

Translating Research into Practice on Alcohol and Polysubstance Use Disorders  
by Educating the Interprofessional Primary Care Team

# Welcome to Alcohol Use Disorder ECHO!

***We will begin the session shortly.***

*Please keep your microphones on **mute** for now to avoid background noise.  
You are muted if there is a line across your microphone icon.*





**Translating Research into Practice on Alcohol and Polysubstance Use Disorders  
by Educating the Interprofessional Primary Care Team**

# **Welcome to Alcohol Use Disorder ECHO!**

**ECHO Session #1:  
Epidemiology and Current Trends in Alcohol Use Disorder**

**March 5, 2025**

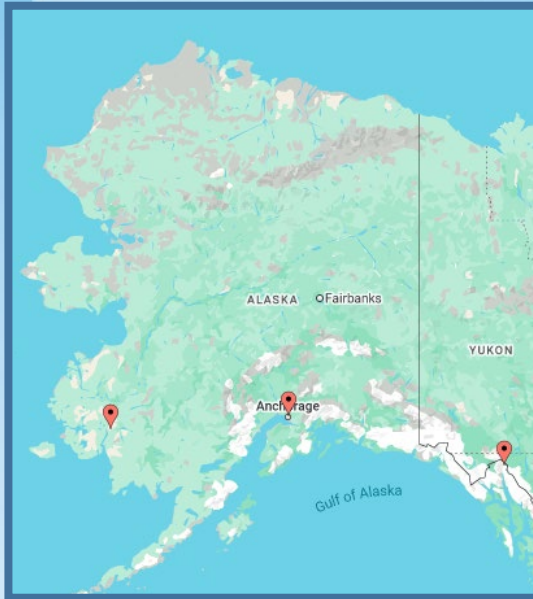
# Our ECHO Learning Community

## 102 participants from 87 sites across 30 states

- Alcohol and Drug Freedom Center of Knox County
- American Indian Health Service of Chicago
- Appalachian Behavioral Healthcare and Addiction Services
- Bethel Family Clinic
- Bowdoin Street Health Center
- Cabin Creek Health System
- CAPWN
- CHAS Health
- Chestnut Family Health Center
- Chicago Board of Education
- Child Guidance Center of Southern Connecticut
- Community Health Center of the North Country
- Community Health Center, Inc./Moses Weitzman Health System
- CRCHC
- Crossing Healthcare
- Crossing Rivers Health
- Dahl Memorial Clinic
- Dayton Public Schools
- Department of Child Services
- DHHS
- Discovering New Paths, LLC
- Division of Prevention and Behavioral Health
- Eagle View Community Health System
- Easter Shore Rural Health
- Eastern Aleutian Tribes
- Esperanza Health Centers
- Family Medical Centers
- FL Health
- Foundations Family Medicine
- Fraser
- Geisinger Health Plan
- Genesis Behavioral Health Services, Inc
- Georgia Primary Care Association
- Hackley Community Care Center
- Hartford Healthcare School Based Health Center
- Henry J Austin Health Center
- Hill County Community Clinic
- Hilltown Community Health Center
- Hopewell Health Centers
- Howard Brown Health
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- Jefferson Health
- Lakeland Volunteers in Medicine
- Lakeview Therapy Group
- Lincoln Trail District Health Department
- LRHC
- Mariposa Community Health Center
- Mendocino Coast Clinics/ MAT
- MidMichigan Community Health Services
- Molina Healthcare
- Nationwide Children's Behavioral Health Pavilion
- Neighborhood Family Practice
- NEON
- New Horizons Healthcare
- NNH
- North Carolina Farmworker Project
- North Country Health Consortium
- Northeast Ohio Medical University
- Northeast Valley Health Corp
- Ohio University
- OU HCOM Community Health Programs
- Potage Path Behavioral health
- Pushmataha Family Medical Center- Boswell
- Semrhi
- South Central Missouri Community Health Center
- St. John's Health
- Stark County Educational Service Center
- Summa FMC
- Teladoc
- The Pace Place
- The Recovery Center of Ohio
- Tri Area Community Health
- Triad Adult and Pediatric Medicine
- U of L
- Union Rescue Mission
- University of Florida
- University of Florida Health
- University of Georgia
- University of Louisville
- UofL Medicine/KCCP
- Ursuline Collee
- UVMHN- Champlain Valley Physicians Hospital
- Valley View Health Center
- Vaya Health
- Vista Community Clinic
- Vital Core Health Strategies
- Zepf

