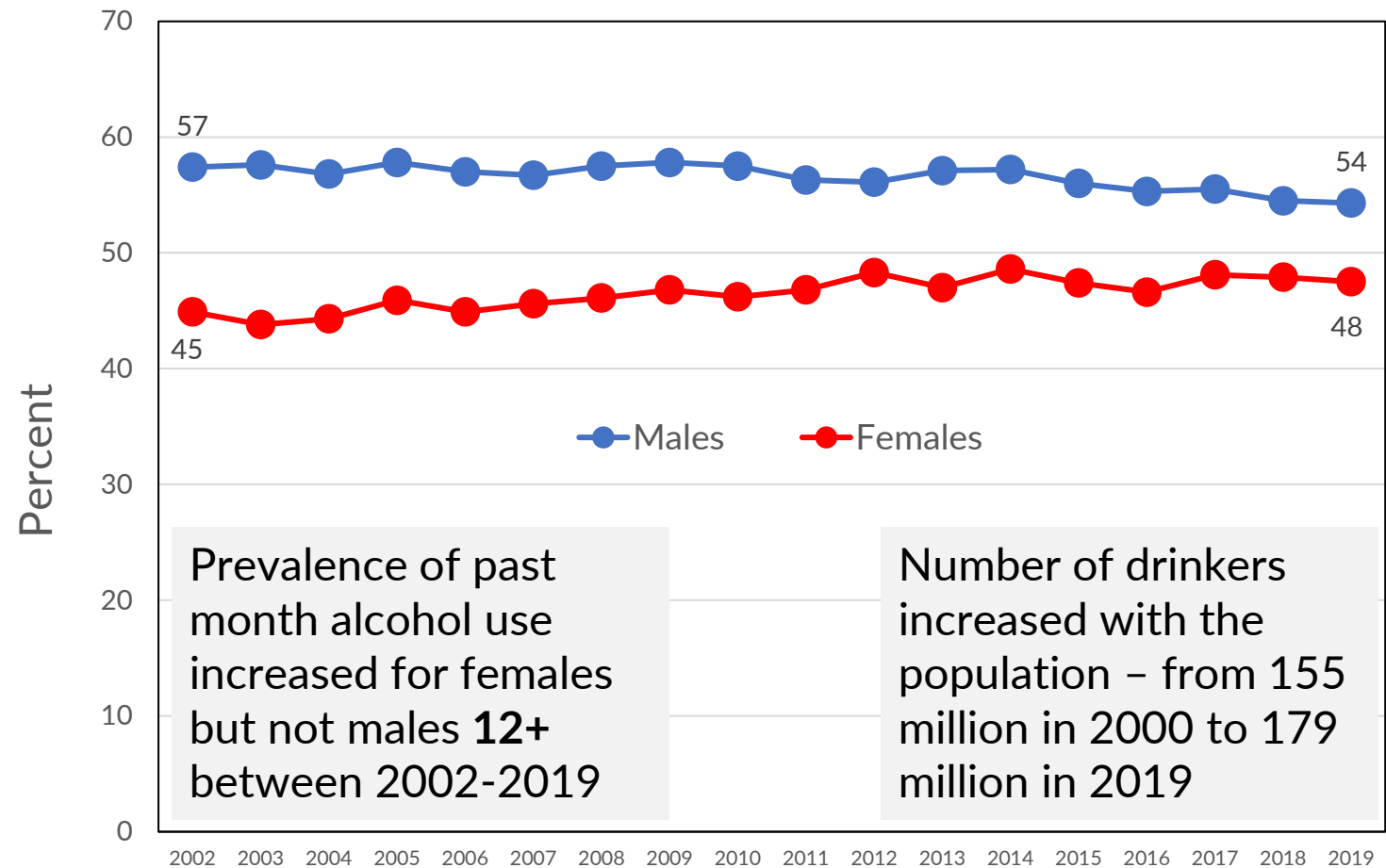
Overview

- Trends in alcohol use leading up to the pandemic
- Improved understanding of the health effects of alcohol
- Links between mental health and alcohol consumption
- Impact of the pandemic on mental health, alcohol consumption and alcohol-related harms
- Importance of closing gaps in the cascade of care for people with problems with alcohol

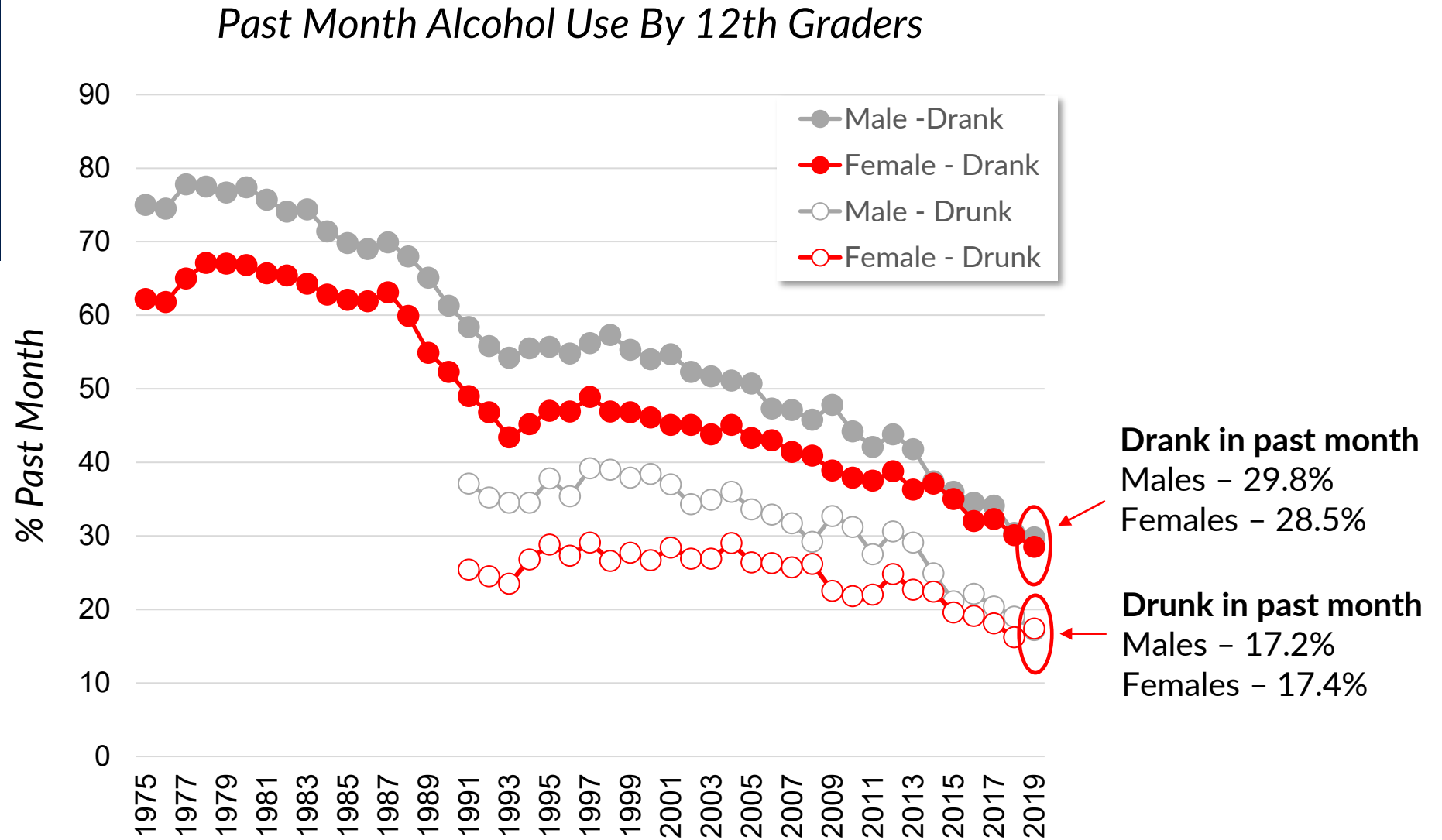
Per Capita Alcohol Consumption in the US



