

Revisiting Alcohol Awareness Month in the Era of the Corona Virus

With recent reports confirming what many have suspected, the likelihood of an increase in consumption and in those needing help for alcohol and substance use disorders is almost certain. With social distancing and increased home “confinement”, as primary contributing factors, alcohol sales are up by 55% in 2020 over the same time period through March last year. In addition, prescriptions for anxiolytic (anti-anxiety) drugs were up by 34% in February and March of this year posing additional concerns.

Treatment centers and addiction professionals report a recent increase in demand for services while treatment capacity is now severely restricted. One Hudson Valley treatment center stopped accepting admissions from anywhere “below White Plains” in an effort to minimize the possibility of the virus being brought into the facility from hard hit downstate areas. A few weeks later a revision to that same facilities policy required anyone from New York City and Long Island to have proof of a negative COVID-19 test prior to admission consideration. Another program in New York State discharged all of their patients to clean the physical plant thoroughly after several staff members tested positive. In our area outpatient treatment programs are providing all services remotely via video sessions and telephone and no drug testing is taking place at the present time. An increase in use is anticipated as these helpful, monitoring, random test controls are now non-existent.

The dominoes continue to fall and individuals in early recovery from substance use disorders who rely heavily on connection, face to face contact and an in-person sense of belonging and community are now increasingly isolated; the antithesis of the addiction solution. While virtual self-help meetings and supports as well as treatment services have shifted to tele-communication platforms the true impact on affected individuals may not be known for some time. Here on the island and across the state we hear numerous reports of recurrences of active substance use amongst those already engaged in treatment.

Locally the Long Island Recovery Association (LIRA) has assembled a team of trained recovery coaches and certified recovery peers who have volunteered to provide peer to peer support for anyone in need of a connection. Those in need can call **631-552-LIRA**.

If you know someone in recovery from addiction reach out and let them know you care and support them in their ongoing efforts. For those in need of immediate treatment help contact the NY State Office of Addiction Services and Supports on their 24 hour Hopeline: **1-877-8-HOPENY** Text 467369

Alcohol Awareness Month is a public health program organized as a way of increasing outreach and education regarding the dangers of alcoholism and issues related to alcohol. The program was started in April 1987 with the intention of targeting college-aged students who might be drinking too much as part of their new found freedom. It has since become a national movement to draw more attention to the causes and effects as well as how to help families and communities deal with drinking problems.

According to the 2018 National Survey on Drug Use and Health (NSDUH), 54.9% of full-time college ages 18 to 22 students drank alcohol in the past month among, 36.9% engaged in binge drinking in the past month, and 9.65% engaged in heavy alcohol use. However, the dangers of alcohol misuse go beyond college kids getting too drunk at parties. An estimated 14.4 million Americans ages 18 and older had an alcohol use disorder (AUD) in 2018 according to NSDUH. Across the nation, 26.45% individuals 18 and older reported that they engaged in binge drinking in the past month (typically 4 drinks for women and 5 drinks for men in about 2 hours) while 6.6% engaged in heavy alcohol use (binge drinking on 5 or more days in the past month) in the past month.

Overshadowed by the current, ongoing opiate epidemic, an estimated 88,000 people annually die from alcohol-related causes while problematic alcohol use continues to take a toll on our economy. Drinking-related costs reached an estimated \$249 billion in the U.S. according to the Centers for Disease Control-CDC, with binge drinking accounting for 75% of this economic burden. And \$2 of every \$5 were paid by federal, state, and local governments, meaning all Americans are paying for this excessive alcohol use.

- 72 percent of the costs were attributed to workplace absenteeism, worker's compensation, Social Security disability, and unemployment expenses.

- 11 percent were related to healthcare expenses such as emergency care, hospitalization, alcohol treatment, alcohol-associated pediatric care, and the treatment of cirrhosis and liver cancer.
- 10 percent were attributed to criminal justice expenses.
- Five percent were directly related to motor vehicle crashes, including insurance costs.

These numbers suggest that problematic alcohol use continues to plague our society, and awareness about addiction and its harmful effects on lives is necessary in order to protect our loved ones and selves.

More than 10% of children in the US live with a parent that has an alcohol problem. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), 52% of young persons aged 13-20 report getting alcohol from their own parents or a friend's parents. 75% of parents surveyed, report they have spoken to their son or daughter about the dangers of drinking yet only 25% of teens report that a parent has spoken to them about this subject. Obviously this disconnect is a contributing factor therefore we must be certain to talk with our young folks about the dangers of alcohol use.

Screening Brief Intervention Referral to Treatment (SBIRT) a nationwide initiative has helped with prevention and early intervention. The use of SBIRT has been shown to reduce drinking/drug use in a large portion of the studied population. Programs that are funded through the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) have shown that, of everyone screened, 20 percent are positive for risky or problematic substance use. Of that 20 percent, 70 percent can be addressed by a single brief intervention; 15 percent need six or fewer follow-up interventions; and 15 percent have an alcohol use disorder and need additional specialty care.

Preliminary SBIRT data shows a total of 74 percent of high-risk individuals reported lowering their drug or alcohol consumption after one or more brief treatment sessions and 48 percent reported stopping use altogether. Many Long Island hospitals have implemented SBIRT in their emergency rooms and it is being integrated in health clinics and primary care settings as well. Making behavioral health screening part of primary care makes sense and, by taking this public health approach to alcohol consumption we can lower health care costs by reaching individuals before they need specialized treatment.

The **CAGE** test developed by Johns Hopkins University is comprised of 4 simple questions and is widely accepted as an effective tool to help determine if an individual's drinking is problematic.

1. Have you ever felt you needed to **C**ut down on your drinking? Yes No
2. Have people **A**nnoyed you by criticizing your drinking? Yes No
3. Have you ever felt **G**uilty about drinking? Yes No
4. Have you ever felt you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover? Yes No

Any yes answer could indicate the presence of an alcohol use disorder requiring further evaluation.

For help or an evaluation for an alcohol/other drug problem call **LECSA 631-851-1295**