# Our ECHO Learning Community

## 102 participants from 87 sites across 30 states



# Technology: Your Zoom window



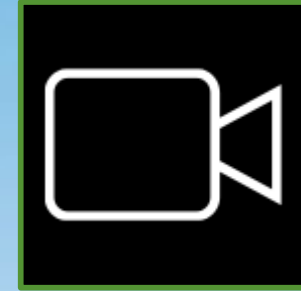
## Sound

*Stay on mute while others are speaking or presenting to avoid background noise*



## Chat

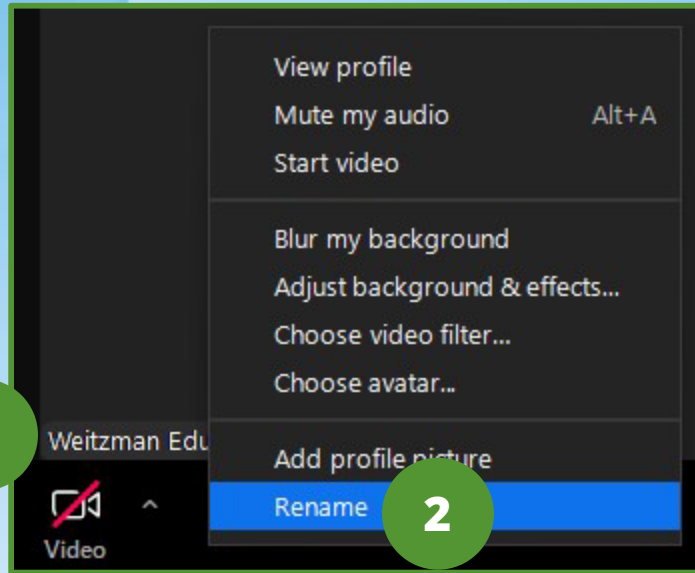
*Use the chat function to share comments, questions, relevant resources, and engage with faculty and your fellow learners*



## Camera

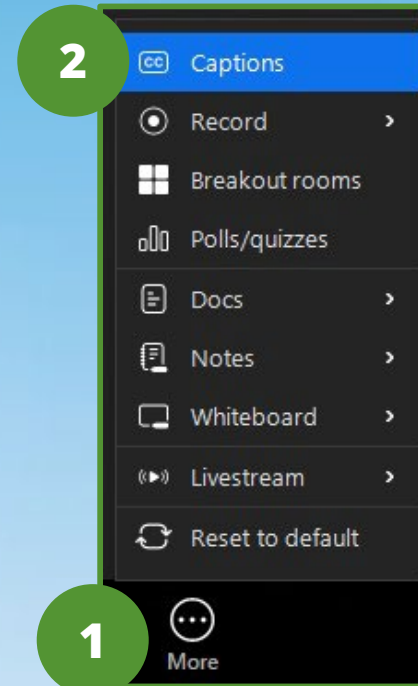
*If possible, share your camera with us*

