



Northeast & Caribbean (HHS Region 2)

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

Reducing the Harm of Alcohol Use



Part 1

*Diana Padilla
Program Manager
NECATTTC*



Diana Padilla is a program manager at NDRI-USA, Inc., and a senior staff trainer for the Northeast & Caribbean Addiction Transfer Technology Center Network (NeCATTTC).

Ms. Padilla has a 20 year history of public health service which include direct service delivery predominantly to communities of color, disseminates research to practice in curricula development, conducts evaluation activities of substance use treatment programs and problem solving courts, engages in chronic disease research and prevention, and instructs behavioral health professionals, prevention specialists, and drug court practitioners on addiction and recovery support best practices.

This webinar training is provided under New York State Office of Alcoholism and Substance Abuse Services (OASAS) Education and Training Provider Certification Number 0115. Training under a New York State OASAS Provider Certification is acceptable for meeting all or part of the CASAC/ CPP/ CPS education and training requirements.



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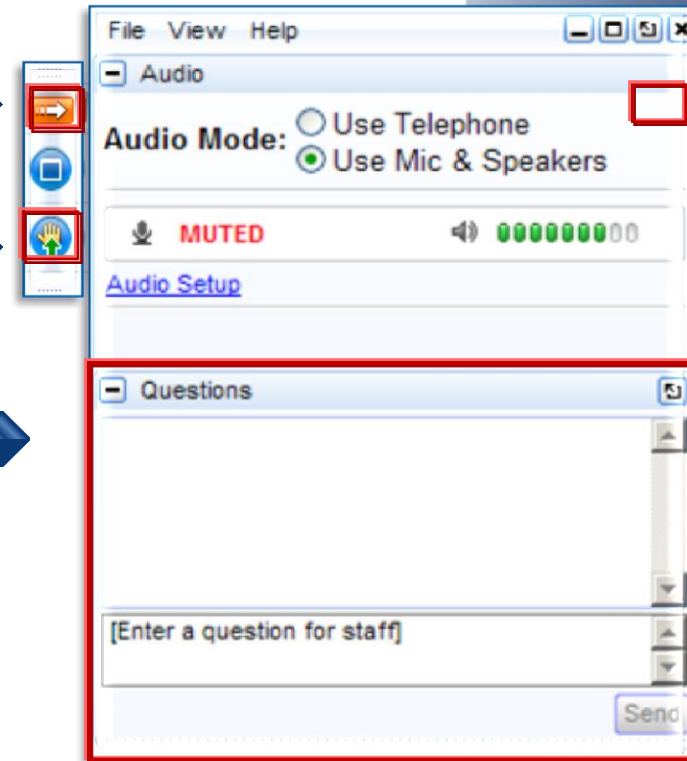
Webinar Logistics:

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Raise your hand ➔

Q & A ➔

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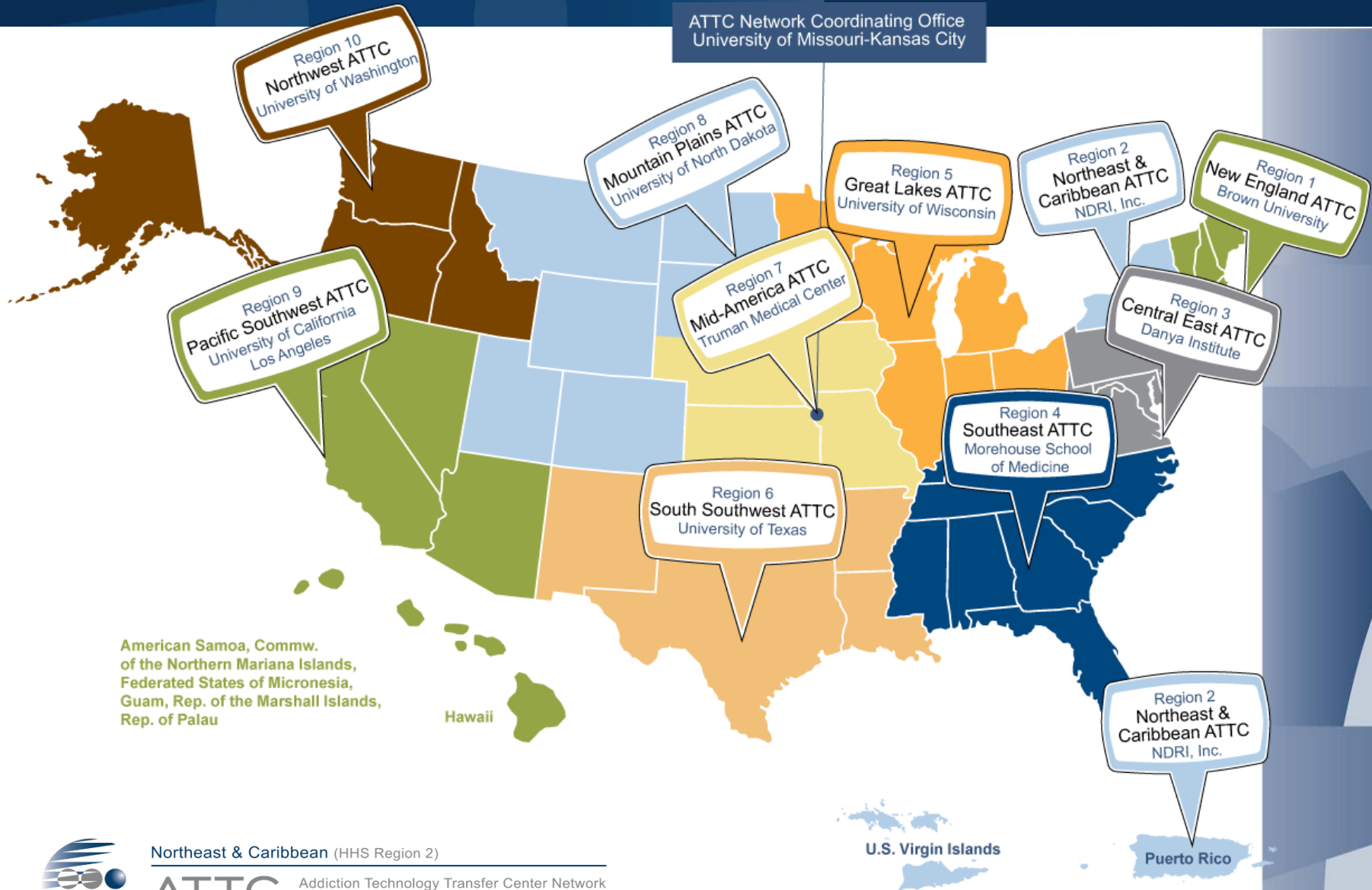


