UNC SON ECHO ABC for MOUD

Addiction and Behavioral Clinic for Medication for Opioid Use Disorder Treatment

DIAGNOSING
ALCOHOL USE DISORDER

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Disclosures

- I have no actual or potential conflict of interest in relation to this presentation.

Objectives

- Review prevalence of alcohol use in the United States

- Develop an approach to screening for alcohol use

- Define alcohol use disorder and assessment tools available

Not on the Menu...

- Withdrawal Management (inpatient/outpatient)
- Behavioral Strategies
- Mutual Support Groups (e.g. AA, Smart Recovery)
- Complications of Alcohol Use (cirrhosis, neuropathy, etc)
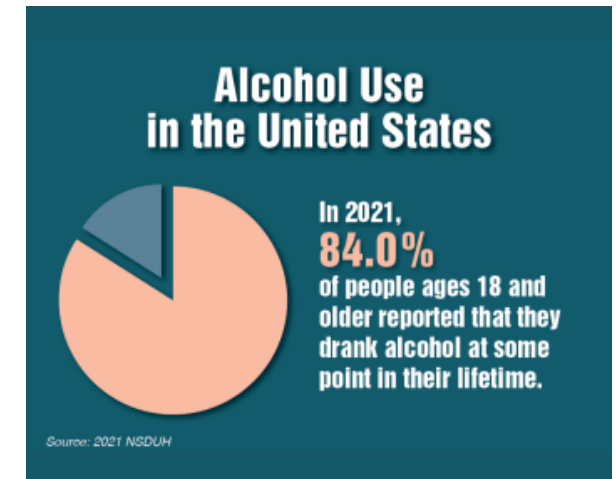- Alcohol and Hepatitis C treatment

Background

US

- 29.5 million people >12 yo => Alcohol use d/o

- > 140,000 deaths/yr in US

- Cost US $249 billion in 2010
  https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html
  https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics

Alcohol Use in the United States

In 2021, 84.0% of people ages 18 and older reported that they drank alcohol at some point in their lifetime.
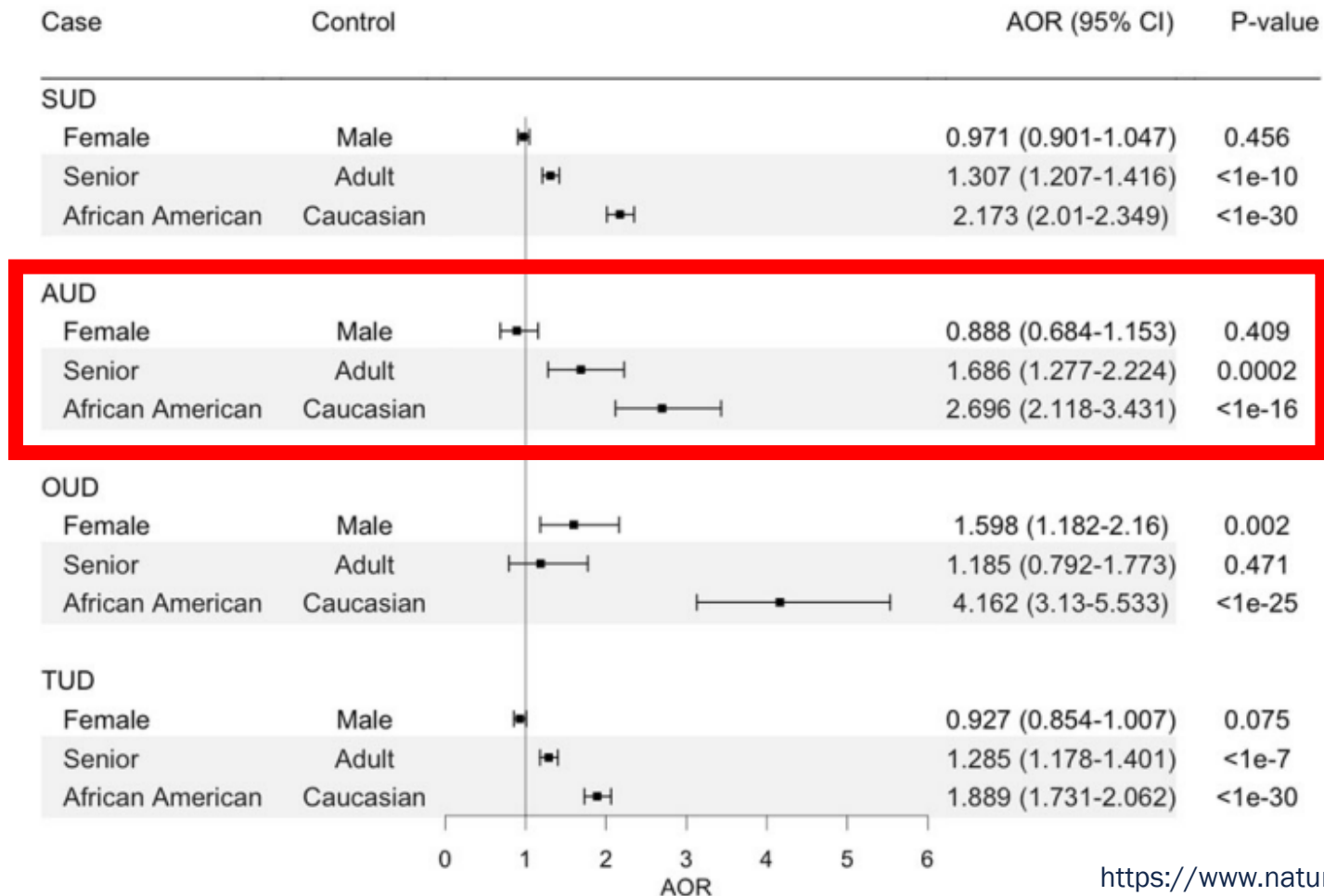
Source: 2021 NSDUH

