

Social Drinking versus Problem Drinking: What's the Difference

Hi, I'm Erin Mason, I'm a licensed clinical social worker. I am currently a clinical care I'm sorry, clinical manager for the Federal occupational health EPA program here at Magellan Federal. I'll talk to you a little bit today about social drinking versus problem drinking.

And I just kind of want to put this out there. You know, today's conversation is not about alcohol being bad. It's about mindful consumption. So thinking about any time we want to improve our health, we might come up with a new exercise plan, the couch to 5K kind of thing. Or we might look at our diet and maybe add more vegetables or reduce our meat, something like that. It's mindful. Even a budget. So thinking about alcohol in our lives and what does it provide to us and what does it take from us and what are the risks? If you have that information maybe you could be a little more mindful about how you consume alcohol and where it fits in your life.

So I do have a lot of experience in a variety of settings including substance use disorder treatments. This is something I'm excited to talk to you guys about.

So we call it in our everyday lives sort of social drinking versus problem drinking. We're going to talk about what we think of in mental health and medical communities of low risk and high risk alcohol use. I'm going to explain those today. That's one of our objectives. I'm hoping you're going to understand healthy coping strategies to avoid negative impacts of alcohol use. And then at the end here we're going to talk about when and where to get assistance for any alcohol use issues a person might be experiencing.

So there are objectives and goals here. So before we kind of get into drinking, low risk versus high risk and where it fits in our life. What is a standard drink? I think this is a great image that helps us understand that. Most of us think of beer as sort of a 5% alcohol if you're a person who lives in certain states or areas, you may have like a 3 point alcohol at your grocery store.

These typically come in like a 12 ounce can or bottle. So the first thing to even consider is when you go to a restaurant or a bar, you're actually going to get a pint which is 16 ounces which is 1.25 beers. Again, it depends on where we drink and who we're drinking with, what container it comes in to really establish how much we're actually drinking. So mindfulness again.

Commonly with the microbrew movement a lot of the beers that people drink actually have 7% up to 12% alcohol by volume. They're going to fall into a different category. That's like the malt liquor where you drink out of the fancy pilsners. If you're drinking a full pint and a full 12 ounce like a Sierra Nevada. Two hearted ale is another popular one. New Belgium triples, all the triples are much higher. Just thinking about that. Again, where do you consume it, what container it's in, how much? Same with table wine. Most restaurants and bars are pretty consistent in their pour because of the cost. So you're going to get five ounces. That's a traditional. That's going to be about 12% alcohol. I looked up rosés are about 12.5 and 13.5% alcohol by volume. At home you might fill your glass a little bit more. Mindfulness. We're coming back to that. It goes all the way up to what we consider hard liquors at 40% alcohol. Those, again, at a restaurant or bar, they're probably doing one ounce to 1.5, depending on the jigger. We want to think about at home we're probably pouring more than that or at a party. Now that we know what one drink is, let's move on to what do we mean high risk versus low risk.

Social drinking being the lower risk. The National Institutes of Health and other organizations have identified quantities of alcohol that sort of limit any potential health risks or mental health risks. That's not to say that there's any amount of alcohol that's safe. It's not it is a depressant and a toxin in our bodies, much like many things we consume. In moderation, it's not great for us. If we keep our drinking under a certain limit, there's statistically speaking a low risk to our health overall. That's what we're trying to achieve by talking about these amounts. When we talk about that, we're considering healthy people under the age of 65. So if you have other medical issues or over the age of 65, you may want to talk to your doctor about the risks and sort of what level of drinking is, again, lower risk. .

So risky or harmful drinking as described by the NIH. We'll talk about that later. The numbers might be surprising for some of us. Low risk drinking for men is no more than two drinks in a day and no more than one drink a day for women. The research has beared out not that they don't want women to drink. I'm talking about women, only those with X chromosomes do have a different composition of water and fat in their body and different enzymes and how we process alcohol. So that is it doesn't come down like most men are bigger. There's a true difference in our chemistry if you truly have X chromosomes. Women in general are recommended to drink less overall. .

