hello and welcome to the NABC a webinar

changing alcohol use in emergency room

visits before I introduce our speaker

dr. Erin white

I wanted to address a few housekeeping notes the webinar is one of a series of

several plan through 2019 another webinar a webinar addressing the federal trade practice rules and regulations relevant to the brewing industry is

planned for September with the alcohol and tobacco tax and trade Bureau now back to today's webinar it will be about one hour if you have a question please type it in the chat window in the lower right hand corner of the screen at the end of the presentation I will come back
and ask the question on behalf of Dr.

0:00:48.469,0:00:53.870
White to address them the presentation

0:00:52.039,0:00:57.559
is being recorded and will be available

0:00:53.870,0:01:00.079
through the NABC a.org website within

0:00:57.559,0:01:04.729
seven to ten business days you will find

0:01:00.079,0:01:06.940
it under the resources tab I now would

0:01:04.729,0:01:09.350
like to introduce Dr. Erin White

0:01:06.940,0:01:11.450
Dr. White is the Senior Scientific

0:01:09.350,0:01:13.040
Advisor to the Director at the National

0:01:11.450,0:01:13.810
Institute on Alcohol Abuse and

0:01:13.040,0:01:16.370
Alcoholism

0:01:13.810,0:01:18.200
His areas of scientific expertise

0:01:16.370,0:01:20.020
Include the impact of alcohol and other

0:01:18.200,0:01:22.660
Drugs on brain function and behavior

0:01:20.020,0:01:24.650
Alcohol induced memory blackouts

0:01:22.660,0:01:27.530
Epidemiology of alcohol and other drugs

0:01:24.650,0:01:29.200
And prevention strategies Dr. White

0:01:27.530,0:01:32.000
Received his PhD in biological
psychology from Miami University in Ohio in 1999 his graduate research focused on the brain mechanisms underlying alcohol induced memory blackouts he completed a two-year post doctoral fellowship in the Department of Psychiatry at Duke University Medical Center in 2001 and then served as a research assistant professor in the department until 2008 he co-wrote the online alcohol prevention course alcohol edu which has been completed by several million high school and college students to date he joined an AI Triple A in 2008 and served as the program director for underage and college drinking research in the division division of Epidemiology and
Prevention Research until 22 2015 since
then he has served as a senior scientific adviser to the director
dr. Jorge coupe dr. white is an author of more than 60 manuscripts and book chapters as well as three books two of which are about adolescent development and has delivered hundreds of presentations about alcohol in the brain to diverse audiences dr. white I now turn the webinar over to you okay thank you Cassie hey everybody this is Erin white at ni triple a so glad that you're all joining us today I have about an hour of your time I'd like to spend about 40 minutes giving you an update about all things alcohol and then leave
time for questions so what I'd like to
accomplish today is to basically give
you an overview of where things stand
regarding the epidemiology of alcohol
use how many people are drinking how
much they're drinking how many people
have alcohol use disorders I want to
talk about some very interesting trends
with regard to alcohol particularly with
regard to alcohol and women we're
learning a lot about alcohol women's
health and I want to talk about some of
the interesting things that are
happening in that domain and then of
course I'll talk a little bit about how
alcohol interacts with opioids I think
it's important to understand just how
common alcohol plays a role in opioid
overdose deaths and why that occurs so you'll see in the slides that that I'll show you there's tons of data I'm not going to go through all of the statistics but because you'll have these slides I wanted you to have all of the stats in case you ever want to go back and use them as a reference so briefly briefly there we go so here's a snapshot from the National Survey on drug use and health from 2017 to give you a sense of just how much people are drinking in the u.s. about 52% of the population 12 and older drinks each month and about half of those people engage in binge drinking which as you know is defined as having a for more drinks on tonight if you're a
woman or five or more drinks of the
night if you're a man and so you know
about half the population twelve or
older drinks and half of them binge
interestingly if you look at drinkers
and you ask the question what percentage
of drinkers drink you know what
percentage of alcohol it turns out about
10% of drinkers drinking the majority of
the alcohol over 60% and about 10% of
drinkers account for the majority of
alcohol use disorder cases you know
again about 60% and so it's it's a
lots of people drink in the u.s. the
problems are generally concentrated in a
relatively small percentage of those
people who do drink again more numbers
about fourteen and a half million people
in the US have an alcohol use disorder
and really an alcohol use disorder
essentially means that you're drinking
in a way that it's causing problems in
your life but you continue to drink and
you have difficulty cutting down or
stopping and more or less you're stuck
in a cycle where you drink to
intoxication it wears off and you feel
bad and then you start thinking about
when you can drink again and then you
just repeat the cycle that's about 1 in
20 people in the U.S. aged 12 and older
as I'll show you in a minute emergency
department visits related to alcohol are
increasing and you've got about 5
million cases a year where somebody
shows up at an emergency department and
the reason they're there involves
alcohol might not be dude alcohol it
could be that your leg is broken
but you also were drinking and you fell
because you were drinking so the alcohol
contributes the number of deaths in the
u.s. is an interesting statistic we
don't really know how many people died
from alcohol in the US the most common
number you'll hear is eighty eight
thousand four hundred and twenty-four
and that comes from an analysis done by
the CDC using data from death
certificates between 2006 and 2010 and
then they make assumptions about the
contribution of alcohol to deaths from