NC

- Excessive EtOH use = 3rd leading preventable cause of death

- 26% of traffic fatalities involved EtOH
  https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/2018-AlcoholFactSheet-WEB.pdf

- 1.6% w/ AUD use medications: 223,000 people (NSDUH 2019)
  https://pubmed.ncbi.nlm.nih.gov/34132744/

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Disparities in US

Effects of demographics on COVID-19 susceptibility among patients with recent SUD

Case	Control		AOR (95% CI)	P-value
SUD				
Female	Male		0.971 (0.901-1.047)	0.456
Senior	Adult		1.307 (1.207-1.416)	<1e-10
African American	Caucasian		2.173 (2.01-2.349)	<1e-30
AUD				
Female	Male		0.888 (0.684-1.153)	0.409
Senior	Adult		1.686 (1.277-2.224)	0.0002
African American	Caucasian		2.696 (2.118-3.431)	<1e-16
OUD				
Female	Male		1.598 (1.182-2.16)	0.002
Senior	Adult		1.185 (0.792-1.773)	0.471
African American	Caucasian		4.162 (3.13-5.533)	<1e-25
TUD				
Female	Male		0.927 (0.854-1.007)	0.075
Senior	Adult		1.285 (1.178-1.401)	<1e-7
African American	Caucasian		1.889 (1.731-2.062)	<1e-30

AOR

https://www.nature.com/articles/s41380-020-00880-7.pdf

Disparities in NC

- ABC monthly sales were **22% higher** in Feb 2022 compared with Feb 2020 before the pandemic began.

