

Susan Bergeson, Ph.D.

How does alcohol use disorder compare to other use disorders?

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So many people don't realize that alcohol use disorder costs more to treat and in morbidity and mortality, then all of the amount of money spent on the alcohol in the first place. It is a \$250 billion a year problem. And that is more than all other drugs combined with the exception of a nicotine. So smoking causes 8 million deaths and horrific morbidity and mortality. But we think of the opioid epidemic as being the problem, we still have a more severe alcohol use disorder issue than we do, even though opioid use and addiction has exploded in the last 5-10 years. So people don't necessarily think about that. But it is a problem. And they you know, I think another misperception is that illegal drugs are worse than legal drugs. And it's simply isn't true. Alcohol Use Disorder is responsible for 5% contribution to all morbidity and mortality. So it makes you at higher risk for cancer, and heart disease and Alzheimer's, there is an influence in pain. If you drink alcohol regularly, you're more likely to have chronic pain. And if you have chronic pain, you're more likely to drink alcohol. And the problem is that while it makes your pain go away while you're intoxicated, it actually does something called sensitization. So when you sober up that pain, whether that be an emotional problems, such as anxiety, or depression, or whether that's a physical pain, like your backache, they're worse.

What would you say to someone who thinks alcohol use disorder is a choice?

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If somebody asked me about whether or not alcohol use disorder, or substance use disorder is a choice, I would say no, we know that both of those disorders are about 50% genetic. So there's lots of genes involved. So you it's like a deck of cards. If you have 52 cards, and you've got 30 stacked against you, it's really difficult. The other issue is these for alcohol, almost everybody drinks alcohol at some point. So you have a, I'll try it. And then for some, it's like, I like it. And then you start to have a reinforcement, and you want it. And reinforcement gets stronger to the point where you now have a brain disorder, because not only is your gene expression patterns different, but so is the neural network. So the actual connections in your brain are changed by using drugs and alcohol. And so that's why it's classified in, in medicine as a DSM five, mental disorder, mental health disorder.

Does alcohol affect men and women differently?

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So there are sex differences in how alcohol acts in the body. It's well known that men are have a higher probability of having alcohol use disorder, but women actually have more tissue damage. And for those who suffer from alcohol use disorder, it generally takes a shorter amount of time and less alcohol consumption to get to their end stage. So we, you know, we may think, Oh, well, men are more likely to have problems well, actually, women are more likely to have problems or just less likely to be alcohol use disorder.

What are some things to keep in mind about drinking alcohol and the holidays?

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So at the holidays, it's an opportunity for most people to drink when they don't normally or drink more than they normally do. And this can be a problem. So you want to make sure that you think about what your risk is. The NIH kind of describes risk as it's very low risk for a woman to have two drinks in one

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day, and low risk for men to have four, but no more than 14 per week, or seven per week for women. And this difference isn't just because we weigh differently. It's because the alcohol acts differently in men and women. But the holidays are hard because in addition to having generally more access to alcohol people can be more likely to be, you know, have social anxiety. Men actually drink sometimes to reduce their social anxiety and women are more likely to drink to reduce depression. And both of those are, you know, factors that can play a role in how you celebrate Christmas, or Hanukkah or other holidays, there's a number of holidays where drinking might be more prevalent than normal. So I think the issue that people have the most difficulty with is just saying no. And so if you plan ahead, whether that's to say no, or whether that's to make sure that you have a ride home, because part of the alcohol use disorder problem for the individual, as well as society is that drinking and driving can be very dangerous and deadly. And it certainly happens more frequently during holidays.

What are some misperceptions about alcohol use disorder?

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There are many misperceptions about alcohol use disorder, starting with the fact that, you know, people often think it's a moral dilemma, or that people should be able to quit, just because that feels that way. You know, 80, some odd percent of people don't struggle with alcohol. And so it's hard for them to empathize in the way they would a cancer patient. But the truth is that your genetics and your environment, you know, may predispose you for risk. And once you have developed this brain disorder, it's really hard to, you know, stop on your own. So getting help is really key, talk to your physician, share with your family. The other thing that people have a hard time with is trying to change someone else's behavior, you can't change anyone else, you can help them. But many times the things that we think are helpful, are actually harmful...

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The other issue is, it's really hard to stop. Even if somebody has been sober for many years, that the brain chemistry in the brain wiring have changed. And they're set up to have triggers. So when they're around the people that they used to drink with, and had a good time with, or whether it's the smell of their favorite drink, or even on television, you might see your drug of choice. And it triggers these cravings. And that can be really, really hard...

