

Dr. Rachel Sayko Adams

They were saying, you know, I bought into this mom wine culture essentially and I started to turn to wine every night after I got my kids to bed and I developed a problem and it didn't work for me. It was unhealthy and these articles were about a rejection of this dialogue.

Dr. John Kelly

If you have an alcohol problem, an alcohol use disorder, if you suffer from alcohol addiction, the most likely outcome is recovery. That's the good news. It can take maybe three or four or five serious recovery attempts before achieving remission and recovery, but 75% of people with an alcohol use disorder will achieve remission.

LuAnn Heinen

Those are the voices of Dr. John Kelly and Dr. Rachel Sayko Adams. Today we talk about alcohol and the risks it invites ranging from intoxication and addiction to long-term health effects like cancer and we examine rising alcohol use among women and some of the reasons behind it. We'll also talk about early intervention, non-alcoholic alternatives, and approaches to recovery like Alcoholics Anonymous and mindful drinking.

I'm LuAnn Heinen and this is the Business Group on Health podcast.

Today we go to the archive and revisit two interviews on the cultural, social, and psychological factors around alcohol consumption.

Humans started drinking alcohol nearly 10,000 years ago. It's deeply embedded in cultures around the world. We drink for pleasure, stress relief, social bonding, and celebration, but there are risks including the harms of intoxication, addiction, and long-term health consequences. Recent studies have pushed back on the idea that moderate drinking is healthy and have made the case for an intentional approach to any consumption. So what follows is a clip of my Q&A with Dr. John Kelly, Professor of Psychiatry in Addiction Medicine at Harvard Medical School and Founder and Director of the Recovery Research Institute at the Massachusetts General Hospital. He talked about the spectrum of alcohol use disorder, the social and psychological factors influencing drinking behavior, and the broader public health implications of alcohol consumption. He starts with his insight on the cultural norms of alcohol use.

Dr. John Kelly

There's big strong cultural factors which influence the degree of alcohol use in a given country. But if you take that, independent of that, people use for four main reasons and this applies to really any substance, not just alcohol. But they principally use a drug like alcohol to feel good, to feel better, to do better, or because other people are doing it. As we grow up in the Western world, because it is socially sanctioned, it's kind of celebrated alcohol use in many ways. It's used as part of cultural celebrations. So we see as we grow up, we see other people using it, it's kind of a cultural expectation that you might at least try it at some point in your development, there's curiosity because we see other people role modeling alcohol use and we sometimes see the pleasurable aspects of that. Of course, there are a lot of downsides. That would be the reason other people are doing it, so we tend to follow suit as we grow up. Other reasons include to feel good. That's just to escape, to get those positive effects from alcohol. Or to remove negative effects that we're experiencing, stress, anxiety. Alcohol can dissolve those negative aspects temporarily. The other one is performance enhancement, so to do better. Sometimes we use alcohol because it helps us perform, do something that we're perhaps afraid to do when we're not under the influence of alcohol, so it can give us a little bit of extra courage that's pharmacologically induced that can enable us to do things that we wouldn't do otherwise, so it

can help us, disinhibit us to do things and increase performance in that way. Interestingly, when you look down the road, those are the same four reasons why people stop using alcohol. It's interesting how the drug works in that initially we use it, and this doesn't happen to everybody of course, but people who are more vulnerable to alcohol use disorder alcoholism or alcohol addiction. They're the same four reasons why people stop is to feel good, to feel better, to do better with other people than not doing it.

LuAnn Heinen

So we know that over half of U.S. adults consume alcohol. How many people have a problem with alcohol as you would define that?

Dr. John Kelly

There's actual diagnostic criteria, of course, for alcohol use disorder. They may, individuals who may meet criteria for an alcohol use disorder may not feel they have a problem. It's interesting when you ask the question of what proportion of people have a problem, it might be defined by other people. Other people oftentimes may view a person as having an alcohol problem long before the person themselves realizes that what they're drinking is causing problems, particularly for other people. Then we have the actual rate of alcohol use disorder in the United States, which is about 20 to 25 million people using the current diagnostic criteria, which is the DSM-5. That's the latest diagnostic set of criteria.

LuAnn Heinen

I took a look at those criteria and it would seem to me that a lot of people might qualify for mild alcohol use disorder.