Patterns of Alcohol Use Becoming More Similar for Males and Females Overall

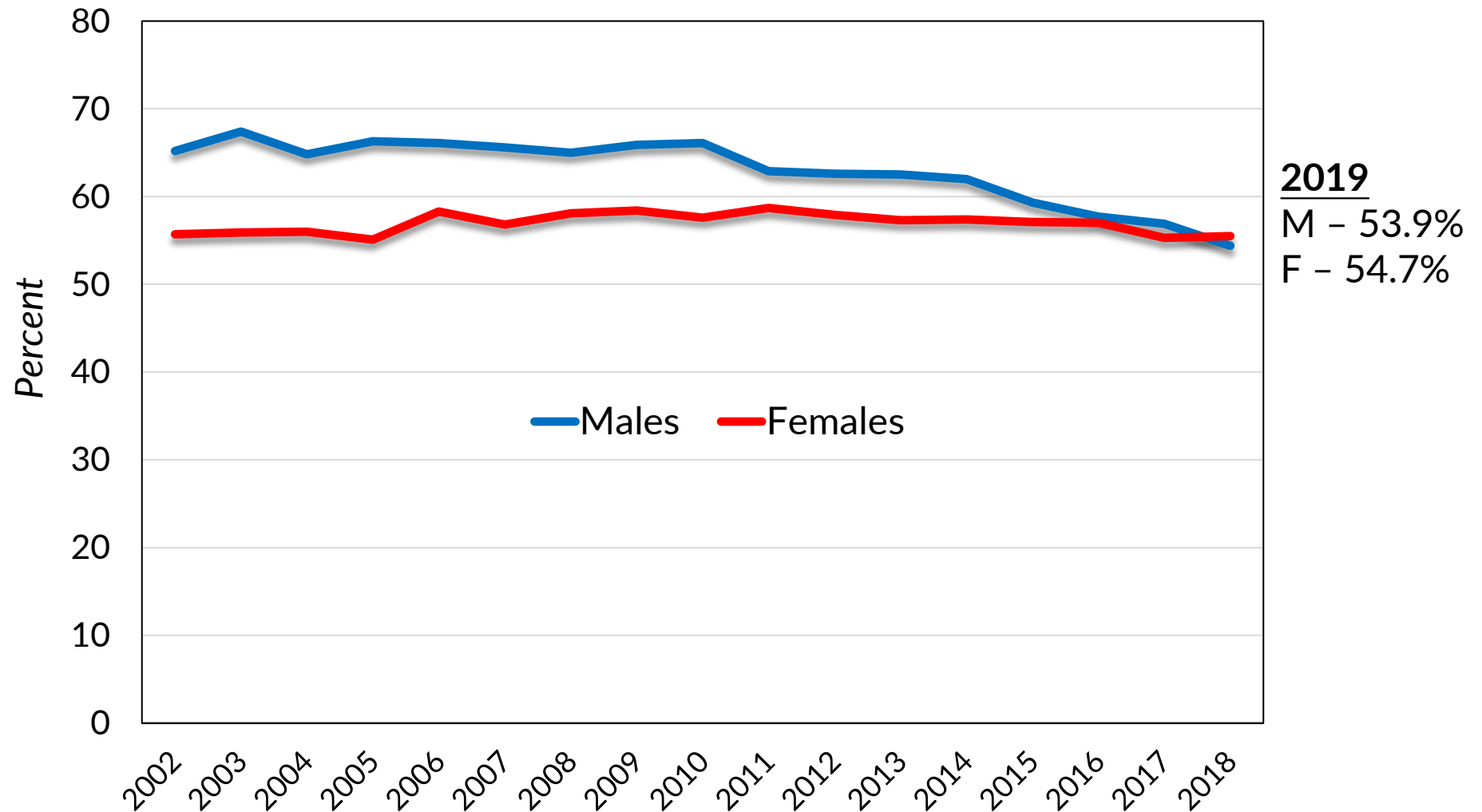


Disappearing Gender Differences in Adolescents



Disappearing Gender Differences in Young Adults

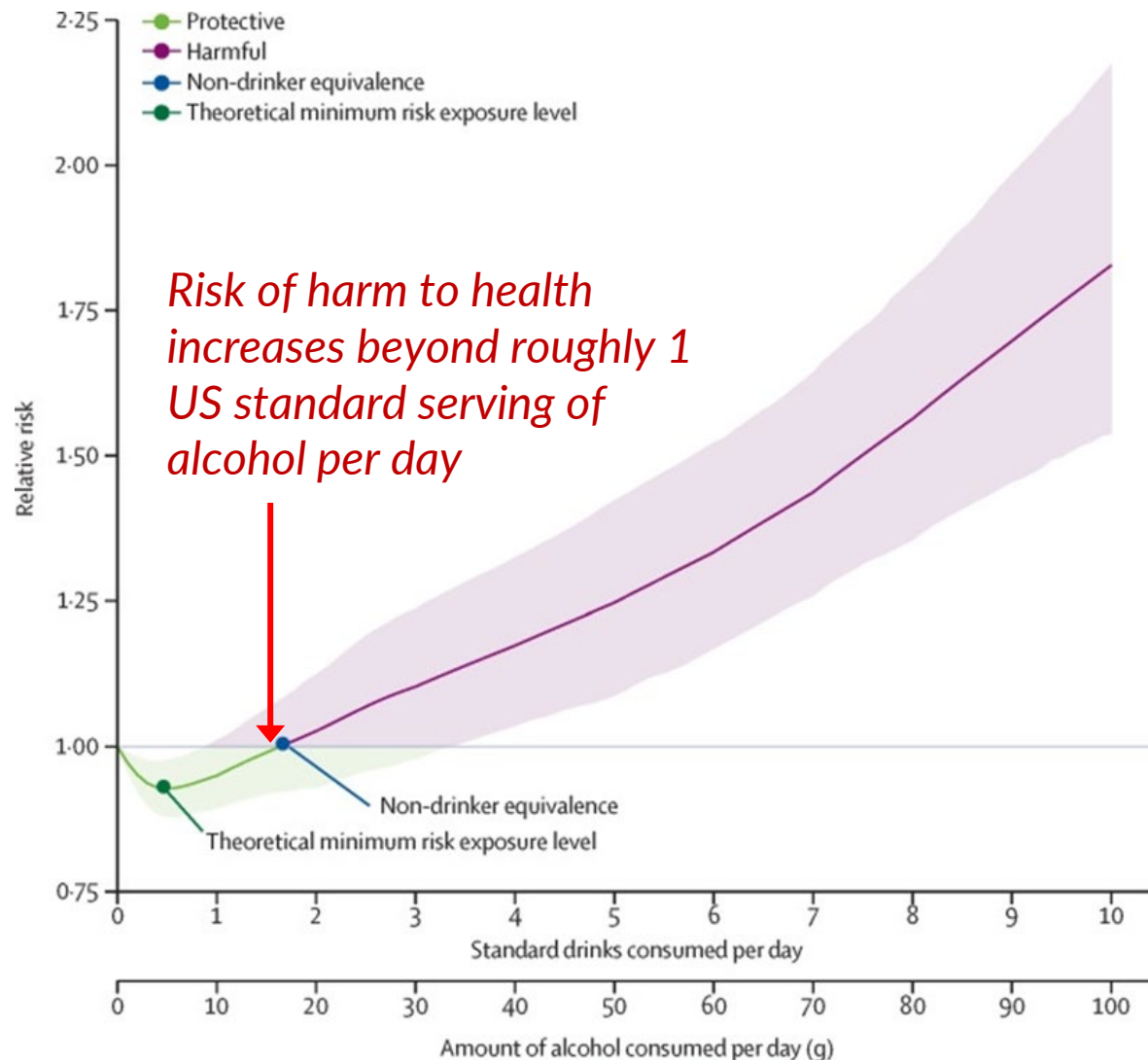
Past Month Alcohol Use Among People Aged 18-25