other things and add those in for instance I think 15 percent of deaths from epilepsy are considered to be alcohol involved if you look at death certificates only it's about seventy thousand deaths a year but we really just don't have a handle on how many deaths alcohol contributes due it's at least 70,000 probably much more than that similarly with the cost I mean we can we can estimate the cost but we don't know for sure but the CDC estimates the cost at about two hundred and forty-nine billion dollars a year and the majority of that I think it's like 75% is due to workplace related things lost
productivity in particular so a lot of people drink we've got a lot of people who struggle with their drinking quite a few people die every year and it's expensive for the country so alcohol use is increasing in the US if if we look at data from several surveys this is a study these these data are from a study in which the authors included data from six national surveys and just threw it all in two analyses and and came out with an estimate that included all of those data sets and this is a very busy slide but I want to highlight I want to highlight something for you if I can do that with this fancy technology there we go so what you'll see is this line right here this is the percentage of people in
the US that drink in a given year and
you can see that it is increasing but
it's not really changing for men most of
the increase in alcohol use in the US
has been driven by women similarly
similarly if you look at binge drinking
in the past year there's an increase in
you know among adults in the u.s.
between 2000 and 2015 is roughly the
eighth the the year time range but again
it's really not increasing for men most
of it is an increase and for women the
biggest increase is in drinking in the
last 15 years have been among women
older people particularly the baby
boomer generation and African American
men and you can see that over here in
this table so that's sort of that sort of set the stage to tell you you know the prevalence of drinking and sort of where things are moving okay so this slide shows again changes in alcohol use in women relative demand and I like this slide because I think it captures the phenomenon nicely what's happening is as you'll see on the left there that's alcohol use in the past 30 days and the top line is males and the bottom line is females and basically what you see is that alcohol use among males has declined just a little bit in the past you know 30 day 30 days in this time period but it increases for women and if you look at the number of days
per month that people drink it's coming
down a little bit for men and it's
increasing for women and so all of this
combined is leading to what is being
referred to as narrowing gender gaps and
alcohol use essentially men are
decreasing a little bit and women are
increasing this is for adults and and
this is troubling and I'll tell you why
it's troubling in a moment but but
that's what's happening there's really
been a real increase now call use for
women and a decline you know a
relatively flat line
for males okay this slide let me explain
this to you I really wanted to include
this even though it's very busy but this
is a neat slide what the World Health
Organization did was they plotted in this graph the ratio of alcohol use for women and men in various countries across the planet and what you see where that arrow is pointing to the US it is close to get my pointer back here this line here means there's an equal distribution of alcohol use for men and women so when a country is close to this line it means that men and women are roughly similar in their alcohol use and the United States is getting closer and closer to this line and it seems that it's only a matter of time before we end up on that line and we have a equal level of use between men and women the way we're going and this is a new
development for us because historically

going back to Prohibition time men drank

way more than women and most of the

problems associated with alcohol came

from drinking by men and over the last

century in the US and across the world

actually those drinking patterns have

narrowed and now men and women are are

much more similar than they ever have

been and with that comes an increase in

consequences for women and so this slide

is shows data regarding not the number

of visits to an emergency room each year

that are alcohol-related between 2006

and 2014 and it just you know without

without going through each of those

lines basically it's gone up it's been


about a 62 percent increase in the
number of alcohol-related edie visits
between 2006 and 2014 and that ends up
being about a like a 50% increase in the
rate of those visits the rate of the the
visits are increasing faster for women
and for older drinkers including people
in the baby boomer generation so the
increases in drinking that we're seeing
are mapping on to the increases in harms
that we're seeing there is some good
news in all of this and and that and
that alcohol use by teens is
coming down alcohol use in the under age
category 12 to 20 overall is coming down
this shows you a tenth and twelfth
graders from the monitoring the future
study and what you can see is in this
age range and I'm sorry this is this
range of time a ten-year period between
2008 and 2018 there was about a about a
third decline in about a 33 percent
decline in an alcohol use among among
our students which is great news now
interestingly just like with adults
there's narrowing gender gaps but it's a
different pattern whereas with adults
drinking is coming down among males and
going up among women among our
adolescents drinking is coming down
among both males and females but it's
not coming down near as fast among women
as among girls as it is among young
males and so as you can see here
you know if we use this over here is the
percent of 12th graders who engaged in binge drinking and in the last two weeks you can see that starting in 1975 there was a about a you know males are about twice as likely to do that and now in 2016 here males and females are just about even and the same thing with drinking on a daily basis males have really plummeted and females have just not really they've gone down but just not nearly as much and so again for both adults and for adolescents there are these narrowing gender gaps but for slightly different reasons I'll tell you this the it is good news but it's not the best possible news because as I'll show you while the drinking is
declining among our kids there might be

