corresponding changes in binge drinking — moving from a hooking up/casual relationship to a monogamous one or no relationship was associated with a decrease in binge drinking, while moving from a monogamous or no sexual relationship to a casual/hooking up one was associated with increases in binge drinking.

These results indicate that nonexclusive dating or casual sexual relationships may contribute to binge drinking in early college, with important implications for prevention and intervention. In addition, they help clarify contradictory findings in the literature regarding associations between romantic relationship/sexual activity status and drinking behaviors.

The authors confirmed both hypotheses. “Hooking up” is key to this as an integral aspect of campus culture, the authors wrote. They found that the effects of relationship type on binge drinking depended upon whether single individuals were sexually active. Students who were not dating and not sexually active upon entering college had lower levels of binge drinking during the first semester of college, and these levels matched those of individuals in exclusive relationships. Being single and sexually active was associated with the same levels of binge drinking as casual dating. “Therefore, it appears that sexual activity, whether through casual dating or "hooking up" as a non-dater, is associated with more frequent episodes of heavy drinking,” the researchers wrote.

The authors also found that shifting into an exclusive relationship or non-dating/non-sexually active status significantly protected against heavy drinking, whereas transitioning into a casual dating or hookup status significantly increased risk for binge drinking. Compared to increases in binge drinking among individuals who were consistently casually dating or single (not dating) and sexually active across all three semesters, those who transitioned to either nondating/non-sexually active or an exclusive relationship showed decreases in binge drinking. Additionally, compared to students who remained single (nondaters) or were consistently involved in exclusive relationships, those who shifted into single (not dating) and sexually active or casual dating displayed significant increases in binge drinking.

"As non-exclusive practices such as ‘hooking up’ and ‘friends with benefits’ become increasingly normative among college students, the need to define various health risks associated with these behaviors becomes increasingly important,” the researchers wrote. “From an applied perspective, the findings draw attention to the high level of risk for heavy drinking among individuals who are casually dating or single (not dating) and sexually active.”

The early college years are, already, a time of instability and experimentation, the researchers write, suggesting that this is a normative stage. The experimentation, however, underlies both substance use and multiple sexual relationships, including concurrently. And this study showed that shifting into an exclusive relationship, or into nondating/non-sexually active status, was associated with decreases in binge drinking.

“The findings, as a whole, support the broader notion that establishing hook-up relationships or casual dating relationships may play a critical role in the development of problematic patterns of alcohol use during the early college years,” the researchers concluded. “Future research is needed to uncover the specific psychosocial and motivational mechanisms that contribute to increased drinking among students who participate in the ‘hook up culture.’” Interventions can then be tailored to target those at risk for binge drinking as a function of their relationship status and sexual activity.

Heaviest drinkers still drinking during lockdown: UK research

Lockdown due to the COVID-19 pandemic doesn’t necessarily result in an across-the-board increase in alcohol consumption, according to research commissioned by Alcohol Change UK and released last month. The study found that 21% of adults who drink alcohol are drinking more often since the March 23 lockdown began in England, but that 35% reduced their frequency of consumption or stopped drinking altogether. Of those surveyed, 6% of previous drinkers chose to stop drinking altogether during lockdown. The study, a representative survey of more than 2,000 people, extrapolates to 8.6 million adults in the United Kingdom drinking more frequently since lockdown, while 14 million are drinking less often or have stopped drinking entirely. In addition, many people are seeking help based on visits to the “Get help now” section of Alcohol Change UK’s website increasing 35% between March 23 and April 13, compared to the same period last year.

Here are details from the survey, showing that people are trying to manage their drinking:

- 14% are taking drink-free days;
- 9% are careful with the amount of alcohol they buy;
- 6% stopped drinking completely for the lockdown;
- 4% are seeking advice online;
- 3% are attending remote support groups;
- 3% are receiving remote individual counseling; and
- 2% are using apps to monitor their drinking.

