



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

SAFER DRINKING TIPS

CAITLIN RIPPEY MD, PHD

UNIVERSITY OF WASHINGTON



GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care
of Washington

SPEAKER DISCLOSURES

- ✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

Mark Duncan MD

Barb McCann PhD

Anna Ratzliff MD PhD

Rick Ries MD

Kari Stephens PhD

Cameron Casey

Niambi Kanye

Betsy Payn

Diana Roll

Cara Towle MSN RN

OBJECTIVES

1. Understand harm reduction philosophy
2. Know the evidence supporting use of safer drinking tips
3. Practice engaging patients in safer drinking discussion

UW PACC REGISTRATION

Please be sure that you have completed the full UW PACC series registration.

If you have not yet registered, please email uwpacc@uw.edu so we can send you a link.

CASE 1: 57YO M PRESENTING TO PCP FOR DEPRESSION.

- HPI: depressive symptoms worsening over past 3 years. Low energy, low mood, occasional passive SI; attributed to loss of memory and seizures. Low appetite, weight loss because “stomach hurts anytime I eat”.
- PMH: seizure disorder, CVA, memory impairment, TBI, recent hospitalizations x2 r/t AMS, hypokalemia, ?complicated EtOH withdrawal
- Substance use: fifth of liquor daily x 30+years, 2-3 PPD cigarettes, cannabis “1-2 hits a day”, remote h/o methamphetamine, cocaine, s/p drug treatment numerous times
- Labs: CBC notable for macrocytosis, BMP wnl except K 3.2, LFTs ~2x normal, B12 normal, folate low

CASE 1 (CONT): 57YO M PRESENTING TO PCP FOR DEPRESSION.

He says “I’ve quit drinking before lots of times for up to 6 months, my mood just got worse. Alcohol really helps even me out”. Ex-wife at visit concurs, “He got much easier to be around when he started drinking. He’s a functioning alcoholic, it’s just who he is.”

CASE 1 (CONT): 57YO M PRESENTING TO PCP FOR DEPRESSION.

- He is not interested in quitting drinking but is open to discussing safer drinking. He identifies being most worried about interactions between alcohol and medications, about memory loss, and about weight loss.

WHAT DO YOU DO NEXT?

- a) Start naltrexone to reduce alcohol cravings
- b) Recommend inpatient detox due to history of complicated withdrawal followed by outpatient CD treatment
- c) Start SSRI as depression may be contributing to alcohol use
- d) Brief motivational interviewing around alcohol use, then focus on active medical issues
- e) Explore ways he could modify his drinking to reduce negative sequelae

HARMS ASSOCIATED WITH DRINKING

- Medical – Acute (DTs, seizures, falls and injuries) and chronic (liver CA, cirrhosis, etc)
- Social/interpersonal (difficulty maintaining housing, interpersonal problems)
- Mental health (depression, insomnia, suicidal ideation)
- Sexual assault

AND YET...

- the treatment rate for AUD is the lowest of all mental disorders: only **6.7 %** of adults diagnosed with AUD received treatment (Rehm et al. 2016, NIAA, 2015)

Many reasons for this but:

- **49.5%** of people who were ready for treatment and knew they needed treatment, **did not enter treatment because they weren't ready to quit drinking** (SAMSHA 2013)

HARM REDUCTION AND SAFER DRINKING STRATEGIES

- Not strictly use reduction but can include use reduction: **Goal is reducing negative impacts of alcohol use**
- Harm reduction strategies -> decreased drinking and decreased harm from drinking
- **Safer drinking strategies** are one tool in the harm reduction toolkit

For more information about harm reduction, see PACC presentation from Dr. Susan Collins (9/6/2018)