Heightened Health Risks for Women

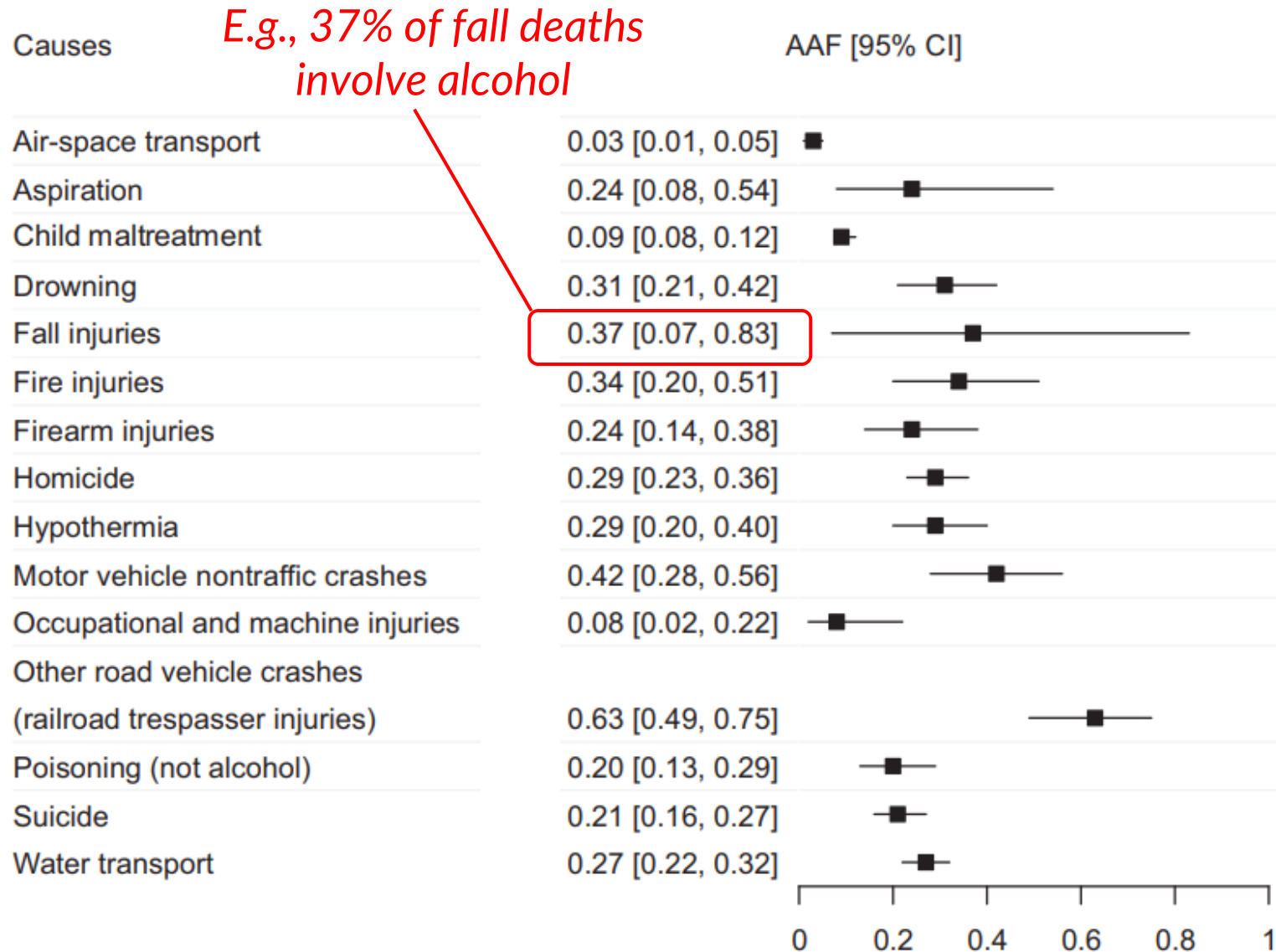
- Studies suggest that women are more likely than men to experience a variety of alcohol-related harms at comparable doses, including:
 - Hangovers (Vatsalya et al. 2018)
 - Blackouts (Hingson et al., 2016)
 - Liver disease (Guy and Peters, 2013)
 - Brain atrophy (Ceylan-Isik et al., 2010)
 - Cognitive deficits (Flannery et al., 2007)
 - Cardiomyopathy (Fernández-Solà and Nicolás-Arfelis, 2002)
 - Faster progression of AUD (Diehl et al., 2007)
 - *Certain cancers (Liu et al, 2015)*
 - *Larger increases in alcohol-related ED visits, hospitalizations and death for women than men over past 20 years (White et al. 2020)*
- Women are less likely than men to receive treatment for AUD (Gilbert et al., 2019)

Recent Studies Suggest the Negative Health Effects of Alcohol Begin at Roughly 1 Drink Per Day



- Average daily alcohol consumption and health burden from 287 causes of **death**, 370 **diseases** and **injuries**, and 88 risk factors in 204 countries
- Overall risk of harm increases beyond 1 US drink per day
- It is possible small amounts lower the risk of certain health conditions (e.g., heart attack) but the net effect of alcohol on health appears to be negative after roughly 1 drink per day

Alcohol (BAC $\geq 0.1\%$) Involvement in Injury Deaths



Teens have less face time with their friends — and are lonelier than ever

Teens aren't necessarily less social, but the contours of their social lives have changed

By **JEAN TWENGE** PUBLISHED MARCH 24, 2019 8:00PM (EDT)

Teens who meet up with their friends 'almost every day'

The percentage has declined through the years, with the decline accelerating after 2010.

