



NDARC
National Drug & Alcohol Research Centre

The Difference is Research



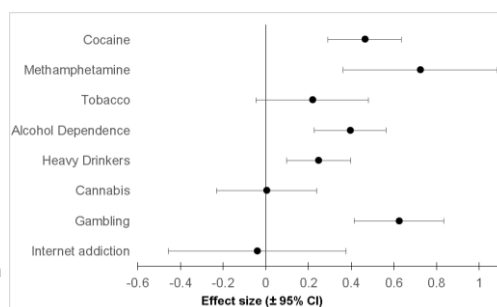
Can a new form of inhibitory training reduce heavy drinking?

Janette L Smith

Medicine National Drug and Alcohol Research Centre

Inhibitory deficits in addiction

- Inhibition: the ability to interrupt, delay, or withhold performance of an inappropriate response
- Increasing importance in models of development and maintenance of addiction
 - Old models: limbic system → generates pathological desire for drug
 - New models: frontal control system → problems exercising control over those desires (e.g., Jentsch & Pennington, 2014, Neuropharmacology; Goldstein & Volkow, 2002, Am J Psychiatry)
- Inhibitory deficit differs by addiction (Smith et al., 2014, Drug Alc Depend)
- Apparent for alcohol dependence as well as heavy drinking
- Which came first?
 - Consumption → dysfunction
 - Dysfunction → consumption
- Remediate dysfunction → reduction in consumption?



Can inhibitory training reduce heavy drinking?

- If inhibition improves, undesirable behaviours decrease
 - Substantial literature on binge eating, overweight and obesity, healthy food choices
 - Growing literature concerning risky alcohol consumption
 - 10 minute computer task → ~20% reduction in uni students over 1 week
 - Also effective with motivated individuals seeking treatment (e.g., Wiers' work)
 - Theoretically could be delivered online
- Two main methodologies: Beer-NoGo and Restrained-Stop

Beer-NoGo

"Press the button when you see the letter F; do not press when you see the letter P"



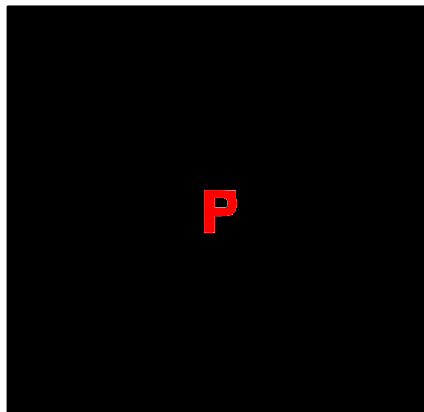
Images are task-irrelevant, but alcohol always presented with P – 'NoGo' – requiring inhibition

Can inhibitory training reduce heavy drinking?

- If inhibition improves, undesirable behaviours decrease
 - Substantial literature on binge eating, overweight and obesity, healthy food choices
 - Growing literature concerning risky alcohol consumption
 - 10 minute computer task → ~20% reduction in uni students
 - Also effective with motivated individuals seeking treatment
 - Theoretically could be delivered online
- Beer-NoGo:
 - Pairing response inhibition with task-irrelevant images of beer
 - Alters alcohol associations
 - Effect size ~0.48 (Jones et al., 2016, Appetite; Allom et al., 2016, Health Psychol Rev)

Restrained-Stop

“Press left for F, right for P, and do not press if the letter turns red. Correct responses are more important than fast responses”



Can inhibitory training reduce heavy drinking?

