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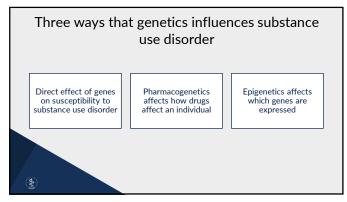


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Genetics of substance use disorder

- Nature vs nurture better phrased as nature and nurture for substance use disorder. A person's likelihood of developing substance use disorder is a result of a dynamic interaction between genes and the environment. ¹
- SUD is likely polygenic. Multiple genes, each having a small effect, contribute to risk of developing SUD.²

 Genetics and Epigenetics of Addiction. in DrugFacts. https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-add
 Prom: Wormley EC, Ebjer J, Dick DM, Bowers MS. The genetic epidemiology of substance use disorder: A review. Drug Alcohol Depens 2017 Nov J 180241-1529. doi: 10.1016/j.drugderb.2017.06.040. Epub 2017 Aug J. PMID: 28931812. PMIDI: PMS0182.

Genetics of substance use disorder

- Environment has stronger influence on initiation, whereas genetic factors are more important in progression and development of SUD.¹
- Heritabilities of SUD's range from 0.39 for hallucinogens to 0.72 for cocaine.²

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Dook ID, Johnson EC, Genetics of substance use disorders: a review. Psychol Med. 2021 L015.1[132:189-220.0 d. 10.1017/S0033291721000969. Epub 2021 Apr 21. Ernatum in: Psychol Med. 2022 Mor 02:1. PMID: 33897976. PMCI PMCI STATE Community of the Comm

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Pharmacogenetics

- Both the ADH1 B2-His47 ARG allele of Alcohol Dehydrogenase 1B and ALDH-Glu487 Lys allele of Aldehyde Dehydrogenase 2 can cause flushing, nausea, and headache with alcohol, due to accumulation of acetaldehyde. ¹
 - More common in person of South Asian descent and those of Jewish ancestry.
 - Homozygotes nearly completely protected from alcoholism.

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1- Zajicek and Karan. Pharmacokinetic and Pharmacodynamic Principles in Miller et al. The ASAM Principles Addiction Medicine. Wolters Kluwer 2019. p. 97-9

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Pharmacogenetics of medication therapy of OUD

- The A118G SNP (single nucleotide polymorphism) of the opioid mu receptor (OPRM1) enhances the therapeutic response to naltrexone for alcohol dependence. ¹
 - A118G is also much more common in people with heroin use disorder.
- Increased length of stay and increased need for pharmacotherapy in Neonatal Opioid Withdrawal Syndrome have recently been observed among neonates with variations in the A118G SNP in the mu opioid receptor OPRM1 gene and various SNP's in the COMT (Catechol-Omethyltransferase – enzyme that degrades dopamine, norepinephrine, and epinephrine.)³

¹ Haile et al. Pharmacogenetic Treatments for Drug Addiction: Alicohol and Opiates, The American Journal of Drug and Alicohol Abuse, 34:4, 355-31

Pharmacogenetics of Medication Therapy of OUD • Methadone is metabolized in part by CYP2D6. • Ultrarapid metabolizers do not do well on methadone. 1 **Halle et al. Pharmacogenetic Treatments for Drug Addiction: Alcohol and Opiates. The American Journal of Drug and Alcohol Allows. 344, 355-361.

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Epigenetics

- Epigenetics is the study of epigenomes which are markers that turn genes on or off or express them more or less strongly.
 - Changes to the epigenomes can be passed down anywhere from 2-12 generations.
 - Environmental factors like diet, stress, and prenatal drug use can cause epigenetic changes which predispose to substance use disorder.

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A word about terminology

- None of the studies I found looking at gender and substance use disorder specified cis- or transgender.
- I have generally used the terms (female/male or woman/man) the study did.