some psychosocial reasons for that that

are not particularly healthy our kids

are isolating more they're not spending

as much time socializing or being around

other people and that means they have

less fewer opportunities to drink but it

also means that they're they're not

getting their needs met and healthy ways

through socializing and with that is

coming an increase and adil and anxiety

and depression among these kids so the

decline in drinking is good news but

it's not necessarily because they're all

so happy and healthy that they just have

chosen not to drink there are other

things going on here so there's one of

the one of the reasons that this is so
concerning to us these changes in an alcohol use by by young by women adult women and adolescent females is that we're simultaneously learning about some of the negative effects that alcohol has on women that are different than men women just seem to be for some reason that we just don't know more likely to manifest a variety of alcohol-related problems than males now as you all know the male and female body is is different in important ways that affect how alcohol impacts the body if you take a male and a female of the same weight females tend to have less water in the body they tend to store more fat and have less free flow
water and that means with every drink
you have even if you if a woman weighs
the same as a man every drink she has is
going to produce a slightly higher blood
alcohol level than in the male that
means even if you drink the same amount
and weigh the same you're bathing your
body tissues and more alcohol so that
might contribute to and probably does
contribute to some of these negative
outcomes but I can't explain you know
many of them for instance for whatever
reason females tend to be more
susceptible to hangovers and this even
happens if you do lab studies where you
put the alcohol into the veins so you're
giving exactly the same you know you're
arriving at exactly the same
0:16:12.560,0:16:16.670
blood-alcohol level in the male and
0:16:13.850,0:16:18.529
female the female the next day has worse
0:16:16.670,0:16:20.990
hangover symptoms females are more
0:16:18.529,0:16:23.870
likely to blackout you know memory
0:16:20.990,0:16:25.810
blackouts liver disease progresses more
0:16:23.870,0:16:27.860
quickly in women brain atrophy
0:16:25.810,0:16:30.800
progresses more quickly cognitive
0:16:27.860,0:16:33.140
deficits the cardiovascular effects of
0:16:30.800,0:16:35.420
alcohol progressed more quickly in women
0:16:33.140,0:16:36.770
AUD progresses more quickly in women
0:16:35.420,0:16:38.660
this is these are all phenomenon that
0:16:36.770,0:16:41.150
fall under the category of what's been
0:16:38.660,0:16:43.610
called telescoping where women just once
0:16:41.150,0:16:45.709
a problem develops it develops more
0:16:43.610,0:16:48.589
quickly and then certain cancers you've
0:16:45.709,0:16:50.630
all heard the the news the research over
0:16:48.589,0:16:53.180
the last couple of years suggesting that
you know women might be at elevated risk of breast cancer even with a you know a glass of wine a day and of course all of that research is still ongoing and and the jury is still out about exactly where the risk begins and how big the risk is but it is concerning to us so I want to I want to explore something with you that I think you'll appreciate once we get through it and that is I want to talk about why it is that people drink alcohol and then come back to these these sex differences but what why is it that we drink alcohol you know why is it the people do any recreational drug well there's two basic reasons one is to produce a positive state because it
feels good basically and that's referred to as positive reinforcement and that's generally what we think about when we think about people using alcohol and other drugs we tend to think do drugs because they want to feel good they want to get high they want to you know have euphoria and some people do and I've got some ads in here just to sort of capture the motivation that people have to drink to do you know many people drink or do other drugs to feel pleasure some people or maybe the same person at a different time does substances to fix a negative state
to basically feel better not to add
euphoria add to your pleasure but to fix
feeling bad now it turns out that your
motivation for drinking or doing other
drugs whether it's for positive
reinforcement or negative reinforcement
is prognostic it tells us something
about where your relationship with this
drug may go in the future and
specifically people who who drink or do
other drugs to cope or for negative
reinforcement are much more likely to
develop problems with a substance and so
you know people who who drink to enhance
or to for positive reinforcement you
know they they might drink more heavily
when they drink but they tend to drink
less often whereas people who drink to
cope tend to drink less heavily but more often and it's sort of a slow grind toward an alcohol use disorder as they try to cope with their problems with alcohol and tolerance develops to the alcohol so they have to drink more and they end up locked in a cycle where if they stop drinking they feel much worse than when they started and so they keep coming back and and so that you know if they're these motives are important for predicting the likelihood of certain kinds of alcohol related harms and it turns out that several studies in the last few years including this one that just came out suggest that females beginning in adolescents are