Men, again, binge drinking would be five drinks in two hours and risky or harmful drink overall is any time men are drinking five or more drinks in a day or more than 15 in a week. Same for women, four drinks two hours is considered a binge drinking episode. Four or more drinks in a day or more than eight in a week for women is considered risky or harmful in the long run. Even though these numbers may feel surprising to some of us, when they do really

big independent studies of substance use and we'll talk about one later on that's been going on for a long time in the US and a huge number of people, most people do fall in the low risk drinking category.

That's about 75% of people. That risky or harmful drinking category risks for addiction issues there are about 20% of people that fall in this category. If you think about your friend group if there's one in five that drinks more than others, that's that risky or harmful drinking group. There's another 5% of the population who do meet the criteria for what we call what is considered an alcohol use disorder diagnosis.

So, again, about 75% of our peers really aren't drinking that much. So what are these negative impacts or risks that we're trying to avoid that we think about?

The shorter term risks obviously most of us if you ever imbibed probably have been familiar with or know about, so sleep disruption. A lot of people paradoxically use alcohol to fall asleep at times. The problem is that it disrupts our later sleep cycles. It will get you to sleep but keep you from staying asleep. There's a risk of accidents or falls. If you look at an ER report on a Saturday night that's not just car accidents, that's risk taking behaviors. I met a young man once who broke his arm. I asked how it happened, he said a good old fashioned foot race. So there have been some beer involved. They decided to race. Young men, I don't know what's going on. There's that kind of stuff. There's also upset stomach, nausea, vomiting, gastrointestinal issues.

And then there is an increased risk of suicidal ideation as well as aggression. For people already struggling with underlying mental health issues, that can be a time that can become much more acute under the influence.

Longer term risks can include things like weight gain, increased risk of breast, colon and other appearances the World Health Organization has classified alcohol as a carcinogen. It can complicate the management of other disorders like diabetes, blood pressure and sleep disorders. We're probably familiar with the risk to liver so there are liver and heart disease impacts that can have on your health.

So that's kind of our low risk versus high risk categories. And what we're risking. So why do we drink? Each of us thinking about that, again, that mindfulness. What does alcohol do for us? It activates the reward system in the brain. For some of us it is just a social thing. It helps lighten the atmosphere, make something more enjoyable, that social (?) as we call it. Some of us it's a relaxation thing, pouring a glass of wine and sitting down to relax at the end of the day. Some people do use it for sleep. They have a hard time to fall asleep and use alcohol to get there. Rituals and traditions. Some of us have a ritual around alcohol that may just be getting together making margaritas. Sometimes in beer culture

there's like a lot of making your own beer, brewing your own beer, bottling it, exchanging it with other friends, flights of beer same with whiskey. Wine tasting. It might be a tradition to go on a trip and check out wineries. It can be any number of things.

Then this last one is where we're going to focus our attention, numbing. So when people during the pandemic were finding themselves sitting at home, the kids are finally in bed. If you don't have kids and the household duties are taken care of and it's late and nothing to do and you haven't left your house in days, people found themselves scrolling and watching TV finding a Netflix series to binge and turning to alcohol or food in some cases. There was a lot of ice cream consumption too. And it became maladaptive coping. It's a coping mechanism but it's not necessarily good for us that we're dealing with it that way. That's what we think of with the numbing.

It could also be as significant as a true underlying mental health issue like depression or anxiety, for sure. I think for most people it's sort of just that habit that formed and became a reliable way to relax, to go to sleep, and to turn everything off.

So it does activate that reward system in the brain which can, again, encourage social interactions. It can encourage lowering of inhibitions which is a good thing. If you're at a wedding and scared to dance in public, sometimes that can be helpful. It can be a problem. That risk taking behavior thinking about suicidal ideation, driving and drinking, can be problematic. We activate the reward system very temporarily with alcohol and it has a longer term depressant on our mental health. So it's temporarily masking what's going on. That reward system is going to turn off and what's left is the depressant piece of it.

So what do we instead? If we can identify what alcohol does for us, and it's become a habit that helps us cope, maybe we need to kind of fill in those gaps with alternatives. We like to socialize.

So connecting with people in a new way. In the era of meet up.com, you can find a running group, a beginners biking group. You can go to a cardinals game here in St. Louis if you're from Chicago, I'm sorry. You can find different ways to meet people in a different way that creates an organized structure of engagement so that it's not so intimidating to walk in and meet new friends.