> **Existing Disparities**
> Black, Hispanic, or Native American communities are more likely to have a higher density of alcohol retailers than white communities (Gruenewald, 2011). In most North Carolina counties, Black and Hispanic neighborhoods are exposed to greater alcohol outlet density than White non-Hispanic neighborhoods. Increases in density may hit communities of color the hardest (Cox, et. al., 2017).
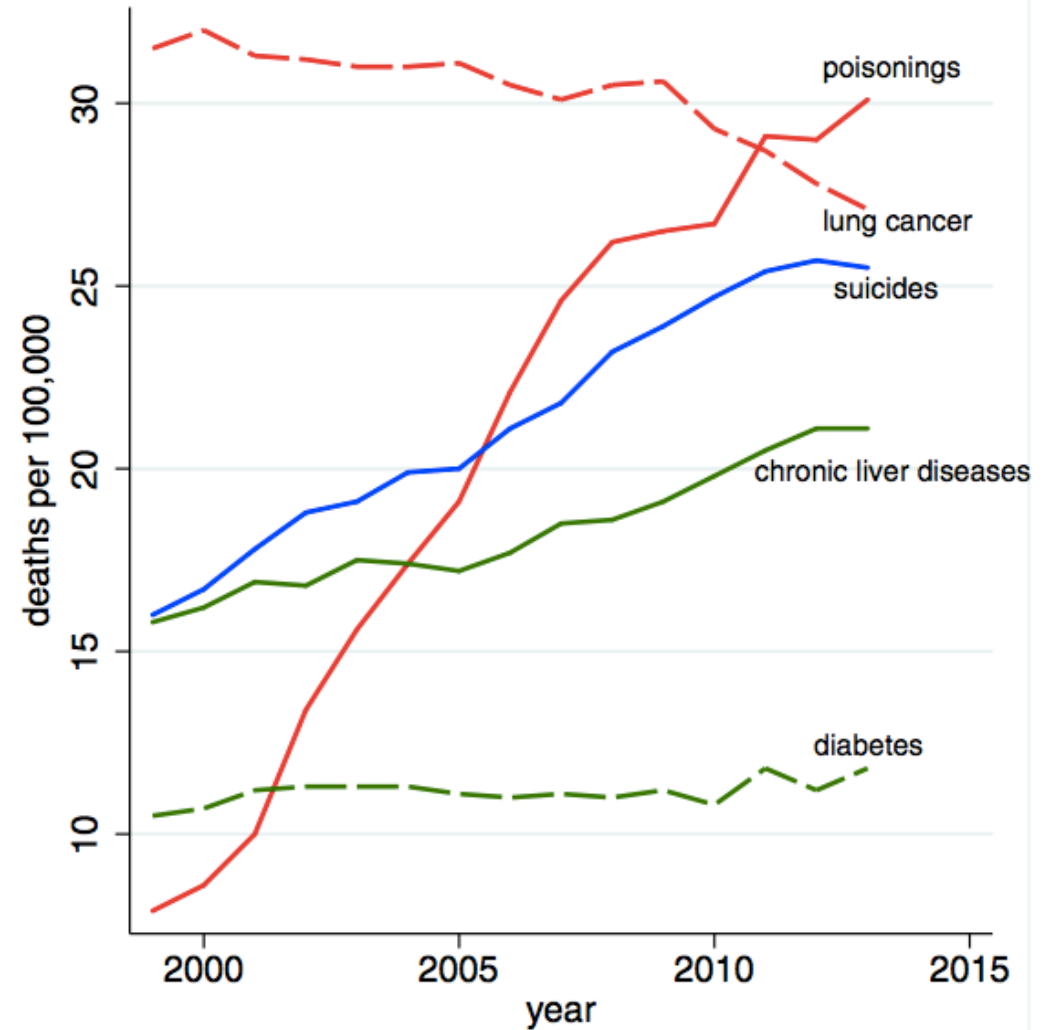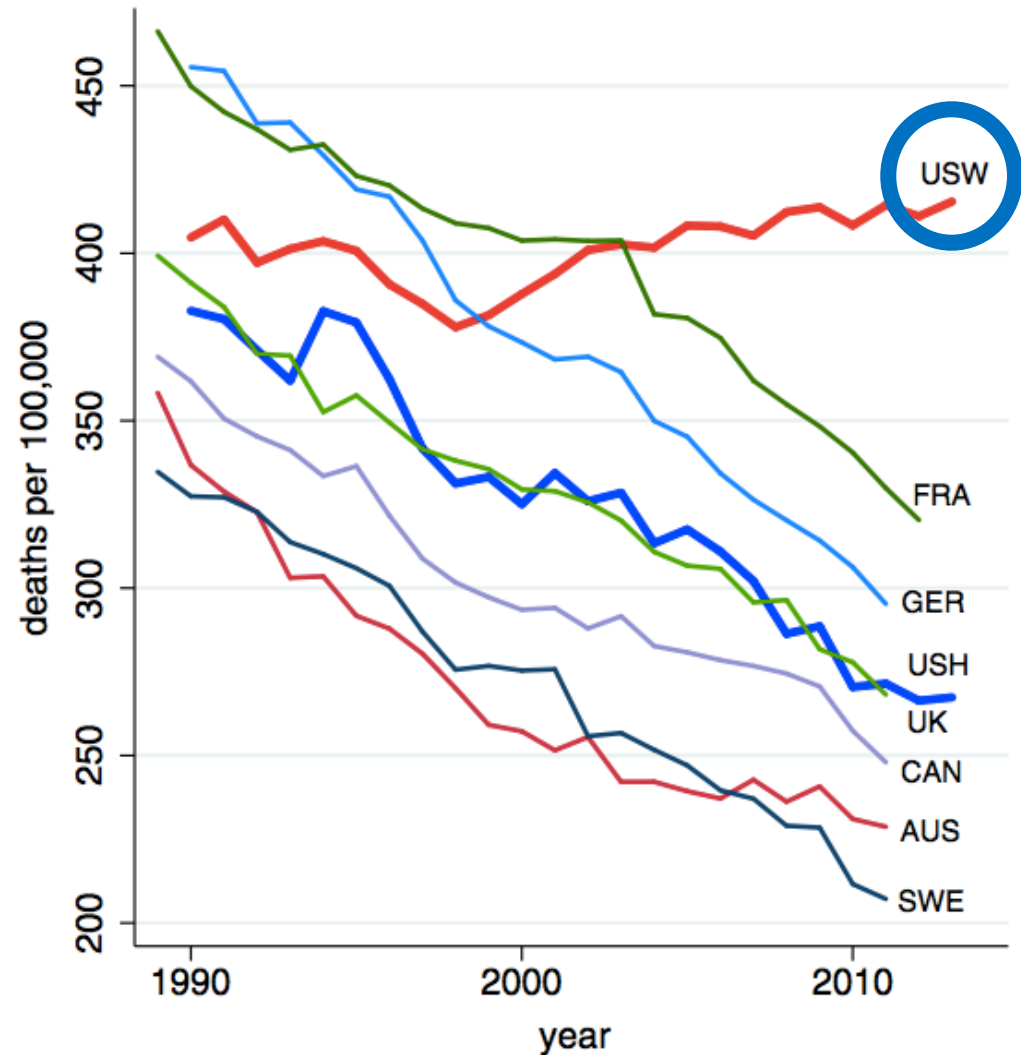
- COVID-19