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Regional ATTCs

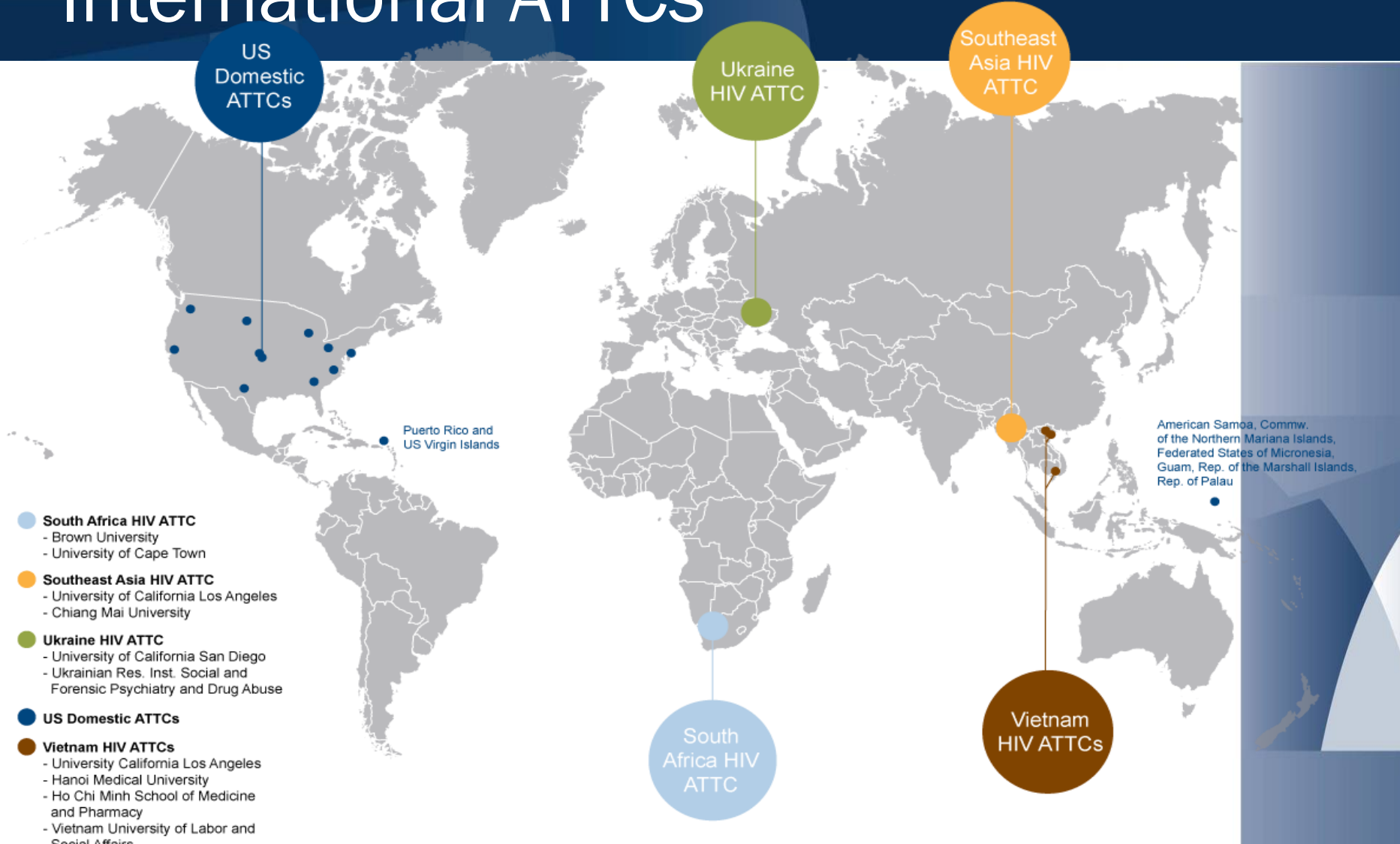


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 - Brown University
 - University of Cape Town
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South Africa HIV ATTC

Vietnam HIV ATTCs



Objectives

Part I - August 17, 1-2:30p

- State prevalence of alcohol use in the US
- List health risks and consequences associated with alcohol misuse
- Define 'reverse tolerance,' and 'tolerance reversal'
- Define 'low risk and at-risk drinking according to the NIAAA
- Define terms such as 'alcohol proof' and a 'standard drink'
- Identify factors for special populations and considerations for counseling



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Objectives

Part II - August 24, 1-2:30p

- List factors that make a person more/or less likely to drink to excess, to seek treatment for an alcohol problem
- Identify evidence based screening tools
- List reasons for conducting culturally informed screenings and assessments
- Evidence based interventions to address risky levels of alcohol consumption
- Define harm reduction and list harm reduction strategies
- Case study practice



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Alcohol Use in the United States

- According to NIAAA and CDC, nearly 88,000 people (approx 62,000 men/26,000 women) die from alcohol-related causes annually.
- In 2015, 10,265 people died in alcohol-impaired driving crashes, accounting for nearly one-third (29%) of all traffic-related deaths in the United States.
- An average of 1 alcohol-impaired-driving fatality occurred every 50 minutes in 2016.
- Increases in drinking were greatest among women, older adults, racial and ethnic minorities and people with low education and income levels.



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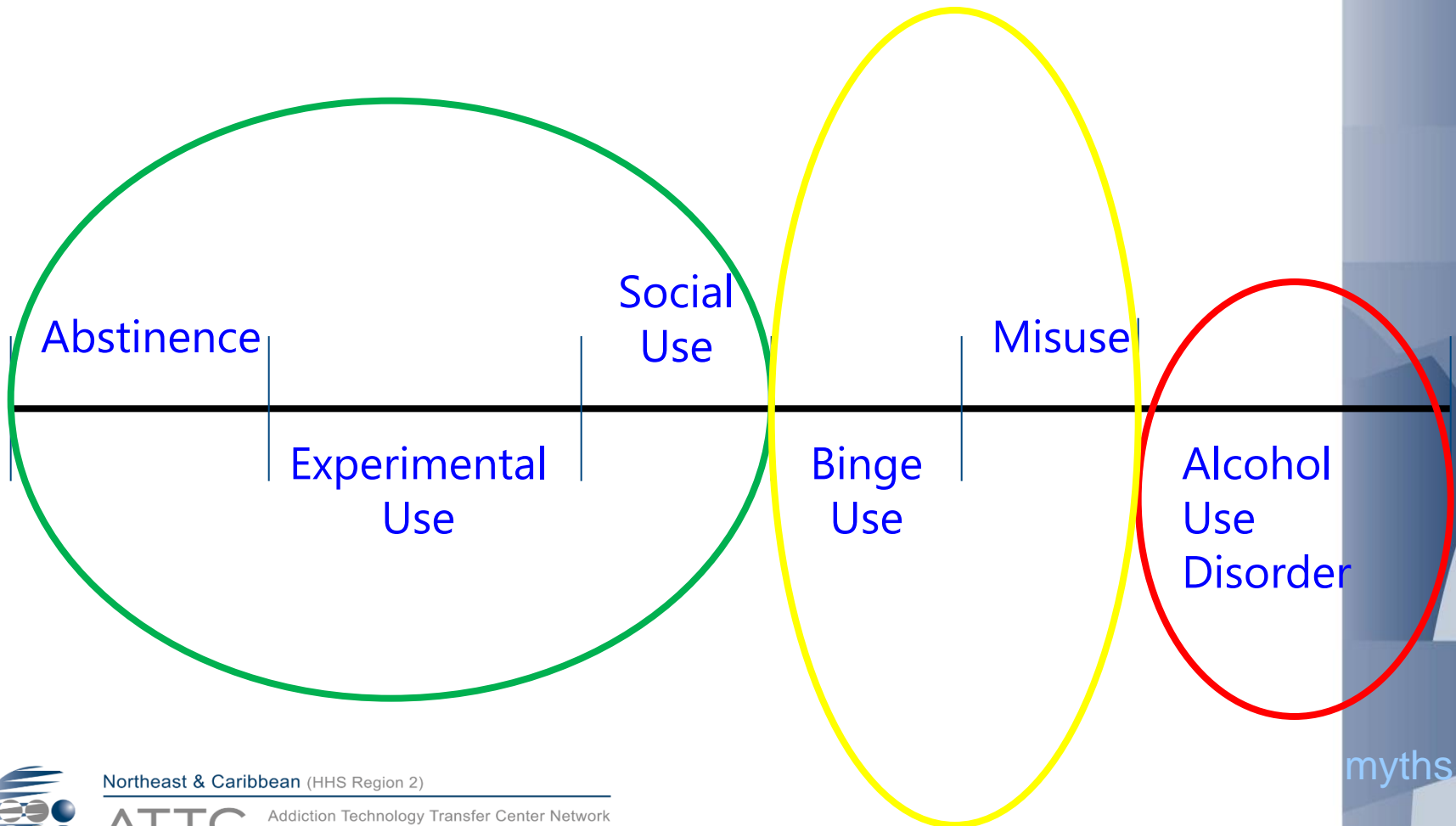
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Department of Transportation (US), National Highway Traffic Safety Administration (NHTSA). Traffic Safety Facts 2014 data: alcohol-impaired driving. Washington, DC: NHTSA; 2015 [cited 2016 Feb 5]. Available at URL: <http://www-nrd.nhtsa.dot.gov/Pubs/812231.pdf>, bit.ly/2uoeMc0. JAMA Psychiatry, online August 9, 2017, Prevalence of 12-Month Alcohol Use, High-Risk Drinking

Continuum of Alcohol Use

Potential progression



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myths

About Alcohol...