SAFER DRINKING STRATEGIES – THE EVIDENCE

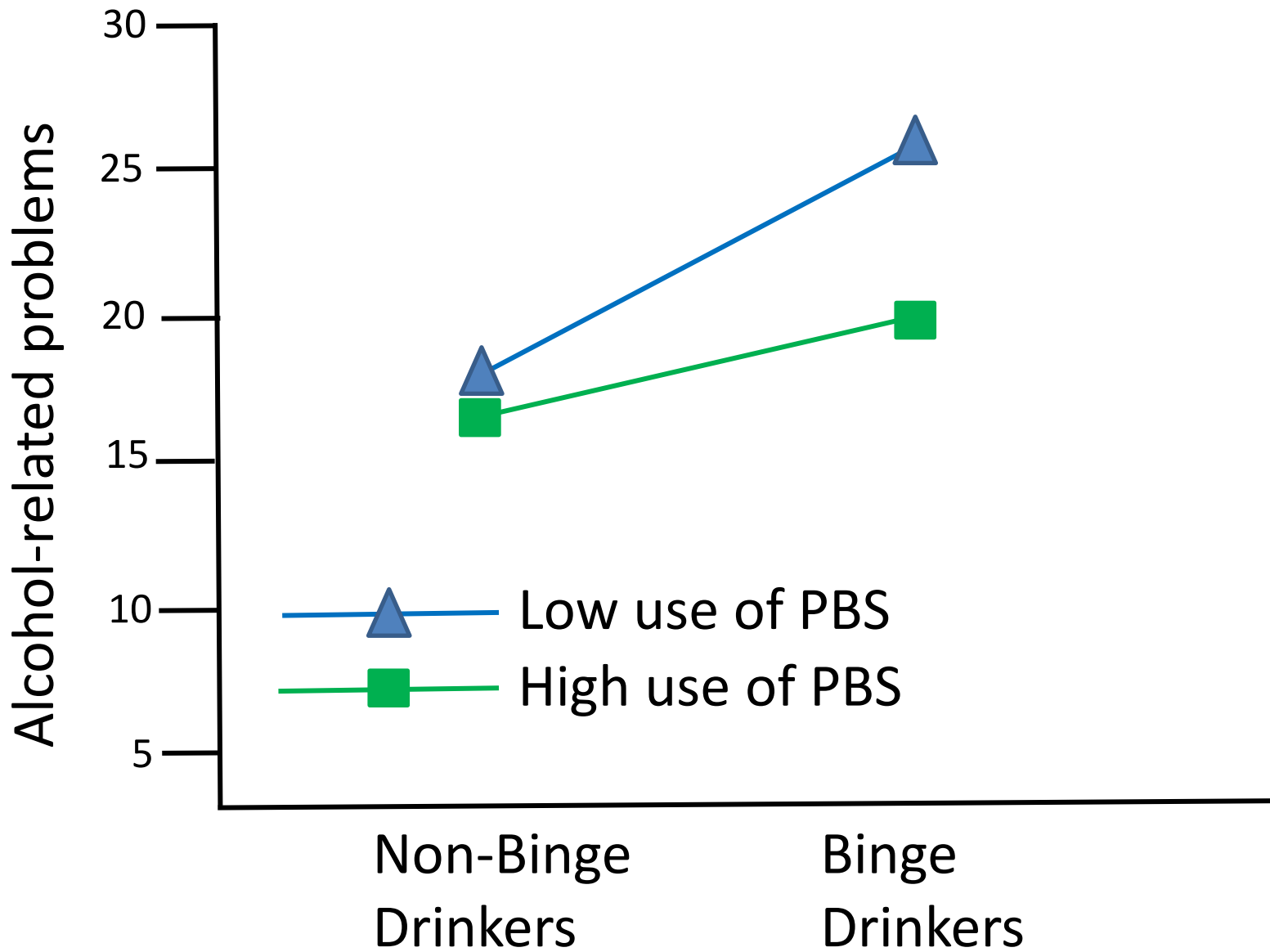
- Most evidence is around risky drinking in high school and college age youth
- **“Protective behavioral strategies”** or PBS have been identified and extensively studied

Pearson, 2015

HOW DO SAFER DRINKING STRATEGIES WORK?

- Study of 4,154 college students via web-based survey
 - frequency of **binge-drinking** in past 2 weeks
 - number of alcohol-related **problems** in past year
 - use of **protective behavioral strategies (PBS)**
- Findings
 - binge drinking correlated with more problems
 - use of PBS correlated with less binge drinking
 - PBS inversely correlated with drinking-related harms**

Borden et al, 2011



Borden et al, 2011

WHAT ABOUT INTERVENTIONS TO ENHANCE SAFER DRINKING?

- Evidence is mixed, very limited in clinical settings
- In general, multicomponent interventions emphasizing PBS have led to decreased alcohol consumption +/- decreased harms
- Many of these studies show that use of PBS is an important mediator of that decrease
- However, generally interventions focused solely on PBS have not had similar effect

WHAT ABOUT INTERVENTIONS TO ENHANCE SAFER DRINKING?

2015 study: 251 college-age students with risky drinking, seeking mental health care, randomized to individual PBS training vs control condition.

Results: PBS group -> reported increased PBS use but no difference in drinking or problems at 1 or 6 months

LaBrie et al, 2015

WHAT ABOUT INTERVENTIONS TO ENHANCE SAFER DRINKING?

- 2016 study: 208 college students with heavy drinking randomized to assessment/education control vs 3 web-based PBS interventions.
- Results: Intervention groups had decreased peak drinking (~1.2 fewer drinks at 6 months) compared to controls (~0.5 more drinks at 6 months)
- No significant change in alcohol-related problems

Leeman et al, 2016

SAFER DRINKING STRATEGIES IN OTHER POPULATIONS

- In chronically homeless individuals with alcohol dependence, 100% used at least 1 safer drinking strategy at baseline
- Enrolled in a harm-reduction focused study
- No significant change in use of safer drinking strategies over 8 weeks but suggests high acceptability of intervention
- In this population a majority of individuals have negative perceptions of abstinence-based programs.

