NATIONAL COUNCIL for Mental Wellbeing

ASAM American Society of Addiction Medicine

Alcohol Use Disorder

National Council & ASAM ECHO Series

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Introduction Poll

- What role/function do you operate in at your CCBHC?

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Education Collaboration

National Council for Mental Wellbeing

The National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of more than 3,400 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. National Council advocates for policies to ensure equitable access to high-quality services, builds organizational capacity, and promotes mental wellbeing in healthcare.

American Society of Addiction Medicine

ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

CCBHC ECHO Series

Session #1
Updated CCBHC Criteria

March 26, 2024
3:30 pm – 5:00 pm ET

Session #2
Co-Occurring Disorders

April 23, 2024
3:30 pm – 5:00 pm ET

Session #3
Stimulant Use Disorder

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3:30 pm – 5:00 pm ET

Session #6
Cannabis Use Disorder

August 27, 2024
3:30 pm – 5:00 pm ET

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No relevant financial relationships to disclose.

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No relevant financial relationships to disclose.

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CCBHC Facilitator

No relevant financial relationships to disclose.

Agenda

- Welcome & Introductions (15 Min)
- Didactic Presentation (30 Min)
- Didactic Presentation Q&A (10 Min)
- Case Presentation(s) (30 Min)
- Closing Announcements (5 Min)

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Recording Notice

By joining this TeleECHO Session, you consent to being recorded for educational and quality improvement purposes. Your participation is appreciated.

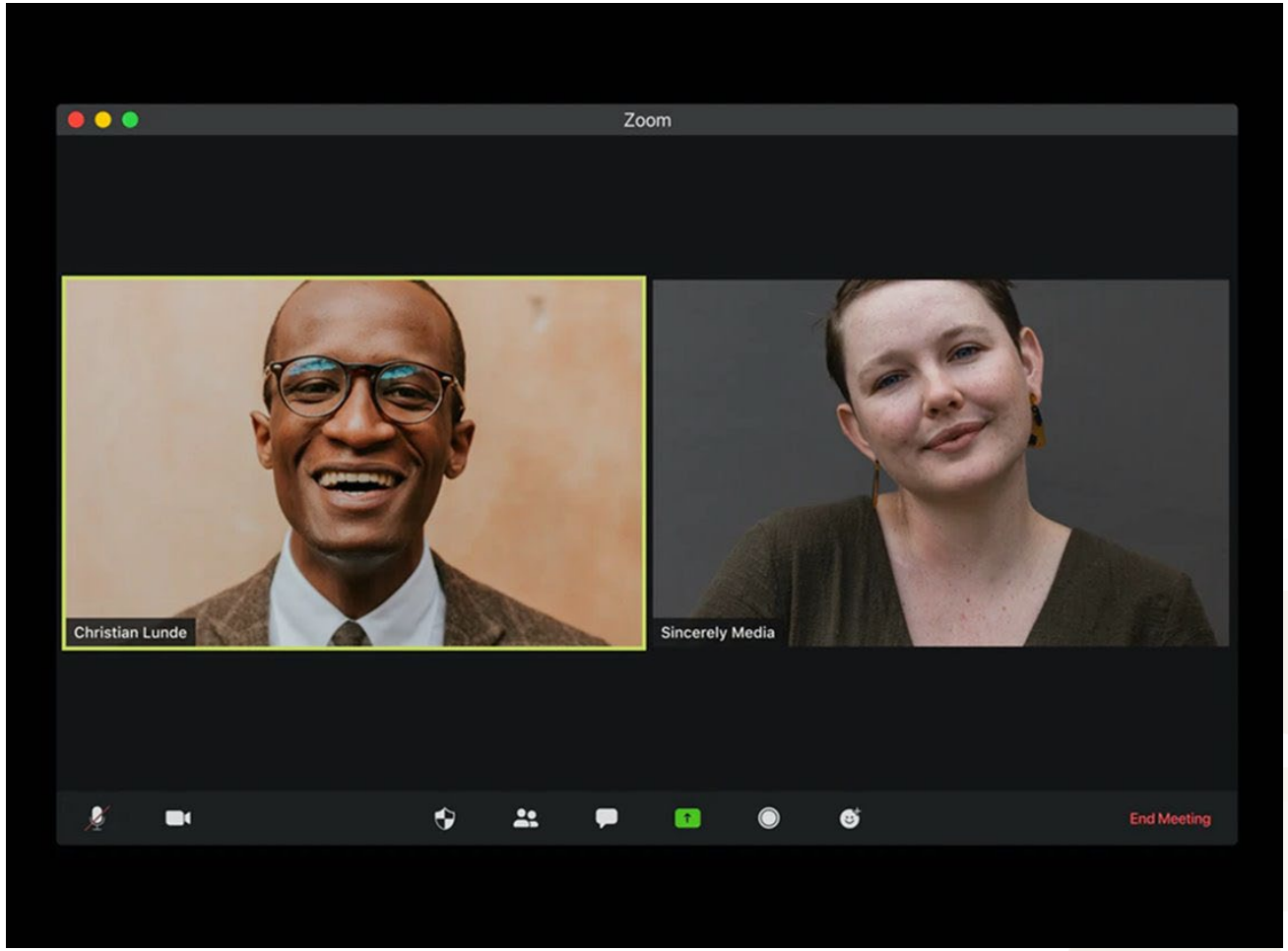
For questions or concerns, email education@asam.org.