Alcohol is a great way to relax and reduce stress.

Fact: Alcohol increases the level of stress that is placed on the body. Adrenaline levels increase in the body as we drink.



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About Alcohol...



Alcohol is an aphrodisiac.

Fact: Alcohol reduces inhibitions and may stimulate your interest in sex, but it reduces your ability to perform and on sensitivity to stimuli.



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About Alcohol...



Coating your stomach with a milky solution will slow the absorption of alcohol and keep a person from getting drunk or sick.

Fact: The stomach cannot be "coated" to prevent alcohol absorption.



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About Alcohol...



Coffee, cold showers, and exercise will help sober someone up.

Fact: None of these methods will work. The blood alcohol concentration only diminishes at a set, slow, pace as the liver metabolizes the alcohol.



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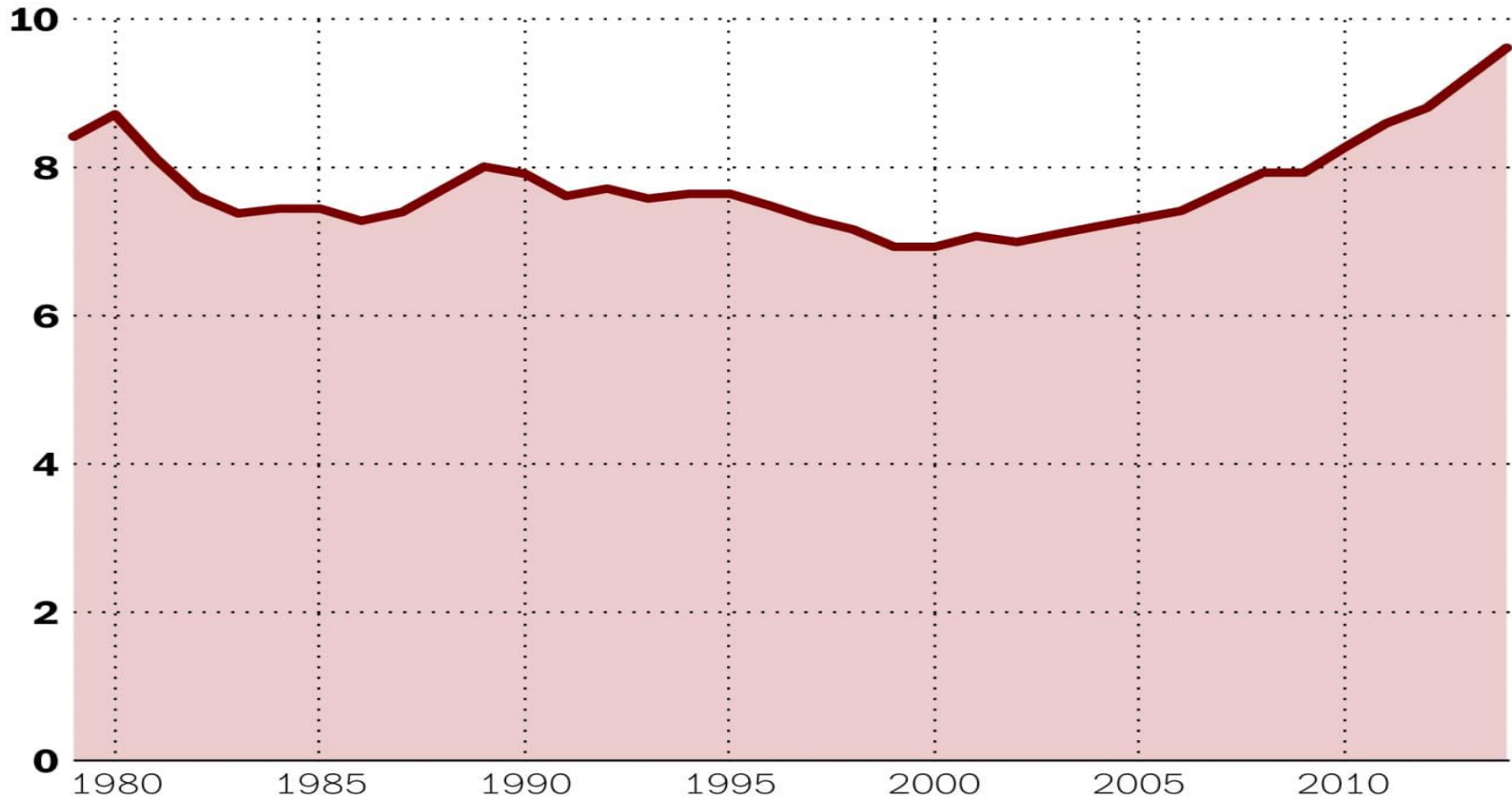
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High Death Rates

Alcohol deaths reach a 35-year high

Deaths from alcohol-induced causes (excluding homicides, drunken driving and other accidents indirectly related to alcohol), 1979-2014, per 100,000 people



shrinking brain

Long-term exposure to alcohol can shrink the frontal lobes of your brain.

blackouts

Alcohol can interfere with how your brain makes memories. It's possible to wake up with no recollection of what you did while you were drinking, or even before.

dependence

Alcohol dependence varies from person to person so it's hard to define. You may become physically dependent on alcohol if drinking alcohol starts to affect your ability to perform well in school or work and affects your relationships.

heart damage

Chronic heavy drinking is one of the leading causes of cardiovascular disease.

liver damage

Chronic alcohol use can damage the liver and prevent it from properly removing harmful substances from your body.

pancreatitis

Excessive alcohol consumption or abuse is a leading cause of chronic pancreatitis.

frequent diarrhea

Alcohol consumption can damage your intestines, which may lead to bouts of diarrhea or stomach pain.

infertility

Over a longer period of time,

behavior changes

Alcohol can change your typical behaviors and leave you without the mental clarity to make smart decisions.

hallucinations

For people with alcohol dependence, a sudden withdrawal may cause serious complications, including hallucinations.

slurred speech

Slurred speech is one of the first symptoms of excessive alcohol consumption.

cancer

Chronic drinkers of alcohol are more likely to develop throat, mouth, or esophagus cancers. Breast cancer is also more common in women who drink excessively.

lung infections

People who drink frequently have a hard time fighting off bacteria and viruses, and are more susceptible to illnesses like tuberculosis and pneumonia.