# Technology: Your Zoom window, continued



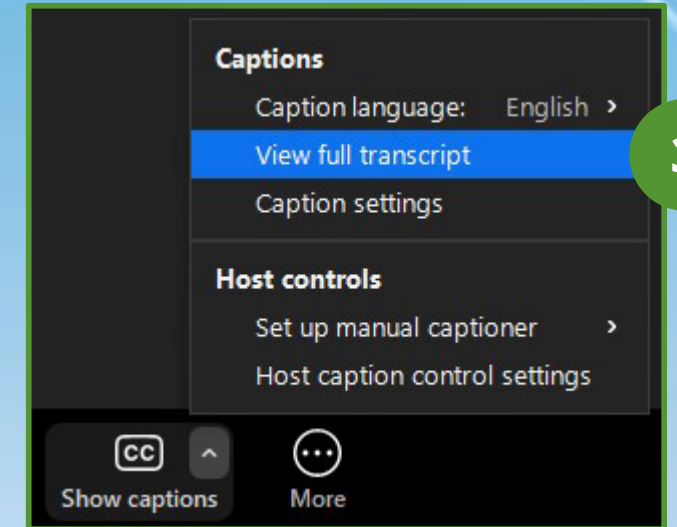
## Change your name

1. Right click your name in the lower left hand corner of your Zoom window.
2. Select "Rename".



## Closed Captioning and Live Transcript

1. If "Show Captions" does not appear in the bottom toolbar, select "More".
2. Select "Captions".
3. Select the carrot and then select "View full transcript".



# Important program logistics

## Completing the Enrollment Form

- Link in email from Weitzman Evaluation Team
- Survey link in the chat
- Please **complete by Friday, March 7th**

## Submitting a Case

- **What:** Any patient or client case that you find educational, challenging, or interesting!
- **When:** Schedule ahead of time with Emma, [warshae@mwhs1.com](mailto:warshae@mwhs1.com)
- **How:** Virtual Case Form sent to you via email
- Do NOT include patient identifying information

# Continuing Education Credits

In support of improving patient care, Moses Weitzman Health System is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for primary care providers (MDs, DOs, NPs, PAs), behavioral health providers (psychiatrists, psychologists, social workers, therapists), nurses, and other members of the care team.

Please complete the survey and claim your post-session certificate on the WeP after today's session. **Please note: Pharmacists must claim credits within two weeks following today's session or we will not be able to award ACPE credits.**

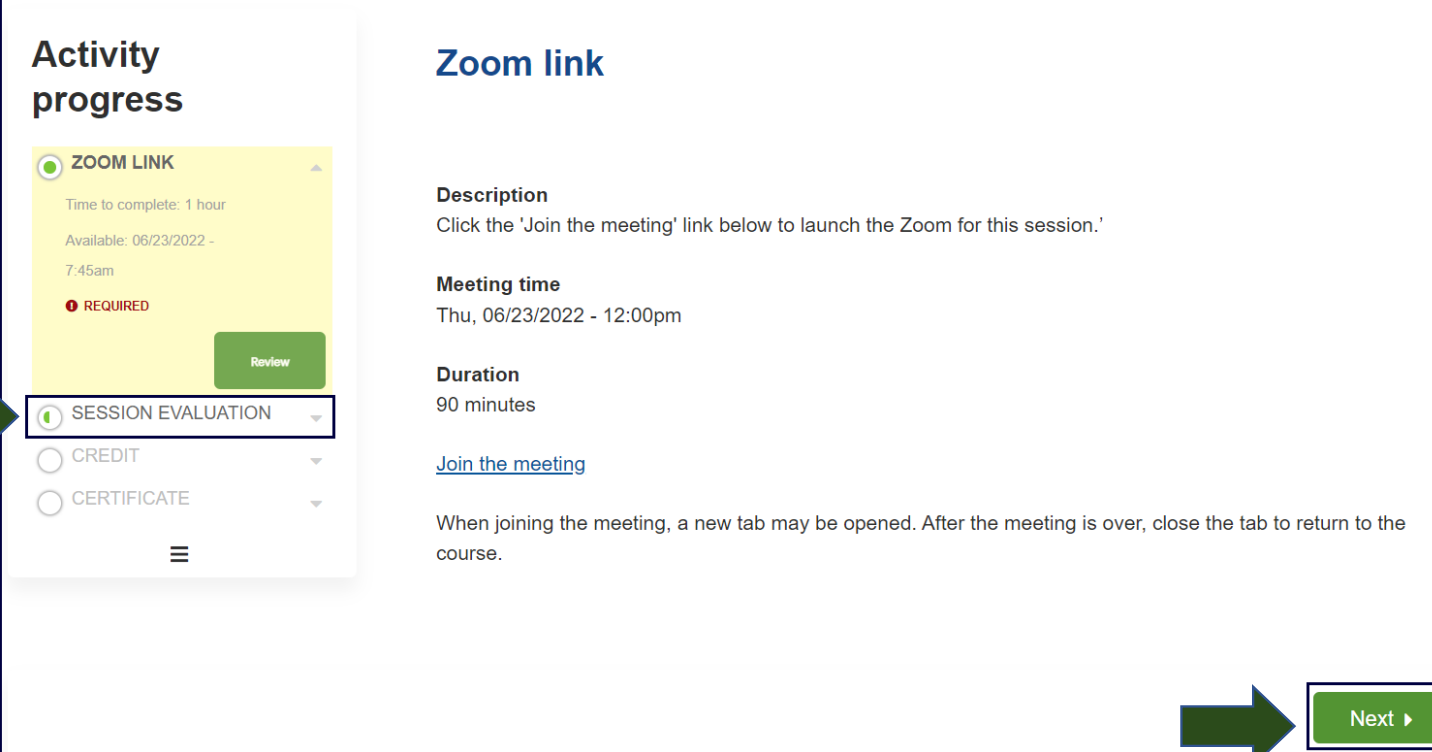
**You will be able to claim a comprehensive certificate on the WeP at the end of the series, October 1, 2025.**