Grazioli et al, 2015

CASE 2: 30YO M PRESENTING WITH ANXIETY

- HPI: Reports long history of social anxiety, panic attacks, worsening depressive symptoms and vague somatic complaints for the past 5-6 years. Depressive symptoms include difficulty sleeping, low mood, low energy, passive SI.
- PMH: tension headaches, sinus issues
- Substance use: Drinks at least 7-8 drinks 2x/week to cope with social anxiety when going out on the weekend. Often does shots. Endorses bad hangovers which severely impact his function. recently drank to the point of blacking out for the first time. He does not drive when drinking but worries he might if blacked out.

CASE 2 (CONT): 30YO M PRESENTING WITH ANXIETY

He says “I don’t think I’m an alcoholic because I don’t drink every day”. He does not think alcohol makes his mood worse. He’s not ready to quit because he feels alcohol is necessary to handle his anxiety and because the majority of his friends are heavy drinkers and social events invariably involve drinking. He is open to discussing reducing use.

CASE 2: 30YO M PRESENTING WITH ANXIETY

- Which of his likely alcohol-related problems are most likely to improve with use of safer drinking strategies?
 - A) Social anxiety
 - B) Hangovers
 - C) Blackouts
 - D) Poor sleep
 - E) Depressed mood
 - F) Risk for motor vehicle collision

SAFER DRINKING STRATEGIES



Safer-use Strategies: Alcohol

Here are some tips to help you stay safer and healthier no matter how you choose to change your use. Using more safely does not mean that you remove all risks, including death, but it can help you reduce your drug-related harm. You are worth it!

- MANY, but can think about these in 3 categories:
 - Stay healthier when you drink
 - Make drinking safer
 - Change how much you drink
- Strategies will differ depending on target audience (eg types of harm they're at risk for, types of drinking they're doing)



STAY HEALTHIER WHEN YOU DRINK- EXAMPLES

- Avoid doing shots
 - Slowing down rate of intake keeps peak BAC lower and reduces many risks
- Avoid drinking games or “keeping up”
 - Similar re: pacing; acknowledges social motivations
- Drink water
 - Reduce hangover effects
- Eat before/while drinking
 - Slows rate of alcohol entering bloodstream, provides nutrients

LIMITING/ STOPPING DRINKING - EXAMPLES

- Determine not to exceed a set no. of drinks
 - Most people prefer buzzed to drunk – pick a number and pace it to keep buzz going longer
- Have a friend let you know when you've had enough
 - If people have a hard time sticking to their intentions
- Put extra ice in your drink; alternate water and alcohol
- Take a break (for chronic users)
 - Not drinking – even for a few hours – gives liver, pancreas, etc a chance to rest

MAKE YOUR DRINKING SAFER - EXAMPLES

- Use a designated driver/rideshare/public transport
 - Reduce risk for MVCs and legal issues
- Make sure that you go home with a friend
 - Reduce risk for injuries, assaults
- Know where your drink has been at all times
 - Reduce risk for sexual assault
- Avoid mixing drugs
 - Reduce risk of overdose

- Role play! Engaging one of these two patients in a safer drinking discussion.

CITATIONS

- 2015 NSDUH <https://www.niaaa.nih.gov/alcohol-facts-and-statistics>
- Alcohol Use Disorders in Primary Health Care: What Do We Know and Where Do We Go? Rehm et al, *Alcohol and Alcoholism*, 2016
- SAMSHA, 2013
- Pearson MR. Use of alcohol protective behavioral strategies among college students: a critical review. *Clin Psychol Rev*. 2013 Dec;33(8):1025-40
- Borden LA¹, Martens MP, McBride MA, Sheline KT, Bloch KK, Dude K. The role of college students' use of protective behavioral strategies in the relation between binge drinking and alcohol-related problems. *Psychol Addict Behav*. 2011 Jun;25(2):346-51.
- LaBrie JW, Napper LE, Grimaldi EM, Kenney SR, Lac A. The efficacy of a standalone protective behavioral strategies intervention for students accessing mental health services. *Prev Sci*. 2015 Jul;16(5):663-73.
- Leeman RF, DeMartini KS, Gueorguieva R, Nogueira C, Corbin WR, Neighbors C, O'Malley SS. Randomized controlled trial of a very brief, multicomponent web-based alcohol intervention for undergraduates with a focus on protective behavioral strategies. *J Consult Clin Psychol*. 2016 Nov;84(11):1008-1015
- Grazioli VS, Hicks J, Kaese G, Lenert J, Collins SE. Safer-drinking strategies used by chronically homeless individuals with alcohol dependence. *J Subst Abuse Treat*. 2015 Jul;54:63-8.