



**CHAMPS Substance Use Disorder Podcast Series: Season 2**  
**Episode 1: Interview with Kacy Crawford**  
**From Colorado Department of Public Health and Environment (CDPHE)**  
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**Helen Rhea Vernier:** Welcome to the first episode of the second season of the Substance Use Disorder Podcast Series, produced by [Community Health Association of Mountain/Plains States](#), better known as CHAMPS. I'm your host, Helen Rhea Vernier, the CHAMPS Programs Coordinator, Population Health. In the second season of this series, we're focusing more on non-opioid substance use disorder and highlighting the many interesting and innovative ways stakeholders across Region VIII are addressing substance use disorders in their communities.

Today, we'll be talking with Kacy Crawford, MPH, an Alcohol Epidemiologist from the Violence and Injury Prevention – Mental Health Promotion Branch of the [Colorado Department of Public Health and Environment](#) or CDPHE. Thank you for being here!

Could you introduce yourself and tell us a little bit about your work?

**Kacy Crawford:** Absolutely! So, as you mentioned, I'm an epidemiologist and I focus on excessive alcohol use data and prevention. Epidemiologist is really just a fancy word for someone who likes to tell stories with data. So, we work with a lot of our state Public Health data sources – these are often self-reported surveys, as well as with data on mortality, hospitalization. And so, it's really exciting to be here today to talk a little bit about excessive alcohol use, which, with the critical and challenging opioid epidemic we've been facing I think sometimes that conversation gets left out. So, thanks for having me here today.

**Helen Rhea Vernier:** Can you talk a little bit about the alcohol use rates in Region VIII – which as a reminder is Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming? What does the environment in those states look like?

**Kacy Crawford:** So, when we talk about alcohol use, we're not as, necessarily, worried about adult alcohol use it's more that excessive alcohol use. And there are a number of ways that we measure excessive alcohol use. One is binge drinking, which many of you may have heard of, and that's that heavy episodic drinking. Within a couple hours, if you drink, it's usually about four drinks for a woman, five drinks for a man – it can bring your blood alcohol concentration up to .08 or above. And so that's really, when we are thinking about impairment, intoxication, and those types of drinking patterns that can lead to those short- and long-term health outcomes. So, binge-drinking is a really common measure we use to just look at excessive drinking across states. And, in this area, the Dakotas – so, what I would say is the upper Midwest, and across the north of the United States, so states like the Dakotas, Montana, Wyoming, and then over to Minnesota, Wisconsin, Michigan – they tend to have the highest percentages of adults that report binge drinking.

Colorado is definitely up there. We, usually, are in the top ten or top fifteen in terms of the states with the highest adult percentage of binge drinkers. And then what's kind of unique is Utah, I believe, is consistently one of the lowest states in regards to binge drinking.

You bring up the point of the environment, and so that alcohol environment that we live in really contributes to those percentages of adults that report binge drinking. And so, in Utah specifically, they tend to have pretty

restrictive alcohol policies; it's usually harder to find an alcohol outlet than sometimes in other states. And then there is context around norms around alcohol, is there stigma attached to it? And Utah is just kind of this unique example; the combination of norms and policies that really tend to lend itself to having one of the lowest prevalences of binge drinking in the United States.

So, you know, this region is kind of unique, but I would say that a lot of the states in Region VIII tend to have pretty high rates of binge drinking.

**Helen Rhea Vernier:** So, you used the term "binge drinking" and gave us a little definition there. Are there other words that we should know and terms that we should have defined as we're discussing alcohol use?

**Kacy Crawford:** Yeah, so, when I reference excessive alcohol use, I'm really talking about four different types of excessive drinking. So, as we mentioned, binge drinking is a big one. Binge drinking tends to be the most costly, and the most deadly form of excessive alcohol use. That's specific to Colorado and across the United States. Additionally, there are some other indicators or measures that we use in Public Health to track adult and underage use of alcohol, and so one would be heavy drinking.

So, while binge drinking is that short period of time where you're drinking a lot to bring your blood alcohol concentration up quickly, heavy drinking is more consistent drinking over the course of a week. So, for example, this would be for women, about eight drinks over the course of a week, and for men about 15 drinks over the course of a week. So, right now, the U.S. dietary guidelines recommend that moderate drinking is about one drink a day for a woman and two drinks a day for a man. So, that heavy drinking definition, is really looking at, over the course of the week, are you consistently drinking more than that moderate drinking guideline? Why we track this measure is that, we do know that heavy drinking can contribute to a lot of long-term chronic outcomes. So, for example, there is some research that show that even one drink a day – or maybe even *less* than one drink a day can increase your risk of things like breast cancer. So that's another really important definition and measure of excessive alcohol use that we use regularly.