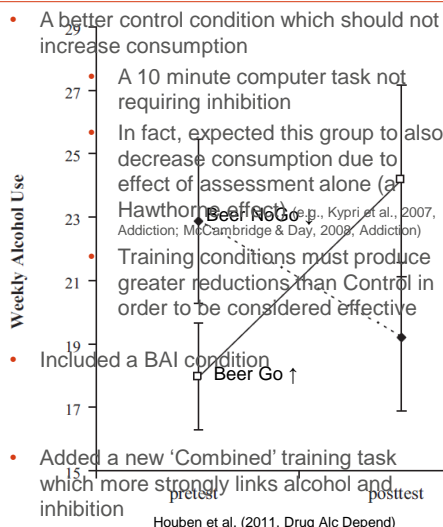
- If inhibition improves, undesirable behaviours decrease
 - Substantial literature on binge eating, overweight and obesity, healthy food choices
 - Growing literature concerning risky alcohol consumption
 - 10 minute computer task → ~20% reduction in uni students
 - Also effective with motivated individuals seeking treatment
 - Theoretically could be delivered online
- Beer-NoGo:
 - Pairing response inhibition with task-irrelevant images of beer
 - Alters alcohol associations
 - Effect size ~0.48 (Jones et al., 2016, Appetite; Allom et al., 2016, Health Psychol Rev)
- Restrained-Stop
 - Complete an inhibitory task with instructions to be particularly restrained (no images of alcohol)
 - Primes a restrained response set generally
 - Effect size ~0.24 (Jones et al., 2016, Appetite; Allom et al., 2016, Health Psychol Rev)

Past research

- Inhibitory training often compared to 'control' conditions which actually *increase* alcohol consumption
 - Possibly overestimating the effect of training (as measured by time x group interaction)
- Few studies compare to other proven methods of reducing consumption such as Brief Alcohol Intervention (BAI)
- No link between alcohol and inhibition (Restrained-Stop), or no *necessary* link (Beer-NoGo)

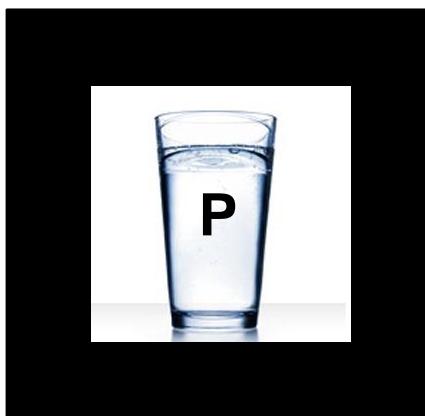
Our study

- A better control condition which should not increase consumption
 - A 10 minute computer task not requiring inhibition
 - In fact, expected this group to also decrease consumption due to effect of assessment alone (a Hawthorne effect, e.g., Kypri et al., 2007, Addiction; McCambridge & Day, 2008, Addiction)
 - Training conditions must produce greater reductions than Control in order to be considered effective
- Included a BAI condition
- Added a new 'Combined' training task which more strongly links alcohol and inhibition



A new 'Combined' training task

"Press left for F, right for P, and do not press if the image changes"



Alcohol is the cue for inhibition

NDARC
National Drug &
Alcohol Research Centre

The Difference is Research

9

Participants

- 114 university students:
 - Aged 18-30
 - Liked beer
 - Consumed at least 4 standard drinks in the week before baseline testing
 - Not pregnant or have any other contraindications to drinking alcohol
- Not informed of the study's true aims until debriefing (similar to other studies)
- Randomly assigned to conditions
 - Control (n = 22)
 - Beer-NoGo (n = 24)
 - Restrained-Stop (n = 22)
 - Combined (n = 22)
 - BAI (n = 24)
- Groups not significantly different for age (~22), sex ratio (37%F), AUDIT score (~11), BIS-11 impulsivity (~63) or drinks/week (~16)

NDARC
National Drug &
Alcohol Research Centre

The Difference is Research

10

Methods

Baseline (60 minutes)

- Consent
- Demographics
- AUDIT
- Barratt Impulsiveness Scale (BIS-11)
- **TLFB for week preceding**
- Implicit Association Task
- Flanker task
- **Training task or BAI**
- Implicit Association Task
- Flanker task
- Bogus taste test

1 week follow-up (30 minutes)

- **TLFB for week between sessions**
- Implicit Association Task
- Flanker task
- Awareness probe
- Debriefing
- Second consent
- Reimbursement (\$25) and sex-specific information on their drinking

TLFB primary measure: total drinks/week
14 drinks/week = 14 on 1 day, or 2-3 on 5 days?