Dr. John Kelly

Correct. Majority of people who would meet for an alcohol use disorder would meet at the mild and moderate end of the spectrum. You can think of these problems or the amount of alcohol involvement and alcohol-related impairment as being on a spectrum from mild to severe. I think culturally, by default, we tend to think of an alcoholic as somebody who continues to use despite harmful consequences. You can't stop. That's kind of our cultural definition, and that's true of the severe end of the spectrum. Oftentimes, people who have withdrawal symptoms, who have tremulousness, and who need to drink in the morning, who are drinking no matter what, drinking despite all kinds of problems, that would be at the severe end of the spectrum. But the vast majority of people are not at that end of the spectrum. Only about 10% of people who meet criteria for an alcohol use disorder are at the severe end. The other 90% are at the mild and moderate end. The other thing to remember as well is that you don't have to meet criteria for an alcohol use disorder for alcohol to cause harm. This is because alcohol causes harm in three different ways. One is through addiction, alcohol use disorder and addiction. And the two others are intoxication, of course, which we're all quite familiar with, somebody getting drunk, falling down the stairs, crashing their car, getting into fights. Intoxication can lead to this inhibition and aggression in some people that can cause all kinds of problems, accidents and injuries. And then you have toxicity, which is the third pathway, which we don't often think that much about culturally, I think, or readily, which is the long-term effects of exposure to alcohol. Alcohol can cause liver disease, of course. I think we're more familiar with that in terms of fatty liver, cirrhosis. But it's also a level one carcinogen and so a lot of people don't know that alcohol is in the same category as tobacco smoke and asbestos in terms of its cancer-causing ability. It increases risk of breast cancer in women, for example, at low doses with a dose response curve, so the more you drink, the more likely you are to get cancer of the breast in women. Also, in men and women, cancer of the larynx, pharynx, esophagus, as well as stomach, liver, and colon.

LuAnn Heinen

The unfortunate news is that there isn't a truly safe level of alcohol use, but there are low risk levels, which differ for women and men due to physiological differences. Dr. Kelly pointed out that women generally metabolize alcohol less efficiently because they have a lower proportion of body water, making alcohol more concentrated in their system. As a result, the same amount of alcohol has a stronger effect on women than it does on men.

Dr. John Kelly

Low risk alcohol use is determined to be no more than one drink a day for a woman, and no more than seven drinks a week, and no more than 14 drinks a week for a man, or no more than two drinks a day. So that's considered low risk alcohol use. Not no risk, but low risk. That's you can lower your chances of getting any adverse effects from alcohol use. Mostly those effects, of course, would be to do with toxicity-related effects of those three pathways. So if you're drinking at those low levels, it doesn't eliminate risk. You may still have some risk related to the carcinogenic effects of alcohol, for example. It may interact with medications that you may be taking. This is another risk, particularly among elderly people, that can cause interactions of unknown side effects, which can exacerbate the effects of those medications and lead to injuries and accidents, for example.

LuAnn Heinen

We know that many people are able to adhere to those guidelines that you just went through and that you hear from your primary care physician about, you know, moderate or low risk levels of drinking. For those who are not able to sustain that practice who once they start, it's hard to stop, is it possible to achieve moderation or do you think at that point abstinence is the only path?

Dr. John Kelly

Abstinence is the most stable path to change, but it's not the only one. So many people are able to, if they're showing signs of heavier drinking that is causing problems, they're able to cut down to lower levels that are less harmful and less problematic for them and others. One of the questions is, you know, can they keep it at the low level successfully over time for months and years if they've shown signs of heavier drinking? It is possible. It's difficult to do, but then again, it's also difficult to abstain completely. Kind of the best marker for that is severity of the level of alcohol involvement and alcohol-related impairment previously. So if you have been more severely alcohol involved and impaired, that is to say, you kind of meet criteria at the moderate, severe end of the spectrum for an alcohol use disorder, your chances of being able to turn around and cut down and reduce use successfully and functioning well are lower. You're more likely to be successful and stable by abstaining. If you're at the lower end of the spectrum, at a mild to moderate end of the spectrum, the chances are higher that you'll be able to cut back and use at a lower, less harmful level.

LuAnn Heinen

There are many pathways to recovery from alcohol use disorder, and the key is finding the right approach for each person. Dr. Kelly's 2020 Cochrane review analyzed 27 studies with over 10,000 participants and found that AA and other peer support programs performed as well as or better than other standard treatments. While treatment, AA, and medication can all be effective, people with milder alcohol use disorders might be able to stop drinking on their own.