  Largest differences in the proportion exceeding drinking limits, with greater increases for:

  -> Women compared to men

  -> Black respondents compared to white respondents.

Cultural Ambivalence
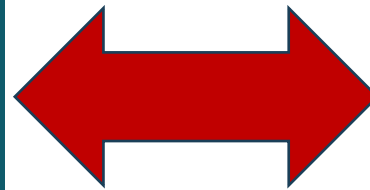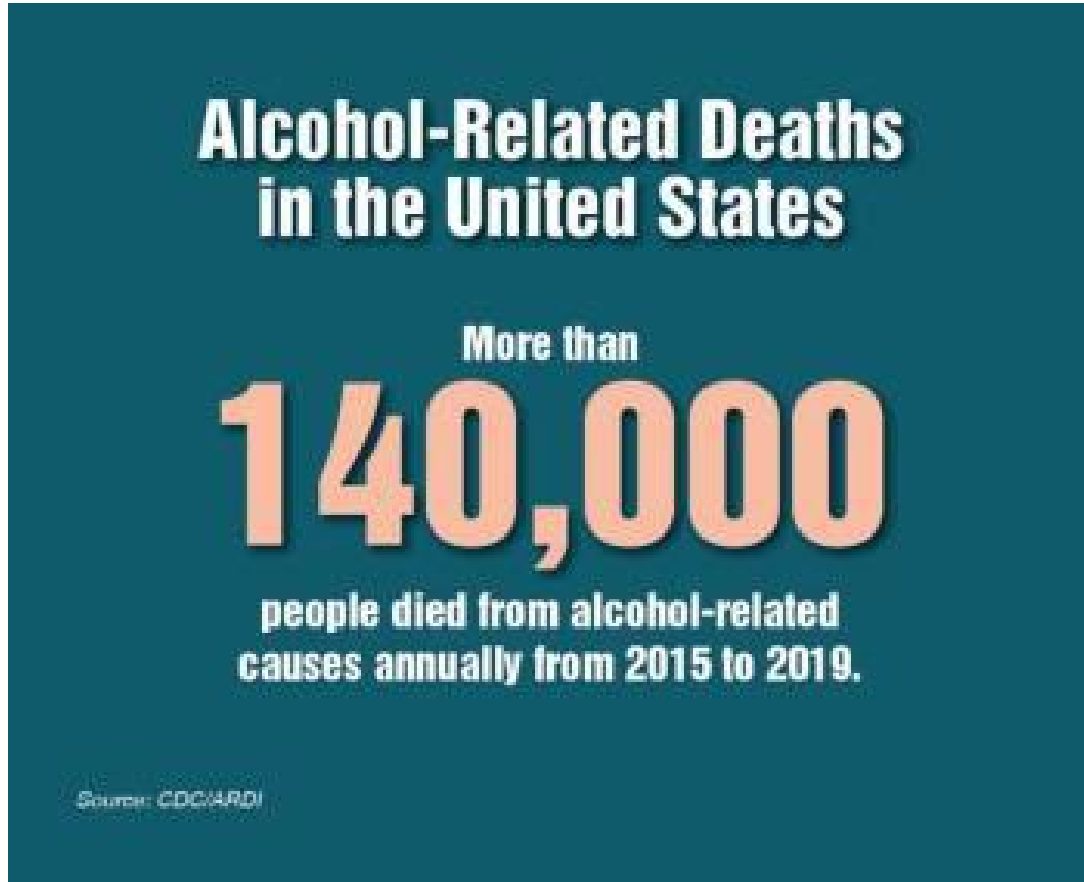
Diseases/Deaths of Despair