# Program logistics post-session

## Completing the session evaluation and claiming your CME/CE credit

After the live session has ended, **select the Next button or Session Evaluation** in the left-hand navigation bar.

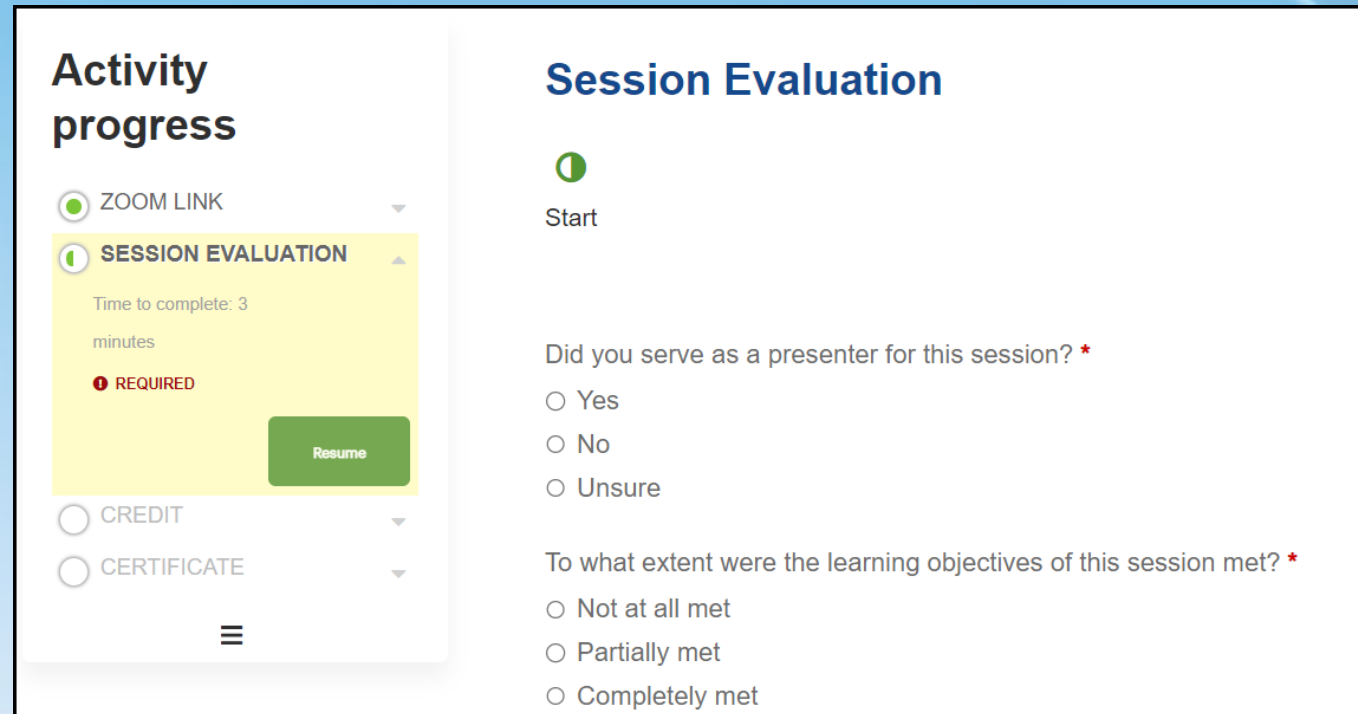


The screenshot displays a user interface with two main sections: 'Activity progress' and 'Zoom link'. In the 'Activity progress' section, there is a yellow card for 'ZOOM LINK' with details: 'Time to complete: 1 hour', 'Available: 06/23/2022 - 7:45am', and a red 'REQUIRED' indicator. Below this is a green 'Review' button. Underneath the yellow card is a dropdown menu with 'SESSION EVALUATION' selected and highlighted by a green arrow. Other options in the menu are 'CREDIT' and 'CERTIFICATE'. A hamburger menu icon is at the bottom of this section. The 'Zoom link' section contains a 'Description' (clicking the link launches Zoom), 'Meeting time' (Thu, 06/23/2022 - 12:00pm), and 'Duration' (90 minutes). A blue 'Join the meeting' link is present. A note at the bottom states: 'When joining the