If it's relaxation, there's lots of coping skills that we can learn that are better for our mental health and physical health over all. Meditation, not only helps our mental health but I think it's seven minutes a day starts to begin to increase gray matter and also it lowers our blood pressure and improves cardiovascular health. Things like reading, massage, nonscreen activities essentially, which I know is although, there's nothing wrong with playing a video game too if that's what you enjoy.

If sleep is where you find alcohol to be fitting into to your life that you feel like that's the only way to fall asleep or the only way to get to bed, working on improving that sleep hygiene including turning off the screens later. No one likes to hear it but the blue light is bad for sleep. Some say two hours before bedtime to turn it off. There's also, again, using these things in combination. Adding in a meditation before bed to improve sleep hygiene sometimes can be helpful.

If it's a ritual or tradition, there's a whole now of popup mock tail events everywhere. A lot of fancy restaurants offer mock tails. It's a new hip thing. If you enjoy having dinner parties why not try mock tails and new recipes instead. Baking and cooking and those kinds of things. . A lot of times we talk about in changing behavior, add something in versus taking away. Maybe you're not ready to cut back or you don't want to necessarily cut back on your wine consumption at dinner parties, but you find adding in new recipes take your focus away so it's no longer the priority. Sometimes that can happen more naturally if we add in. Adding in exercise so you don't want to feel sluggish on a Saturday morning because you have a 5K to attend, you're naturally probably going to cut back on alcohol on Friday night. There's sometimes adding in can help us.

And then if you do really consider your own drinking and think that maybe you're using alcohol primarily for this numbing piece, that's when I encourage you to seek out mental health support. It doesn't mean you have a substance use disorder. What it means is that you're not coping with something else going on as well as you could. We all get overwhelmed. By definition that means our coping is not sufficient. And we just need some new skills or to talk it out with somebody. The last few years have been tough for everyone especially at work with all the changes and different things happening. You know, socially, economically, et cetera. So there's nothing wrong with talking to somebody about how to parse that out and improve our coping around stressors.

Yeah. So how do you do this? How do you change everything? One thing we talked about was adding in. Really it comes down to setting a goal. If you choose if you think about your drinking and think I would like to reduce this. I would like to reduce this risk for my health, because I have little kids or because I'm getting older or I do find that Saturday mornings are harder to get up, whatever it is, then setting a very specific goal, I'm only going to drink two drinks two nights a month when I'm out with friends. Because that ritual or socialization piece is so important maybe. But you want to cut back overall. I'm just not going to drink at home anymore.

Think about the whys. So alcohol, again, is just another habit, something that we enjoy. So just like Cookie Monster had to eventually say cookies are sometimes food, alcohol should be

a sometimes food. It can be for a lot of different reasons. Alcohol is expensive, especially if you like fancy beers or fancy wines.

If you are finding it's hard to kind of identify your whys, again, that might be a time to talk with a mental health professional if you see your alcohol use is in a riskier area and you're not sure why that is or how to cut back or why you would cut back, then that would be a good time to talk to somebody about that.

So then you want to replace or modify behaviors. Again, adding in sometimes can be helpful. Pace and space is a common strategy. I've worked with a client who started doing that. He's an older man, he's a veteran. He's been retired a long time. His only socialization after his wife passed was hanging out at the local pub in the middle of the day with some other retirees. His diabetes was getting out of control. There were health issues happening plus mental health. He was feeling lonely and different things happening. So pace and space was his choice of how to manage that. He could have a beer and then he would have water or diet soda or iced tea. Then he could have one more beer. And then he could have something else. Just like two days a week. Then the other two days a week that he typically went to the pub, he would have no alcohol.

The bartender who worked there, bless her, she was a young woman, ended up making him some fun mock tails, so it was a good thing. He got no trouble from his friends because they're in the same boat. Their health is an issue. And their finances were getting tight. It's expensive to drink several days a week at a bar. The other thing is changing where you hang out. It is a social issue and you'd like to cut back, find activities that don't revolve around alcohol is really important. Pickle ball craze is one option. But just going to a dessert shop. Ice cream shops. There are fancy ice cream shops and chocolate places in town now. Anywhere that doesn't primarily focus on the sale of liquor.