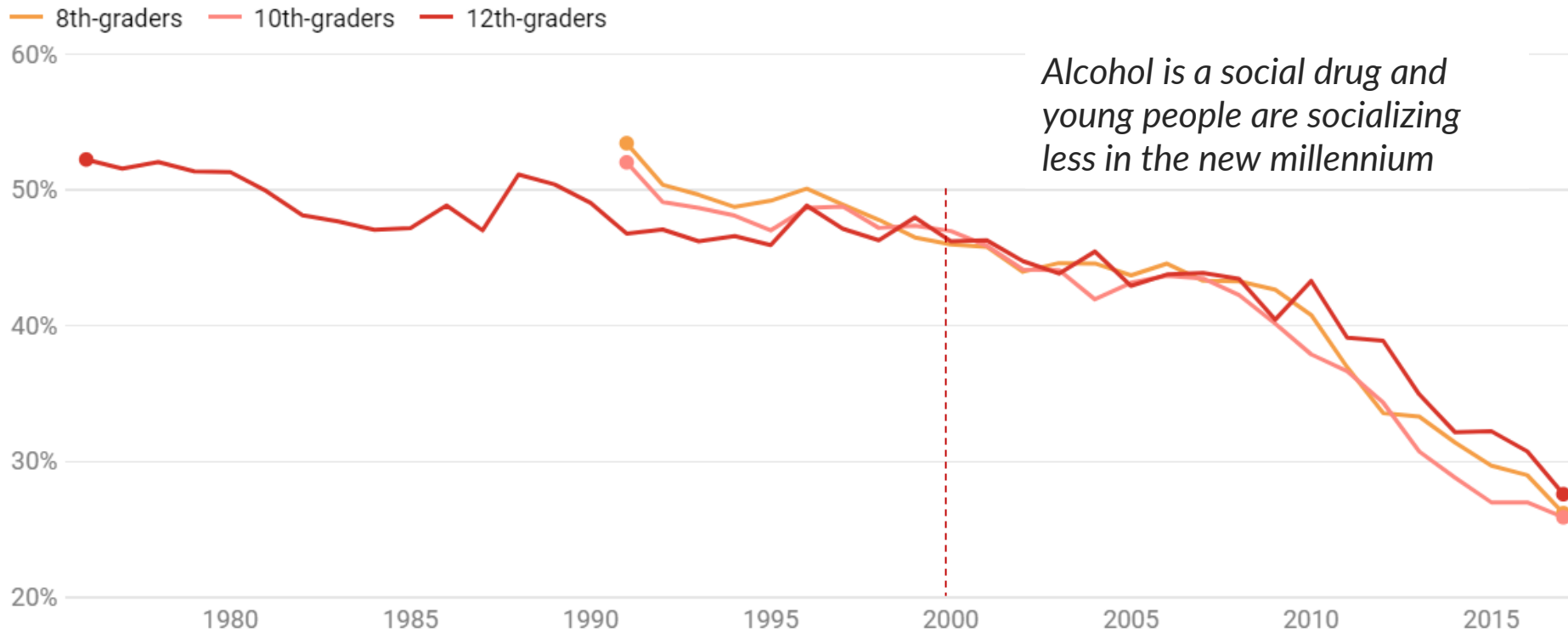


Chart: The Conversation, CC-BY-ND • Source: [Monitoring the Future](#) • [Get the data](#)

https://www.salon.com/2019/03/24/teens-have-less-face-time-with-their-friends-and-are-lonelier-than-ever_partner/

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Loneliness rates among teens

The percentage who agreed or mostly agreed with the statement "A lot of times I feel lonely" has shot up in recent years.

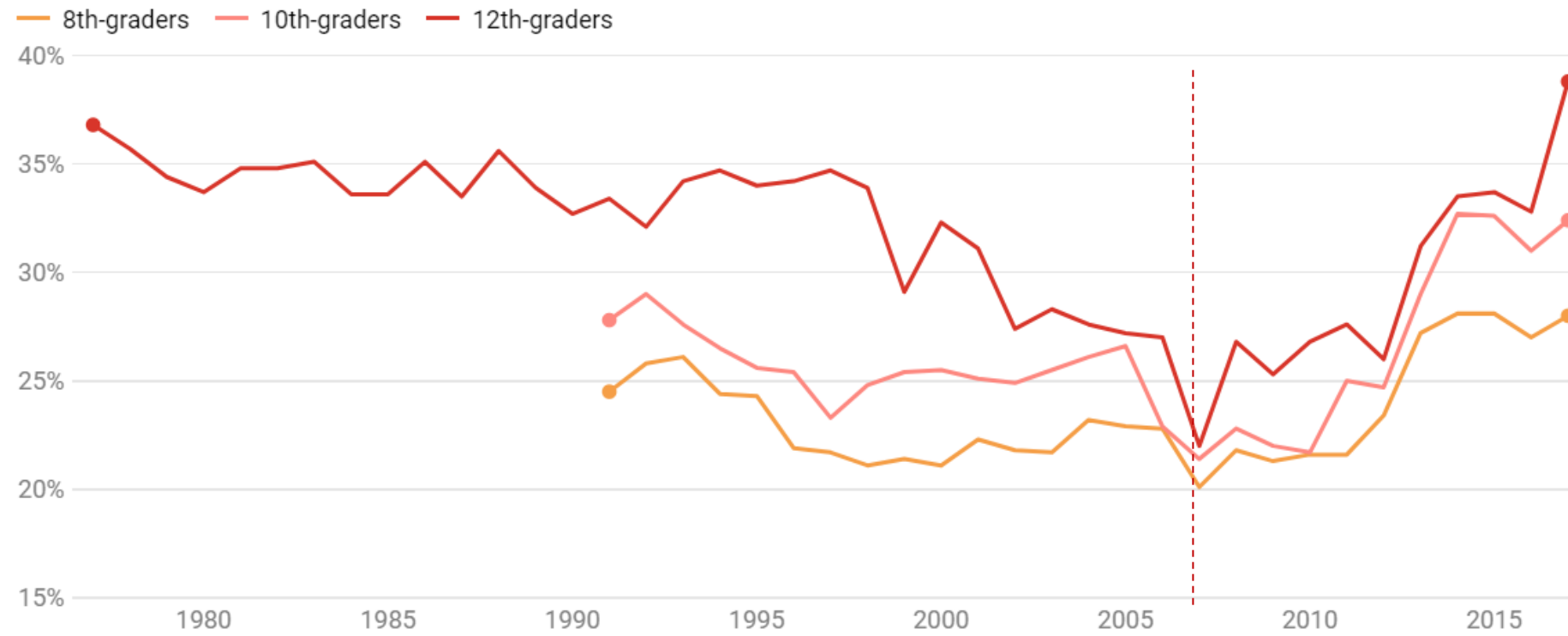
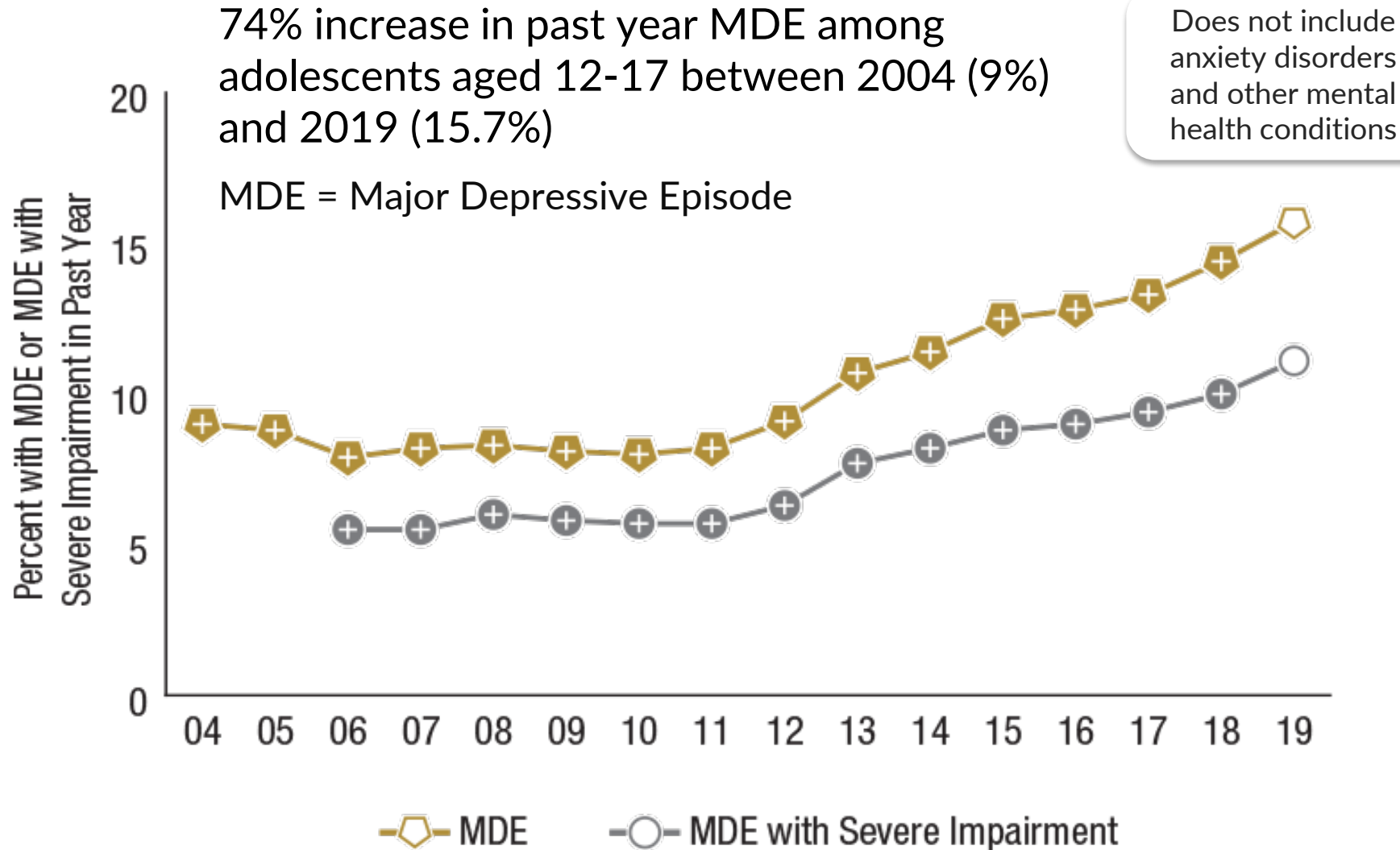