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Gender differences and substance use disorder

Men are more likely than women to use almost all types of illicit drugs. $^{\rm 1}$

- \bullet Women probably use prescription drugs at greater rates than men. 2
- $\bullet\,$ Men are 1.9 times more likely to have drug dependence. 3

Men have higher rates of alcohol use, including binge drinking, than women, except for teens, where rates are similar. 4

¹Substance Use in Women Research Report Sex and Gender Differences in Substance Us https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in substance-use Accessed 2/18/202 ²Greenfield et al. Substance Abuse in Women. Psychiatr Clin Nort Am. 2010 June; 33(2): 339-35

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4Substance Use in Women Research Report Sex and Gender Differences in Substance Use the https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use Accessed 2/18/202 substance-use Accessed 2/18/202

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Gender differences and substance use disorder

 Women are more likely to be introduced to injection drug use by their male sexual partner, whereas men are more likely to be injected by a friend.¹

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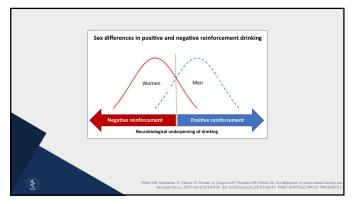
¹ Greenfield et al. Substance Abuse in Women. Psychiatr Clin Nort Am. 2010 June; 33(2): 339-35.

Gender differences and substance use disorder

- Women are more likely to use prescription opioids to self-medicate for anxiety or stress. ¹ Men are more likely to use prescription opioids for experimentation or to get high. ²
- Women are more likely to drink in response to stress and negative emotions whereas men are more like to drink to enhance positive emotions or conform to a group.³

¹ Final Report: Opioid Use, Misuse, and Overdose in Women. Office on Women's Health. July 19, 201 ² Greenfield et al. Substance Abuse in Women. Psychiatr Clin Nort Am. 2010 June; 33(2): 339-35

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Menstrual cycle and substance use disorder

- Women who attempt to quit smoking during the luteal phase of their menstrual cycle had more favorable outcomes than women who attempted to quit during the follicular phase. ¹
- Response to stimulants, such as cocaine and methamphetamine, is higher in the follicular than the luteal phase.²

¹ Allen et al. Menstrual ²Terner et al. Menstrual cycle,

¹ Allen et al. Menstrual phase effects on smoking relapse. Addiction. Volume 103. Issue 5. April 14, 2008. Terner et al. Menstrual cycle phase and responses to drugs of abuse in humans.Drug Alcohol Depend 2006 Sep. 138(1):1-12.

Testosterone and substance use

 Testosterone levels in men are suppressed by both alcohol¹ and opioids.²

¹ Malabanan and Jack. Endocrine and Reproductive Disorders Related to Alcohol and Other Drug Use. The ASAN-Principles of Addiction Medicine. Soth Edition. Wolters Nurse 2019 p. 1292
² Bawor et al. Testosterone suppression in opioid users: A systematic review and meta-analysis. Drug and Alcohol.

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Women and alcohol

- Women get drunker faster than men:
 - Decreased body weight ¹
 - Decreased alcohol dehydrogenase²
 - Decreased volume of water compartment distribution²
 - Less muscle than then men

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weben. Special Issues in Treatment: Women in Miller et al. The ASAM Principles of Addiction Medicine. Wolte Kluwer 2019 p. 5; 5 2 #

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Health risks for women with substance use disorder

- Women have "telescoped course" for alcohol use disorder. 1
- They develop pathologic effects of alcohol more rapidly.
- Women have a 50-100% higher death rate from alcohol use disorder, including deaths from suicide, alcohol-related accidents, heart disease, stroke, and liver damage.²

¹ Zweben. Special Issues in Treatment: Women in Miller et al. The ASAM Principles of Addiction Medicine, Sixt Edition, Wolters Kluwer 2019 p. 25: ² Substance Use in Women Research Report Sex and Gender Differences in Substance Use https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in substance-use-in-women/sex-gender-differences-in substance-use-in-women/sex-gender-differences-in

CDC guidelines for risky drinking¹

- Excessive drinking (or risky drinking or at risk drinking) is defined as the
 - Binge drinking, the most common form of excessive drinking, is defined as consuming
 For women, 4 or more drinks during a single occasion.
 For men, 5 or more drinks during a single occasion.
 Heavy drinking is defined as consuming

 - For women, 8 or more drinks per week.
 For men, 15 or more drinks per week.
- Most people who drink excessively are not alcoholics or alcohol dependent.
- 2020 commentary by Lowik et al in the Journal of Addiction Medicine discussed whether adjustments are needed for these guidelines.²

²Lowik et al. **Where is the Science? A Critical Interrogation of How Sex and Gender are Used to Inform Low-Ris Alcohol Use Guidelines.** J. Addict Med Vol 14, No. 5, Sept/Oct 202

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Incarceration and substance use disorder

- A population-based study showed that 22% of patients with substance use disorder had been incarcerated before.
- 10.6% of the general population reported a history of incarceration.