fatigue

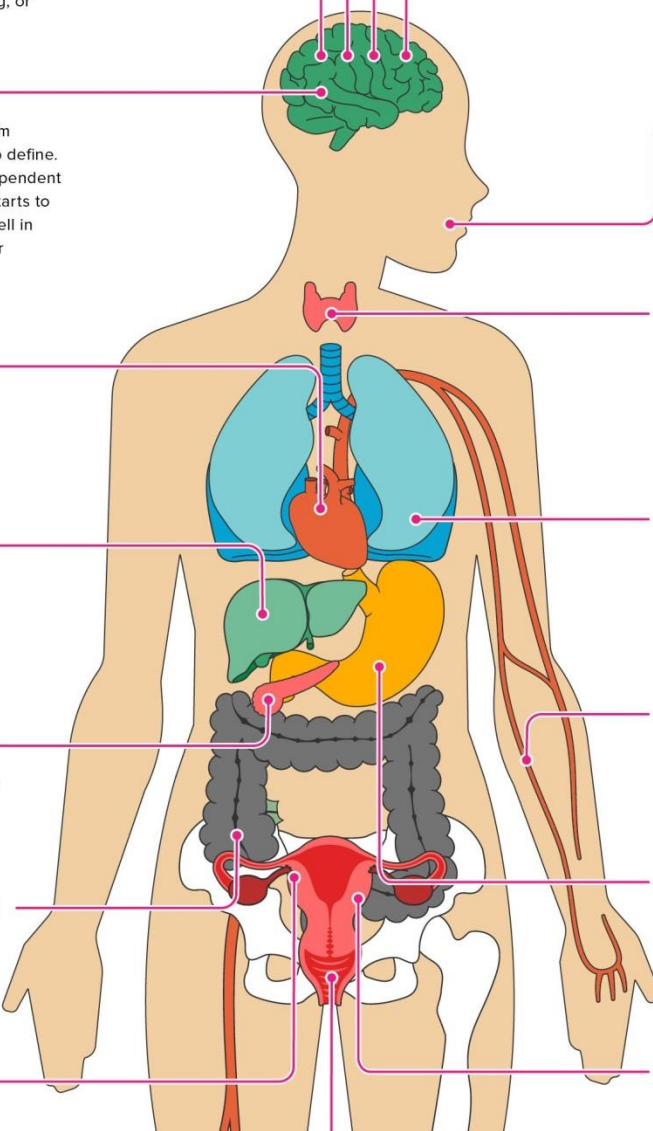
Fatigue or feeling tired may be a sign of anemia, which is a possible complication of alcoholism.

stomach distress

Drinking too much can lead to bloating, gas, and painful ulcers.

birth defects

A pregnant woman's heavy



Alcohol effects on the body

Consequences of Alcohol Use

Alcohol use is a factor in many injuries, including:

- 40-50% of fatal motor vehicle crashes
- 60-70% of homicides
- 40% of suicides
- 60% of fatal burn injuries
- 70% of drownings
- 40% of fatal falls



In 2010, excessive alcohol use cost the US economy \$249 billion. Binge drinking is responsible for over half the deaths and three-quarters of the costs due to excessive alcohol use



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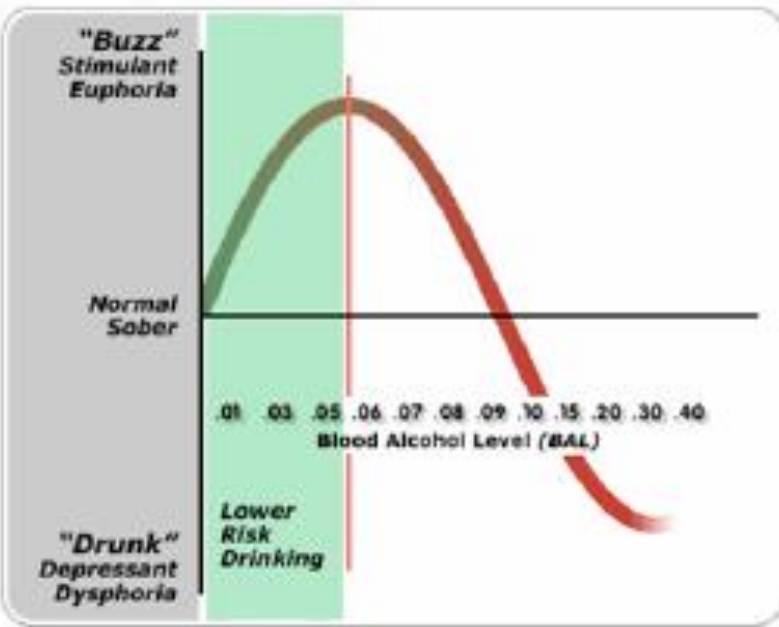
NIAAA, Risky Drinking Can Put a Chill on Your Summer Fun,
<https://pubs.niaaa.nih.gov/publications/SummerSafety/SummerSafety.htm>,
Preventing a Leading Risk for Death, Disease, and Injury, At A Glance 2016,
<https://www.cdc.gov/chronicdisease/resources/publications/aag/alcohol.htm>

Bi Phasic Response



What is a Cultural Myth?

"If a few drinks make me feel good, a lot of drinks will make me feel even better."



2 different effects or phases

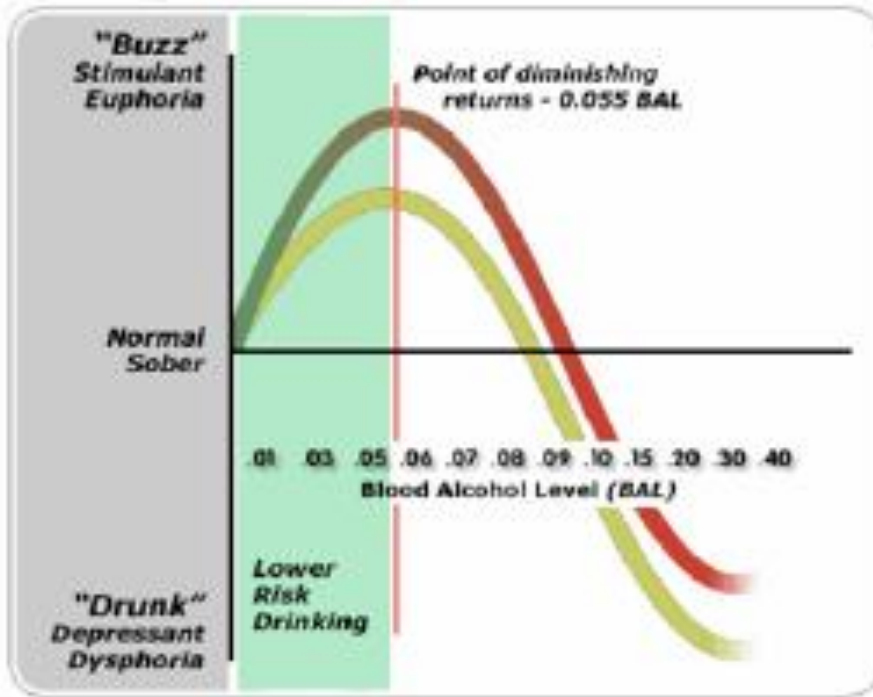
Stimulated... "buzzed"

Intoxication...slurred

speech, decreased motor ability, impaired thinking and judgment.



Bi-Phasic Response



Tolerance: as you develop tolerance, (curved yellow line) the positive feelings are less

Balance: (.05 BAL or less) typically give people the experience they want from drinking



What's the Difference Between...?