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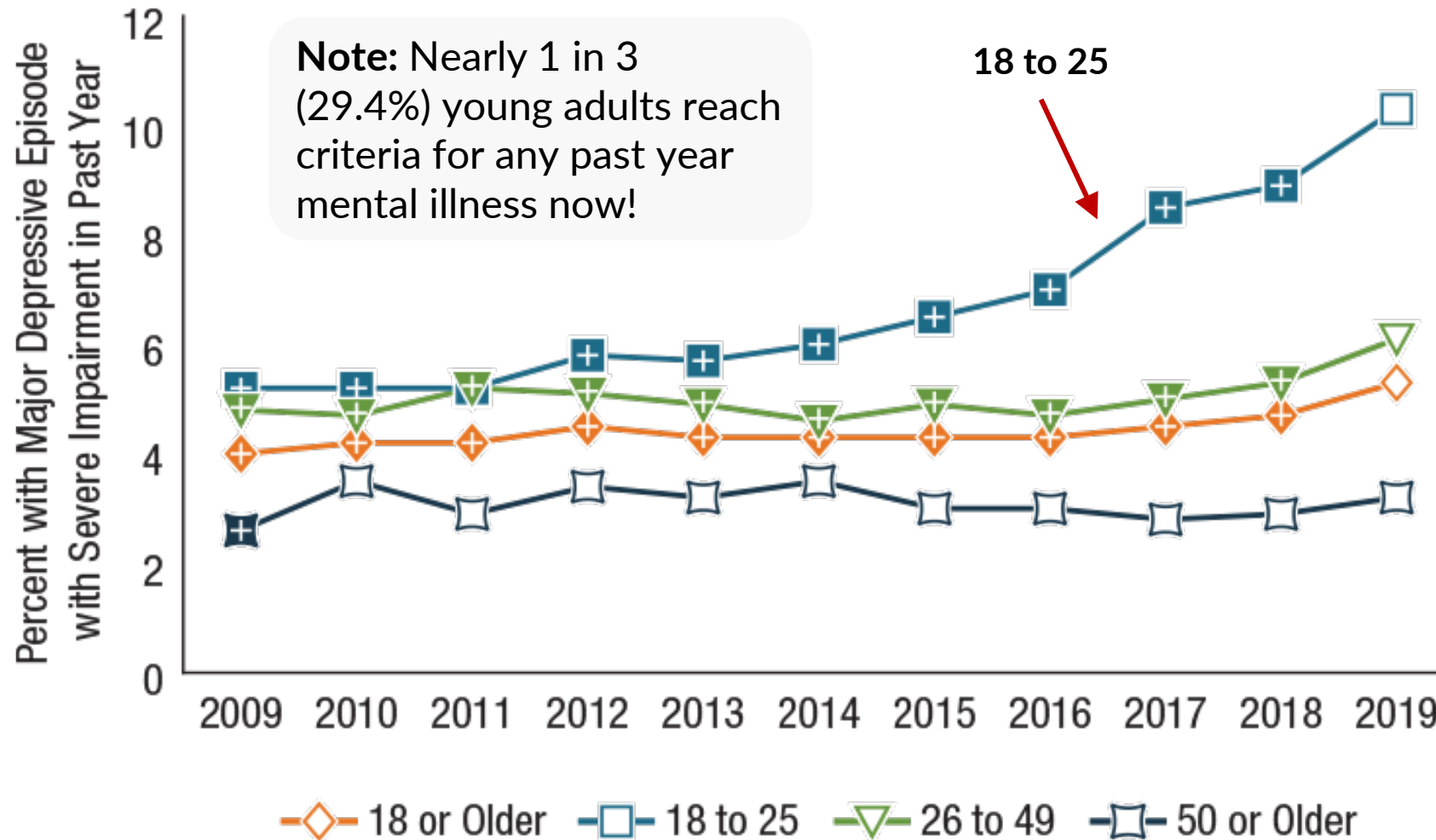
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Mental Health Among Adolescents is Declining