meeting, a new tab may be opened. After the meeting is over, close the tab to return to the course.' At the bottom right of the interface, a green 'Next' button with a right-pointing arrow is highlighted by another green arrow.

# Program logistics post-session

## Completing the session evaluation and claiming your CME/CE credit

1. Complete the questions in the session evaluation
2. Select the **Submit** button at the bottom of the evaluation.
3. View your credits awarded and download your certificate by selecting them in the left-hand navigation bar.



The screenshot displays two main sections: 'Activity progress' and 'Session Evaluation'.

**Activity progress**

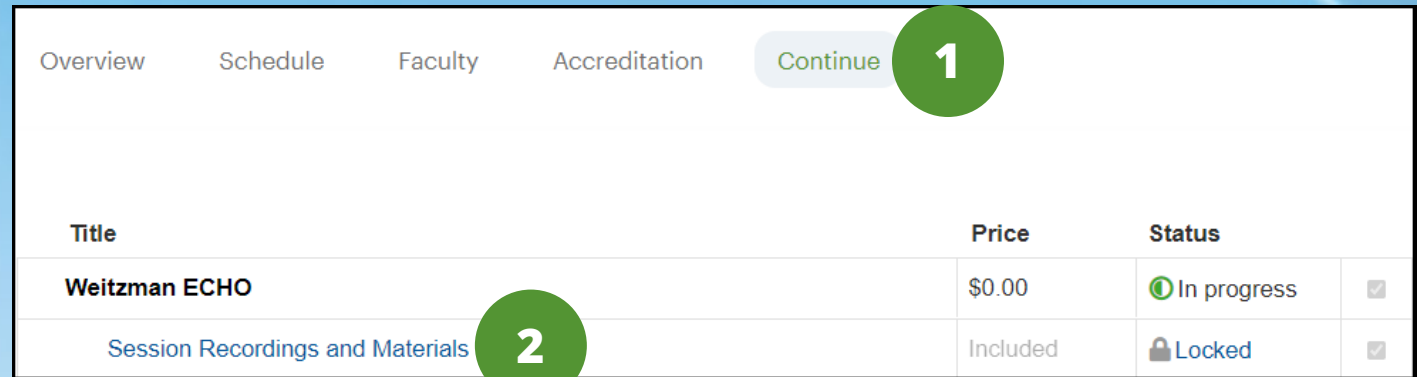
- ZOOM LINK
- SESSION EVALUATION**
  - Time to complete: 3 minutes
  - REQUIRED**
  -
- CREDIT
- CERTIFICATE

**Session Evaluation**



- Start
- Did you serve as a presenter for this session? \*
  - Yes
  - No
  - Unsure
- To what extent were the learning objectives of this session met? \*
  - Not at all met
  - Partially met
  - Completely met