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Incarceration and substance use disorder

- Men with SUD were found to be more likely to have a history of incarceration as women with SUD. 1
- Blacks and Latinos are far more likely to be incarcerated for drug law violations than whites, even though rates of drug use and drug selling are similar.2

¹Tsai, J., Gu, X. Utilization of addiction treatment among U.S. adults with history of incarceration and substance disorders. Addict. Sci Clin Pract. 14, 9 (20)

Women and violence and SUD

- Girls with a history of childhood sexual abuse are 3 times as likely to develop an addictive disorder as girls without that history.
- One study showed lifetime intimate partner violence victimization was reported by 46.7% of women and 9.5% of men entering SUD treatment.

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Zweben. Special Issues in Treatment: Women in Miller et al. The ASAM Principles of Addiction Medicine. Wolters Kluwer 2019 p. 53.
2 Schneider et al. Violence and Victims, Volume 24, Number 6, 2009 744 to 2009 Prevalence and Correlates of Infinition Forth Violence Man and Minner Enterior Schetzeng. Like Disorder Treatment

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Medications for tobacco use disorder

- For women, varenicline was found to be more efficacious than transdermal nicotine or bupropion¹
- Neither nicotine or bupropion increased quitting in women
- For men, all three medications were found to be effective, and there was no statistical difference between them¹
- Women have more difficulty maintaining long-term abstinence than men do²

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iith PH, Bessette AU, Weinberger AH, Sinfer CE, McKee AS, Acquarder differences in smoking cessation: A review, Perv Med. 20
Novy2:135-140. doi: 10.1016/j.ypmet.2016.07.013. Epib 2216.1412.e. PMICE.79471021; PMICE.PMCS0852.

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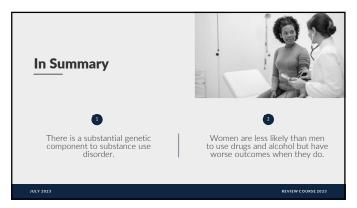
Medications for opioid use disorder

- Women using buprenorphine had greater treatment retention and less opioid use compared to men. ^{1,2}
- Females receiving buprenorphine were less likely to relapse than females receiving methadone, whereas males receiving LAAM were less likely to relapse than males receiving buprenorphine ^{1,3}
 - Retention in treatment was longer for both sexes receiving methadone versus LAAM.
- All three medications benefit both sexes.³

 McCrady BS, Epstein EE, Fokas KF. Treatment Interventions for Women With Alcohol Use Disorder. Alcohol Re 2020 Jul 30:40(2):08. doi: 10.35946/arcv.v40.2.08. PMID: 32742894; PMCID: PMC738437
 Schottenfeld RS, Pokes JR, Kosten TR. Prognostic Icators in Bugrenorphine- versus methadone-maintained patients. New Ment Dis. 1998 Jan;186(1):35-43. doi: 10.1097/00005053-199801000-00006. PMID: 945714 Jones HE, Fitzgerdd H, Johnson RE. Males and femials differ in response to opioid agoinst medications. Am J Addition. 2005 May-Jun;14(3):223-33. doi: 10.108/1055090590949569. PMID: 1601997

Transgender persons and substance use disorder • 5 Recent studies indicate that transgender individuals have high rates of alcohol use (estimates up to 72%), marijuana (estimates up to 71%), other illicit drug use (estimates up to 34% [including intravenous drug use]), and nonmedical use of prescription drugs (estimates up to 26.5%) and show more severe misuse of these substances compared with non-transgender persons.

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