Helpful Tips

- Mute microphone when you are not speaking.
- Position webcam effectively.
- Test both audio and video.
- Communicate clearly during clinic.
  - Speak clearly.
  - During discussion, use chat function only if audio is not working properly.

Please Turn On Your Camera

To promote face-to-face mentorship and the sharing of knowledge, please turn on your device's camera during the ECHO session if possible.



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Introductions

In the interest of preserving time for presentations, please briefly state the following when called upon the session facilitator:

1. Full Name
2. Location
3. Role within a CCBHC

If your mic is not functioning, please type your introductions in the Zoom chat box.

Avoid Use of Stigmatizing Language

The language we choose shapes the way we treat our patients…	
Instead of:	**You can say….**
addict, junkie, substance abuser	Person with a substance use disorder
Addicted baby	Baby experiencing substance withdrawal
Alcoholic	Person with alcohol use disorder
Dirty vs clean urine	Positive or negative, detected or not detected
Binge	Heavy drinking episode
Detoxification	Withdrawal management, withdrawal
Relapse	Use, return to use, recurrence of symptoms or disorder
substance abuse	Use (or specify low-risk or unhealthy substance use)
Substitution, replacement, Medication assisted treatment	Opioid agonist treatment, medication treatment

Saitz, R., Miller, S. C., Fiellin, D. A., & Rosenthal, R. N. (2020). Recommended Use of Terminology in Addiction Medicine.

Live Virtual Session: Ground Rules

1. We share cases to give time to process new information. Please participate!
2. Everyone's experiences differ: Assume the best intentions.
3. Monitor your participation: Everyone is accountable.
4. If someone says something that is not your understanding of the evidence, ask questions to clarify.

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Alcohol Use Disorder

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Learning Objectives

- Describe how emerging data informs current conceptualizations and misconceptualizations of alcohol use.
- Identify validated screening tools for alcohol use disorders (AUD).
- Describe various elements that can be included in an alcohol use disorder treatment plan.
- List 2 FDA-approved medications for alcohol use disorder that are effective in helping patients reduce alcohol consumption.

What is Alcohol Use Disorder?

"AUD is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences."

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DSM-5 Diagnosis of Alcohol Use Disorder

A problematic pattern of alcohol use as manifested by AT LEAST TWO of the following, within 12-months:

1. Alcohol is often taken in larger amounts over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent problem.
10. Tolerance.
11. The characteristic withdrawal syndrome for alcohol.

Alcohol and Stigma

Although the terms alcoholic and alcoholism are often used in discussions about heavy drinking, the science community has been moving away from these terms for years now.

