

Alcohol Use Disorder (AUD): Treatment Overview and Stigma

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Objectives

By the end of the presentation, participants should be able to:

- Understand the neurobiology and physiology basics of alcohol dependence
- Review AUD treatment options
- Report and understand how stigma impacts AUD

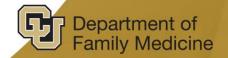




Pathogenesis of Alcohol Dependence

- Complex interplay of biologic, psychological, and socio-environmental factors
- Genetics
 - Accounts for up to 50% of vulnerabilities related to AUD
- Environment
- Personality
- Cognitive and mood disorders





Pathogenesis of Alcohol Dependence

- With repeated use, there is a decreased response to the same dose
 - Tolerance develops
- Likely because GABA, glutamate, dopamine receptors become less sensitive to Etoh
 - Receptors may also be down-regulated (fewer receptors available for binding)
- These changes impact the development of dependence





MAT Options for AUD

- Three "first-line" medications for outpatient setting:
 - Naltrexone (Vivitrol)

"First-line" = FDA approved

- Acamprosate (Campral)
- Disulfiram (Antabuse)... kind of
- Naltrexone (oral) and acamprosate are most strongly supported in evidence to reduce alcohol use
 - One is not necessarily thought to be more effective than the other



MAT Options for AUD

- Second-line medications:
 - Topiramate (Topamax)
 - Baclofen (Gablofen)
 - Ondansetron (Zofran)
 - Gabapentin (Neurontin)



MAT Options for AUD: Topiramate/topamax

- Anticonvulsant used for migraines, seizures
- Second-line medication for AUD
 - Not FDA approved
 - Typically reserved for when naltrexone or acamprosate don't work
- Mechanism of action
 - Facilitates GABA receptors
 - Likely decreases alcohol reinforcing effects by reducing dopamine release



MAT Options for AUD: Topiramate/topamax

- Dose
 - 25-150 mg twice per day
 - Start at 25 or 50 mg/day, slowly increase
- Efficacy
 - Multiple clinical trials have found topiramate to reduce heavy drinking in AUD
 - Can also help achieve abstinence
- Associated with many negative side effects
 - Cognitive impairment, paresthesia, weight loss, fatigue



DEI considerations for AUD

- Despite relatively uniform rates of substance use...
 - Racial/ethnic minorities often suffer more social and legal consequences from substance use
- Treatment impacts
 - Confounded by issues of stigma, insurance, SES, interaction with criminal justice system
 - Access: Lower rates of brief interventions among racial minorities
 - Outcomes: Black and Latinx patients are more likely to report lower retention in substance use programs

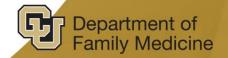




Stigma of substance use disorders

- Mark of shame, disgrace
 - Associated with negative attitudes and beliefs
 - People are blamed for their disease
 - Impacted by exposure and experience to disease state
- It exists!
 - General public (over half attributes AUD to one's "own bad character")
 - Internally
 - By health care professionals





Stigma of substance use disorders

- Addiction is often thought of differently than other chronic diseases
 - Diabetes, heart failure
 - Considered to be a personal failure
 - Remember thought to be up to 50% heritable
- Substance use disorders impact the brain
 - Cause a tremendous positive reinforcement loop
 - Evidence of visible changes in the brain associated with judgement, decision making, learning, memory
 - Lead to compulsive use despite harm





Stigma

- Why it matters: causal attribution beliefs
 - If you think there is high controllability of a disease, this causes more intolerant judgements and attitudes
- Alcohol is not an ordinary substance of abuse
 - Legal!
 - Integrated into culture





Stigma Consequences

- Diagnosis
 - Delayed, difficult
- Treatment and Recovery Outcomes
 - Delayed treatment
 - Impact on healthcare delivery and treatment
 - Poor communication, avoidance
 - Decreased patient empowerment and self-esteem
 - Decreased recovery
- Public support
 - Access to funding, resources, programs