Reverse Tolerance vs Tolerance Reversal

Heavy drinker with extensive liver damage becomes intoxicated on small amounts of alcohol

Heavy drinker does a period of abstinence from alcohol and returns to levels similar to when they began to drink heavily



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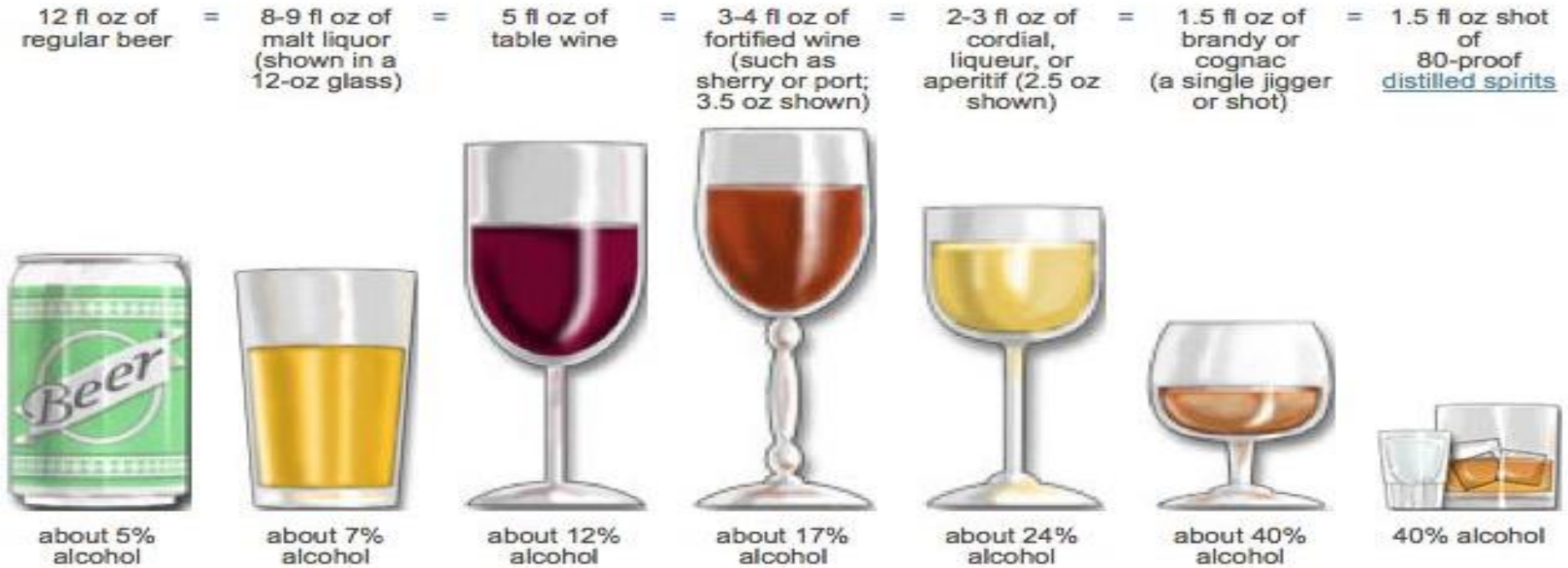
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Harm Reduction for Alcohol, What is Reverse Tolerance?, <http://hams.cc/reverse/>
Anchor Bay Recovery, Reverse Tolerance to Alcohol,
<https://anchorbayrecovery.com/alcohol-addiction/reverse-tolerance-to-alcohol>



NIAAA Drink Scale



The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.



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Define a 'drink'

In the United States, a standard drink contains 0.6 ounces (14.0 grams) of pure alcohol. Generally, this amount of pure alcohol is found in:

- 12-ounces of beer (5% alcohol content)
- 8-ounces of malt liquor (7% alcohol content)
- 5-ounces of wine (12% alcohol content)
- 1.5-ounces of 80-proof (40% alcohol content) distilled spirits or liquor (e.g., gin, rum, vodka, whiskey)



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CDC, Alcohol Use and Your Health,
<http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

Bottle Labels



A bottle of 151 proof ("over-proof") rum

- **Alcohol proof** is a measure of how much ethanol (alcohol) is contained in an alcoholic beverage
- Double the number listed as the alcohol by volume on the bottle. A spirit with 40 percent alcohol by volume, therefore, is 80 proof.



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At-Risk Drinking Levels

- **Moderate drinking:** 1 drink per day for women and up to 2 drinks per day for men
- **Binge drinking:** (BAC) levels to 0.08 g/dL, typically after 4 drinks for women (<65) and 5 drinks for men, in about 2 hours.
- **Heavy drinking:** 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days
- **Low Risk for Alcohol Use Disorder (AUD):** for women, low-risk drinking is no more than 3 drinks on any single day and no more than 7 drinks per week



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NIAAA, Drinking Levels Defined, <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>

NIAAA Recommended Levels



Low-risk drinking limits		MEN	WOMEN
On any single DAY		No more than 4  drinks on any day	No more than 3  drinks on any day
		** AND **	
Per WEEK		No more than 14  drinks per week	No more than 7  drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

Exceeding these limits is a red flag indicating a need for a full screening



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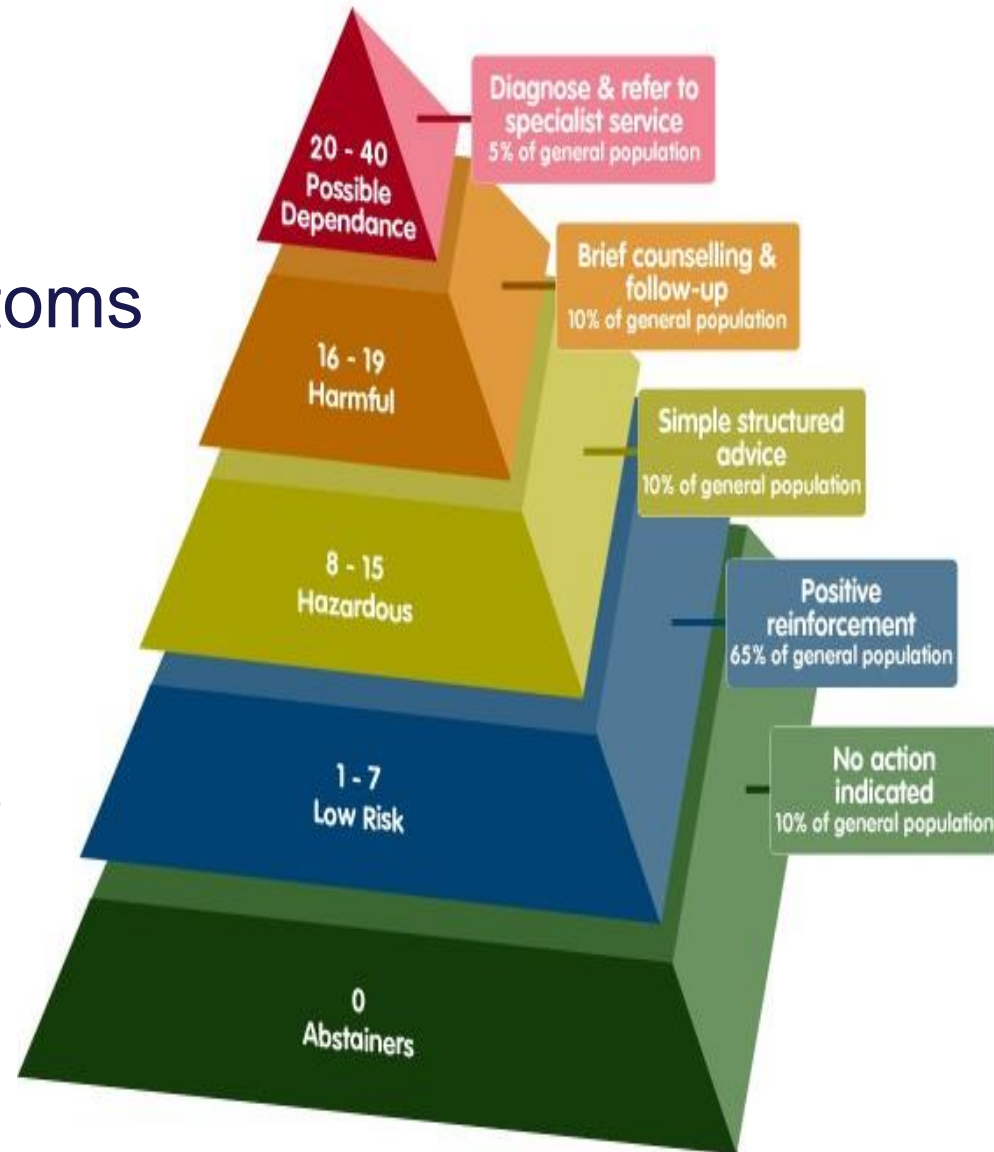
<https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Is-your-drinking-pattern-risky/Whats-Low-Risk-Drinking.aspx>