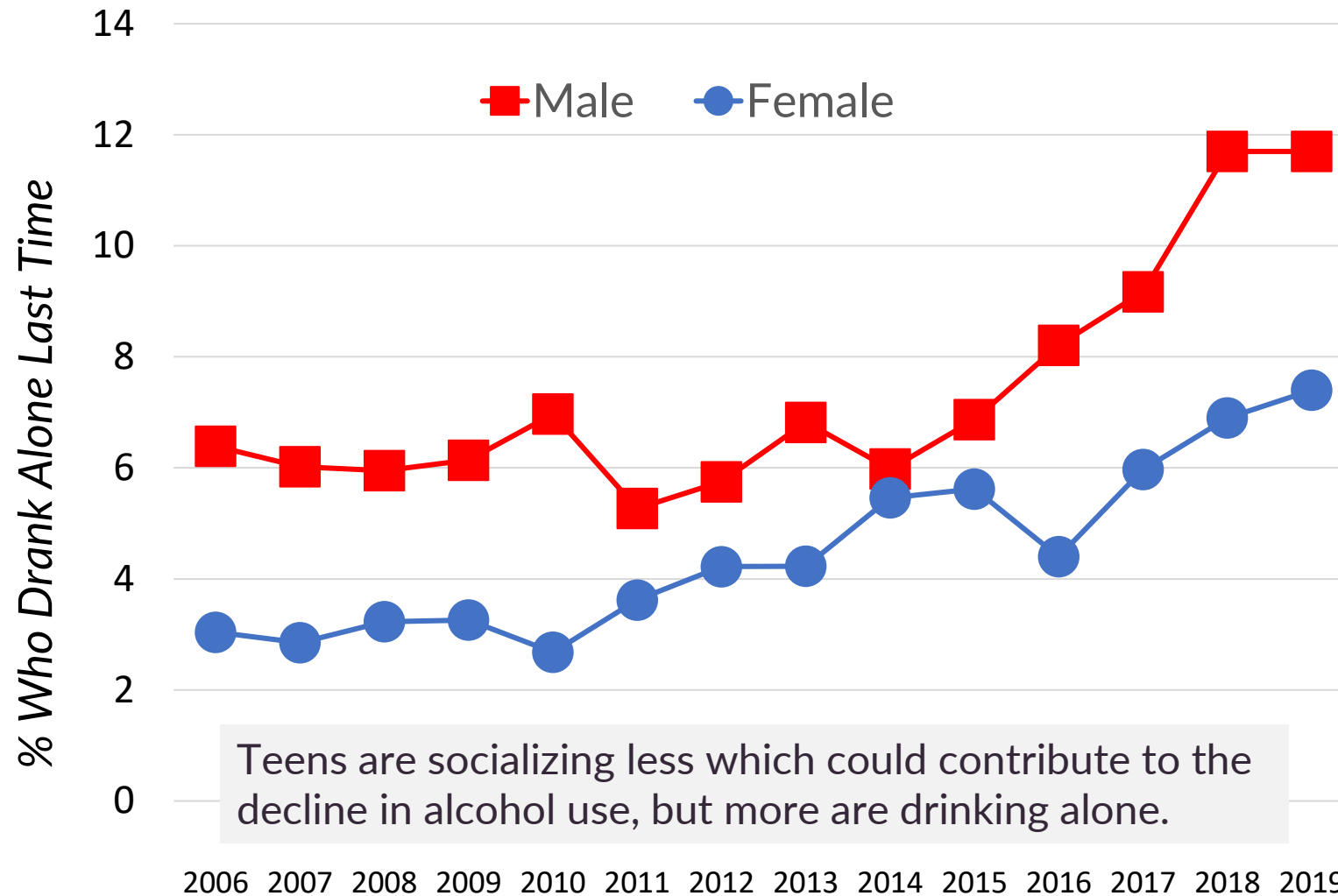


More Young Adults are Struggling

Percentage of young adults 18-25 with past year episode of major depression **DOUBLED** between 2009 (5.2%) and 2019 (10.3%)



More Underage Drinkers Aged 12-20 Drinking Alone



Teens are socializing less which could contribute to the decline in alcohol use, but more are drinking alone.

Drinking Alone Is Associated With Poorer Mental Health

- From a study by Creswell et al (2014) – “Results indicate that drinking alone is an important type of alcohol-use behavior that increases risk for the escalation of alcohol use and the development of alcohol problems.”
- Among drinkers 12-17, prevalence of past year MDE is 29.2%
 - For those who drank alone on the last occasion it's 41.5%
 - For those who drank with at least one other person last time it's 27.5%
- Among drinkers 18-20, prevalence of past year MDE is 19.3%
 - For those who drank alone on the last occasion it's 28.4%.
 - For those who drank with at least one other person last time it's 18.6%.

The COVID-19 Pandemic Contributed to a Global Decline in Mental Health

- World Health Organization estimates the following global changes:
 - 28% increase in cases of major depressive disorder (MDD)
 - 26% increase in cases of anxiety disorders (AD)
- Global study of people under 18 found:
 - Prevalence of clinical symptoms was 25.2% for depression and 20.5% for anxiety
 - Double pre-pandemic levels
- Given links between poor mental health and alcohol misuse, one might expect more alcohol use during COVID
 - 2.9% increase in per capita consumption in 2020, the largest increase since 1968
 - Around 23% of people drank more and 23% drank less

More Alcohol Use During the COVID-19 Pandemic

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Shift Toward Drinking to Cope During COVID

- Studies suggest *some people are drinking more during the pandemic while others are drinking less*
- Negative emotions are common factors for those drinking more:
 - A survey by the American Psychological Association (2021) found that nearly 1 in 4 adults (23%) reported drinking more alcohol to cope with stress during the pandemic
 - In a study of people ≥ 55 , 11% reported drinking more and increases related to loneliness, anxiety and depression (Eastman et al., 2021)
 - In another survey, 29% of respondents reported drinking more and the odds of increasing were higher for those with symptoms of anxiety or depression (Capasso et al, 2021)
 - Other studies suggest having psychological well-being impacted negatively by the pandemic is associated with more drinking days and more drinks per occasion (Rodriguez et. al. 2020; Grossman et al., 2020)
- Such findings are concerning given that drinking to cope increases the likelihood of developing AUD

Adolescent Substance Use and Mental Health During the Pandemic

Alcohol use

Characteristic	Current alcohol use [†] % (95% CI)	Current binge drinking [§] % (95% CI)	Drank more alcohol during the COVID-19 pandemic ^{¶, **} % (95% CI)
Sex			
Female	22.4 (18.5–27.0)	9.5 (6.6–13.5)	27.8 (24.6–31.3)
Male	16.4 (14.3–18.7)	5.9 (4.6–7.6)	31.9 (28.1–36.0)

Other drug use

Characteristic	Current marijuana use [†] % (95% CI)	Current prescription opioid misuse [§] % (95% CI)	Used more drugs during the COVID-19 pandemic ^{¶, **} % (95% CI)
Sex			
Female	12.7 (10.2–15.6)	5.4 (4.4–6.5)	30.1 (25.8–34.7)
Male	12.9 (11.2–14.8)	3.2 (2.3–4.4)	33.1 (29.7–36.7)

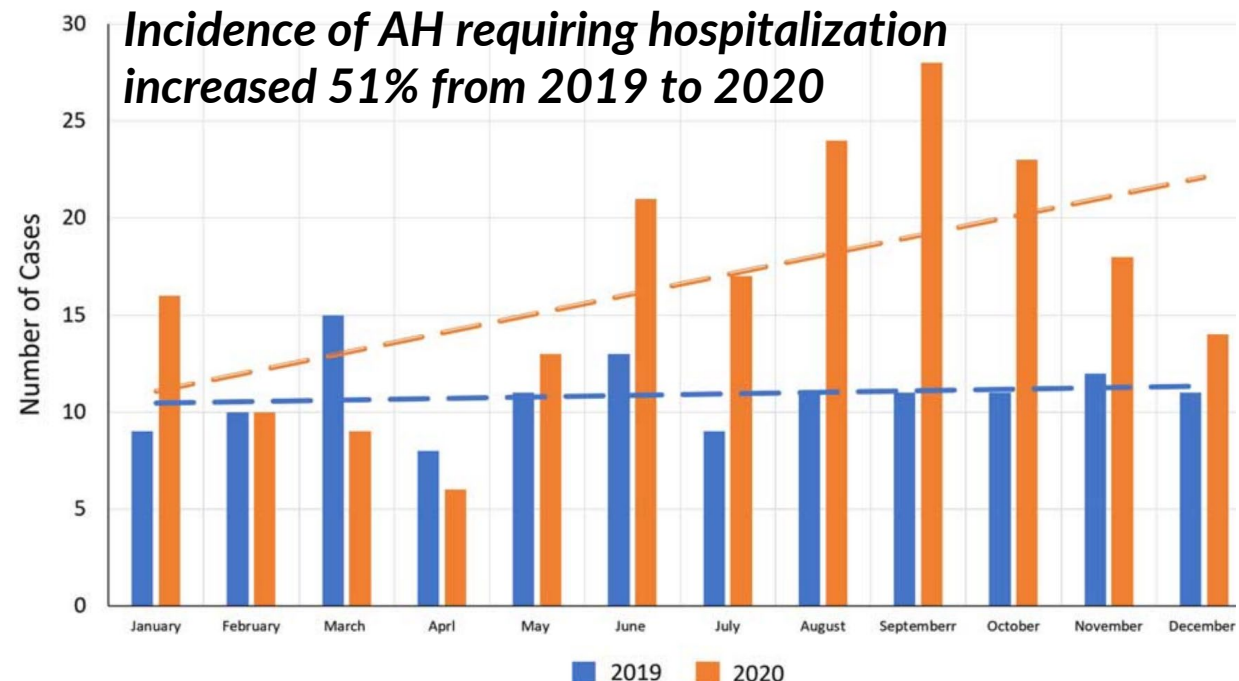
Mental health

Characteristic	Poor mental health during the pandemic % (95% CI) [†]	Poor mental health during the past 30 days % (95% CI) [†]	Persistent feelings of sadness or hopelessness % (95% CI) [†]	Seriously considered attempting suicide % (95% CI) [†]	Attempted suicide % (95% CI) [†]	Felt close to persons at school % (95% CI) [†]	Virtually connected to others during the pandemic % (95% CI) [†]
Sex							
Female	48.9 [§] (45.6–52.3)	41.6 [§] (38.4–44.9)	56.5 [§] (53.4–59.5)	26.0 [§] (23.4–28.6)	12.4 [§] (10.5–14.5)	40.8 [§] (36.8–44.8)	71.8 (69.7–73.8)
Male	24.4 (22.3–26.7)	19.6 (17.6–21.8)	31.4 (29.1–33.7)	13.6 (12.0–15.4)	5.3 (4.2–6.6)	53.0 (50.7–55.4)	71.7 (69.4–74.0)