more likely to be drawn to alcohol for the negative reinforcement so to cope with social anxiety or stress to basically
to for coping motives whereas young males are more likely to to engage in this sort of stereotypical alcohol use that we think of when we think of young people they go out and party they drink a lot in an evening and certainly they can suffer all kinds of harms from that but drinking for negative reinforcement increases the likelihood that over time somebody will develop a serious problem with alcohol and so we're learning a lot about how when you enter adolescence at age 10 your brains are basically the
same very similar but when we leave the
end of adolescence you know we come out
of the second decade of life our brains
are wired in in important ways that are
different between males and females and
for some reason the female brain sort of
creates a scenario where negative
reinforcement from alcohol or other
drugs is highly is more valued than it
is in males this is a statistical
phenomenon it's not every woman or man
it's you know it's it's a statistical
phenomenon but women are just more
likely to be drawn to alcohol for those
coping motives and that is concerning
given what we know about what those
coping motives predict and it's also
concerning given that if we if we go
back to our adolescent sample it turns out that over the last you know 10 years or so there's been a very big increase and-and-and-and caught an emotional distress among our kids for instance these data show a 37 percent increase in in kids who report who had a major depressive episode in the past year and as you can see in the graph the increase has been bigger much bigger for for females than males and females already have a higher likelihood of having issues with anxiety and depression in males so this concerns us because while we're seeing declines in drinking among teens the declines are much bigger for boys than for girls and we know that
there's been this increase in anxiety and depression among kids particularly among females relative to boys and we know that all of that can set our young girls up for for drinking for negative reinforcement and then developing problems as a result so we could end up in a situation where fewer young women are drinking but more of them end up developing problems as a result of the increases and and in depression and anxiety which would give rise to drinking motives that are designed to help cope so and this has already been shown with marijuana this is a study that came out just this year looking at reasons why teens give for
smoking marijuana and what you see is
that in this very busy slide is that the
percentage of teens who say they smoke
marijuana to cope has gone up
significantly over time and so again if
this if this happens with alcohol we may
end up seeing an increase in the
prevalence of alcohol use disorder among
young people even as the percentage of
teens who drink comes down okay we
switch gears a little bit here and talk
for a few minutes about alcohol and an
overdose I mean there's you know so I've
been focused a lot more on alcohol and
chronic drinking and developing an
alcohol use disorder I want to talk
about acute intoxication with alcohol
the dangers that it poses and in essence
alcohol has an arrow what we call therapeutic index the therapeutic index is a ratio of the toxic dose of a drug for half of people over the effective dose for about half of people and you want that to be a big number you want your toxic dose to be way higher than your effective dose you want to go into CVS buy aspirin go to your car take three and and know that you're probably not gonna die you want that toxic dose to be so much higher than the effective dose that you have a safe window for error and it turns out that with alcohol and opioids as we'll see the therapeutic index is fairly small the toxic dose is not that much bigger
than the effective dose so if we consider that a point oh
five BAC would be sort of an effective dose if people are looking for you know relaxation or that's--it's that's what that's about what moderate consumption would produce for a for a male at two drinks the the toxic dose for humans where about half of people would die seems to be around 0.35 and as you can see on the right side there are lots of these are all young people college students who died and you can see the range of their estimated BACs at the time of death and so you've got a therapist index of about seven which means that if you accidentally drank
seven times more than the dose that you
normally drink to get the the effect you
want you could die that's frightening
because it is it is possible to do that
and it does happen I mean if you're if
you're drinking out of a big red cup
that somebody's pouring spirits into you
could very easily you know get close to
that level or beyond so so the alcohol
can do that and the way that alcohol
does it is by shutting down these what
we call vital reflex centers in the
brain stem let me show you that in a
minute
so obviously opioids have narrow safety
margins too particularly with the new
synthetics that are coming out fentanyl
you know you those jars show you the
amount of a particular of the drug that
would it would take to kill you and you
can see in the fentanyl container I mean
you're looking at a couple specks well
there's something that's a foul you know
whatever it is five hundred times
stronger than that that has been
synthesized and so it doesn't take much