Secondary measures: beer drinks/week, drinking days/week, binge days/week, maximum drinks/day, average drinks/drinking day

		Control	Beer-NoGo	Restrained-Stop	Combined	BAI	All
Total drinks/week	d_{RM} (95% CI)	0.336 (-0.052, 0.723)	0.301 (-0.112, 0.714)	0.212 (-0.138, 0.562)	0.291 (-0.051, 0.632)	0.472 (-0.107, 1.052)	0.324 (0.130, 0.519)
	d_{IGPP} (95% CI)		-0.035 (-0.601, 0.531)	-0.123 (-0.645, 0.399)	-0.045 (-0.561, 0.471)	0.137 (-0.560, 0.834)	
Drinking days/week	d_{RM} (95% CI)	0.32 (0.049, 0.591)					
	d_{IGPP} (95% CI)						
Binge days/week	d_{RM} (95% CI)	0.048 (-0.308, 0.404)					
	d_{IGPP} (95% CI)		0.292 (-0.250, 0.834)	0.395 (-0.133, 0.924)	0.333 (-0.287, 0.735)	0.292 (-0.412, 0.715)	
Max drinks/day	d_{RM} (95% CI)	0.414 (-0.119, 0.948)	0.367 (-0.044, 0.777)	0.212 (-0.206, 0.631)	0.455 (0.012, 0.898)	0.292 (-0.273, 0.858)	0.341 (0.129, 0.553)
	d_{IGPP} (95% CI)		-0.047 (-0.720, 0.626)	-0.202 (-0.880, 0.476)	0.041 (-0.653, 0.734)	-0.122 (-0.899, 0.656)	
Average drinks/drinking day	d_{RM} (95% CI)	0.459 (-0.042, 0.960)	0.138 (-0.224, 0.501)	0.100 (-0.267, 0.467)	0.460 (0.048, 0.871)	-0.036 (-0.484, 0.412)	0.209 (0.025, 0.392)
	d_{IGPP} (95% CI)		-0.321 (-0.939, 0.298)	-0.359 (-0.980, 0.262)	0.001 (-0.648, 0.649)	-0.495 (-1.167, 0.177)	

d_{RM} : Repeated measures effect size
Indexes change over time
Positive effect size reflects reduction from baseline to follow-up

d_{IGPP} : Difference in effect of time between conditions
Positive effect size reflects greater reduction in the test condition relative to Controls
0.2 = small
0.5 = medium
0.8 = large

Total drinks/week:
Significant reduction over time across conditions

No difference between conditions: while training and BAI conditions were associated with small-medium reductions in drinking, so was the Control condition