Dr. John Kelly

Those individuals who are able to do that tend to be on the milder end of the spectrum. So their life is not so impaired, not so wrecked by an alcohol that they're able to kind of shift and moderate and change their life to be able to support remission. People at the severe end of

alcohol involvement and alcohol impairment, those who are more severely addicted tend to need more support. We have three FDA-approved medications for alcohol use disorder, which can be very helpful, again, not for everybody, but for some people that can help them cut down and stop alcohol use. Usually those are used in combination with other kinds of supports like psychosocial treatments, like cognitive behavioral therapies, relapse prevention therapies, which are available in most treatment facilities. And as you mentioned also, peer support programs like Alcoholics Anonymous, Smart Recovery, Life Ring, Women for Sobriety, there are different flavors of these mutual aid societies and support networks. The advantage of those is that they're freely available, they're highly accessible and flexible, and they're well suited to supporting remission in the communities in which people live. That's the good news. And we have a lot of these resources around, particularly AA for alcohol use disorder, and as you pointed out earlier, we now have strong evidence that AA works as well or better for less money and other interventions. So it's a very useful, helpful public health standpoint, just given the burden of disease of alcohol-related illnesses, that it can support recovery over time.

LuAnn Heinen

I think you were quoted as saying, to your point about no cost or low cost, that AA and similar programs are the closest thing we have in public health to a free lunch.

Dr. John Kelly

That's right, yeah. I like that saying. I didn't make it up. Yes, because it's true. We don't get many free lunches in society in any sense from public health or otherwise. But here we have a free, ubiquitous, indigenous recovery support service and we have a price tag, of course, economic burden associated with alcohol alone of \$250 billion a year. That's the price tag we're all paying for alcohol use, heavy alcohol use, which affects people in different ways.

LuAnn Heinen

That's a lot of collateral damage. Yeah. A lot of cost.

Dr. John Kelly

A lot of damage. Yeah. And those costs are spread across health care, of course, but criminal justice also, as well as lost productivity, people getting sick and not going to work. There is a huge price tag, so when you have a freebie in the community, that's highly ubiquitous and effective, that is good news and we need more things like it.

LuAnn Heinen

Dr. Kelly highlighted the need for better public health messaging and policy to reduce the negative impact of alcohol in the U.S. Unlike tobacco, alcohol lacks accurate safety labeling, making it harder for consumers to assess risk. While alcohol is regulated by the Bureau of Alcohol, Tobacco, and Firearms rather than the FDA, stronger regulation and public education could play a crucial role in limiting its health and social costs.

Dr. John Kelly

Now there is some labels for pregnant mothers, for example. We know that alcohol can damage the fetus and produce fetal alcohol spectrum disorder in born children where a mother has been exposed to alcohol. But there's no labeling, for example, that alcohol can cause cancer, it can increase the risk of cancer. The other thing is that alcohol is responsible for most addiction cases in the United States and most middle and high-income countries around the world. When I was in London recently, I picked up a packet of headache pills. It had some codeine in it and it was over-the-counter. You could get it over-the-counter in England. But it says right on the front of the box, warning, this may cause addiction. But it's interesting, isn't it, that 75% of addiction cases in the

United States are caused by alcohol, but there's no warning on alcohol containers that this may cause addiction. Again, culturally, we don't like to think of alcohol as an addictive drug and that many of us are using that drug. I think because we don't want to think about it as a drug, we'd rather think about it as there's alcohol, then there's drugs. And so the way that we talk about it, think about it, influences our cultural response, doesn't it? When we think about it as not a drug, which of course it is, because it's so enjoyable, people enjoy, as you said, the happy hour. I mean, what's better than the happy hour, except that for some people, there are many subsequent unhappy hours for them or their loved ones because of the happy hour. So not for everybody, but it can cause a lot of heartache and misery in that person and in other people. It can cause addiction, it can cause cancer, it can cause intoxication-related accidents and injuries. Of course, we see this all the time, but we don't like to think about it like that and this is part of the problem. This changed, of course, with tobacco. I can see it changing in the next 50 years as we start to understand more about the effects of alcohol so that the public can be better informed, more accurately informed about the risks they are taking when they consume that product, just the same as they would hopefully be informed if there were health risks associated with any other product that they put in their body.