of this to kill you so this the
therapeutic index is going to be very
small with these drugs so alcohol
combined with these drugs is going to
shrink the safety margin even further
and it doesn't take a lot of alcohol as
I'll show you this is just a slide
showing you the sort of evolution of the
opioid crisis and I want to point out to
you that an estimated three hundred ninety nine thousand people died from opioid overdoses in this 18 year period and about a million people died from alcohol at least and so yes this is a major crisis but let's remember alcohol itself can kill and does kill lots of people in the United States the combination of the two is particularly deadly and so what this slide shows you is on the right hand side you see some brain stuff and and and what this is here is the brain stem the very base of the brain you can see it here and it's blown up that's the base of your brain right near the bottom of your skull this is about where the
bottom of your skull would be and then
the rest of spinal cord well these are
very primitive areas and what these
brain areas do is they keep you alive
you know something's got to keep your
heart beating something's got to keep
you breathing something's got to make
sure that you clear your airway if
something is blocking it these are the
same sorts of circuits that that also
help you sneeze and cough they're just
vital to our lives vital reflex centers
well alcohol can shut them off and
opioids shut them off and the
combination of the two shut them off
even easier and so you know you have too
much of the drug and suddenly you stop
breathing or you can't clear the airway
when you when something blocks it you know that's what these drugs can do at high enough levels and I want to show you some the outcome of a fascinating study that used fairly low doses of these two to show that you don't need much this is frightening all right let me find my there we go okay so researchers did a study where they took it took a dozen young adults a dozen elderly people and they gave them 20 milligrams of oxycodone which is you know a pretty good dose of oxycodone ob4 I would imagine moderate pain monitors to severe pain and and they measured their ventilation you know their breathing and then they gave them
alcohol the equivalent of basically like a drink or two you know in their veins over an hour and just that amount of alcohol just a drink or two combined with that 20 milligrams of oxycodone caused a significant depression in in in breathing and respiration all told it's almost a 50% decline and the rate of breathing of exchanging the gases in your lungs so the opioid reduced by 28% alcohol added another 19% that is frightening people in the study had I think it's I'm gonna pronounce it wrong ethnic events they had events where they literally stopped breathing and had to catch themselves and start breathing it just doesn't take much so
we think that the estimate for how
often alcohol contributes to opioid
overdose deaths is underestimated you know the death
certificates list alcohol and about 20% of opioid overdose deaths but given that
we know that it doesn't take a lot of alcohol to compound the problem with brain stem suppression you know we suspect that that alcohol is far more commonly involved in these overdose deaths okay one of the things that we're working on here at the Institute is finding better ways to connect people to treatment because you know one of the major barriers to getting help is that people just don't know what to do they don't know where to
go and so we created a something called
the treatment navigator which is now
online that helps people evaluate what
the treatment options are and and figure
out what to do and where to go we have
another resource called the rethinking
yeah called rethinking drinking which
basically helps people evaluate their
drinking and decide if they need help so
the combination of rethinking drinking
and this new treatment navigator we hope
will help people first evaluate whether
ey they need help and and then how to get
help or you could work on this with a
loved one or for a loved one but you
know very few people get treatment of
that 15 million people a year with an
alcohol use disorder fewer than one in ten people get any kind of treatment at all in a year and so you know I think we think that we can improve that by just working harder at connecting people with the treatment they need if we do that and we can catch alcohol use disorders earlier and get people help earlier we can minimize a lot of the harm that occurs in their lives and also reduce the burden to society of alcohol use disorder so that's that's one of the things we're really focused on here let's see so to summarize alcohol use including binge drinking and alcohol-related IDI visits are increasing in the u.s.
particularly among women and older
drinkers and by the way as the baby
boomer generation ages even if the
percentage of people in that age group
who have an alcohol use disorder doesn't
go up let's say it just stays the same
because that age group the size of is
about to double in the next thirty years
we're gonna have a much bigger burden on
society
from alcohol use and that age group
simply because of the sheer increase in
size of that age group again even if the
prevalence of drinking and alcohol use
disorder doesn't change underage
drinking is declining but it's it's
declining much more for males and
females by the way it's declining at
college too and but and I don't know if