Definitions & Terminology

Definition of Addiction

Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors despite adverse consequences. (ASAM)

"Use Despite Negative Consequences"

Stigma-Reducing Language

Stigmatizing Language	Non- Stigmatizing Language
Addict, drunk, junkie, alcoholic	Person with an alcohol use disorder
Drug habit Abuse Drug problem	Alcohol use disorder Risky, unhealthy or heavy use
Clean	Person in recovery Abstinent Not using alcohol
Clean or dirty drug screen	Positive or negative (toxicology screen results)

Neurobiology of Addiction
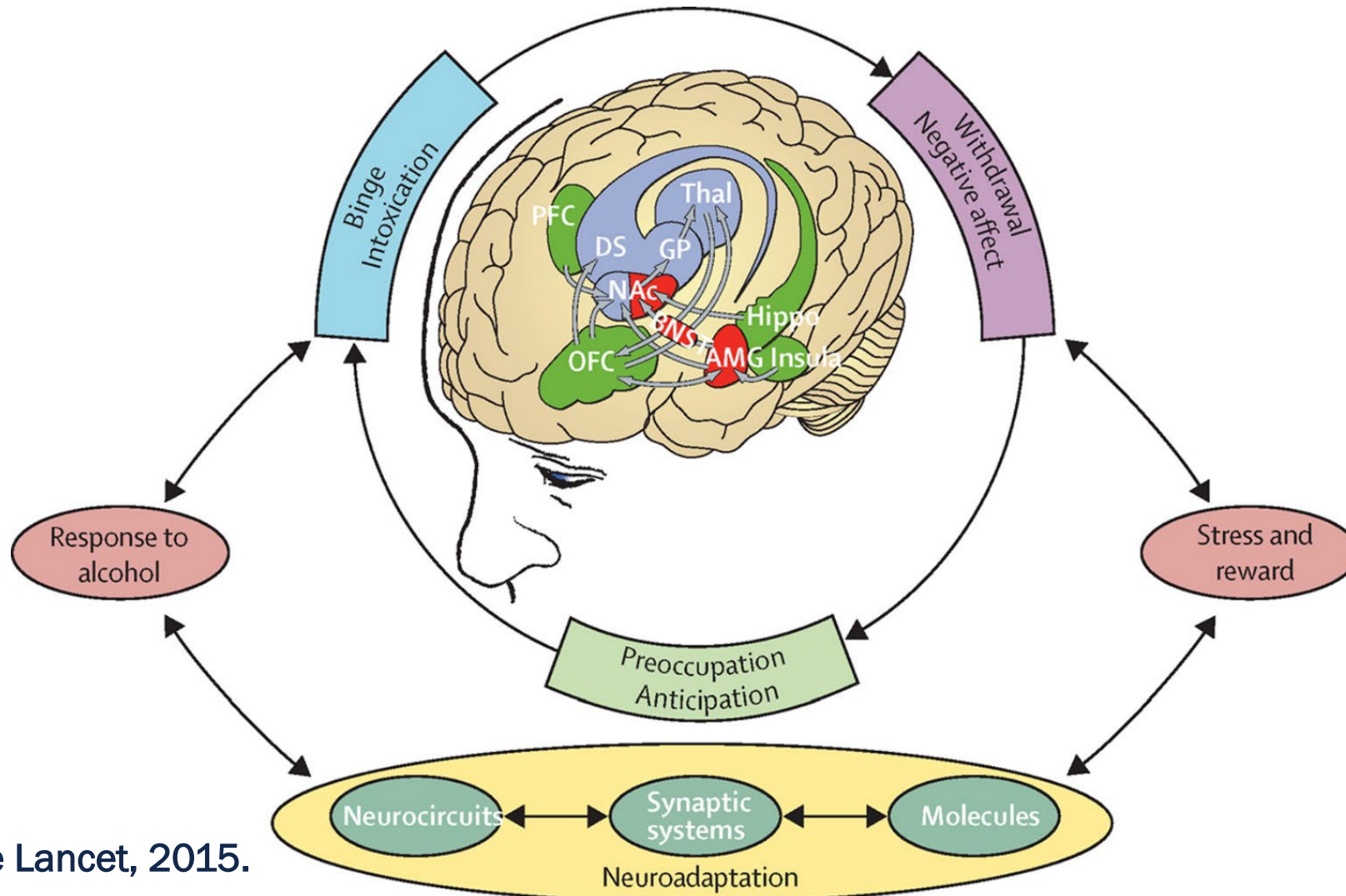
Volkow and Koob, The Lancet, 2015.