LuAnn Heinen

Dr. Kelly expressed gratitude for his lifetime achievement award, but emphasized there's still much to be done, particularly in preventing alcohol-related harm. He noted that alcohol use disorder remains the third leading cause of preventable death in the U.S., and he hopes to contribute to earlier interventions that can avert the devastating outcomes for individuals and their families. His focus remains on improving our understanding of alcohol and other drug use and finding better ways to support those affected.

Dr. John Kelly

In studies that have looked at this, the earlier you begin the conversation around the harms and hazards of alcohol use for people who are showing signs and symptoms of an alcohol use disorder, the shorter the time to remission. So just like other kinds of illnesses and disorders, alcohol use disorder responds to early intervention. You might not see the effects right away. You might not see any change right away in terms of a young person's alcohol use over six months or even six years. But what you do see is that for those people who get those conversations, it's like planting seeds. We're planting seeds which come to fruition earlier in terms of helping those people get into remission relative to those same individuals who do not get those conversations. I think we need a kind of a longer-term view of the impact of beginning these interventions and conversations earlier, particularly for young people, if we're serious about really putting a dent in the incidence and prevalence of these disorders in the population and the harms, the hazards, and the price tag that we're all paying financially.

LuAnn Heinen

Yeah. I'm reminded of the driver's ed that I went through many years ago. I don't think they do this anymore, but there was a lot of emphasis on all the bad that can happen when you get behind the wheel, in a scary movie, things like that. But there could be a more progressive primary prevention strategy for teenagers.

Dr. John Kelly

We want to be realistic. I don't think we need eggs in frying pans to scare people. I think kids are pretty savvy. Sometimes we like to use scare tactics with the idea that this could be you. That rarely works. We need to be smart about what does work and identifying what are the factors and elements which really do help people make healthier choices in their life so that they understand the ramifications. Over the last 10 years, we've seen substantial increases, independent of Covid,

in increases in liver disease and alcohol use disorder, particularly among women. And women are really caught up to men in terms of the harm, sadly, the harms done by alcohol and shown a much bigger increase in relative harms among women as I think they've gotten the message somehow that wine may be good for them, and so they've overdone it and started to incur all kinds of harms and consequences as a result. That's what we've seen when we look internationally as well.

LuAnn Heinen

Definitely I think wine and women is a cultural thing. You know, you see it on t-shirts. It was big on some TV shows, Mom's Night Out. Yeah, a lot of that.

Dr. John Kelly

Yeah, and again, all of these things that, you know, alcohol, other drugs can be fun. They're pleasurable. This is why people use them, of course, because it produces this euphoria and anxiety reduction and disinhibition, the kinds of things the human brain likes. And of course, these things can be fun in moderation in low levels, but again, we have to be careful because the toxicity is in the dose. If you have too much, there's going to be harm incurred. Everybody should be informed about the nature of the harm and then they can make up their own mind about what they were going to do, but they have to bear the consequences of it.

LuAnn Heinen

If there's a really important takeaway that you'd like the audience to have from this conversation, what would that be?

Dr. John Kelly

Probably the most important thing to remember is if you have an alcohol problem, an alcohol use disorder, if you suffer from alcohol addiction, the most likely outcome is recovery. That's the good news. It can take maybe three or four or five serious recovery attempts before achieving remission and recovery. But 75% of people with an alcohol use disorder will achieve remission. I don't want to discount the suffering and the premature deaths, which occur 100,000 or more per year in the United States from alcohol, but most people will recover from an alcohol use disorder 75%. So that's the good news. It can take four or five treatment episodes or mutual help episodes before people achieve that remission, but remission is the most likely outcome. Keep trying. Keep hanging in there. Keep moving forwards. You'll eventually achieve remission. That's going to be the most likely outcome.

LuAnn Heinen

While Dr. Kelly highlighted the cultural and psychological factors that drive alcohol consumption, Dr. Rachel Sayko Adams, Research Associate Professor at Boston University School of Public Health, explained how these influences are shifting, particularly for women. Women's drinking patterns have changed with increasing exposure to alcohol in both social and professional settings. She said there's a need for a nuanced approach to alcohol-related health risks, prevention strategies, and recovery support tailored to different situations. In my discussion with her, we talked about trends in alcohol use among women in midlife, with a focus on how motherhood impacts drinking behavior.

