After the Fact | America's Most Problematic Drug Is Alcohol

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TRANSCRIPT

Dr. Elizabeth Salisbury-Afshar, professor, UW Health: For any of us who drink alcohol, I think it's a good time for all of us to kind of pause and say, Should I make some changes just for my overall health?

Dan LeDuc, host, "After the Fact" podcast: Welcome to "After the Fact." For The Pew Charitable Trusts, I'm Dan LeDuc. Have you noticed more mocktails on the menu at your local bar? Or that beyond "Dry January," friends or family may be drinking a bit less? The data says so too. A Gallup poll this year reported that only 54% of Americans said they drink alcohol—the lowest percentage in nearly a century. Still, nearly 30 million people are estimated to have alcohol use disorder. It's a common, treatable condition that often goes unrecognized, but policymakers in many states are looking for ways to better address it. Frances McGaffey, a researcher from Pew's substance use prevention and treatment initiative joins us to explain.

Frances McGaffey, manager, substance use prevention and treatment initiative, The Pew Charitable Trusts: Pew has been working in states on opioid use disorder for several years now. And more and more often, we were getting a request for help from state officials on addressing substance use more broadly. They were saying, Yes, we have to improve our treatment for opioid use disorder, but that's not the only substance people in our state need help with. Then we looked at the data. There are way more alcohol-related deaths each year than opioid overdoses. And there's a large death toll from alcohol, and it's important that we address it.

Dan LeDuc: We've been hearing so much about the opioid crisis that's facing this nation, and to hear that alcohol is even larger is very, uh, sobering. And I don't mean that to be a pun at all. So, let's put some numbers to what you were just saying.

Frances McGaffey: Each year about 178,000 people die from excessive drinking. Some of these deaths are related to things like alcohol poisoning or a drunk driving accident, but most of them are actually from chronic diseases caused by long-term unhealthy alcohol use.

Dan LeDuc: Alcohol is sort of an ingrained part of society in so many social settings, business settings. I mean, this is a nation that tried prohibition a hundred years ago and then changed its mind about that. Where are we in that spectrum, as a nation, of looking at alcohol use?

Frances McGaffey: Alcohol use is definitely normalized, right? It's very common. You serve alcohol at business functions when we wouldn't be providing other types of drugs at those meetings.

Dan LeDuc: Right.

Frances McGaffey: But we are starting to understand better that alcohol is not without its risk. We're seeing more nonalcoholic options at bars and restaurants. We're seeing more people decide not to drink for health reasons. So we're starting to change our relationship with alcohol as a nation.

Dan LeDuc: What are some guidelines for people trying to just, sort of, sort through all this?

Frances McGaffey: So the first thing to understand is, what does unhealthy drinking look like? So heavy drinking is defined by how much you drink in a week—so, 15 or more drinks a week for men, and eight or more for women. Then there's binge drinking, and that's the number of drinks consumed in a single sitting—so that's five for men and four for women. Now you can engage in those behaviors and not meet the clinical criteria for an alcohol use disorder. That's the point at which alcohol is playing a major role in someone's life. People are experiencing cravings. They're—they try to stop, but they can't. They experience negative consequences, like maybe a DUI arrest, but still continue to drink. That's when we consider someone having an alcohol use disorder.

Dan LeDuc: I know in previous conversations we've had about substance use disorders, that there are proven medications [for treatment] but only—what—1 in 4 get those medications? What's the analogy on medications for people with alcohol use disorders?

Frances McGaffey: It's a little different because there's no gold standard of care for alcohol use disorder. So there are three FDA-approved medications: Naltrexone, acamprosate, Disulfiram. Naltrexone is sometimes taken by individuals who don't want to stop drinking. People say that when they take Naltrexone and have a drink, they're able to stop at just one instead of having that urge to continue to five or six or more. And then it also can help people who choose not to drink to maintain their abstinence. Acamprosate mainly supports people in maintaining the abstinence that they want. And then Disulfiram use is less because it can be really unpleasant, which is the whole point. The way that medication works, if you take it and then you drink, you get really sick—vomiting and other unpleasant symptoms. So the idea is it has a deterrent effect.