There are two primary reasons to use more nuanced terms:

1. Alcohol problems are not a “yes” or “no” issue. It’s important to remember that drinking problems can exist at any point on a scale between “none” and “severe.”

2. The term “Alcoholic” carries lots of cultural baggage and stigma.

https://www.smartrecovery.org/moving-away-from-the-terms-alcoholic-and-alcoholism/

What is a Standard Drink?

Light beer	Regular beer	Craft beer	White wine	Red wine	Liquor (80 proof)
14 oz.	12 oz.	9 oz.	5 oz.	4 oz.	1.5 oz.
4.2% AbV	5.0% AbV	6.7% AbV	12.0% AbV	15.0% AbV	40.0% AbV

https://alcohol.indianapolis.iu.edu/calculators/alcohol-serving-size.html

Blood Alcohol Content (BAC)

BLOOD ALCOHOL CONTENT (BAC)
Table for Male (M) / Female (F)

Number of Drinks		Body Weight in Pounds								Driving Condition
		100	120	140	160	180	200	220	240	
0	M	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
	F	.00	.00	.00	.00	.00	.00	.00	.00	
1	M	.06	.05	.04	.04	.03	.03	.03	.02	Driving Skills Impaired
	F	.07	.06	.05	.04	.04	.03	.03	.03	
2	M	.12	.10	.09	.07	.07	.06	.05	.05	
	F	.13	.11	.09	.08	.07	.07	.06	.06	
3	M	.18	.15	.13	.11	.10	.09	.08	.07	
	F	.20	.17	.14	.12	.11	.10	.09	.08	Legally Intoxicated
4	M	.24	.20	.17	.15	.13	.12	.11	.10	
	F	.26	.22	.19	.17	.15	.13	.12	.11	
5	M	.30	.25	.21	.19	.17	.15	.14	.12	
	F	.33	.28	.24	.21	.18	.17	.15	.14	

Subtract .01% for each 40 minutes that lapse between drinks.
1 drink = 1.5 oz. 80 proof liquor, 12 oz. 5% beer, or 5 oz. 12% wine.

Fewer than 5 persons out of 100 will exceed these values.

https://www.washingtonalcoholtraining.com/resources/bac/

Current Statistics - 2021

Prevalence of Drinking	➢ 84.0% of people ages 18 and older reported drinking alcohol at some point in their lifetime. ➢ 66.9% reported that they drank in the past year. ➢ 51.7% (55.0% of men / 48.6% of women) reported that they drank in the past month.
Prevalence of Binge Drinking and Heavy Alcohol Use	➢ 23.3% of people ages 18 and older (25.7% of men and 20.9% of women) reported they engaged in binge drinking in the past month. ➢ 6.4% (8.0% of men and 4.8% of women) reported they engaged in heavy alcohol use in the past month.
Emerging Trend—High-Intensity Drinking	➢ High-intensity drinking is defined as consuming alcohol at levels that are two or more times the gender-specific binge drinking thresholds. ➢ Compared with people who did not binge drink: Those who consumed alcohol at **two times** the gender-specific binge drinking thresholds were **70 times** more likely to have an alcohol-related emergency department (ED) visit. Those who consumed alcohol at **three times** the gender-specific binge drinking thresholds were **93 times** more likely to have an alcohol-related ED visit.