Then talk to your friends who are also focused on health. So the movement is away from high alcohol consumption in society right now. There's a huge amount of, again, these mock tails that are coming out and popup kind of events. First nights which are new year sober events that have been going on forever but getting more popular. There's also a lot of alcohol free wines and liquors and beers available to folks. So if you enjoy making that cocktail but you don't want as much alcohol, you, again, can bring something in. Maybe every other one is a nonalcoholic version.

Then there's a lot of people who fall into this gray drinking category that's sort of was a Ted Talk that became popular in culture where people talked about, I didn't meet the criteria for substance use disorder, but when I thought about how alcohol fit in my life, it wasn't great. I didn't feel as good as I could. And I didn't I wasn't reaching the goals I wanted to reach

with their health. So that gray drinking movement has had a lot of articles and different things you can look up if you want to.

But the idea is that you may find more of your friends than not have also contemplated their use of alcohol and are willing or wanting to join up.

There's what is it sober September? I can't remember. I apologize. There's like two months of the year where people do sober for a millionth. Oh dry January, that's it. Again, talk to your friends. There may be other people in the group that are interested in cutting back or eliminating alcohol for social events.

The other thing is plan a comfortable way to say no. That's really important. So if you find that your social group or many of your social activities revolve around alcohol or just going to restaurants that most of the people in your group are going to drink, making sure you're comfortable saying no. Again, all those things I just talked about, there's most people are going to accept those answers. I'm working on my health. I've got blood pressure in my family. It's genetic and I want to make sure I avoid it as long as possible, those kinds of things. No is a complete sentence. I know it's tough.

Sometimes for some of us but no is a complete sentence. If you don't feel like you can say no and need a reason, think about your whys and share a way with your friends. Be prepared to do that. Sometimes that's the hardest part for people. It sneaks up on them.

You want to set a goal. You want to think about your motivation behind the goal. And you want to replace or modify that behavior. So you really need a plan. What am I going to do different? That's a good way to get started in reducing our alcohol use and improving our coping.

So next steps, if you have questions about your own alcohol use and you wonder where you fall, the audit is a free validated research evidence based scale or screening tool that a lot of doctors use. We use them in the mental health field you all the time that kind of checks your drinking and asks some questions about the last year. You can do it for free online.

If that comes back and you're surprised by the answer that maybe it turns out that you're drinking more than you realized or puts you at risk or if you have questions, we encourage you to reach out to your program for support and further assessment. SAMHSA is also a government organization. It's the Substance Abuse and Mental Health Services Administration I should know that. But they are like that the government organization that really supports people's substance abuse issues and mental health. They have a ton of resources, support, education. If you would like more education about alcohol for yourself or someone you work with, they can give you brochures and educational materials, all that kind of stuff. If you have questions about your own use as well, they can help you.

Yeah. I think we definitely have a few minutes to answer questions. I'm glad to answer general questions. If you have specific questions about your alcohol use or someone you care about, please use these resources I just shared. It's kind of a public forum. So I don't want to get into anyone too specifically.

>> Great. Thank you so much. Real quick, I want to tell everyone about your program benefit. Before I do that, though, I want to let you know that I put a link to the Audit Assessment in the Q&A. You can click on that. And it will take you directly to that assessment if you like. And bookmark it. Just know that you need to toggle back to get back to us. So you'll be taken away from us, please come back. We want you to continue on with this session.

Also, the link is in your handout. So it's there as well. So that's available. Also, your program is available to you. You may know it as your EPA, as embrace. It is there and available for you. I know this was a lot of information Erin shared. Someone asked, hey, can you send this to me, because it's so much. I don't think I can keep up with everything. And I get it. There's a lot there to digest. So I'm going to give you a link to where you can find your website for the recording.

Again, you can click on that. It will take you to a website where you will put in your company name. And it will take you to your proper website. If you cannot find your company name listed on this link I'm sharing, I do want you to reach out to your leadership or to your HR to ask them for that link.

Sometimes it's your parent company's name that's listed. We take whatever your company gives and we put it into our system. Sometimes people will say, I can't find mine. That's okay. Ask your benefits department. They will have that information. I want to remind you that your program is available 24 hours a day, seven days a week. You can call in and get a free consultation with a licensed professional if you need it. We also have your website. Once you find that, you can do chat. You can look up additional resources on this topic and other health and wellness topics. Please use this benefit. It is available to you. And it is prepurchased by your employer but it is totally confidential. We don't release any information about you personally to your employer. The only thing we share the number of times people have utilized the program.