But we still know that not enough people are getting access to medications because in 2024, just 2.5% of all people with alcohol use disorder got a medication to treat it. And when you look at the availability of medication across the country, there's a lot of substance use treatment providers that don't even offer it.

Dan LeDuc: There's a spectrum when it comes to determining the severity of unhealthy alcohol use. Dr. Elizabeth Salisbury-Afshar is a professor at the University of Wisconsin School of Medicine and Public Health. While she often treats patients that are on the more severe end of the spectrum, she shared more about some of the national trends on alcohol use.

Dr. Elizabeth Salisbury-Afshar: So when we think about alcohol use and trends associated with alcohol use, I think there are, kind of, two main ways we look at it. We can look at different demographics—which groups of people are drinking at the highest rates or most likely to develop the most problems associated with alcohol use. The second way is really to look at recent trends. We've really consistently seen that it's younger, highly educated white men who have the highest rates of both current drinking. They're likely to drink the most alcohol, whereas we see racially and ethnically minoritized women and those with lower educational levels actually tend to drink at the lowest consumption levels. When we look at trends over the past five years, mostly 18- to 29-year-olds, while that group has historically had the highest rates of drinking over the last five years, we're seeing that they're drinking less. The most pronounced rise in alcohol use has actually been among women, especially those age 30 and older. They haven't anywhere near caught up to where men's drinking rates are, but so we look at it in both ways, right? Like both where we are, point in time, and also what shifts are we seeing in certain populations?

Dan LeDuc: Those are the numbers. Do we have any sense of the "why" behind any of those numbers?

Dr. Elizabeth Salisbury-Afshar: There are plenty of hypotheses, but trends are often highly dictated by a few things. One is availability. Two is who's in your social network and, sort of, what the local social norms are. So just as an example, I mentioned I live in Wisconsin. I've also lived in Illinois and in Maryland, and I will tell you access to alcohol looks really different in these three states. When we lived in Maryland, when we first got there, we were like, What do you mean you can't buy alcohol at your local pharmacy or in, you know, at the grocery store any time of day? This was a really new concept to us. Whereas in Wisconsin, I mean, you can buy alcohol almost anywhere—in a gas station, in a grocery store. We haven't increased our taxes in—since the seventies. And so a lot of it has to do with social norms within that particular—again, whoever's in your social network.

Dan LeDuc: Does that make it a little more difficult for people to sort out how they should be using alcohol in a healthy way? If, in fact, there is a healthy way to do that.

Dr. Elizabeth Salisbury-Afshar: For so long, alcohol was so normalized. And even for a little while, there was this idea that maybe a certain amount of red wine is really healthy. And we're seeing a shift based on our current understanding of the literature to really say, Actually, probably no amount of alcohol is healthy. We're no longer recommending any alcohol for health benefit, recognizing that all alcohol has health risk. And so balancing that with social norms and often, you know, learned behaviors. If every time you go out with your friends, you start by having a drink, that's a learned behavior. And so if you're out with everybody else who's having a drink and you say, You know what? I'm not going to have a drink today. Many of us have probably been through this. There's a little bit of peer pressure, a little bit of like, Why are you going against the grain? This is our thing. This is what we do, this is what's expected. And that can be hard.

Dan LeDuc: As I understand it, there are some problems in self-awareness of how much is recommended. My idea of what one drink is might be different than what the government recommendations are for one drink. Can you go walk us through a little bit of that?