now it's statistically declining among

college-age young adults but College used to be a place where students drank a lot more than people outside of the college environment and that that is going away young adults are just in general sort of merging in terms of their drinking which is interesting so women are more likely to oh yeah underage drinking is declined even more for males and females and I want to come back to the the point that there's something going on with kids where anxiety and depression is increasing isolation is increasing socializing is decreasing and alcohol use is decreasing
and our concern is that among those kids who do drink more of them will be drinking for negative reinforcement and that that could lead to an actual increase in alcohol use disorder at the same time that drinking is coming down women are more likely to experience a variety of alcohol related health effects and research suggests that males are again statistically more likely to drink for positive reinforcement while females are statistically more likely to be motivated by negative reinforcement and drinking to cope or for that negative reinforcement doesn't bode well because it sets up a cycle where the alcohol
temporarily fixes the problem but when

0:33:50.090,0:33:53.990
it wears off you feel worse so you drink

0:33:52.070,0:33:57.230
again and it temporarily fixes the

0:33:53.990,0:33:59.450
problem and at the end of a year your

0:33:57.230,0:34:02.659
problem is worse for instance in a study

0:33:59.450,0:34:05.210
of college students female college

0:34:02.659,0:34:09.050
students who say they drink for anxiety

0:34:05.210,0:34:11.329
reduction if they do daily Diaries over

0:34:09.050,0:34:13.339
a year you find out that at the end of

0:34:11.329,0:34:16.280
the year they're drinking escalated and

0:34:13.339,0:34:19.720
their anxiety got worse it just isn't a

0:34:16.280,0:34:22.159
solution it's it's a it's more of a trap

0:34:19.720,0:34:24.470
and we know that alcohol and opioids are

0:34:22.159,0:34:27.470
a deadly combination and and we're

0:34:24.470,0:34:29.329
pretty certain that the number of opioid

0:34:27.470,0:34:31.040
overdose cases that involve alcohol is

0:34:29.329,0:34:33.109
probably much higher than the statistics

0:34:31.040,0:34:35.780
suggest simply because you don't need a
lot of alcohol to to compound the
problem that opioids produce in terms of
brain stem function okay I think I just
got through that in record time so
that's my contact information you are
totally absolutely welcome to call me
email me if you have any questions I'll
provide any resources I can point you in
the right direction if I can't thanks
thank you dr. white and I can vouch
personally having reached out to dr.
white on numerous occasions he's very
prompt in his response so I do encourage
you to take him up on that offer so with
that we're going to turn it over to the
questions that have populated throughout
the presentation the first one is from
Pamela the question is has anyone done an analysis of how alcohol costs impacted individual citizens such as how they contribute to increased health insurance or local taxes for law enforcement oh yeah I'm sure that that has been done I mean their estimates the yeah I don't know those numbers off the top my head but I think the CDC has done that and they provide estimates for the cost to a given individual and if not that's something that you know I can do the math and just given what I already have and tell you those answer so I I would ask the the person that asked that question if you would please reach out to me when we're offline and I
will provide more thank you we have a
question for clarification I believe it
was on slide number three which is just
noting on the last slide I believe that
there was a total cost and millions not
billions so just to clarify that point
that's just me not knowing how to do
yeah basic math I guess yeah you're
right that is those are billions spent
millions I'm gonna fix that
excellent okay thank you thank you
pointing that out another question comes
from Elizabeth did you mean the jury is
still out about the extent of the
connection between alcohol use and
cancer
I thought we knew from years of research
that there is a clear connection between
alcohol use and cancer and then notes a citation from CDC cancer alcohol oh yeah no I think I think that's that's very clear I mean we've known for years that alcohol is a causal agent in cancer it's considered a carcinogen by the government it is there's no question about it what the jury is out about is just the amount of alcohol required to do that and for whom and why you know we don't we know that that it happens we know that from epidemiological research that the increase seems to occur with for women at even less than one drink the increase in risk for breast cancer
but you know with epidemiological studies you're always estimating based on self-report and records and so you know that you know it's just I don't think we know for certain where the thresholds are and why and for whom but we do know that I don't think there's any question at all that alcohol is a cancer-causing agent including breast cancer and primarily cancers of the head and neck and throat but also breast cancer and you know.
Safa Geel cancer and stomach cancer I mean it is a cancer-causing agent thank you for clarifying that the next question comes from Claire do you think...
that there could potentially be a stigma
for males to admit to a major depressive
episode and this could possibly go
undiagnosed could this potentially skew
the data even in regards to the reasons
for drinking differences between gender
oh that's a great question
yeah I mean there's always that
possibility I mean even with something
like hangovers maybe it may be females
women are just more likely to you know
acknowledge that they don't feel well
I mean who knows so that is certainly
possible and but I have to assume that
the people that do that kind of research
take that into consideration somehow and
you know when it comes to
epidemiological data we again it's we
only have what we have to go on we only have self-report and and records and there's always confounds there's always things that contribute to the variance whether that's sufficient to explain away the differences between males and females and you know the increases in anxiety depression among females and the increased likelihood of a co-occurring disorder you know mental health disorder Atwell depression or anxiety disorder and alcohol use disorder in females you know weather differences in and how males and females what they tell us whether that can explain away the difference I doubt it but you know again what a good question because I think
that is always that that's sort of a problem is always lurking in the data

all right the next question is from Rebecca have you noted any significant changes in the alkyl industry or their marketing tactics

i whoops I'm so sorry I am a lot I'm having some technological difficulties here no problem take your time yes so I you know that I don't know how to answer that I don't study it and I don't track it I mean I think one obvious change which is just a change that has occurred in all marketing is just the move towards social media more online you know digital marketing so other than that I don't you mean yeah in terms of
like I assume she's the person is asking about like marketing strategies or