Types of Drinkers, US

5% Dependent

20% Dependence symptoms
Harmful
Hazardous

75% Low risk
Current abstinence
Lifetime abstinence

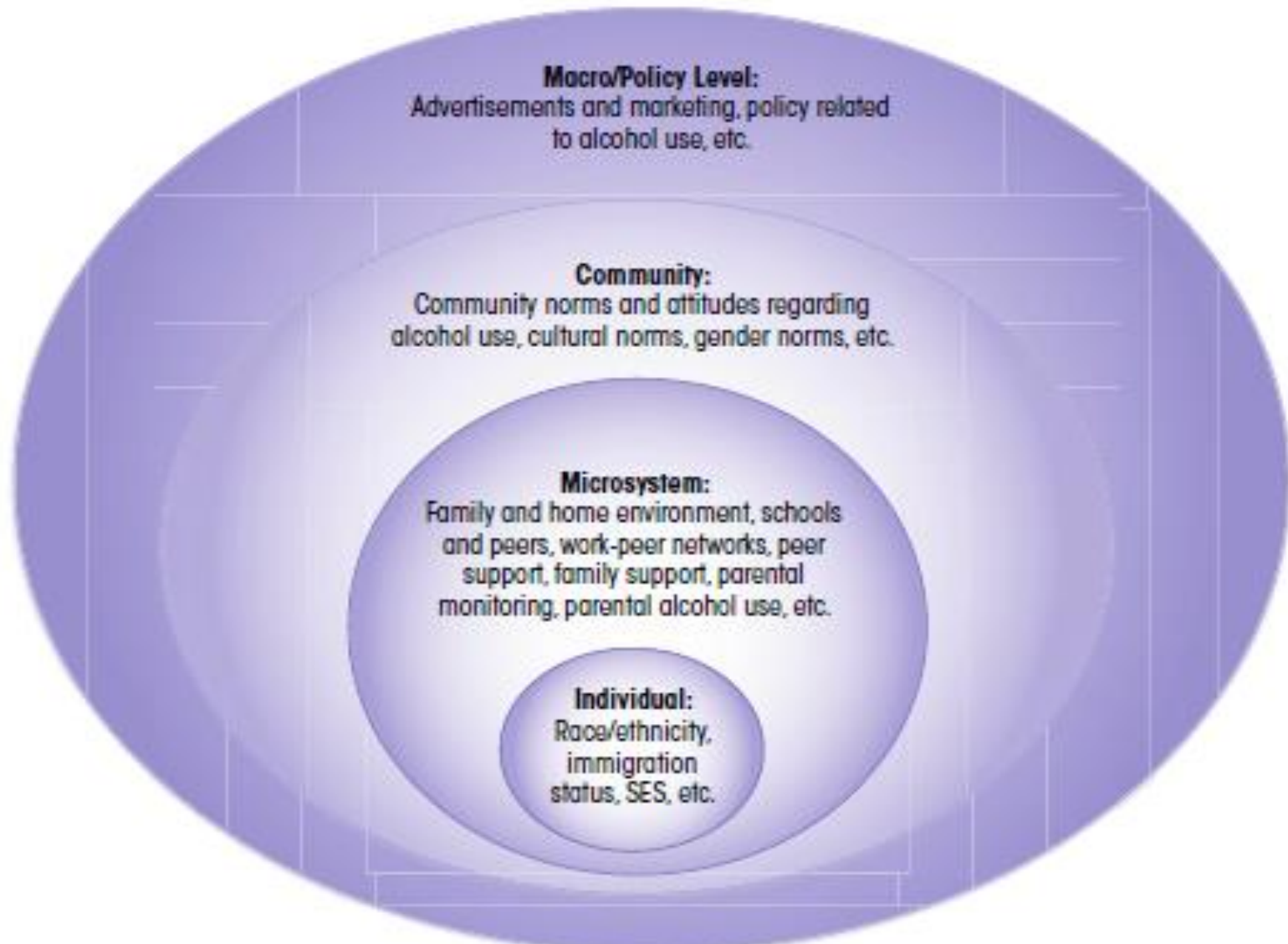


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Social - Ecological Framework



Binge Drinking & Diverse Communities

- American Indian/Alaska Natives (30.2%)
- Whites (23.9%)
- Hispanic/Latinos (23.2%)
- African Americans (20.6%)
- Asians (12.7%)

Cultural norms and beliefs are strong predictors of both current drinking and frequent heavy drinking and vary by context and place.



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ARCR, Alcohol Research Current Reviews,
<https://www.arcr.niaaa.nih.gov/arcr381/article04.htm>

Other Special Populations

- **Adolescents** Most (81.4%) of the 4.3 million individuals who first began using alcohol during the past year were younger than age 21. Approximately 58.3% were younger than age 18
- **Pregnant women (FASD)** Drinking during pregnancy can cause brain damage, leading to a range of developmental, cognitive, and behavioral problems, which can appear at any time during childhood.
- **Older adults** Alcohol and prescription drug problems, among adults 60 and older is one of the fastest growing health problems facing the country
- **Substance using persons** Having alcohol in your blood can potentially cause your body to absorb the active ingredient tetrahydrocannabinol (THC) faster
- **Mental Health** Alcohol is a depressant, which means it can disrupt that balance, affecting our thoughts, feelings and actions – and sometimes our long-term mental health.
- **Persons with chronic infections (*HIV, HepC, etc*)**
- **Cultural groups**



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College Drinking

Binge drinking and the college environment

Death

About 1825 college students (18-24yrs) die from alcohol related unintentional injuries including motor-vehicle crashes

Assault

696,000 students (18-24yrs) are assaulted by another student who has been drinking

Sexual assault

97000 students (18-24yrs) report experiencing alcohol related sexual assault or date rape



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ARCR, Alcohol Research Current Reviews,
<https://www.arcr.niaaa.nih.gov/arcr381/article04.htm>

Cultural Competence Core Elements

Awareness

- Differences of culture and one's own
- Value diversity

Attitude

- Aware of own biases, values & belief systems
- Acknowledgement & respect for cultural differences

Knowledge

- Inherent cultural trends of population
- Current research on effective practice

Skills

- Use of appropriate name or pronouns
- Engagement approaches



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Addiction Counseling Competencies, <https://store.samhsa.gov/product/TAP-21-Addiction-Counseling-Competencies/SMA15-4171>

- For those sharing a computer, have you typed in your names in the Q & A box?
- Otherwise you will not receive the evaluation link which you need to receive a certificate of completion.
- *(Clyde, please launch the evaluation link)*



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Reducing the Harm of Alcohol Use

End of Part One

Part Two:
August 24, 1-2:30p

Presenter:

Diana Padilla, RCR, CASAC-T
Program Manager/Senior Trainer

Organizer:

Clyde Frederick
Technologist/Program Support



A follow-up email will be sent to your in-box one hour after part 2 on March 30, 2018. Please complete your evaluation to receive your OASAS “Certificate of Completion”. It will only take a few minutes. This course provides 3 CASAC hours. Your certificate will be issued in 3-5 business days.



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Thank you for your participation!!!