Dr. Rachel Sayko Adams

It's tricky to study something like that because lots of things have changed over the past 40, 50 years in our country, such as when women tend to have children, if they have children, how old they are, if they go to college and spend four years in college, or what age they are when they have their first child. So we designed a study to be able to study these changes over time and our hypothesis was that there might be changes. And specifically, women who are mothers

traditionally drink less than women who are not mothers of the same age. So usually motherhood has been what's considered a protective factor for risky drinking. But we've been wondering if because women are either not having children or having children later in life, does that mean that less risky drinking for mothers is not happening as much or if women who are mothers and who aren't sort of drinking in the same way as now. So big picture, what we found was that women without children at age 35, because we were looking at age 35 drinking, are still at highest risk for binge drinking and alcohol use disorder symptoms. We did not find that there is a significant difference by motherhood status among women, but what we did find is that more recent cohorts, they're drinking more now. So what we're seeing is a trend toward more binge drinking, more women having alcohol use disorder symptoms at age 35 today.

LuAnn Heinen

Yeah, I've seen new information that the gap in binge drinking between men and women has narrowed. Used to be really a male thing, much less for females, and now women are catching up. What do you think is causing that?

Dr. Rachel Sayko Adams

Yes, there's definitely been evidence that the rates for risky drinking are increasing faster for women. And this has to do, we believe, with numerous factors in addition to delaying parenting. There's also the fact that more women today are receiving a college degree and experiencing college life where they may be introduced to just routines and patterns of more excessive drinking and have that period of time.

LuAnn Heinen

We're only talking about recent history, the last 20 years. Have rates of college attendance and graduation for women gone up significantly? Because I think that's what's so stunning is that the 90s to me aren't that far. I mean, I definitely lived through them. That does not seem that long ago.

Dr. Rachel Sayko Adams

Our study found that the most recent group of 35-year-old women were nearly twice as likely to complete four years of college compared to women who were 35 in the 1990s. It was about 70% of women in recent years completing four years of college compared to only about 37% of women completing four years of college who graduated high school around late 70s. That really impacts their trajectory of career choices, if they're working, if they're transitioning to parenthood or not. College can be a time where people really set their drinking patterns and routines and start to drink in perhaps more risky ways. And also in places of employment for people in their 20s without children, alcohol is a big piece of that in the after work environment. There's just potentially more opportunity in more years to continue with more excessive drinking behaviors before considering having children or not.

LuAnn Heinen

I also got the sense that parenthood is less protective than in the past. So whether you're having kids at 20 or whether you're having them at 32, is it still less protective or is it just the fact that it's delayed that's making the difference?

Dr. Rachel Sayko Adams

I think what we've found in our data so far is that it's just that the transition to parenthood is delayed. We said this in the discussion of our paper. We don't know for sure if that's true because we were looking at binge drinking and alcohol use disorder symptoms among women at age 35, so women had to be 35 already to be able to answer those questions, and the data went up to

pre-Covid years. I think that the younger generation, the younger millennials and Gen Z, we have to follow really closely because they are the ones who more so will be transitioning to parenthood. One study doesn't give us a definitive answer. I think that we need more research in this area and especially with the potential impacts of Covid on alcohol use for women and we'll need to keep watching this and looking at this over time.

LuAnn Heinen

Next in our conversation, we talked about the effect of marketing on alcohol consumption. Dr. Sayko Adams said there's been a shift in the types of products being marketed, targeting women, whether they're mothers or not.

Dr. Rachel Sayko Adams

You see a lot of low-calorie seltzers on the market now that the cans look very similar to other seltzers. You see low calorie wines. There's expressions like rosé all day. There's alcohol popsicles out there. There's things that are targeting the demographic of women and there's also been a partnering of alcohol advertising with social media. So you see social media influencers are commonly advertising different alcohol products, and so I think there's a lot we don't know about that. But I do think that targeted marketing for women of low-calorie alcoholic beverages is something that should be carefully watched in terms of how this may be influencing drinking behaviors for women.

LuAnn Heinen

What are some of the messages that as an addiction researcher you'd flag as potentially risky?