Content ID you know I haven't I don't really track that I mean there are people in the field that dude the do study that I mean David Jernigan who's now at I believe Boston University is an expert on that there are true experts and alcohol and marketing I'm just not one of them so I can't I really can't tell you perhaps that's another webinar for us in the future I'll watch that one the next question comes from tomorrow and the question is could it be surmised that the decline in youth drinking is due to prevention programs and education if so this would be impetus to continue programs we don't eliminate vaccines
because vaccines have eliminated a
disease right I think well first of all
I don't think we're anywhere near done
addressing this problem and we need to
get the numbers down much lower than
they are I mean even though they're
coming down it's you know if we look at
the stats regarding how much young
people drink it's still way too high and
they're still way too much harm involved
and we know that the earlier drinking
starts the greater the likelihood of
developing an AUD so in order to
minimize the minimize alcohol related
harm among adults of the population in
the workforce and we have to continue to
work very hard in addressing alcohol use
during the adolescent years it would be nice to be able to say that these decreases were directly tied to specific things that we've done I suspect and other people have asserted that alcohol-related policies like the minimum legal drinking age and per se limits for driving and zero tolerance for driving for teens and policies that minimize drinking among adults then trickle down to minimize drinking among kids so I think there are lots of things that we can point out and say that probably contributed but we'll never we'll never know we just have to keep plugging away and working at it the next question comes
from Pamela do you know the relationship
between eating disorders and substance abuse oh just that there is a relationship but that's really all I can say I mean yeah they're clearly having an eating disorder increases your likelihood of developing an alcohol or other drug use disorder why that is I don't know but in general any condition that somebody has that causes them to stress it causes them anxiety shame depression you know anhedonia you know whatever happens we anything that causes people to feel distress sets them up for negative reinforcement from a drug and liking the negative reinforcement from a drug in other words doing the drug and feeling better sets
you up for developing a problem because the brain is wired in a way that when we find something that makes us feel good or makes us feel better we want to repeat it that's how we learn the same circuits that drive substance use are the circuits to drive eating and drinking and bonding you know substances tap into these pathways and essentially trick us into thinking that we just did something that makes us feel better and it's natural and healthy so we want to go back it's just a very natural response to that reinforcement and so I think any condition you know if you look across all you know mental health conditions
there's a decrease that I know of where there's a decreased likelihood of AUD wherever there's misery and discomfort and suffering you're at greater risk of being falling into the trap of drinking or using other drugs to feel better so that that's really as far as I can go I you know maybe somebody else has explored this in much more detail and has better a better sense of the mechanisms but I think that those are the general mechanisms people want to feel better and yeah okay the next question is from Elizabeth do you have an explanation for why there has been an increase in alcohol use by women you
know that is a that is such an important
question and there are people in the
field who have wrestled with that
there's a woman named Katherine Keyes
who I forgotten where she is she's one
of our leading experts on alcohol and
women's drinking Sharon will snack who's
been doing this for you know 30 years
looking at women's drinking around the
world and I can tell you that a small
part of it is the the slow march toward
equality which sometimes seems
imperceptible but we are moving toward
you know more similar roles in society
and similar opportunities again I'm not
suggesting we're there but I'm
suggesting we're moving toward that and
so some speculation is that the increase
in income among women has given them the chance to drink more I mean if you have money you can drink that's a one simple thing but I would also assert that stress among women because you know it's like 60 percent of households are headed by women and women still even if they're in a two-family a two-parent household do more of the the the domestic responsibilities I think I think stress among women we're seeing this among teens but I think among adult women stress has to be increasing astronomically as well and so because as women yeah so I think I think it's it's those are just two examples I don't think anybody knows for sure but I think
it's yeah I don't