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Reducing the Harm of Alcohol Use

Part 2

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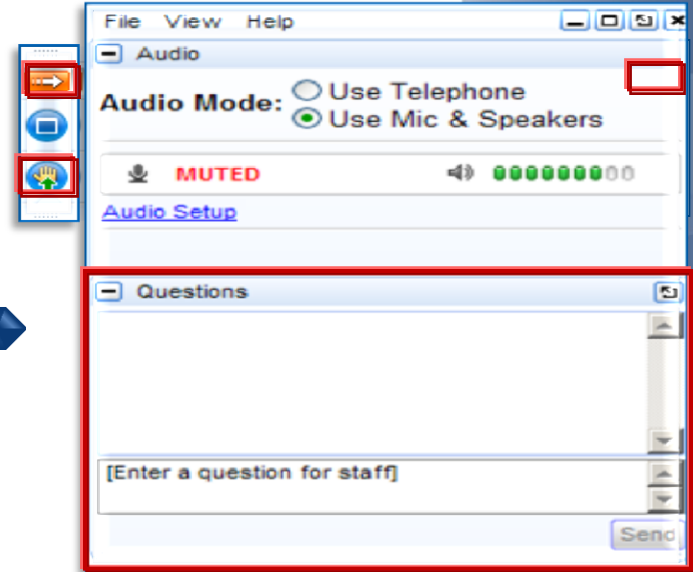
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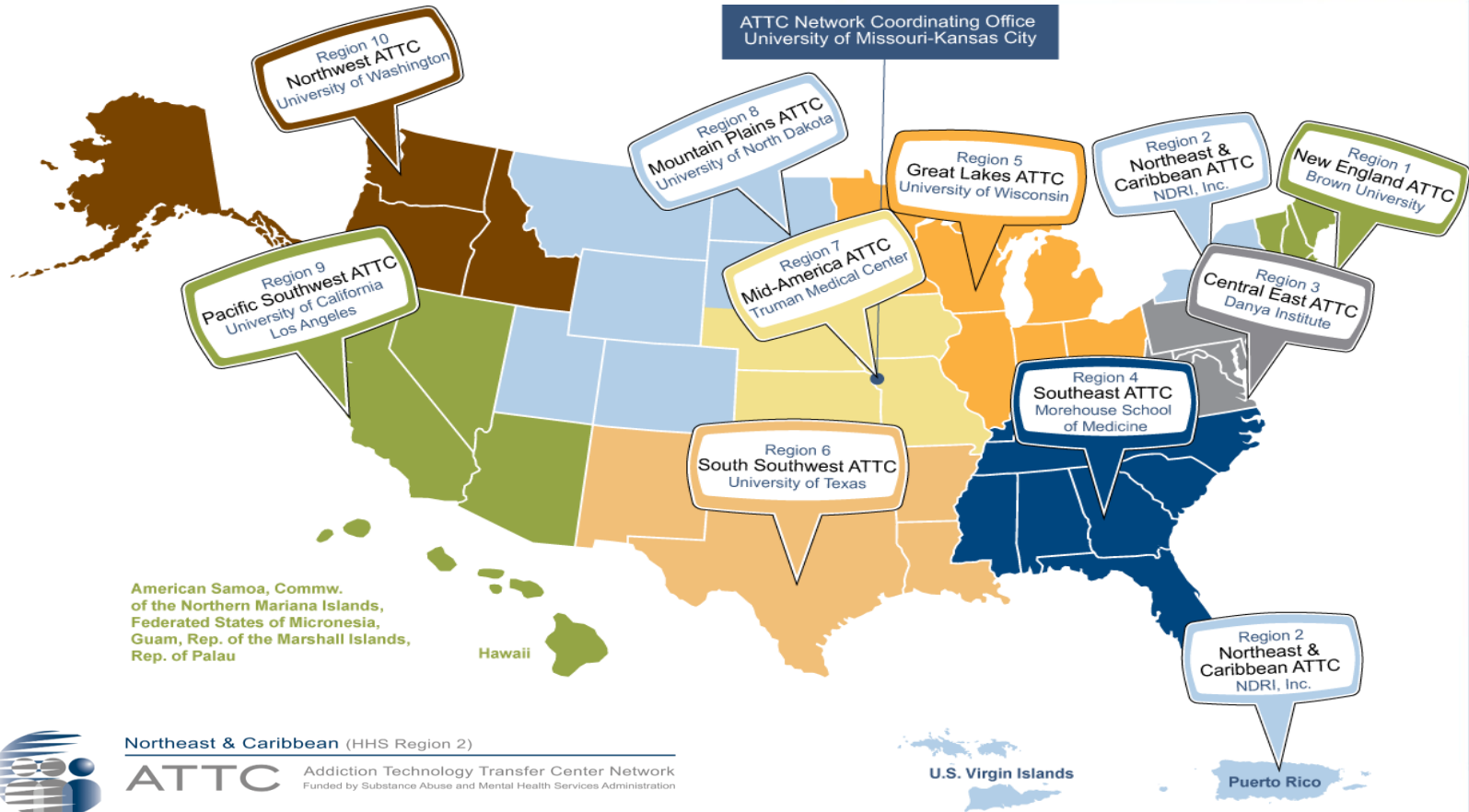
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Hawaii

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U.S. Virgin Islands

Puerto Rico

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Objectives

Part II - August 24, 1-2:30p

- List factors that make a person more/or less likely to drink to excess, to seek treatment for an alcohol problem
- Identify evidence based screening tools
- List reasons for conducting culturally informed screenings and assessments
- Evidence based interventions to address risky levels of alcohol consumption
- Define harm reduction and list harm reduction strategies
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Recap

- Consequences of alcohol
- Recommended drinking levels (NIAAA)
- Reverse tolerance vs tolerance reversal
- Defined a standard drink
- Diverse of populations at-risk warrant an culturally informed approach



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Health Impacts: Alcohol

- Hypertension, dyslipidemia, heart disease
- Liver disease, gastritis, pancreatitis
- Depression, sleep dysfunction
- Risk for breast, colon, esophageal, head, and neck cancers
- HIV/AIDS, other STIs, and other infectious diseases
- Trauma, disability



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Why Screen Universally?

- Detect current health problems related to alcohol and substance use at an early stage.
- Detect alcohol and substance use patterns that can increase future injury or illness risks.
- Intervene and educate about at-risk alcohol and other substance use.
- Research has shown that approximately 90 percent of substance use disorders go untreated. (NSDUH, 2015)



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Screening Does Provide

- Education and positive feedback for low/no risk users.
- Immediate identification of level of risk.
- A context for a discussion of substance use.
- Information on the level of involvement in substance use.
- Insight into areas where substance use may be problematic.
- Identification of patients who are most likely to benefit from brief intervention.
- Identification of patients who are most likely in need of referral for further assessment.



Alcohol Screening Tools

- SBIRT
- CAGE AID
- AUDIT-C / AUDIT
- DAST 10
- CRAFFT (adolescents)



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* **AUDIT-C: 3 questions**

- Simple 3-question screen for hazardous or harmful drinking that can stand alone or be incorporated into general health history questionnaires.

* **AUDIT: 10 questions**

- 8 or more positive responses indicate an alcohol use disorder

* *Alcohol Use Disorders Identification Test*



CAGE AID (Face to Face)

CAGE AID (adapted to include drugs): 4 questions

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you **e**ver had a drink first in the morning (**E**ye opener) to steady your nerves to get rid of a hangover?

The **CAGE** can identify alcohol problems over the lifetime. Two positive responses are considered a positive test and indicate further assessment is warranted.



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One Question Alcohol Screening

“How many times in the past year have you had ___ or more drinks in a day?”

Based on the NIAAA drinking guidelines for women and men



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Elements of Change

- **Readiness to change:** Do you have the resources and knowledge to make a lasting change successfully?
- **Barriers to change:** Is there anything preventing you from changing?
- **Expect relapse:** What might trigger a return to a former behavior?