So, again, thank you so much, Erin. We do have a couple questions we can answer. Erin made sure to tell you as long as these questions aren't too personal she can answer them. What I want to make sure that you know, if you have a really personal question, I encourage you to call in and ask for a consultation with someone. Again, that's completely confidential. It will be with a licensed professional. And they can answer that. It's best suited to do that

where they can actually ask you questions and make sure you're getting the right answer. While Erin is answering the questions, I'm going to pull up a take way for you. Because you guys were really engaged during this session. And I have a feeling there's something you're probably going to be taking away from this. So if you can share that, that would be great. It will be anonymous. Your name is not linked to it. Type in the text box at the bottom. Be sure to click that callout icon that's where it gets to where everyone sees. When we share, we help each other. I'll hand it to Erin if you would like to answer a few questions.

>> ERIN MASON: Sure. Yeah, thank you. Yeah. So one question was about telescoping as a term used for women. So my understanding of the word telescoping is sort of the initiation of alcohol or drug use and the time it takes to sort of get to the level of abuse is faster and, yes, women more often experience that.

So that is a term that is used, correct. I didn't touch on a whole lot. One of the other reasons that women that appear to potentially have higher risk biological is one. Women who are of child bearing age often stop drinking all together or significantly cut back. No safe amount especially if you're pregnant. The research is clear, it's not a good plan. So a lot of women cut back or eliminate completely for most of those years if they choose to be a mother. And then would start of drinking again more socially later on. So a lot of times there is like a later initiation. And then, again, the enzymes and the body composition issues can make them higher risk for those health risks and addiction ultimately.

The other thing that there's a lot of discussion about and is more qualitative than quantitative research is around coping and women. So women in America typically, again, who are mothers in particular often feel isolated. I'm sure you guys have seen the wine mommy kind of culture that spawned the last decade or so. There's now some pushback with that because it is problematic often testimonies for individuals. They do find themselves drinking more than they wanted to or they're having issues.

Yeah, so women, there are some psychosocial factors as well. And I appreciate you bringing that up.

So if people drink what we consider binge drinking, they're going to be at risk for some of those things we talked about. Somebody asked about if you drink a bottle of wine once a year, so a bottle of wine is technically 3.5 servings. And if you drink it within the day, then you're slightly under that high risk drinking as a woman and certainly as a man. If you drink it in two hours, yeah, you could absolutely have some issues. It's more about the risk in those cases of the secondary health effects, the impulsivity, aggression, accidents, falls, et cetera. If you really only drink once a year and it's a bottle of wine, potentially it's not a risk.

So, if you have someone in your life who is a loved one who has an alcohol issue, I would encourage you to call that SAMHSA hotline I gave you guys. They have a ton of information on that. There is also 12 step groups, Alanon is one. If you want to talk to somebody who is a professional, who can support with that, you can certainly reach out to SAMHSA. You can also reach out to your program if you just want to talk through it. Unfortunately, there's not a lot you can actually do. A person who is independently using alcohol or drugs, we can't control. But they can certainly talk to you at your program about maybe you want to see your own therapist or do some family or couples counseling if it's someone you love to maybe have a conversation about some of those issues and see if you can work through it. Or see your own therapist so that you can figure out how you want to approach the situation with your loved one and how you want to manage any repercussions from that. If the person is not willing to stop or wants your support in stopping, those are two different situations. You might want your own individual therapist or support for that kind of thing.

Either one would be fine. If you want to get information about your loved one, Alanon is a great they have a great website with just some information. And then SAMHSA obviously would have some general information about a loved one's alcohol use or drug use.

THC drinkers. It's a very different substance, THC, and how we treat it socially is very different, I think. So I don't have any research on hand. So I want to be careful here because I don't have that in front of me. I think the jury's still out on the impact socially and the exact amount, et cetera. Because it's still not federally regulated, there's still a question about how well it is measured, the amounts you're getting of THC. There's multiple cannabinoid in the marijuana plant, not just THC. That's also an issue, depending on how many other cannabinoids are in it and potency, so it's really hard to know. There's no standard one dose of marijuana or THC, unless it's prescription tetrahydrochloride. For the edibles and all that stuff what I would encourage people to think about in using THC products, again, what does it give? What does it take? Why am I using it at the frequency I'm using it? The mindfulness. If there aren't good answers or we're using anything daily necessary mood altering, it might be worth examining and certainly talking with someone about.