		Control	Beer-NoGo	Restrained-Stop	Combined	BAI	All
Total drinks/week	d _{RM} (95% CI)	0.336 (-0.052, 0.723)	0.301 (-0.112, 0.714)	0.212 (-0.138, 0.562)	0.291 (-0.051, 0.632)	0.472 (-0.107, 1.052)	0.324 (0.130, 0.519)
	d _{IGPP} (95% CI)		-0.035 (-0.601, 0.531)	-0.123 (-0.645, 0.399)	-0.045 (-0.561, 0.471)	0.137 (-0.560, 0.834)	
Beer drinks/week	d _{RM} (95% CI)	0.232 (-0.030, 0.493)	0.414 (0.075, 0.753)	0.068 (-0.305, 0.442)	-0.031 (-0.376, 0.314)	1.095 (0.517, 1.672)	0.336 (0.162, 0.509)
	d _{IGPP} (95% CI)		0.183 (-0.245, 0.610)	-0.163 (-0.619, 0.293)	-0.263 (-0.696, 0.170)	0.863 (0.230, 1.496)	
Drinking days/week	d _{RM} (95% CI)	-0.173 (-0.423, 0.077)	0.246 (-0.117, 0.610)	0.187 (-0.156, 0.530)	-0.041 (-0.418, 0.335)	0.001 (-0.424, 0.426)	0.001 (-0.424, 0.426)
	d _{IGPP} (95% CI)		0.420 (-0.022, 0.861)	0.360 (-0.064, 0.785)	0.001 (-0.335, 0.335)	0.001 (-0.424, 0.426)	0.001 (-0.424, 0.426)
Binge days/week	d _{RM} (95% CI)	0.048 (-0.308, 0.404)	0.340 (-0.069, 0.748)	0.443 (0.053, 0.833)	0.202 (-0.095, 0.499)	0.001 (-0.424, 0.426)	0.001 (-0.424, 0.426)
	d _{IGPP} (95% CI)		0.292 (-0.250, 0.834)	0.395 (-0.133, 0.924)	0.202 (-0.287, 0.691)	0.001 (-0.424, 0.426)	0.001 (-0.424, 0.426)
Max drinks/day	d _{RM} (95% CI)	0.414 (-0.119, 0.948)	0.367 (-0.044, 0.777)	0.212 (-0.206, 0.631)	0.402 (0.012, 0.792)	0.001 (-0.424, 0.426)	0.001 (-0.424, 0.426)
	d _{IGPP} (95% CI)		-0.047 (-0.720, 0.626)	-0.202 (-0.880, 0.476)	0.001 (-0.653, 0.653)	0.001 (-0.424, 0.426)	0.001 (-0.424, 0.426)
Average drinks/drinking day	d _{RM} (95% CI)	0.459 (-0.042, 0.960)	0.138 (-0.224, 0.501)	0.100 (-0.267, 0.467)	0.402 (0.048, 0.756)	0.001 (-0.424, 0.426)	0.001 (-0.424, 0.426)
	d _{IGPP} (95% CI)		-0.321 (-0.939, 0.298)	-0.359 (-0.980, 0.262)	0.001 (-0.648, 0.649)	-0.495 (-1.167, 0.177)	0.001 (-0.424, 0.426)

Beer drinks/week:

Maximum drinks/day:
Significant reduction over
time across conditions

Average drinks/day:
Significant reduction over
time across conditions

No difference between
conditions

No difference between
conditions

Summary

- Participation in our study associated with reduction in weekly alcohol consumption
 - Total drinks, 4/5 secondary measures
 - Within-subject effect sizes 0.21-0.34 across conditions
 - *Regardless* of the control/training/BAI condition to which the participant was randomly assigned
- In line with many other studies reporting an effect of assessment on alcohol consumption
 - Mechanism of this effect is debated
 - But from a public health perspective, the mechanism of action is unimportant so long as it is reliable (McCambridge & Day, 2008, *Addiction*)
 - Suggests utility of widespread application of assessment protocols via the internet or in primary care settings

Summary

- Brief alcohol intervention was most successful at reducing alcohol consumption
 - Beer drinks/week, drinking days/week
 - Largest effect size for total drinks/week, although not significantly different to Controls
 - In line with numerous studies showing that BAIs are effective at reducing consumption among heavy drinkers
- Can inhibitory training reduce heavy drinking?
 - When compared to a carefully selected Control condition, no
 - Considering training as a treatment adjunct may be premature, although better results have been observed among motivated individuals (vs. uni students not seeking treatment)
 - Despite the discouraging lack of a large effect for our three training protocols, investigation of inhibitory training is not a fruitless endeavour
 - Rather, investigators will need to carefully consider the possible sources of observed alterations in drinking behaviour
 - Ensure chosen task design produces an effect beyond that of simple assessment, and indeed beyond other proven methods of reducing consumption