Dr. Elizabeth Salisbury-Afshar: The recommendations continue to change over time. And I provide a lot of education, especially to primary care clinicians, and they often are not aware of these sorts of current recommended drinking limits. Oftentimes I'll work with patients, and I'll say, How much are you drinking? They'll say, Oh, two drinks a night. And I'll say, OK, what's in a drink? And they'll say, Ah, I don't know, two, three, maybe four shots in a drink. You know, I'm just pouring it in there. And so when we say a standard drink in this context, what we're talking about is one 12-ounce beer that's 5% alcohol content, 5 ounces of wine—which, depending on the size of your wine glass, right, might be half, might be a third—and one shot of spirits. So, if somebody's having a "double," that would be two drinks. And these recommended upper limits are specifically for people who are not pregnant and those who are 21 or older. And I should note here that's men 64 and under, because men 65 and up, they also say one, no more than one, standard drink per day.

And the other thing I should say here is that these are U.S. recommendations. The World Health Organization now states specifically that there is no safe level of alcohol consumption based on this accumulating evidence that there's increased risk, even at low levels of drinking.

Dan LeDuc: There are some, obviously, some health conditions that can be exacerbated over the long term by alcohol use. What, what are we talking about?

Dr. Elizabeth Salisbury-Afshar: Often when we think about the health outcomes associated with alcohol, we sort of categorize them into two general categories. One is acute risks. It might be, especially for older adults, falls. For all populations, motor vehicle accidents. We also see more traumas, often unwanted sexual experiences that may happen while intoxicated. We also see that acute alcohol intoxication can potentiate suicide and homicide, especially for people with underlying depression in particular. The other category, and this is one that we might not all know as much about, is really about the chronic or the long-term impacts of alcohol use.

Even people without what we would call an alcohol use disorder have increased risk of developing things like liver disease, pancreatitis, a variety of cardiovascular conditions, including high blood pressure. We see lots of psychiatric comorbidities, so things like depression and anxiety. We also know that alcohol use contributes pretty significantly to insomnia, increases risk for developing dementia. And then there are now multiple types of cancers that we have very clearly found that more drinking leads to higher risk.

And so literally, I almost think about it, like, from everywhere—from the mouth, the pharynx, the larynx, the esophagus, the colon, the rectum. So, [drinking] increases all of those types of cancer. And finally, female breast cancer. And I think that last one, I just want to say, is particularly concerning given that we're seeing increasing rates of breast cancer, we're seeing increasing rates of women drinking alcohol.

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And what we're seeing is that there's really no amount of alcohol use that's safe. It's what we call a dose-dependent relationship. So even small amounts of alcohol use can increase that risk—with, of course, more alcohol, meaning more risk.

Dan LeDuc: The patients that you're contending with, who are at a difficult part of that spectrum—do you find most of them come to you because they realize they may have an issue?

Dr. Elizabeth Salisbury-Afshar: I work in a couple of settings. One is in the hospital. And so, in the hospital setting, my team only gets consulted, meaning they ask us to come and talk to someone when there's usually a lot of concern. And so, in the context as it relates to alcohol, it might be that somebody's there with a really severe withdrawal episode where they need medications to help them safely stop drinking. It may be that they're having signs of liver failure because of their alcohol use—they might even need to transplant. So in that setting, we're seeing, typically, a lot of health consequences. In the outpatient setting, it's more of an environment where people coming to us are asking for help with their alcohol use.

Typically, in that setting, people are coming in like, Hey, yeah, I want to talk about this. This has become a problem for me. So, we'll usually start by getting a sense, at least, of acute safety. So like, do we actually need to send you to the hospital to help you stop drinking, if that's your goal, in a safe way? Because alcohol withdrawal can be life-threatening. It's rare, but it can. Then it's this conversation about, Let's talk about, What is the role of alcohol in your life, what are the good things about it? And sometimes people still have some good things about it. That's what makes it hard to give up. And then, What are the bad things about it? And kind of, Where are you in that balancing act? And then talking about, What kind of goals do you have right now? Is your goal to stop completely? Is your goal to be able to reduce use? What is that going to look like? What resources are available and do you want to try? And we kind of build a plan based on that person and where they are in that moment. And that plan can be adjusted based on how things go.