https://addiction.rutgers.edu/about/about-addiction/facts-and-figures/alcohol

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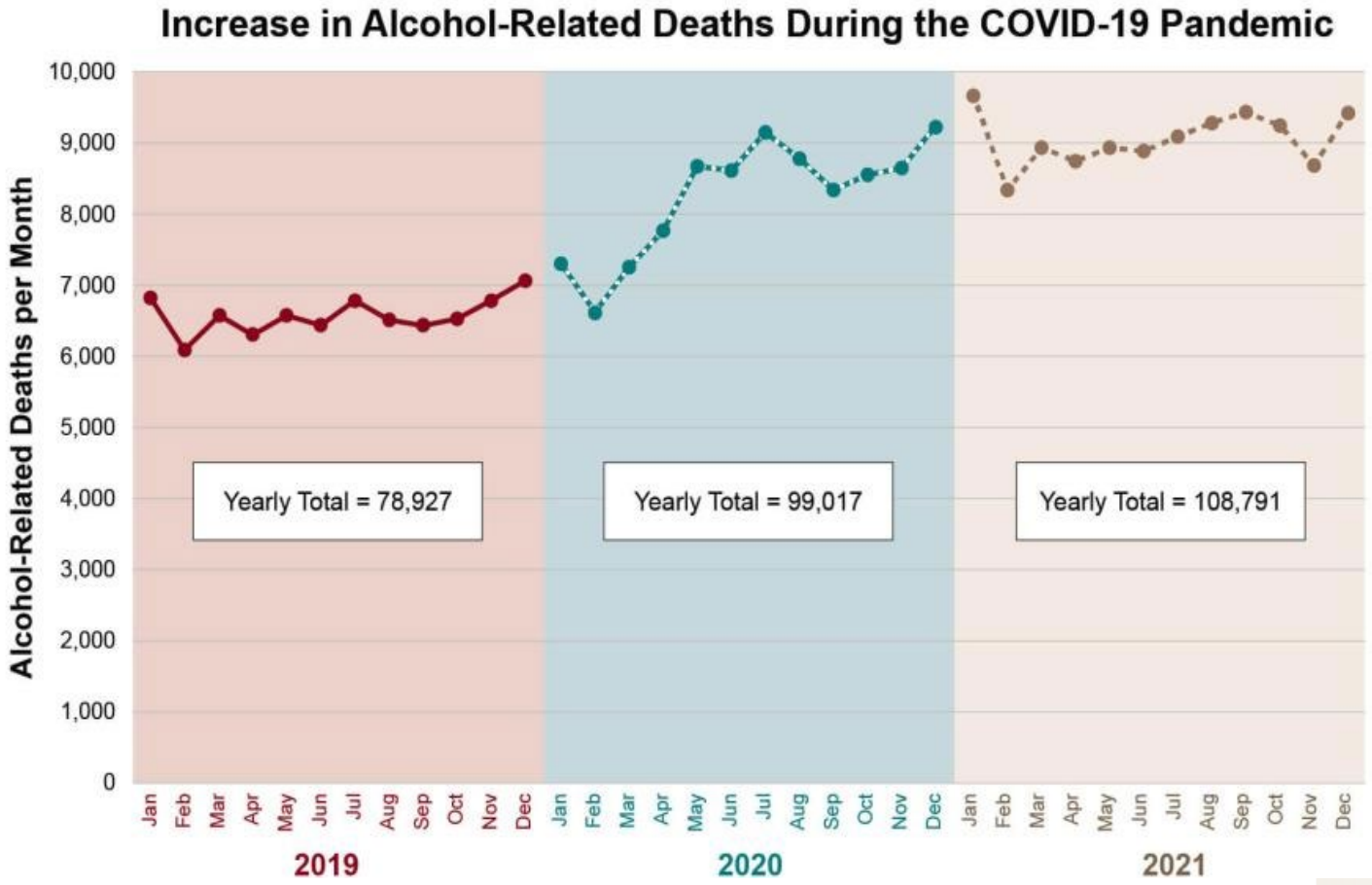
Increase in Alcohol-Related Deaths 2019 - 2021



https://www.niaaa.nih.gov/news-events/research-update/alcohol-related-deaths-which-increased-during-first-year-covid-19-pandemic-continued-rise-2021

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Women Face Higher Risks

Evidence indicates that women who drink are at increased susceptibility to short- and long-term alcohol-related consequences compared to men, including:

- liver disease
- cardiovascular disease
- neurotoxicity
- alcohol-related memory blackouts
- breast cancer

Binge Drinking and Heavy Drinking

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines the following:

- **Binge Drinking:** as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08%—or 0.08 grams of alcohol per deciliter—or more.
  - For women—four or more drinks within about two hours.
  - For men—five or more drinks within about two hours.