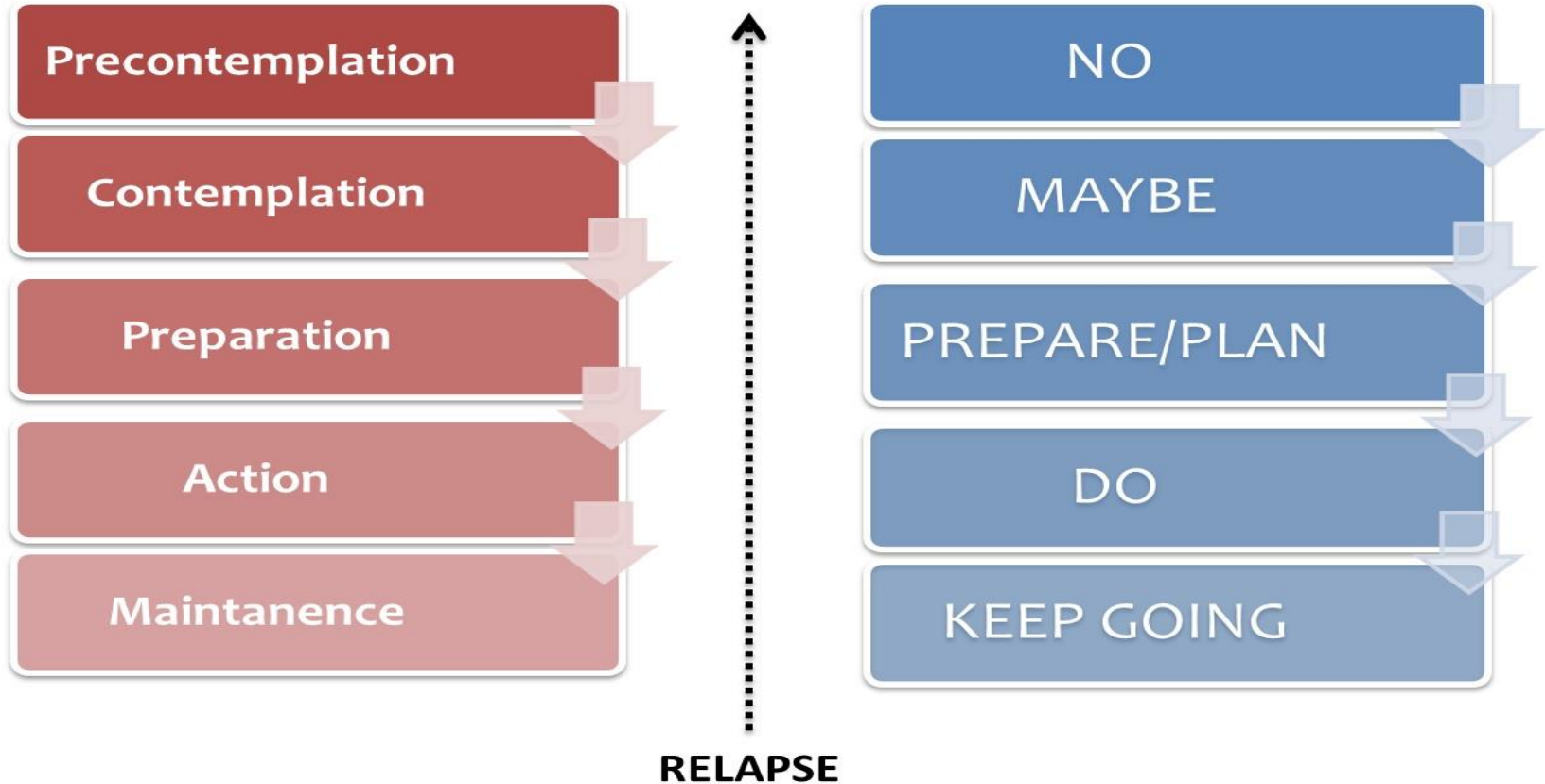
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Transtheoretical Model

Stages of change



What is Motivation?

- An **internal** or **external** drive that prompts a person to action
- The **ability** to initiate and persist toward a chosen objective
- Doing what you can to make the changes you **want** in your life



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What is Harm Reduction?

- Philosophy that supports a continuum of change and replaces an all-or-nothing approach to HIV prevention.
- Acknowledgment that small incremental steps are progress and necessary to longer term change.



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Aspects of Harm Reduction

- Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “*where they’re at,*” addressing conditions of use along with the use itself
- The focus is on reducing the negative consequences and risky behaviors; it neither condones nor condemns any behavior



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Harm Reduction Coalition: <http://harmreduction.org/about-us/principles-of-harm-reduction>, Harm Reduction, Preparing People for Change, Fact Sheet, April 2010, content/uploads/2011/09/harmreductionFS_Apr10.pdf

What is a Harm Reduction Approach?

- Identifies a range of risk
- Encourages people to start where they are able in order to protect themselves or their partners
- Person sets their own realistic targets
- Person moves at their own pace



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Risk Reduction Strategies

A tailored harm reduction strategy that offers alternative options specific to the person's risk behavior and includes:

Establish a good rapport with the patient. This will make it easier to discuss sensitive subjects.

Remember that a non-judgmental attitude tends to elicit more information.

Avoid sexual euphemisms and generalities. Make sure you use language your patients understand.

Keep in mind that the process of changing behaviors may involve many small steps on the patient's part rather than one giant step.



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Harm Reduction Options for Alcohol

- Abstinence/Drug Free
- Keep track of how much you drink
- Count and measure
- Set goals
- Pacing and spacing
- **Avoid ‘triggers’**
- **Plan on how to handle ‘urges’**
- **Knowing your ‘no’**

Especially helpful for those who want to quit altogether



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Medications Assisted Treatment



- **Naltrexone** (Vivitrol)
- **Acamprosate Calcium** (Campral)
- **Disulfiram** (Antabuse)



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Brief Negotiated Interview (BNI) Steps

Raise the Subject

- Establish rapport
- Ask permission to discuss patient's alcohol/drug use
- Explain your role and set the agenda

Provide Feedback

- Review patient's alcohol/drug use patterns
- Share patient's AUDIT/DAST score and review NIAAA low risk guidelines
- Explore possible connections between health problems and alcohol/drug use

Enhance Motivation

- Assess Readiness to Change-use readiness ruler
- Explore patient's reasons for change and ability to change

Negotiate Plan

- Provide a summary/Ask key question, "What do you think you will do?"
- Offer a menu of choices for change, provide recommendation, secure agreement



Case Study



Case study (man or woman)

Large group questions:

Challenges

Likely most useful



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Resources

National Institute for Alcoholism and Alcohol Abuse, NIAAA:
<http://www.niaaa.nih.gov>

Center for Integrated Care, SAMHSA-HRSA, :
<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

Center for Disease Control & Prevention, CDC:
<http://www.cdc.gov/alcohol/fact-sheets/prevention.htm>

SBIRT <https://www.sbirttraining.com>



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Please fill out your evaluations

Thank you!!



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- For those sharing a computer, have you typed in your names in the Q & A box?
- Otherwise you will not receive the evaluation link which you need to receive a certificate of completion.
- *(Clyde, please launch the evaluation link)*



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Reducing the Harm of Alcohol Use

End of Part One

Part Two:

August 24, 1-2:30p

Presenter:

Diana Padilla, RCR, CASAC-T
Program Manager/Senior Trainer

Organizer:
Clyde Frederick

Technologist/Program Support

A follow-up email will be sent to you for a link to your evaluation after part 2 on March 30, 2018. Please complete your evaluation to receive your OASAS “Certificate of Completion”. It will only take a few minutes. This course provides 3 CASAC hours. Your certificate will be issued in



3-5 business days.



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Thank you for your participation!!!