The other two pieces of excessive alcohol use are underage drinking – so that's any drinking by people under 21 – and any drinking by pregnant women. And so those four pieces really make up the general definition of what we would consider excessive alcohol use; and so any time that I use it, I'll specify those specific indicators like binge drinking, or I'll just speak generally about excessive alcohol use.

**Helen Rhea Vernier:** What are some of the social determinants, or upstream causes of excessive or unhealthy alcohol use? Or, excuse me, should I not be using a term like "unhealthy"?

**Kacy Crawford:** Yeah, that's a great question. So, we tend to not use the term "unhealthy" because it just tends to lend itself to the belief that there is a "healthy" type of alcohol use. And because of the study like I mentioned around that even very small amounts of alcohol can increase the risk of certain types of cancer, we tend to not use the term "healthy" – really, we're interested in measuring excessive alcohol use. And so, yeah, I think, you're going to hear a lot of different terminology around alcohol. So, you may have heard terms like "alcohol use disorder," "alcoholism," "binge drinking," "excessive drinking," "risky drinking," "unhealthy drinking." Everybody uses slightly different terminology, so I think it is really important when we do use words that we're really clear

about what they mean. So, I really appreciate you taking the time to really help me define excessive alcohol use for this conversation.

**Helen Rhea Vernier:** That's very helpful as we move forward – knowing what vernacular is really appropriate and helpful. So, with that then, I suppose my real question is, what are some of the social determinants, or upstream causes of excessive alcohol use or excessive drinking?

**Kacy Crawford:** When we think about communities, and we think about, what are some of those broader reasons why certain groups of people drink too much, a lot of that actually comes down to alcohol availability. There are different types of availability. So, availability could look like, you know, I live in a neighborhood where there's a lot of different outlets where I can buy lots of different types of alcohol. So, it's really readily available to me, I can access it fairly easily, and so that may increase my community's risk of having increased excessive drinking and a lot of those related harms that come with it.

Availability can also look like economic availability. So, there's a lot of research that shows that price is a really important measure of whether a community may be more or less at-risk for excessive drinking. For example, some of the science shows that if you actually increase alcohol taxes – which is essentially artificially increasing the price of the product or the price of the drink – you can actually decrease the excessive alcohol use in that community, and a lot of the related outcomes. So, for example, there are some studies that show that in states that have recently increased alcohol taxes, we've actually seen decline in motor vehicle fatalities.

I would really recommend that we think about alcohol as like the alcohol environment, the retail environment – how cheap is it, what types of products are available? Those are really the context that surrounds a lot of the reasons why some communities tend to drink more, and some communities tend to drink less. With the price conversation, we can start looking at specific groups of people and sort of see those impacts. So, for example, we see that people that have higher incomes, tend to be more likely to binge drink. And we believe it's because of that – again that – disposable income so that the price sensitivity is less for those folks in regards to their alcohol purchasing behaviors.

Those are just some examples of, and context around, what contributes to excessive drinking. Especially when we really think of it from a community and public health perspective rather than that individual level. What is that individual's specific risk factors, protective factors, that may increase or decrease the likelihood that they may drink excessively?

**Helen Rhea Vernier:** You touched on the individual impacts on health of alcohol use, but now as we're talking about community, can you tell us a little bit more about some of the sort of community health impacts of alcohol use?

**Kacy Crawford:** Yeah, absolutely! We're probably pretty familiar with a lot of the short-term impacts of excessive alcohol use. So, those may be things like I mentioned before: alcohol impaired driving and potentially motor vehicle crashes or fatalities that may result from that drinking. Additionally, we see a lot of connections between excessive drinking and different types of violence. This could be interpersonal violence, but it also could be something like suicide. So, for example in Colorado, we see that among suicide decedents, about one in three were impaired around the time of their death. So, that means that their BAC [Blood Alcohol Volume] was

.08 or above. Those are some of those short-term impacts that we have a lot of research that excessive drinking can contribute to – that can really hurt people’s health.