- **Heavy Drinking:**
  - For women—four or more drinks on any day or eight or more per week
  - For men—five or more drinks on any day or 15 or more per week

https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

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Alcohol Use Disorder Screening

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Screening for AUD - Recommendations

Three methods to screen for heavy alcohol use have been recommended by the U.S. Preventive Services Task Force:

1. Alcohol Use Disorders Identification Test (AUDIT)
2. AUDIT-C, or
3. A single-question, such as, “How many times in the past year have you had 5 (for men) or 4 (for women) or more drinks in a day?”

The AUDIT, a 10-item self-report instrument (available at https://pubs.niaaa.nih.gov/publications/Audit.pdf), asks about drinking and alcohol-related consequences during the preceding year. AUDIT scores range from 0–40, with higher scores indicating greater likelihood of harmful drinking.

****The USPSTF concludes that the evidence is insufficient to determine the benefits and harms of screening for unhealthy alcohol use in the primary care setting in adolescents aged 12 to 17 years.*

Moyer VA; Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: U.S. preventive services task force recommendation statement. Ann Intern Med. 2013 Aug 6;159(3):210-8. doi: 10.7326/0003-4819-159-3-201308060-00652. PMID: 23698791

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SBIRT - Screening, Brief Intervention, and Referral to Treatment

- Length: 3 minutes or more
- Goal: To motivate behavior change
- Designed to:
  - provide personal feedback
  - enhance motivation
  - promote self-efficacy
  - promote behavior change
- Effective in decreasing unhealthy alcohol use in primary care.

SBIRT: A Step-By-Step Guide, 2012 edition, Massachusetts Department of Public Health
https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf

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Treatment of Alcohol Use Disorder

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Brief Interventions for Patients Drinking at **Higher Risk** Levels

- Discuss risk of ongoing use.
- Evaluate withdrawal risk.
- With patient's permission, offer a menu of options.
- Consider referral to specialist

Raise the Subject | ***Provide Feedback*** | ***Enhance Motivation*** | ***Negotiate Plan***

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Alcohol Use Disorder Treatment Planning

Behavioral Treatment	Medication	Mutual Aid
• Outpatient • Intensive Outpatient • Residential	• Acamprosate • Naltrexone • *Disulfiram*	• AA • SMART Recovery • Peer Recovery Specialist

Behavioral Therapies with evidence base for AUD

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Motivational Enhancement Therapy (MET)
- Contingency Management (CM)
- Interventions/Motivational Incentives
- Assertive Community Treatment (ACT)
- Seeking Safety (SS)

Alcohol Use Disorder (AUD) Medications

First Line Medications

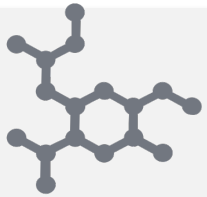
Medication	*Route*	*FDA*	*Mechanism*
Acamprosate	Oral	Y	Glutamate modulator
Naltrexone	Oral/IM	Y	μ opioid antagonist

Second Line Medications

Medication	*Route*	*FDA*	*Mechanism*
Disulfiram	Oral	Y	Aldehyde dehydrogenase inhibitor
Topiramate	Oral	N	GABA agonist/Glutamate modulator

First Line AUD Medications: **ACAMPROSATE**

Mechanism



Acamprosate:

- Exact mechanism unknown
- Reduces glutamate tone to mitigate post-acute withdrawal syndrome.