Anti-Stigma tools

- Training and education (patients and providers)
 - Pathophysiology of addiction
 - Treatability; appropriate and realistic treatment goals
 - Emphasis on dignity and compassion
 - Increases self-efficacy of both patients and providers
- Exposure
 - Contact hypothesis: more tolerant and more positive attitudes
- Language
 - Person-first language
 - Don't define people by their disorder

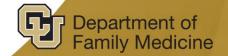




Anti-Stigma tools

- Standardized screening
 - "I am going to ask you a few questions related to your drinking habits. I ask all my patients these questions so I can provide the most appropriate counseling or care."
- Support and infrastructure to address AUD
 - Organizational: role support, supervision, ability to consult expert
 - Enhances health care professionals self-esteem and feelings of empowerment to address AUD





Anti-Stigma tools: Language matters

Consider using these recommended terms to reduce stigma and negative bias when talking about addiction.

Instead of	Use	Because
Addict User Substance or drug abuser Junkie Alcoholic Drunk Substance dependence Former addict Reformed addict	Person with opioid use disorder (OUD)/SUD or person with opioid addiction Patient Person in recovery or long-term recovery For heavy alcohol use: Unhealthy, harmful, or hazardous alcohol use Person with alcohol use disorder	 Person-first language. The change shows that a person "has" a problem, rather than "is" the problem.⁷ The terms to avoid elicit negative associations, punitive attitudes, and individual blame.⁷

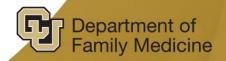




Anti-Stigma tools: Language matters

Habit	Substance use disorder Drug addiction	 Inaccurately implies that a person is choosing to use substances or can choose to stop.⁶ "Habit" may undermine the seriousness of the disease.
Abuse	For illicit drugs: Use For prescription medications: Misuse, used other than prescribed	 The term "abuse" was found to have a high association with negative judgments and punishment.⁸ Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse. Consider the motivation and intent of misuse (e.g., level, reasons) to determine whether the specific instance suggests SUD.





Anti-Stigma tools: Language matters

Clean	For toxicology screen results: Testing negative For non-toxicology purposes: Being in remission or recovery Abstinent from drugs Not drinking or taking drugs Not currently or actively using drugs	 Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.* Set an example with your own language when treating patients who might use stigmatizing slang. Use of such terms may evoke negative and punitive implicit cognitions.*
Dirty	For toxicology screen results: • Testing positive For non-toxicology purposes: • Person who uses drugs	 Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions." May decrease patients' sense of hope and self-efficacy for change."





Acknowledging our own stigma: Self reflections

- Do I have assumptions about those with addictions?
 - What are your personal beliefs about why people become addicted? Do you believe it's because they are weak, lazy, immoral?
- Do I accept certain types of addictions more than others?
- Do I think recovery should look a certain way?





References

- Saitz, Richard. Approach to treating alcohol use disorder. In: UpToDate, Waltham, MA, 2021.
- Tetrault, Jeanette. Risky drinking and alcohol use disorder: Epidemiology, pathogenesis, clinical manifestations, course, assessment, and diagnosis. In: UpToDate, Waltham, MA, 2021.
- Committee on the Science of Changing Behavioral Health Social Norms; Board on Behavioral, Cognitive, and Sensory Sciences; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine. Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Washington (DC): National Academies Press (US); 2016 Aug 3. 2, Understanding Stigma of Mental and Substance Use Disorders.
- Vaeth, P., Wang-Schweig, M., Caetano, R. Drinking, Alcohol Use Disorder, and Treatment Access and Utilization among U.S. Racial/Ethnic Groups. *Alcohol Clin Exp Res.* Jan 2017.
- Keyes, K., Hatzenbuehler, M., McLaughlin, K., Link, B., Olfson, M., Grant, B., Hasin, D. Stigma and Treatment for Alcohol Disorders in the United States. *Am J Epidemiol.* 2010 Dec. 172(12):1364-72.
- https://www.ruralhealthinfo.org/rural-monitor/alcohol-use-disorder/
- https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-termsto-use-avoid-when-talking-about-addiction
- https://adf.org.au/insights/stigma-impact/
- https://adai.uw.edu/nwattc/pdfs/webinar_glass_slides_201807.pdf



Thank you!

Questions?

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