Dan LeDuc: Are there some systemic symptoms that you can apply to your evaluation of someone, whether it's an alcohol use disorder or other substance use disorders?

Dr. Elizabeth Salisbury-Afshar: Clinically, when we think about making a formal diagnosis, we use something called the DSM-5, the Diagnostic and Statistical Manual. It's basically, sort of, any mental health or substance use diagnosis is—gives us guidance for the symptoms we should be assessing on. There are 11 symptoms. So whether we're talking about opioid use disorder, alcohol use disorder, cocaine use to like, so on and so forth—it's the same 11 symptoms. And we're really looking at, in the last year, how many of these symptoms have you had? And if it's two or three of the symptoms, then it's a mild use disorder, four to five is a moderate, and six or more is severe. And then those symptoms loosely fall into three categories. The first one's really about a sense of loss of control as it relates, in this case, to alcohol, but again, could apply to any substance. So, you're spending a lot of time trying to get the substance or trying to recover, like from a hangover, for example.

The second is around social challenges and physical risks associated with you. So this might be, I lost my job, or I'm not showing up to work on time—it might be interpersonal problems. And then the third category is physical dependence, so this idea of tolerance and then withdrawal. So now if I have a day when I don't drink, I actually feel really sick. I need alcohol to feel normal. And that's kind of just the first part of the assessment, because then the rest of it really goes on to look at, OK, What's going on in your life right now? You know, What types of services have you tried in the past? What types of services, again, are even available to you? Someone without insurance is often going to have many fewer options than someone with health insurance. But we really try to create a plan that makes sense for them and where they are in their lives. And again, as things change, we can change the plan.

Dan LeDuc: I'm guessing a lot of listeners might wonder, also—we haven't talked about Alcoholics Anonymous, which is, uh, always been out there as a place where people sometimes turn when they're asking themselves these questions about their alcohol use. That is a nonmedical approach. How does it fit into the spectrum of available care?

Dr. Elizabeth Salisbury-Afshar: Alcoholics Anonymous is one form of mutual aid, and there are many. Loosely defined, mutual aid means a group of people—typically it's not a paid, like something you pay for—but it's a group of people who identify around having sort of a similar condition, who are supporting one another. I have patients who have had tremendous benefit from participating in AA. And I've had patients who really find it not desirable for a number of reasons. So I think it's a really important part of one of the many resources we have to support people who are struggling with their alcohol use.

Dan LeDuc: From the way you describe it, I mean, I can see where some people might even find going to a physician to be almost an easier approach. I have something that's physically a problem, and I'm going to go talk to my doctor about it.

Dr. Elizabeth Salisbury-Afshar: I would like to think so. And I think for some folks that's a 100% true. You know, the medical systems that we have have not always been the safest place or the most welcoming to all individuals. The reality is, you know, in my community-based work, I also know a lot of people who would prefer to avoid the medical infrastructure altogether. The other thing I just want to acknowledge is that most people, and especially if we think about this full spectrum of alcohol use disorder—so, mild just being a couple of those symptoms in the past year to more severe use disorders—if we look at the totality of folks who would qualify as having an alcohol use disorder, about 70% of them recover without ever going to any formal treatment or no form of mutual aid, right? So this looks, again, really different for people. This is so referred to in the literature as natural recovery. I think it's important to not assume that everybody either, either needs to go to the doctor or needs to go to AA or needs to go to formal treatment, but that there's just a ton of variability in there, and that there is that 30% of the population with some form of alcohol use disorder who are really going to probably struggle without more formal intervention.

And that often it takes a few tries of trying different things. It could be medications, it could be counseling, it could be AA, it could be another form of mutual aid or peer support. There's no one-size-fits-all, and that is OK.

Dan LeDuc: I want to stick to the 70%. Are you saying that some folks might say, OK, I've got a concern here, and I'm going to work on it and cut back?