What a lot of people are a little less familiar with are some of those longer-term impacts. So, as I mentioned earlier, a lot of people don’t know that even small amounts of alcohol can increase your risk of certain types of cancer. Additionally, drinking excessively over time can increase your risk of developing an alcohol use disorder where you may need to go access treatment for that specific disorder. Additionally, there are other chronic diseases that we have varying levels of research on. But what’s interesting about alcohol is that I see it as this connecting risk factor – that if we really tried to work on preventing excessive alcohol use, we may actually be able to impact a lot of health outcomes that we care about and are worried about in our communities.

**Helen Rhea Vernier:** Can you tell us a little – or a lot – about the science of changing that behavior of excessive alcohol use? What does your department, or you, focus on as you look at changing that behavior?

**Kacy Crawford:** So, I work at the state health department in Colorado and so our role is really to educate decision-makers and community members on the data around excessive alcohol use. So, that’s why we collect annual survey data on both youth and adult behaviors and also we use lots of other data systems and data sources to try to make sure that we’re monitoring trends over time in excessive alcohol use and some of those related harms and behaviors.

So, aside from specifically educating folks on the data, we also try to educate on the science. That way, decision-makers and community members that maybe want to be active in their local policy-making process, have the best available information to share with their local folks and their decision-makers. So, for example, as I mentioned before, the context around alcohol in communities is really important. So, a lot of the science around decreasing excessive alcohol use, as I said, is around price – so, alcohol excise taxes tend to be the most common way to increase the price of alcohol at the state level. Additionally, we see that the types of outlets that are in a neighborhood, how they’re clustered, and just the number of them in specific areas, can really increase public nuisance, can increase violence, can increase a lot of negative outcomes around excessive alcohol use.

And so, one specific recommendation through the community guide that’s funded through the [CDC \[Centers for Disease Control and Prevention\]](#), is that, we really try to regulate alcohol outlets in communities to try to decrease some of those negative outcomes. So, regulating could mean putting a cap on the number of outlets you can have in your community, it could put distance requirements in place or buffers, essentially, around a specific outlet to say, certain outlets can’t be so close together. So those are just a couple of ways, that we’ve learned over decades of research, about how we can actually prevent excessive drinking and then a lot of the impacts that we just discussed.

**Helen Rhea Vernier:** From your perspective, what are the biggest barriers we face as a society? And do you have any thoughts on how we can overcome those barriers?

**Kacy Crawford:** Yeah, I think that’s a great question. One of the challenges that I’ve observed just doing this work for about three years, is that, you know, drinking too much is really, really normal – across the United States, and I know that it’s true here in Colorado. And so, because it’s so normal, it can make it sometimes hard

for people to see it as a concern and see it as an issue unless it's directly affected them. But what I would say is that we actually have a lot of research to show that excessive drinking actually can hurt people other than the drinker. So, a recent study just came out that showed that one in five U.S. adults was impacted negatively by someone else's drinking. And so, these could be things like harassment, it could be the motor vehicle crashes we discussed, as well as different types of violence. So, really as a society, I think the important piece would be to start looking at this problem as a community problem and not just as an individual-level problem. Obviously, there's a lot of work that needs to be done at the individual level, especially in healthcare settings. But I think if we really want to start moving that needle on measures like binge drinking that we've talked about, I think we really need to start framing the problem as a societal problem.

**Helen Rhea Vernier:** You kind of started to talk about that normalization piece and I'm wondering how you see stigma, or the lack thereof playing a role in this – both at that individual level that you mentioned and in that societal piece.

**Kacy Crawford:** I think what's interesting, just based on the feedback I've gotten from talking about our data, talking about the science of excessive alcohol use, is that people tend to sort of believe that you either are an alcoholic – and I'm putting alcoholic in quotation marks, or you may drink too much but you're fine, there's no potential risk. And I think that is a challenge because what we really know, is that about nine in ten people that drink too much or excessively drink, may not actually meet the criteria for alcohol dependence, or what we would now call a moderate to severe alcohol use disorder. And so, what that tells me is that there's probably a lot of folks out there that are drinking too much, and it may be impacting their health but, where they may not need formal treatment, they may not need some of the resources that people with severe alcohol use disorder may need. And that there are actually a lot of prevention strategies that we know from decades of research that can really help incentivize those folks to drink less. I don't know if it's exactly stigma, but there's sort of a stigma around people with alcohol use disorders and that there's a bright line there. And I think, what we really see is that there's a lot of folks out there that could really use intervention like, increased alcohol taxes in their communities. They could really have a conversation with their healthcare provider about their drinking and how it may be impacting their health – and that that may be actually really effective for a lot of folks that we know are experiencing negative impacts because of their drinking.