But, yeah, with respect while you are on any kind of mood altering substance, there is a potential for risk taking behavior, accidents, et cetera. Absolutely. The toxicity to the body is different with different substances. So that's not always going to be the same necessarily. But, again, I want everyone who leaves to think about this in a mindful way. Why I take what I take or drink what I drink and how often and what is it doing for me and what is it taking away potentially?

Heredity is a big part of alcoholism. There's a ton of research on that. The Native American population doesn't produce certain enzymes that's why they're at high risk of alcohol

addiction. There are other groups that kind of fall underneath that umbrella. So heredity's important. If you know that you have a history of alcohol abuse, it's worthwhile to be careful and certainly to be thoughtful. Just like if you have a history of cancers in your family, you probably don't want to smoke or you want to do other things that are going to protect you to not trigger that genetic predisposition.

The best way to bring up a friend to a friend that you're worried about their drinking, you know we're taught and we try to teach folks in our field all the time about motivational interviewing. It's more of requesting questions than telling anything. When someone has a hangover, let's say, that you care about. You really don't feel good after drinking last night. So that reflection, asking questions. Oh, did you drink more than usually? Oh, that's tough. Trying to be empathetic and open. If it's somebody you care about enough, I think just saying, I'm a little concerned. I've learned about all these health risks at this thing I went to at work. And I feel like maybe alcohol isn't great for us like what we've been doing. If it's something you can say we or us or in our home, that kind of thing. If you care about them enough they can see it's from concern and empathy. That reflection too. When you see it affecting them negatively, you don't feel good. That's no fun.

Somebody asked about the first sign. I'm not a doctor. So I don't know like health wise what is the first sort of sign. In general with our health people get different side effects or symptoms or problems at different rates depending on their underlying health and genetics and a whole lot of other factors. If you're at all concerned, talk to your doctor. Do you think alcohol could be playing a part in whatever your condition is? Or things that might be going on with your body.

When people get rowdy when they're drinking. I think it's okay to set barriers or boundaries with any of our friends and family if they get aggressive at any time for any reason and keeping yourself safe. If you don't want to be around somebody when they drink because they get too aggressive or unsafe, I think it's okay to say I don't want to go out drinking anymore with you.

Somebody asked would you consider excess drinking every weekend binge drinking? If it's beyond the sort of the amounts listed in that second slide or third slide, more than five drinks in two hours or more than 15 in a week period, then it puts you at higher risk for concerns and problems down the road if not already. So that's sort of just the best way to gauge that. I encourage you to fill out the audit if you have concerns as well. It can give you more clarity.

If individuals struggle with thinking how much they want to drink or when they want to drink, that is one of the criteria for substance use disorder with any substance. So, if that's a big part of the way you think about alcohol, then I would encourage you to call your program

and talk to them about it or fill out that audit if you would rather privately first and get some clarity on where you kind of fall.

>> Erin, thank you so much. It looks like we don't have any more time for questions. I want to give people a chance to fill out the satisfaction survey. We are not broadcasting those results. Please click on the radio button next to your response and we will tally your votes. Also, we'd like to get feedback from you. That's in the poll towards the bottom. Type your answer here and click that callout button. We will get your information.

The handouts are here as well as the certificate of completion. Again, hover over the title, you'll see the download button show up. You'll click on that. Download it somewhere where you can find it. It may want to default somewhere where you don't even know where it's at. Make sure you put it in a documents folder or downloads folder so you can find it. For those looking at the quiz question, I did put the answer to all those. I think it's great because Erin talked to you during the session and she made sure that even though this quiz seems like hard and fast answers, there's always some kind of nuances to things. So you have your program to call in if you have questions or you just want to know more about this. Again, please feel free to use that link I showed you to get to your member website so you can get your 800 number and call it. Thank you, Erin, for sharing today. This was very beneficial. I got a lot of great information. I'm sure audience members did as well. So thank you, Erin, and this does end our session today.

(Event concluded at 1:45 PM CT)

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