Source: CDC Adolescent Behaviors and Experiences Survey, United States – January to June, 2021

Increase in a Variety of Alcohol-Related Harms

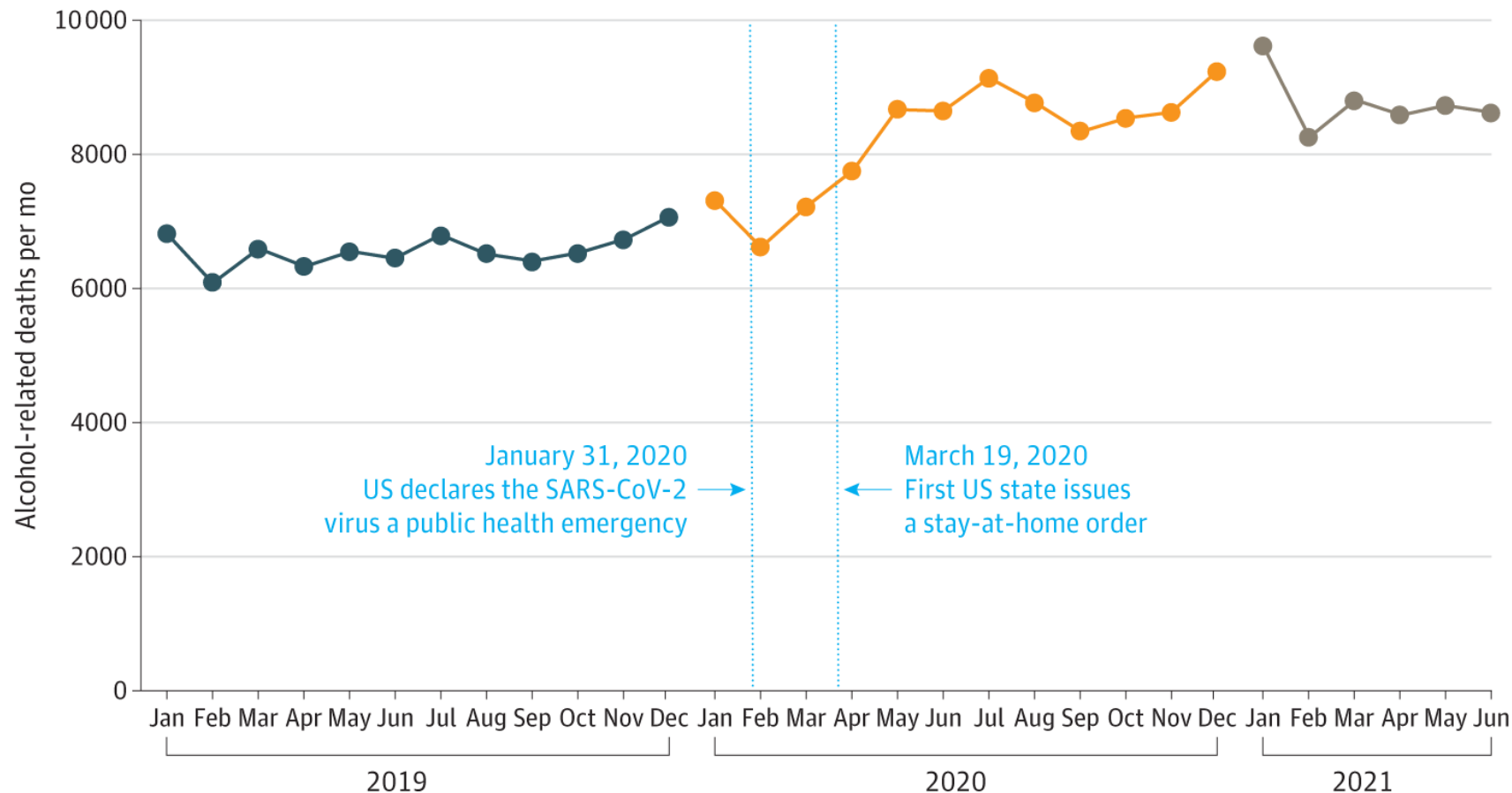
- Increase in the percentage of Emergency Department visits that involve acute excessive alcohol consumption ([Esser et al., 2022](#))
- Increase in the incidence of alcohol withdrawal in hospitalized patients ([Schimmel et al., 2021](#); [Sharma et al., 2021](#))
- Increase in deaths from alcohol-associated liver diseases that was bigger than increases in prior years ([Deutsch-Link et al., 2022](#))
- 14% increase in alcohol-impaired driving fatalities (NHTSA, 2022)
- Increase in hospitalizations for alcohol-related hepatitis (AH) between 2019 and 2020 – particularly for women and people <40 ([Sohal et al., 2022](#))



Increase in Alcohol-Related Deaths During the Pandemic

- Alcohol-related deaths increased 25% in 2020 as the pandemic unfolded and the number remained elevated in the first half of 2021.

Monthly Alcohol-Related Deaths Among People 16 Years and Older



Source: White, A, Castle, I, Powell, P, Hingson, R, Koob, G. 2022 Mar 18. doi:10.1001/jama.2022.4308

Treatment Gaps – Need to Increase the Number of People Who Are Screened for Problems With Alcohol and Connected to Resources

- In 2019, only 7.6% of people with AUD received treatment of any type in the previous year (SAMHSA, 2019)
- >85% of people see a healthcare provider each year (NCHS, 2018)
- Most are asked a single question about alcohol typically on an intake form (SAMHSA, 2019)
- Very few are asked additional questions, offered advice or connected to further resources
- We know that formal Screening Brief Intervention and Referral to Treatment (SBIRT) can help it just is not utilized often enough

THE HEALTHCARE PROFESSIONAL'S CORE RESOURCE ON ALCOHOL

Knowledge. Impacts. Strategies.

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The Basics: Defining How Much Alcohol is Too Much

Step 1 - Read the Article

- What counts as a drink?
- How many drinks are in common containers?
- When is having any alcohol too much?
- What are the U.S. Dietary Guidelines on alcohol consumption?
- What is heavy drinking?
- What is the clinical utility of the "heavy drinking day" metric?
- Resources
- References

Step 2 - Complete the CME/CE Post-Test

- Earn CME/CE Credit

Last Revised 04/01/2022

Takeaways

- Show your patients a standard drink chart when asking about their alcohol consumption. Drinks often contain more alcohol than people think, and patients often underestimate.
- Advise some patients **not** to drink at all, including those who are managing health conditions, are taking medications that could interact with alcohol, are pregnant or planning pregnancy.
- Otherwise, advise patients who choose to drink to follow the U.S. Dietary Guidelines: less for women and 2 drinks or less for men—on any single day; not on average. Drinking more than these limits does not eliminate risks.
- Don't advise non-drinking patients to start drinking alcohol for their health. Past moderate drinking, while current research points to added risks, such as for breast cancer, is not a recommendation.

How much, how fast, and how often a person drinks alcohol all factor into the risk for alcohol-related problems. The *fast* a person drinks influences how much alcohol enters the bloodstream, how impaired he or she becomes, and what the *acute* risks will be. Over time, *how much* and *how often* a person drinks influences not only acute risks but also chronic health problems, including liver disease and alcohol use disorder (AUD), and social harms such as relationship problems.¹ (See Core articles on medical complications and AUD.)