**Helen Rhea Vernier:** What advice do you have for health centers or health care providers that are dealing with excessive alcohol use in their communities?

**Kacy Crawford:** In Colorado, we recently surveyed a sample of the population around what's happening in primary care settings when they're interacting with their primary care providers, with their nurse practitioners, and what we're hearing is that, overwhelmingly, most people are getting screened for excessive alcohol use in primary care settings. But the disconnect is that these patients are also telling us, "I told them that I drank too much, and no one really had a conversation with me about it." So, one of my recommendations for health care centers is, really think about the important role that they play in the health of the people that they are serving and know that it doesn't take a five-minute conversation to check in with someone about their drinking. It can really be a short chat about how their binge drinking or excessive drinking may be impacting their health and that that can be a really important touch point for an individual who may be in that group of people that I just talked about that doesn't need treatment, but could really benefit from drinking a little less. So, that's something that I think is really important to note is that it doesn't necessarily need to take that long, but that

those healthcare providers really are an important resource for their patients, especially those who drink too much.

I also would just mention that, I think, in my work with people who work in healthcare systems, sometimes it can be really frustrating when we're thinking about screening and brief intervention and then referral to treatment [SBIRT], to see outcomes – to see those population-level outcomes from that work because the patients that are coming in to see you, they're living in that same alcohol environment and that retail context that you are. And so, what we really need, I think, is that comprehensive approach. So, that conversation you're having with the patient, is so critical, *and* we need to be thinking about some of those population-level prevention strategies that I've been talking about that can really work together to incentivize people to drink a little less.

**Helen Rhea Vernier:** As we wrap-up, what are the top three things that you would like health care providers and support staff to know about alcohol use?

**Kacy Crawford:** A couple of just takeaways: I think excessive alcohol use is actually really common. So, making sure to consider that when you're interacting with people in a healthcare setting. So, for example, I think often people will make assumptions about their patients like, "Oh my over 65-year-old patients probably aren't drinking too much." Where, what we really know is that, they actually may be binge drinking more frequently than people who are in that sort of middle-aged group. And so, this is really important I think when we're talking about potentially prescribing opioids, prescribing benzodiazepines, where alcohol can really interact with those drugs and it can increase their potential risk for overdose. I would just want them to keep in mind that excessive alcohol use is actually really common and it's something that their patients may be dealing with and that they just have a critical role in having those conversations. And just don't make assumptions about people's behavior, you can screen them and ask them about it.

Also, I would just want to mention to them that they have a critical role in having those brief interventions, but they're also a citizen. They're a member of their community. And so, if there are specific instances where maybe an outlet is coming in your neighborhood and maybe you're a little worried about it because you've had some public nuisance issues, or, something is coming up in your states legislature specific to alcohol and you're really concerned about it, I would have health care system staff really both think about themselves both as that professional but also as a citizen in their community. And that there is a lot of data and information out there that can help them get more involved and feel really educated to be part of those conversations in their community.

And then lastly, I would want them to take away that – and I just mentioned this – but that the work they do is critical, but it is very, very hard to see lasting impacts in that type of one-on-one individual support if we're not also making population-level policy change or environmental change. So, if you're talking with a patient and working really hard with them to help them decrease their drinking, but four different outlets pop up in their neighborhood and it's really cheap for them to buy alcohol, and it's really common and normal in their friend group or in their community for people to drink too much, that can be a really hard behavior change. So, our approach from a public health perspective, is to try to make neighborhoods and communities where the healthy choice is the easiest choice. And so, I would just help them, maybe, keep that in mind, and know that, the same

things you're struggling with personally, and the same things you're seeing in your community, are the things that your patients or the people you're working with are struggling with.

**Helen Rhea Vernier:** Well, thank you for sharing that information and advice with our Region VIII health centers and thank you for joining us today for our very first episode of the second season of the Substance Use Disorder Podcast Series.

**Kacy Crawford:** Thank you so much for having me, and I shared a lot of the resources of what I spoke about today with you, Helen, so, please feel free to post those. And if anybody has any questions or wants to talk more about this topic, even if you're from another state, I'm happy to do that. So please, just let me know.

**Helen Rhea Vernier:** Perfect, thank you so much. This and future episodes will be available for free download at [www.champsonline.org](http://www.champsonline.org). Typed transcripts of each episode are also available. Links to the studies and resources mentioned in today's webcast will also be linked there. If you're interested in recording an interview for our series, please let us know by sending an email to [helen@champsonline.org](mailto:helen@champsonline.org). Thanks for listening!