https://www.nature.com/articles/s41386-020-00950-y

Adverse Childhood Experiences (ACEs)

33 No ACEs	51 1-3 ACEs	16 4-8 ACEs
WITH 0 ACEs	WITH 3 ACES	WITH 7+ ACEs
1 in 16 smokes	1 in 9 smokes	1 in 6 smokes
1 in 69 have alcohol use disorder	1 in 9 has alcohol use disorder	1 in 6 has alcohol use disorder
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 uses IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

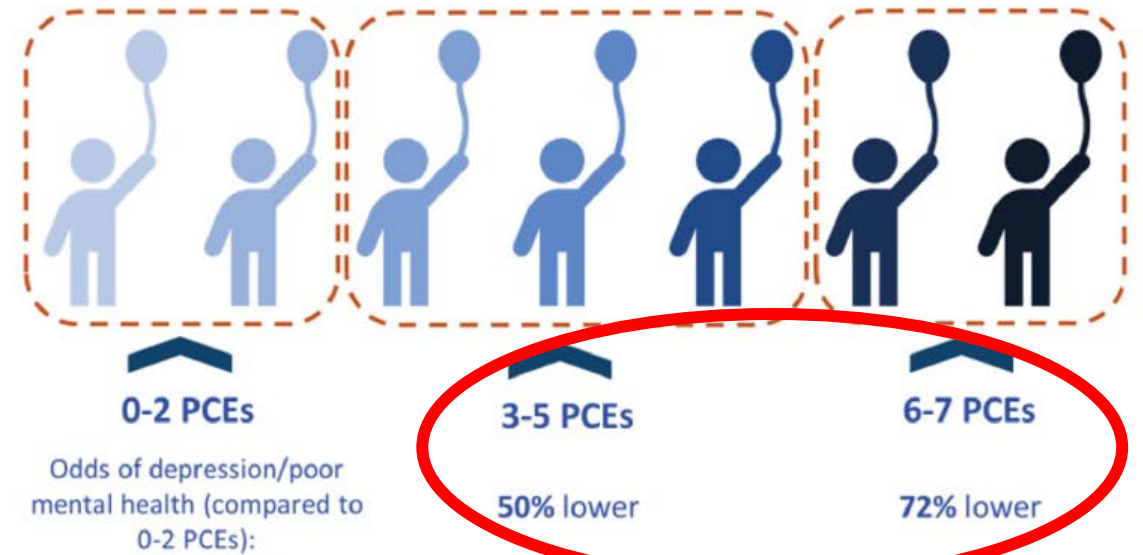# Positive Childhood Experiences (PCEs)

Mitigate the effect of ACES with PCES

Positive Childhood Experiences questions asked how often the respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
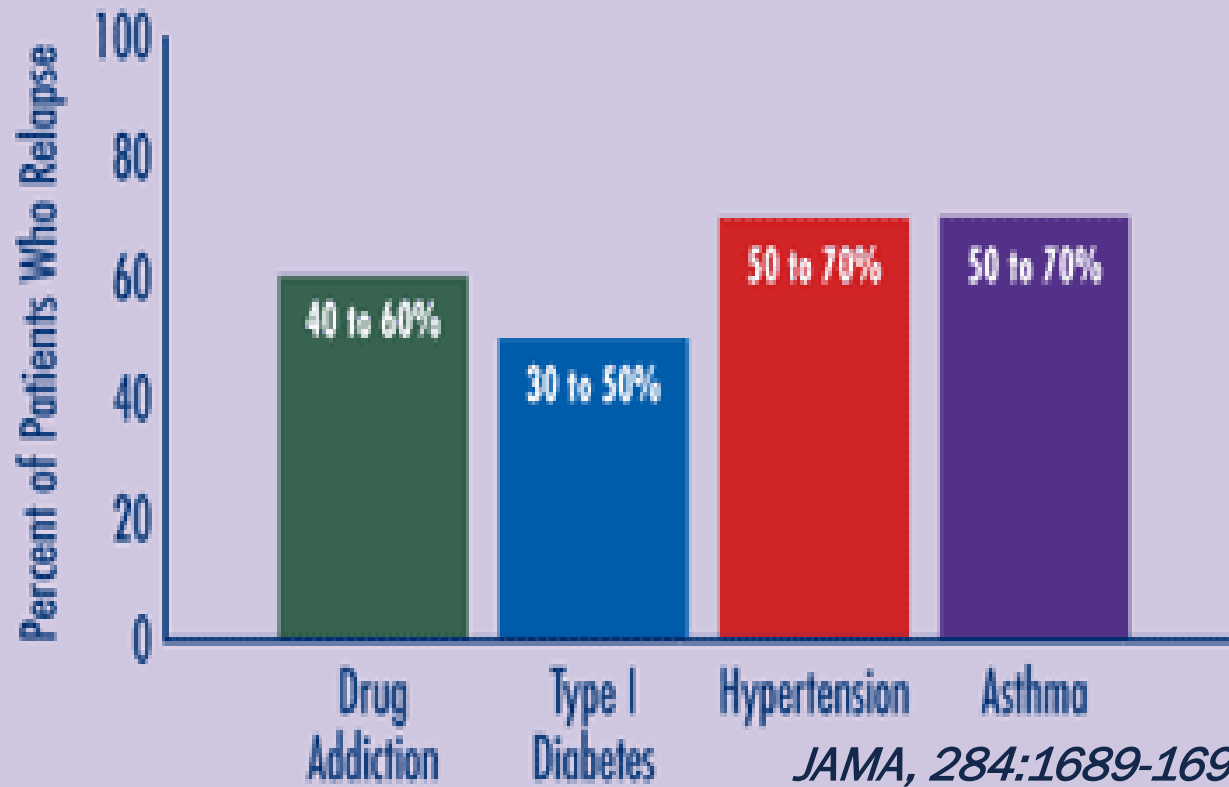7. Felt safe and protected by an adult in their home