Acknowledgements

- Ms Nicole Dash, University of Wollongong, Australia
- Assoc Prof Stuart Johnstone, University of Wollongong, Australia
- Dr Katrijn Houben, Maastricht University, The Netherlands
- Prof Matt Field, University of Liverpool, United Kingdom
- Australian Rotary Health Postdoctoral Research Fellowship
- Mr Tony Kemp, programmed training tasks
- janette.smith@unsw.edu.au
- Smith, Dash, Johnstone, Houben, Field (submitted Oct 18 2016) Current forms of inhibitory training produce no greater reduction in drinking than simple assessment. *Drug and Alcohol Dependence*

What's next?

- Beer-NoGo: largest effect size among inhibitory tasks for reducing beer drinks/week
 - More effective with participants who prefer (not just like) beer?
 - Use participant's preferred drink (beer, red wine, white wine, spirits etc)?
 - Use participant's preferred brand/label?
- Presentation of beer images in Beer-NoGo and Combined conditions may have increased alcohol consumption (e.g., by increasing craving), counteracting the inhibitory training
 - What is the effect of presenting beer images with no associated task?
- For how long does the effect last? Longer follow-ups than 1 week
- Combined task: alcohol images perhaps still not necessarily the signal for inhibition
 - Possible that an image *change* was the attended feature
 - Images change from landscapes to water (ignore, respond) or alcohol (inhibit) – must process content of image

Floor effects?

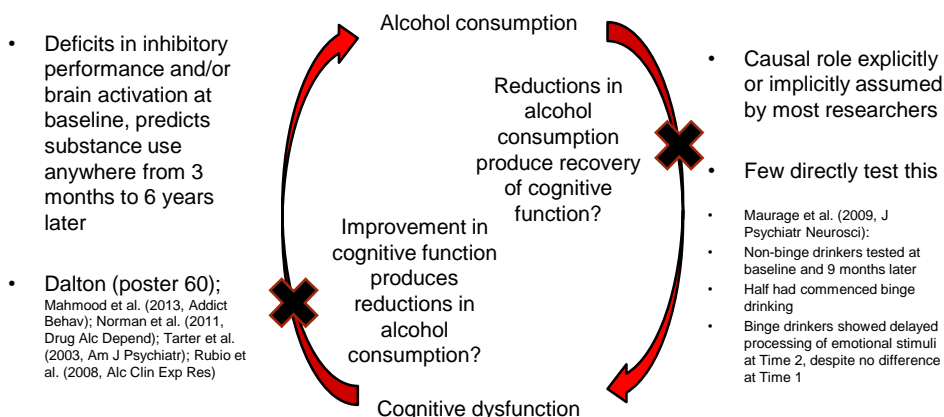
- Consumption and AUDIT scores among our sample of heavy drinkers are lower than previous studies
- Light drinkers have less room to reduce drinking, or perhaps the protocols are more effective with heavy drinkers?
- Split into groups with AUDIT 11 or less (n = 66) vs. 12 or more (n = 48)
- Group x training condition x time ANOVA
- Greater reduction for BAI than Controls, larger in the heavier drinkers, for
 - Total drinks
 - Beer drinks
 - Binge episodes
 - → BAI intervention most successful with heavier drinkers
 - But still no effects for other training conditions