Dr. Rachel Sayko Adams

It is risky to drink as a coping mechanism. If you're drinking because you're experiencing grief or you're experiencing trauma or you're experiencing stress, it increases your risk for development of addiction. It becomes this mechanism that you're using to try to cope with difficult feelings and it can be reinforcing and you might associate turning to alcohol when you start to experience those same feelings and symptoms again. I think that's the risk of some of these messages on social media and in TV where there's really a reinforcement of trying to normalize the behavior of turning to alcohol at the end of the day because you've had a hard day parenting and that's not a healthy coping mechanism.

LuAnn Heinen

So normalizing drinking to cope, expressions like mommy juice or just the notion that wine is helpful for busy, tired, and stressed moms is potentially dangerous. So what exactly do you mean by mommy wine culture on social media?

Dr. Rachel Sayko Adams

That's a great question. Mom wine culture is something we're using as a phrase and it comes directly out of some of the terms that have been used on Facebook and Instagram to support pages and support groups and women coming together to talk about alcohol in relationship to motherhood. There are these sites. There's a Facebook group called Mommy Drinks Wine and Swears. There's an Instagram group called Mommy Wine Time. And you started to see women joining these groups and posting pictures and there's these big wine glasses where it says mom juice or mommy sippy cup and expressions really about kind of equating children and the way they drink juice to being a mom and the way that moms drink wine. It's meant to be funny.



LuAnn Heinen

There's a troubling cultural norm where mothers are encouraged to self-medicate with alcohol, despite the fact that drinking can worsen anxiety, depression, and disrupt sleep. I mentioned to Dr. Seiko Adams how one woman shared her story of undiagnosed postpartum depression. The most common gift she got after childbirth was alcohol.

Dr. Rachel Sayko Adams

That's so tough. The story is exactly right. It's probably the least helpful thing for a mom experiencing postpartum depression or postpartum anxiety, which is also very common because alcohol increases feelings of anxiety and can exacerbate depression and interrupt sleep. For women experiencing that after transitioning to motherhood, it could really be harmful. You're right, this story about wine being given as a gift is very common and this story is very similar to lots of the kind of how I started noticing this area as a potential area for research was around 2019 before Covid started. I started to notice that in the lay media, the *New York Times*, the *Atlantic*, a lot of *Huffington Post*, other media outlets, there started to be stories from women, very similar to the story you just read, that they were saying, I bought into this culture and I was following mom wine culture essentially and I started to turn to wine every night after I got my kids to bed and I developed a problem and it didn't work for me. It was unhealthy. And these articles were about a rejection of this dialogue. I started to notice, well, this is coming out again and again. Women are starting to notice this as problematic and state that this is risky and I was really with some colleagues encouraging the alcohol research field to pay attention because I think we really weren't doing a good job noticing this for a while.

LuAnn Heinen

We moved to the sober curious movement, which challenges traditional drinking culture and is partly driven by growing awareness of the negative health effects of even moderate alcohol consumption. Dr. Sayko Adams noted that the movement gained traction around 2019 with the book *Sober Curious* by Ruby Warrington playing a significant role in popularizing the concept.

Dr. Rachel Sayko Adams

I went out and read it. It was fascinating for me. I since then have been paying close attention to that term being used by other people. I noticed that some of these articles, like I was just mentioning with mommy wine, women rejecting this mommy wine culture, some of them were mentioning the *Sober Curious* as something else to turn to, an alternative to that. Where I live in the suburbs of Boston, Massachusetts, there's suddenly a new group called Sober in the Suburbs that's being run by a local mom. She was just interviewed in the *Boston Globe*. There are other books that have come out. There's a book called *Quit Like a Woman: The Radical Choice to Not Drink in a Culture Obsessed with Alcohol* by Holly Whitaker. There've been some celebrities who've endorsed these books, who've talked about the fact that they're choosing not to have alcohol anymore. I think the sober curious movement, it captures a spectrum of people who are, some of them are in recovery, some of them are really just rethinking their relationship with alcohol and realizing that it wasn't benefiting them anymore, it wasn't feeling good for them. Not everyone who identifies with *Sober Curious* or who's interested in it is fully not drinking. Some people are just really reducing their drinking. I think it's bringing awareness to this idea that it's a healthy behavior to rethink, that we all should be rethinking how we include alcohol in our life if we do so at all.