PCEs protect adult mental health

The study found that positive childhood experiences (PCEs) show a dose-response relationship with adult mental and relational health—in other words, for those with exposure to ACEs, those with more PCEs showed better lifelong mental and relational health than those with fewer PCEs.

0-2 PCEs

Odds of depression/poor mental health (compared to 0-2 PCEs):

3-5 PCEs

50% lower

6-7 PCEs

72% lower

Rates of Med Adherence/Return to Use

COMPARISON OF RELAPSE RATES BETWEEN
DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

Percent of Patients Who Relapse

- Drug Addiction: 40 to 60%
- Type I Diabetes: 30 to 50%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%

JAMA, 284:1689-1695, 2000

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| Adults 18 years or older, including pregnant women | The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. | B |

Screening Tools: 3-in-1®
Do you smoke, drink, or use drugs?

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Screening for Alcohol Use

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Screening Tools: 3-in-1®
Do you smoke, drink, or use drugs?

In the past year, how often have you **used** alcohol?

When did you last **use** alcohol?

During COVID-19, I have seen more of my patients **using** alcohol, have you noticed any changes with your alcohol **use**?

CRAFFT

SASQ

TWEAK

AUDIT-C

T-ACE

AUDIT

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Assessing Quantity

How Much Is Too Much?

A "STANDARD DRINK"						
(a standard drink contains approximately 12-14 grams or 0.5-0.6 oz of pure alcohol)					
Beer (3-5%) (Budweiser, Miller, Coors, Michelob, Heineken, Corona)	**Malt Liquor (7-10%)** (Steele Reserve, Colt 45, King Cobra,Camo 40, Black Bull, Hurricane, Mickey's, Private Stock)	**Table Wine (12-13%)** (Chardonnay, Merlot, Pinot Grigio, Reisling, Sangria)	**Fortified Wine (FW), Port, Sherry (17-20%)** (Mad Dog 20/20, Night Train Express, Richard's Wild Irish Rose, Thunderbird)	**Brandy (37-40%)** (Cognac, Martell, Hennessy, E & J, Courvoisier, Remy Martin)	**Liquor/Distilled "Spirits" (40%)** (vodka, gin, rum, scotch, whiskey, bourbon, tequila)
12 oz.	6-8 oz.	5 oz.	3.5 oz.	1.5 oz.	1.5 oz.
"Double Deuce"= 2 drinks "Quart"= 2 ½ drinks "40" of beer = 3-4 drinks "40" of malt liquor = 6-7 drinks		"Pint"= 2 ½ drinks "Pint" of FW = 4 drinks "Fifth"= 5 drinks "Fifth" of FW = 7 ½ drinks		"Half Pint"= 4 ½ drinks "Pint"= 8 ½ drinks "Fifth"= 17 drinks "Handle"= 40 drinks	

https://world-heart-federation.org/wp-content/uploads/WHF-Policy-Brief-Alcohol.pdf

Substance Use History: Patterns

- Substance use history:

    THINK OLDCARTS

    - Age at first use
    - Determine patterns of use over time:
        - Frequency
        - Amount
        - Route (PO, IM, IV, inhalation)
    - Assess recent use (past several weeks)
    - Cravings and control:
        - Assess temporality and circumstances
        - Determine if patient sees loss of control over use
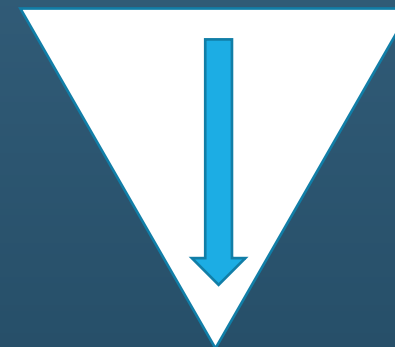
Substance Use History: Relapse/Treatment

▪ Return to use/attempts to abstain:

- Determine if the patient has tried to abstain
  - What happened?
  - What helped?
- Longest period of abstinence
- Identify triggers to relapse

▪ Treatment episodes:

- Response to "treatment"
- Attitudes towards various treatment settings and mutual support groups (AA, NA etc.)
- Length of abstinence

The Gender Spectrum Collection

https://revealnews.org/american-rehab/

Substance Use History: Effects and Consequences

▪ **Intoxication, tolerance & withdrawal:**

- How are these terms different?

- Determine the patient's tolerance and withdrawal history

- Ask about complications associated with intoxication and withdrawal

Substance Use History: Effects and Consequences

▪ **Consequences of use:**

- Determine current vs past levels of functioning

- Aberrant behaviors (e.g. sedation, deterioration in function)

- Identify consequences:
  - Medical   - Legal
  - Family   - Psychiatric
  - Employment   - Other

Continuum of Alcohol Use

https://www.nejm.org/doi/full/10.1056/nejmcp042262

Definitions of Unhealthy Alcohol Use

Table 1. Definitions of Unhealthy Alcohol Use.*

Category of Use	Prevalence %	Definition and Features
Risky use	30	For women and persons >65 years of age, >7 standard drinks per week or >3 drinks per occasion; for men ≤65 years of age, >14 standard drinks per week or >4 drinks per occasion; there are no alcohol-related consequences, but the risk of future physical, psychological, or social harm increases with increasing levels of consumption; risks associated with exceeding the amounts per occasion that constitute "binge" drinking in the short term include injury and trauma; risks associated with exceeding weekly amounts in the long term include cirrhosis, cancer, and other chronic illnesses; "risky use" is sometimes used to refer to the spectrum of unhealthy use but usually excludes dependence; one third of patients in this category are at risk for dependence†
Problem drinking	Varies‡	Use of alcohol accompanied by alcohol-related consequences but not meeting ICD-10 or DSM-IV criteria; sometimes used to refer to the spectrum of unhealthy use but usually excludes dependence
Alcohol abuse, harmful use	5	In DSM-IV, recurrence of the following clinically significant impairments within 12 months: failure to fulfill major role obligations, use in hazardous situations, alcohol-related legal problems, or social or interpersonal problems caused or exacerbated by alcohol; in ICD-10, physical or mental health consequences only
Alcohol dependence, alcoholism	4	In DSM-IV, clinically significant impairment or distress in the presence of three or more of the following: tolerance; withdrawal; a great deal of time spent obtaining alcohol, using alcohol, or recovering from its effects; reducing or giving up important activities because of alcohol; drinking more or longer than intended; a persistent desire or unsuccessful efforts to cut down or control use; continued use despite having a physical or psychological problem caused or exacerbated by alcohol; in ICD-10, similar definition

DSM-5 Criteria: AUD

Substance use disorders are defined as a pattern of use that results in marked distress and/or impairment, with two or more of the following symptoms over the course of a 12-month period:

1. Using the substance in larger amounts or over a longer period of time than intended
2. Unsuccessful attempts or persistent desire to reduce use
3. Too much time spent on obtaining, using, and/or recovering from the effects of the substance
4. A strong craving for the substance
5. Significant interference with roles at work, school, or home
6. Continued use despite recurrent social or interpersonal consequences
7. Reducing or giving up important social, occupational, or recreational activities because of the substance use
8. Substance use in situations in which it may be physically hazardous
9. Substance use despite recurrent or persistent physical or psychological consequences
10. Tolerance of the substance
11. Withdrawal from the substance

Loss of Control
Use despite neg consequences
Physiologic changes

Mild = 2-3
Moderate = 4-5
Severe ≥ 6

Continuing Education

- PCSS – modules for AUD

- Governor's Institute
  - Fall Essentials Conference
  - Spring State Conference

- NC Alcohol Data Dashboard

- NC Alcohol Fact Sheet

- NIAAA Fact Sheet

- https://alcoholtreatment.niaaa.nih.gov

- www.rethinkingdrinking.niaaa.nih.gov/

- https://www.rethinkingdrinking.niaaa.nih.gov/help-links/default.aspx

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