Route

oral

Dosage

666 mg
three times a day

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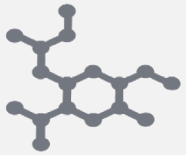
First Line AUD Medications: **NALTREXONE**

Mechanism



- Opioid antagonist
- Blocks effects of alcohol-induced endorphin release

Route

- oral
- Intramuscular injection

Dosage

- Oral 50mg/day
- Injectable 380mg/4 weeks

AUD Medication Treatment Outcomes

	Medication	Return to any drinking	Return to heavy drinking	% of drinking days	% of heavy drinking days
First line	Acamprosate	Decrease ↓	No difference		
First line	Oral Naltrexone	Decrease ↓	Decrease ↓	Decrease ↓	Decrease ↓
First line	IM Naltrexone	No difference	No difference		Decrease ↓
Second line					
Second line	Disulfiram	No difference			
Second line	Topiramate			Decrease ↓	Decrease ↓

Pharmacotherapy for adults with alcohol use disorder (AUD) in outpatient settings. Pharmacotherapy for Adults With Alcohol Use Disorder (AUD) in Outpatient Settings | Effective Health Care (EHC) Program. https://effectivehealthcare.ahrq.gov/products/alcohol-misuse-drug-therapy/clinician.

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Alcohol and Harm Reduction

Treatments that reduce drinking without requiring abstinence are more attractive to many patients and can lead to a substantial reduction in alcohol-related problems

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Treatment Resources & Self- Assessment Tools

- **NIAAA Alcohol Treatment Navigator®**
  This is a one-stop resource for learning about treatment, how to recognize high-quality treatment providers, and how to search several national directories of treatment programs and specialists. https://alcoholtreatment.niaaa.nih.gov/

- **Screen4Success**
  A 10-minute screening to look for signs of risk in yourself, your child, or someone you care about. Find it on the free "Talk. They Hear You." app.

- **Rethinking Drinking: Tools**
  Whether you're just starting to take a look at your drinking or have already decided to cut back or quit, you can use these helpful tools such as worksheets and calculators to help you create a plan.

Worksheets & More

Here's where a patient can evaluate their drinking, decide whether and how to make a change, and find tools to help them stay in control.

See Where You Stand

- Learn about the U.S. guidelines for drinking
- See if you have signs of a problem

Track What You Drink

Keep track with drinking tracker cards

Decide Whether & How to Change

- Weigh your reasons for and against making a change
- Plan a change
- Choose tips for cutting down or quitting

Stay in Control

Handle urges to drink (activity)
Build skills in refusing drinks (activity)
Recover if you slip

https://rethinkingdrinking.niaaa.nih.gov/tools

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Summary

- Problems of alcohol-related morbidity (suffering from AUD) and mortality (death from AUD) are rising worldwide.
- Their reductions will require multifaceted solutions that focus on early identification of problem drinking and interventions at the patient level (e.g., early diagnosis of organ injury; counseling by an addiction specialist).
- While none of the aforementioned examples, by themselves, are considered innovative, their combined use represents a new approach, especially when they make use of technological advances, including smartphone technology and telehealth.
- The team approach to treatment is important because, although a physician can diagnose and treat organ injury, an addiction specialist or mental health professional also must be part of the treatment plan to prevent patient relapse.
- These measures, along with public reeducation about social stigmas related to alcohol addiction, will likely reverse the rising trends toward heavy drinking.

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Didactic Presentation Discussion

Case Presentations

Closing Announcements

Complete Evaluation

Please follow the steps below to claim credits:

1. Go to www.asam.org
2. On the top right part of the screen, click on “Login.”
   - Seach for the course Treatment of Alcohol Use Disorder – June 25, 2024, 3:30 PM – 5:00 PM ET
3. Click Complete Post Test to answer multiple choice questions.
4. Click Complete Evaluation to provide valuable activity feedback.
5. Click the button Claim Medical Credits in the box titled Claim Credits & Certificate. Choose the type of credit and click submit. Click the button View/Print Certificate to save or print your certificate. You can view/print your certificate at any time by visiting the ASAM e-Learning Center, clicking Dashboard, and clicking Transcript/Achievements.

Interested in Presenting a Case?

Have a patient or clinical system question you need assistance with?

↓

Contact Kendra Peterson at kpeterson@asam.org or via Zoom chat

↓

Complete the Case Presentation Form and submit one week before the session

↓

Present at an upcoming session

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Save the Date! CCBHC ECHO Series

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