However, the people who were drinking the least in the first place were the most likely to take these measures to cut back. So while 47% of people who drank once a week or less cut back, only 27% of those who drank two to six times a week tried to manage their drinking, and only 17% of daily drinkers did so.

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“More than one in five of us are finding ourselves drinking more frequently in lockdown; many of us use alcohol as our go-to stress reliever, and in this very stressful time it’s not surprising that we might find ourselves reaching for a drink more often,” said Dr. Richard Piper, chief executive officer of Alcohol Change UK. “But at the same time people across the U.K. are rising to the challenge by taking steps to manage our drinking. More than a third of us are putting in place ways to keep our drinking in hand, ranging from taking drink-free days to using online support groups. We want to come out of lockdown as mentally and physically healthy as we possibly can, and managing our drinking is an important part of that.”

“It is good news to see that many people are taking their health seriously during the coronavirus pandemic by reducing their alcohol consumption; a course of action which WHO strongly recommends,” said Professor Sir Ian Gilmore, chair of Alcohol Health Alliance UK. “Cutting down on alcohol will not only improve our own health but it will help to protect the NHS [National Health Service] long-term and so it is important that these healthy trends continue. That said, lockdown will be a difficult experience for many dependent drinkers, those in recovery or those whose alcohol consumption has risen sharply in the last few weeks. If you are concerned about your drinking or the alcohol consumption of someone you know, make sure you reach out for help.”

Not surprisingly, the research also suggests that one person’s drinking affects the whole household. Rather than reducing stress, drinking made the household tension worse in 7% of households; only 4% thought alcohol decreased tensions.

Of the 2,010 people surveyed, 1,555 were regular drinkers before lockdown. Opinium carried out the survey between April 8 and 14. Alcohol Change UK is a charity devoted to avoiding harm from alcohol, which causes more than 7,000 deaths a year in England.

For more information, go to https://alcoholchange.org.uk/.

**Buprenorphine from page 1**

Open, represented the first phase of Project ED Health. Participating emergency departments in the implementation study, which is being funded by the National Institute on Drug Abuse Clinical Trials Network, are Mt. Sinai Hospital in New York City, Johns Hopkins Hospital in Baltimore, University of Cincinnati Medical Center and Harborview Medical Center in Seattle.

“There have been big strides at all four sites in initiating buprenorphine treatment,” Hawk said, since the April 2018 to January 2019 data-collection period in which only 20.9% of 268 survey respondents at these locations expressed readiness to initiate buprenorphine treatment in the ED for patients with OUD.

**Closing the knowledge gap**

Hawk, an attending physician in the emergency department at Yale New Haven Hospital, said Project ED Health seeks to bridge the gap between landmark medication-assisted treatment (MAT) research published five years ago and what is happening clinically for patients with OUD in the emergency department. The often-cited 2015 study, also from Yale researchers and published in JAMA, reported that patients for whom buprenorphine was initiated in the ED were twice as likely to remain engaged in care for OUD 30 days later. This makes a strong case for starting medication treatment before a person is discharged from emergency care.

The survey of ED physicians at the four sites participating in Project ED Health was intended to identify the barriers and facilitators for initiating buprenorphine in the emergency setting. All participating physicians and physician extenders completed an electronic survey, and a subset of 74 participants offered qualitative feedback during one of 11 focus group sessions.

Hawk said the overall findings suggest that while emergency physicians generally saw their traditional ways of addressing patients with OUD as inadequate, they largely believed they lacked the tools for being able to provide more evidence-based care. Responding to the survey question “On a scale from 0 to 10, how ready are you to provide ED-initiated buprenorphine with referral for ongoing MAT for the treatment of opioid use disorder?” only 20.9% offered a response in the high readiness range. The breakdown for self-reported high readiness was 21.2% among attending physicians, 24.3% among residents and 12.5% among advanced practice clinicians.

In addition, only 3.5% of survey participants reported having completed the federally mandated training required to become certified as a

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