Dr. Elizabeth Salisbury-Afshar: Yeah, I think it's a mix, and this is—I'm speaking from experience. I haven't seen this research to be able to describe all the ways. A couple things I see really commonly—one is that, especially when people are younger, in their twenties, for example, when alcohol use is more prevalent, many of us have more robust social calendars in that era of our lives. As we age, you know, maybe your life circumstances change—maybe you have children or you take on other caregiving duties. You may work different types of jobs, right? As these life circumstances shift, people just make different choices.

The other thing—and this comes more from my clinical work that I see a lot—is that people's alcohol or even other substance use can really start to feel a little bit out of control when they're going through really hard periods in their life. There's a loss of a loved one or a loss of a job, right? Or these sort of social circumstances shift for them. Alcohol becomes a coping mechanism and something that, at least in the short term, seems to help—and then in the long term can be causing other problems. And then maybe, let's say they get a job, or they go to grief counseling, right? Not even focused on alcohol, but they sort of are able to have some shift in their circumstances that then makes alcohol not feel as necessary.

Dan LeDuc: If someone's listening and wondering about themselves, wondering about a dear one who may or may not be facing some of these issues, what are some ways to think about it, talk about it, and, and evaluate yourself or someone you love and make some decisions about whether you, whether something should be done?

Dr. Elizabeth Salisbury-Afshar: I think that for any of us who drink alcohol, um, based on the totality of the literature, this is a good time to kind of pause and say, Should I make some changes? Even if I'm not having problems in my day-to-day life, given our understanding that it increases risk of cancer and high blood pressure and so many negative health impacts, I think it's a good time for all of us to kind of pause and say, Should I make some changes just for my overall health? There are lots of ways that you can either work on your own or with a counselor or with a physician to start to make a plan around what that reduction might look like. My biggest tips are to be specific. So, picking a specific limit, saying, OK, my goal is to only drink two nights a week, and on those two nights I'm going to have X amount of drinks, using the standard drink that we talked about earlier. If you try that and you're able to accomplish it, that's amazing.

Now, anybody who's ever made a diet or exercise plan knows that you're, we're rarely able to do it 100%, but if you can do it 80%, that's pretty darn good. If you're trying to make those changes, or you see a loved one trying to make those changes, and they are really struggling—they're saying, I'm only going to

drink two nights a week and I'm going to drink this amount, and they're going way above that—that's often a time where we say, Hey, look, I really care about you. I've noticed that you're trying to make these really hard changes, and it seems like it's really hard. Can I be helpful in any way? Would it be helpful if I look at other resources? Really coming to the conversation from a place of curiosity and from a place of concern typically goes much better. We've probably all seen those, like, TV-style, like, interventions where everybody—those rarely go well. And so really, I think trying to approach people from a place of concern, love, and curiosity goes best.

The other thing I would say is that if you have someone in your life that you know is trying to cut back on drinking or trying not to drink, I think it's really hard for people to, to be often around other folks who are drinking. And so even if you say, I'm just going to not drink with you tonight because I know you're working on not drinking; I think it's better for my health too—that can super helpful and just lets people know that you're, you're on their side and in their corner and seeing them. And I don't think that there's a singular way that everybody's going to, sort of, find their own path to wellness, but the goal is that folks know that there are many ways.

Frances McGaffey: The good news is we know what works. We know that health care providers having conversations with patients about their alcohol use—that alone can help some people cut back. Treatment systems can help people struggling with these issues. We know that there are medications that work, and it's important that we make sure that those high-quality services are actually accessible to people.

Dan LeDuc: Thanks for listening. If you're curious about your own alcohol consumption, look at Check Your Drinking. It's a tool created by the Centers for Disease Control and Prevention. We have a link and more information on this at pew.org/afterthefact. For The Pew Charitable Trusts, I'm Dan LeDuc, and this is "After the Fact."