Results

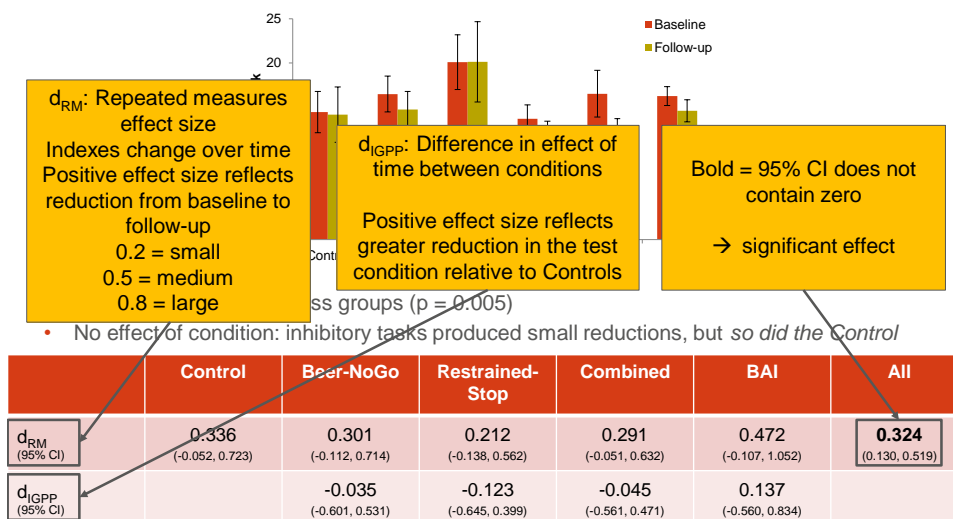
	Control (n = 22)	Beer-NoGo (n = 24)	Restrained-Stop (n = 22)	Combined (n = 22)	BAI (n = 24)
Age (years)	22.2 ± 0.8	21.6 ± 0.6	21.7 ± 0.7	21.4 ± 0.6	21.6 ± 0.6
Sex ratio (F:M)	9:13	9:15	6:16	9:13	9:15
AUDIT	11.4 ± 0.9	12.0 ± 1.0	12.0 ± 1.0	9.6 ± 0.7	11.4 ± 0.9
Impulsivity (BIS)	60.2 ± 2.0	63.2 ± 1.9	64.1 ± 2.1	63.4 ± 2.0	61.5 ± 2.1
Drinks/week at entry	14.4 ± 2.4	16.5 ± 2.0	20.1 ± 3.1	13.7 ± 1.6	16.5 ± 2.7

- Values are mean ± SE
- Recruited a sample of heavy drinkers (AUDIT ≥ 8), not significantly different between groups for AUDIT, impulsivity, or drinks/week

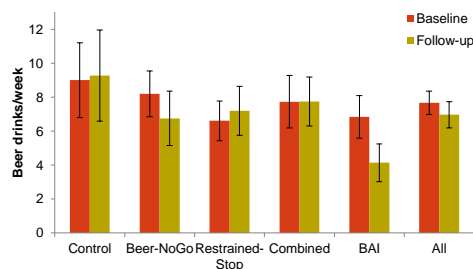
Cause and effect?



Total drinks/week



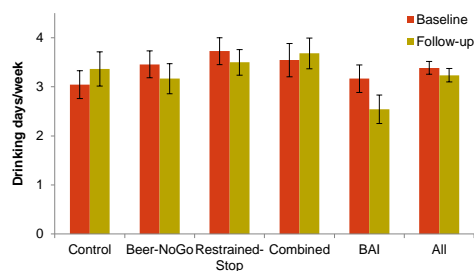
Beer drinks/week



- Reduction over time across groups ($p = 0.001$)
- BAI reduced more than Controls ($p = 0.064$)

	Control	Beer-NoGo	Restrained-Stop	Combined	BAI	All
d_{RM} (95% CI)	0.232 (-0.030, 0.493)	0.414 (0.075, 0.753)	0.068 (-0.305, 0.442)	-0.031 (-0.376, 0.314)	1.095 (0.517, 1.672)	0.336 (0.162, 0.509)
d_{IGPP} (95% CI)		0.183 (-0.245, 0.610)	-0.163 (-0.619, 0.293)	-0.263 (-0.696, 0.170)	0.863 (0.230, 1.496)	