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Another misperception is is that I don't have a problem because so and so does this and, you know, you see it, your brain is set up to protect yourself from being the bad guy, so to speak, right? And so oftentimes, people justify their drug or alcohol consumption by saying, Well, my friend X seems perfectly fine, and they use more than I do. And so it's really hard for them to figure out they have a problem, which is why physicians will ask you, you know, do you drink, how much do you drink? Sometimes your blood chemistry comes back. And just having your physician do a brief intervention, like, how much do you drink? And do you think you could cut back makes the person have an aha moment that maybe they have a problem and they need help, but they never realized it before.

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Is there a current treatment for alcohol use disorder?

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Current medications for alcohol use disorder include three FDA approved drugs, disulfiram, acamprostate, and naltrexone. None of them are used very often the first one disulfiram people maybe remember, who are my age, the younger people, maybe not antabuse, and so you give the drug and it makes you really sick. That is only used at a very few clinics, but there is one in Washington right now that uses it. And it works for people who have high profile jobs where they're required to stay sober, or they lose their licenses such as a medical doctor or a pilot. And so they will go to the clinic, and they will make them sick on their favorite drink, and it works very well for them, but it doesn't work for most people. And, in addition, the drug itself when mixed with alcohol causes a lot of tissue damage. And so it's not used very often. The other two don't work very well in what's currently being used at Betty Ford clinics and others is gabapentin, which is Neurontin is the name of the drug, it also makes people pretty ill not ill from the alcohol, but it's not a drug that makes you feel very well. And so there's a lot of room for improvement. But most people who are successfully put a guess I would say their alcohol use disorder is in remission. Because I think most people who consider themselves to be an alcoholic, which they can say, but we don't use that term anymore. That it's a lifelong process that they have to fight that, you know, disorder for the rest of their life. In alcohol. Alcoholics Anonymous is very successful at that. Most people relapse numerous times before they finally successfully beat it. And they do it because they get a new friend, so to speak, they go to meetings, and they're, they're given a sponsor. So you match up with a sponsor, and that sponsor helps you so when you think you're going to succumb and relapse, you call your sponsor, and they help you through what is a difficult time.

Is quitting cold turkey a good option?

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I want to make sure that people understand that just quitting on your own can be a medical emergency. If you're physically dependent on alcohol, you can go through very severe withdrawal symptoms, including seizures, which can kill you. So you have to be very careful. I recommend to anyone who has a substance use disorder, alcohol use disorder to talk to their physician may be a difficult conversation. But if you're ready to do that, that's the best way and they'll get you the help that you need. Because people can and do die from alcohol withdrawal.

How should you try to help a family member or friend struggling with a use disorder?

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So as I reflect on why I became an alcohol use disorder researcher, think about the friends I've had and the family members that I've had that have struggled, and it really felt for them in some way. And you know, over the 40 years, I've learned that the brain chemistry in the neural network rewiring, really stacks, the deck against individual who's struggling. So it can be really hard to help them, you know, if you're that person's loved one, it, it can be sad or even make you angry. But there's help for individuals to help others. Because there are positive things that you can do, and negative things that you can do. And going to Al Anon or starting, you know, joining a group, where others are, are dealing with the same kinds of issues, as you would say for Alzheimer's is very helpful. And knowing that you can't, you can't fix the problem. And even with all the modern medicine we have, we still have this really strong

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need for a good medication. And I hope that that's what we've developed. You know, my career would be a success if we come out the other end of this FDA approval process and there's a new medication that helps.

Could your mental health make you more susceptible to developing a use disorder?

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Often alcohol use disorder develops because the individual's self medicating, they may have a mental health disorder such as anxiety or depression. And that reinforces the use because it allows it to be reduced anxiety is lowered when you drink. And so, you know, I've said this over and over again, it's it's a brain disorder. And sometimes the deck is stacked against individuals. And certainly it is for those who have anxiety and depression. Now, does that mean that everybody with anxiety and depression drinks alcohol? No, it's a complex disorder and but does it make somebody more susceptible? That seems to be very likely, or example, almost all individuals with schizophrenia, smoke cigarettes. That doesn't mean that smoking cigarettes causes it, but there's something about that particular drug that must be reinforcing in that particular patient population.