LuAnn Heinen

It still feels like a bit of a minority position though. The dominant, what seems more dominant as you said in TV and social media is not that, although it's growing. Why is it hard to counteract or

push back? What are some of the challenges that individuals face? Let's say they don't have a group in their neighborhood as was just formed in yours.

Dr. Rachel Sayko Adams

That's a great point. I certainly don't want to overstate the emergence of the sober curious movement because I think you're right. I think it is a growing minority perhaps, but it's still very much a subculture. It is really tricky for people to navigate how to live a life where they're not drinking alcohol in the same way as their peers. We talk about teenagers and college students experiencing peer pressure, but I think that we all experience it. I think that young moms who are with other young moms and alcohol is a big part of that social experience feel the pressure too. Many women, in particular, are nervous to express that they're not drinking or that they don't want to drink because they think either they'll be rejected by their peers or that their peers will think that they're judging them. So they choose not to say anything or they'll just continue to drink even if they don't really want to. I think it's uncomfortable. I think they don't know how to talk about it easily.

LuAnn Heinen

Yeah, I think it's tricky. I think if you're trying not to drink, then you're going to maybe avoid groups of friends where that's a big part of the activity. On the other hand, if you're trying to stealth cut back, there's the risk that the friends you're with who are drinking could feel even judged.

Dr. Rachel Sayko Adams

Yeah. Anecdotally, I think the people who do better or who are more successful are the ones who can just tell people, I'm not drinking now or I'm going to get a mocktail or I'm going to have something else, but I still want to be friends with all of you and engage. But to just be able to say it, they tend to do better. It's a legal substance. It really is culturally a big part of all sorts of important events in our lives, celebrations, etc.

LuAnn Heinen

Passages, congratulations, champagne, lots of things. Well, unfortunately, there's an amazing variety of delicious N.A. cocktails and somewhat delicious N.A. wines out there. *Wirecutter* just did a whole *The Best N.A. Wines of 2023* type of thing.

Dr. Rachel Sayko Adams

That's great. I'll have to find that article. So non-alcoholic products, when I was growing up, there was one type of non-alcoholic beer or beverage that was really your choice if you were choosing to have a non-alcoholic beverage. Now there really has been a real explosion of non-alcoholic products. I think some of the big alcohol creators are making their own versions and the craft beer industry is coming out with non-alcoholic craft beers. And importantly, these are being sold in restaurants and grocery stores and in liquor stores and they're just more commonly available. I see it as a hopeful, a really hopeful movement that can help normalize options for people and just normalizing that people could choose to have a drink when they're out with their friends or colleagues that's a non-alcoholic choice.

LuAnn Heinen

Dr. Sayko Adams emphasized the importance of supporting women, particularly mothers, in preventing alcohol use disorder through more flexible workplace options. She highlighted how the challenges of balancing work and parenting contribute to stress and increasing support in these areas could reduce reliance on alcohol as a coping mechanism. Remote work and greater flexibility can offer more opportunities for parents to manage their responsibilities while

maintaining their well-being. We concluded with Dr. Sayko Adams talking about strategies to support women and prevent alcohol use disorder.

Dr. Rachel Sayko Adams

Some of the things we talked about today, normalizing not always having to drink or defend why you're not drinking and having options for people when you hold a social event or a work event, having options that include non-alcoholic drinks, continuing to develop research to sort of continue to track over time how some of these potential influences from social media and advertising shifts for women may be, you know, impacting drinking behaviors. I think we're going to want to keep an eye on that.

LuAnn Heinen

Any specific considerations for employers and workplaces?

Dr. Rachel Sayko Adams

For employers, it's important if there are going to be employer-sponsored gatherings and celebrations or parties and events and alcohol is going to be served that there be numerous other non-alcoholic options available and to just try to really remember that there are very likely people in your community, in your office, who are not drinking or perhaps in recovery or who are struggling with their relationship with alcohol. Anything that can be done to sort of not promote this environment where it's assumed that everyone is drinking can be really helpful.

LuAnn Heinen

Dr. Rachel Sayko Adams is Research Associate Professor, Boston University School of Public Health. You earlier heard Dr. John Kelly, Professor of Psychiatry in Addiction Medicine at Harvard Medical School and Founder and Director of the Recovery Research Institute at the Massachusetts General Hospital.

I'm LuAnn Heinen and this podcast was produced by Business Group on Health, with Connected Social Media. If you liked the episode, please rate and review.