It can be hard for patients to gauge and accurately report their alcohol intake to clinicians, in part because labels on alcohol containers typically list only the percent of alcohol by volume (ABV) and not serving sizes or the number of servings per container. Whether served in a bar or restaurant or poured at home, drinks often contain more alcohol than people think. It's easy and common for patients to underestimate their consumption.^{2,3}

While there is no guaranteed safe amount of alcohol for anyone, general guidelines can help clinicians advise their patients and minimize the risks. Here, we will provide basic information about drink sizes, drinking patterns, and alcohol metabolism to help answer the question "how much is too much?" In short, the answer from current research is, the less alcohol, the better.

Resources

Alcohol Metabolism

- Alcohol Metabolism, Video (20 minutes), Vijay Ramchandani, Ph.D., NIAAA, 2021

Resources to Share with Patients Related to this Article

- Rethinking Drinking, website and booklet [PDF – 1.93 MB], NIAAA
- Patient handout - Drink Sizes and Drinking Levels [PDF – 184 KB], NIAAA Core Resource on Alcohol
- Fact Sheets on Excessive Alcohol Use and Men's Health⁴ and Excessive Alcohol Use and Women's Health⁵, CDC
- Fact Sheets on Moderate Drinking⁶ and Binge Drinking⁷, CDC

[Read More](#)

References

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[Read More](#)

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We invite healthcare professionals including primary care physicians, physician assistants, nurses, pharmacists, and psychologists to complete a post-test after reviewing this article to earn FREE continuing education (CME/CE) credit. This CME/CE credit opportunity is jointly provided by the Postgraduate Institute for Medicine and NIAAA.

CME/CE Activity — The Basics: Defining How Much Alcohol is Too Much

Released on 5/8/2022

Expires on 5/10/2023

\$ FREE

This activity provides 0.75 CME/CE credits

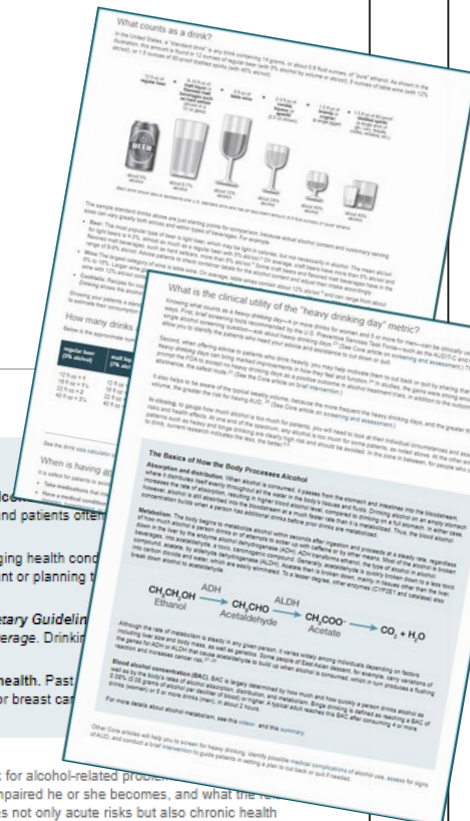
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Learning Objectives

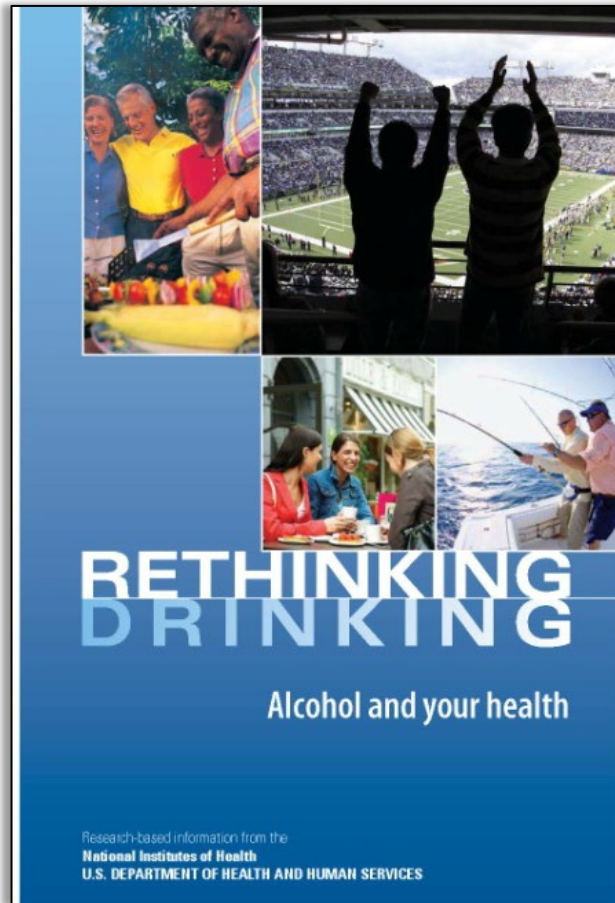
After completing this activity, the participant should be better able to:

- Assist patients in accurately estimating their alcohol intake.
- Identify the categories of patients who need advice to avoid alcohol altogether.
- Counsel patients on guideline-concordant limits for alcohol consumption.

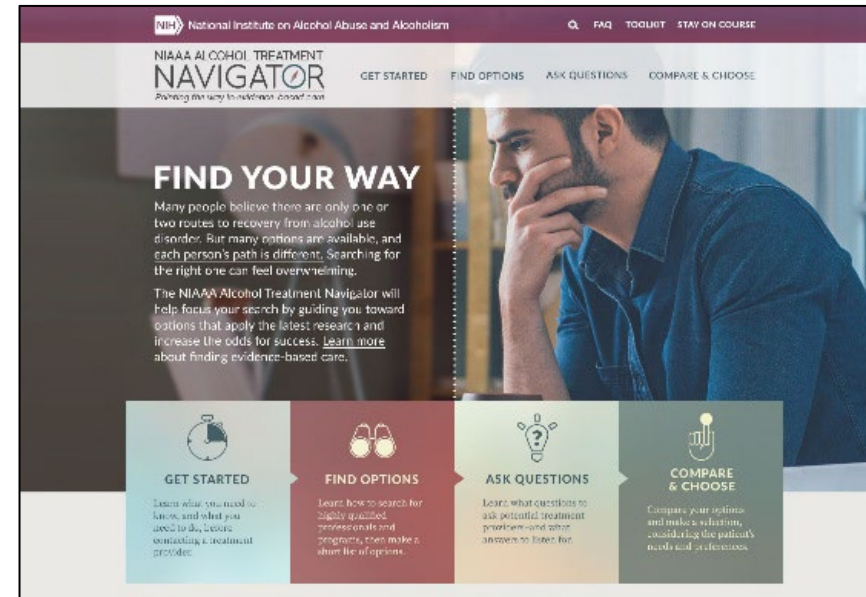
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Rethinking Drinking and the Treatment Navigator



<https://www.rethinkingdrinking.niaaa.nih.gov/>



<https://alcoholtreatment.niaaa.nih.gov/>

Source: White, A, Castle, I,
Powell, P, Hingson, R, Koob, G.
2022 Mar 18.
doi:10.1001/jama.2022.4308

In Closing

- Alcohol use and harms were increasing among adults before the pandemic and escalated during the pandemic
- Alcohol use is declining among adolescents and young adults and gender gaps have narrowed and reversed
- Declines are good news but the prevalence of drinking alone and drinking to cope is increasing for our kids
- General shift toward drinking to cope during the pandemic
- Mental health and substance misuse go hand in hand
- Important to address both rather than compartmentalize the prevention and care
- Screening and referral to resources is a critical part of the strategy to close the treatment gap

Thank You!

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