as far as I can go I don't really know

no more but I think it's complicated and

I think it's a maybe it's a combination

of opportunity and stress okay we have a

question specific to fetal alcohol

spectrum disorders and to the extent

that you have any information on you

know how the increase in women's

consumption impacts that issue yep I

think we're still waiting to see that

the I have a whole bunch of stats that

I'd be happy to send about the

prevalence of drinking during pregnancy

and and FASD but off the top of my head

you know I don't know if there are any

data yet that have tied these increases
in women's drinking to an increase in
exposure to the exposure to alcohol in
the womb but again if that person would
like to contact me offline I would be
more than happy to send everything I
have okay
and there are a couple questions that
are about what you might deduce are the
drivers for this increase in alcohol use
among females
some are asking about product offerings
flavors strengths and mixed beverages
energy drinks and others are looking to
get more information about perhaps if
marketing and advertising are
contributing to that issue so anything
that you can speak to to that end you
know I think again the the people that
actually study that in the field would be the best to go to but it's tricky because sometimes you know marketing can be a driver and sometimes marketing can follow changes in consumer behavior and so is it that that woman's drinking has you know so the nature of the relationship between the the marketing and the drinking is complicated to deduce and again I just don't I don't really follow the the changes in advertising so I I would highly recommend reaching out to - to somebody and if you want to contact me I can send you some contact information okay and ELISA has a question we educate youth a lot regarding substance abuse
disorders and alcohol however in your experience have you seen ways to reach adults regarding outreach and prevention yeah that's that's very tricky you know I think the the most important thing to remember with any of this outreach and prevention work is relevance when something is relevant to people it tends to have more of an impact and so you know for years I remember hearing when I first started doing prevention work years ago people saying well you know information information doesn't change behavior information doesn't change behavior and so in a meeting once I raised my hand and I asked the guy who was who had said
that I said if I told you your flight was canceled this afternoon would you still go to the airport and he said well of course not and I said well I guess that information can change your behavior it just has to be relevant so I think we have to keep working at finding ways to connect with adults and make this information relevant to them and one of them is one way to do that is to talk about kids if they have kids that modeling healthy behavior plays a direct role and and how how kids end up relating to alcohol and those sorts of things so I think we tend to reach adults more through policies that's the that's my sense of it we just sort of established boundaries and you know
adults have to function within those hours of operation taxes things like that and we I think we tend to do more education and outreach for kids because we can reach them there in schools so I don't know of any I'm trying to think of a prevention program am just at adults that that has worked the way that some of the programs with kids do oh well I can tell you programs that include both parents and kids will end up working for both the parents and the kids so you look at something like the what's now called the strengthening Families program it used to be called the Iowa strengthen each family program this is a program where parents and kids
go to a weekly group meeting for I don't know ten weeks or so and and learn all kinds of stuff and and that ends up reducing and they learn things about communication between the parents and the kids that ends up reducing alcohol use among the kids and the parents so other than that I don't have any I'm probably missing something but that's that's all I can think of okay so Pamela has a question since opioids are prescribed by doctors do they routinely warn about using alcohol at the same time I suspect they they do now more I don't know of any data on how prevalent that actually is or was I mean
it's on the container but how often people pay attention

pharmacists also are in a position to tell patients how often that happens I don't know so it's something we really need to make sure people know and and it might be good to think of ways to reach more physicians about that to ensure that they tell their parents you know we do some things here to draw attention to stuff like that we've published a few papers over the last few years about alcohol and medication interactions and how many adults take medications that could interact and but if that whether that's had an impact on consumer knowledge and physician behavior you know I really don't know
but it's absolutely imperative that people understand you do not need much alcohol you know give you know another example benzodiazepines there's been an increase in deaths from benzodiazepine overdoses like valium and related drugs like xanax it's very hard to die from an overdose on a benzodiazepine but not if you have a little alcohol and so you know again you know these drugs combined with alcohol are very dangerous and so I don't know how many positions do talk to their patients about it but it's it's obviously something that is very very important not to do and I would just add that I believe CDC has developed some resources to encourage you know
coalition's and others who might be interacting with physicians and pharmacists to encourage that conversation to happen so there are resources out there to help if you're looking to implement that in your community and this will be our final question that do you know if CBD has an effect on the alcohol on the alcohol effects of the body I'm I'm still a CBD skeptic so I don't I don't I don't know if anything about anything around alcohol and CBD interactions you know I know that I know that CB you know I've seen published evidence that CBD is valuable for some things obviously childhood epilepsy
because that's been approved by the FDA
and it does seem to work for some
people for certain things I haven't seen
anything about its interactions with
alcohol you know it's yeah I'm taking a
wait-and-see approach and hopefully
maybe somebody will figure out
that it is the best cure for alcohol use
disorder then I'll be a believer to be
determined right yes so that will
conclude this webinar I do want to
address one housekeeping question that
was asked at dr. white are people able
to utilize your PowerPoint information
without any copyright infringement
absolutely as long as it's not for
profit so if it's for an organization or
your own presentations or educate people
in fact I will happily send you a
day hundred more slides I mean I'd be

grateful if you use them I mean there's

you know we're doing this we do this

kind of work just to help people

understand alcohol and it's and it's

it's potential health impacts and so I'd

be delighted if you used it so yes

please well and we will also have this

webinar available on our website under

the resources tab in the next seven to
ten business days as we mentioned at the

front end of the webinar so with that

I'm gonna just thank you dr. white for

your time and for sharing your valuable

knowledge with us and thank you all for

joining napkin on this webinar if anyone
has questions that we did not address or

think something afterwards feel free to

email communications at NAB CA dot o-r-g

also please visit the napkin website at

nab CA org for various resources

including

white papers previous webinars and other

materials we would like to like your

feedback about this session and will

soon be sending you a quick survey to

complete and also let me know if you

have any suggestions for future webinars

and it is our goal to give you the

education and tools you need to perform

your function effectively wishing

everyone a great day and thank you have

a great one the bye thanks everybody