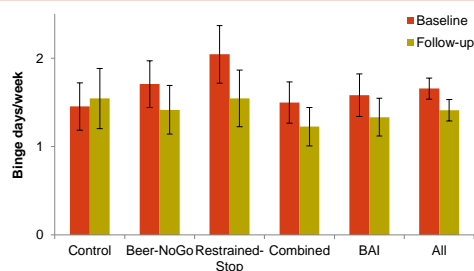
Drinking days/week



- No reduction over time across groups ($p = 0.125$)
- BAI reduced number of drinking days more than Controls ($p = 0.024$)

	Control	Beer-NoGo	Restrained-Stop	Combined	BAI	All
d_{RM} (95% CI)	-0.173 (-0.423, 0.077)	0.246 (-0.117, 0.610)	0.187 (-0.156, 0.530)	-0.115 (-0.418, 0.189)	0.571 (0.088, 1.053)	0.143 (-0.020, 0.306)
d_{IGPP} (95% CI)		0.420 (-0.022, 0.861)	0.360 (-0.064, 0.785)	0.058 (-0.335, 0.452)	0.744 (0.201, 1.288)	

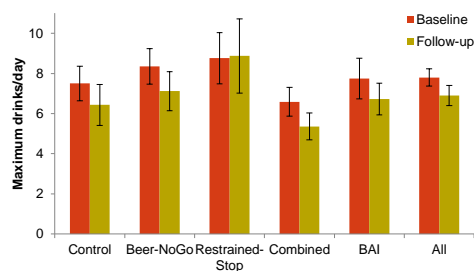
Binge days/week



- Reduction over time across groups ($p = 0.006$)
- No effect of condition

	Control	Beer-NoGo	Restrained-Stop	Combined	BAI	All
d_{RM} (95% CI)	0.048 (-0.308, 0.404)	0.340 (-0.069, 0.748)	0.443 (0.053, 0.833)	0.272 (-0.095, 0.638)	0.199 (-0.237, 0.635)	0.268 (0.091, 0.445)
d_{IGPP} (95% CI)		0.292 (-0.250, 0.834)	0.395 (-0.133, 0.924)	0.224 (-0.287, 0.735)	0.151 (-0.412, 0.715)	

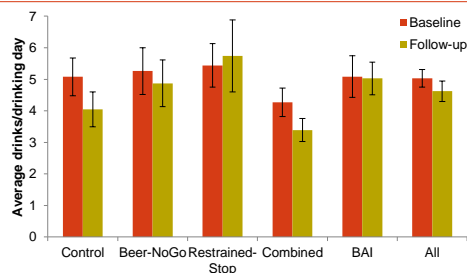
Maximum drinks/day



- Reduction over time across groups ($p = 0.006$)
- No effect of condition

	Control	Beer-NoGo	Restrained-Stop	Combined	BAI	All
d_{RM} (95% CI)	0.414 (-0.119, 0.948)	0.367 (-0.044, 0.777)	0.212 (-0.206, 0.631)	0.455 (0.012, 0.898)	0.292 (-0.273, 0.858)	0.341 (0.129, 0.553)
d_{IGPP} (95% CI)		-0.047 (-0.720, 0.626)	-0.202 (-0.880, 0.476)	0.041 (-0.653, 0.734)	-0.122 (-0.899, 0.656)	

Average drinks/drinking day



- Reduction over time across groups ($p = 0.032$)
- No effect of condition

	Control	Beer-NoGo	Restrained-Stop	Combined	BAI	All
d_{RM} (95% CI)	0.459 (-0.042, 0.960)	0.138 (-0.224, 0.501)	0.100 (-0.267, 0.467)	0.460 (0.048, 0.871)	-0.036 (-0.484, 0.412)	0.209 (0.025, 0.392)
d_{IGPP} (95% CI)		-0.321 (-0.939, 0.298)	-0.359 (-0.980, 0.262)	0.001 (-0.648, 0.649)	-0.495 (-1.167, 0.177)	