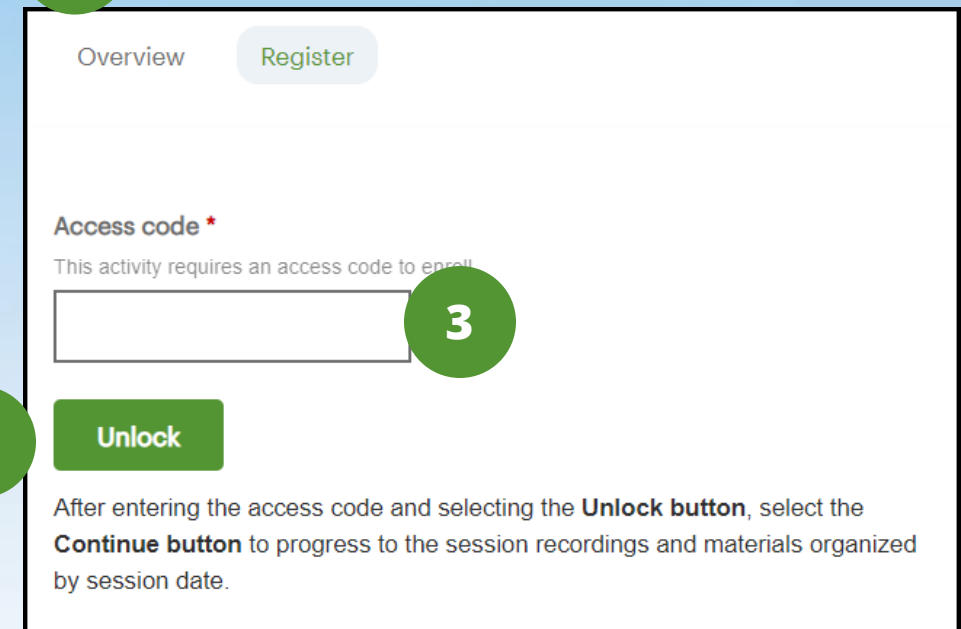
# Accessing session recordings and materials

1. Navigate to the **Continue tab** of the activity site within the Weitzman Education Platform.
2. Select the **Session Recordings and Materials link**. This may appear at the bottom of the list of the individual sessions. After reviewing the FAQ's on the Overview tab, select the **Register tab**.
3. Enter the access code: **WIEd**
4. Select the **Unlock button**. A **Continue button** will then display and you will be able to progress to the session recordings and materials organized by session date.



Overview Schedule Faculty Accreditation **Continue** 1

Title	Price	Status	
Weitzman ECHO	\$0.00	 In progress	<input checked="" type="checkbox"/>
<a href="#">Session Recordings and Materials</a> 2	Included	 Locked	<input checked="" type="checkbox"/>



Overview **Register**

**Access code \***  
This activity requires an access code to enroll

**Unlock** 4

After entering the access code and selecting the **Unlock button**, select the **Continue button** to progress to the session recordings and materials organized by session date.

**This Weitzman ECHO has been made available by:**

# **NIH R25 Alcohol and Other Substance Use Research Education Programs for Health Professionals**

*This project is supported by the National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health under Award Number R25AA031951 to translate research into practice on preventing, screening for, and treating alcohol use disorders in primary care. The content is solely the responsibility of the Weitzman Institute and does not necessarily represent the official views of the National Institutes of Health.*

# Disclosures

With respect to the following presentation, the following disclosure has been made:

- Carolyn Rekerdres, MD discloses being an independent contractor with: Johnson and Johnson

Speakers are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion

The views expressed in this presentation are those of the presenter and may not reflect official policy of Moses/Weitzman Health System.

**All disclosures of potential relevant financial relationships have been reviewed and mitigated through Moses/Weitzman Health System's accreditation review process.**

# All Are Welcome



# ECHO Faculty



**Daniel Bryant,  
MSEd, LPC, CCTP**



**Carolyn Rekerdres, MD**



**Jamie Stevens,  
PMHNP, DNP, CARN-AP**



**Carlos Tirado,  
MPH, MD**



**Jack Todd Wahrenberger,  
MPH, MD**

**Translating Research into Practice on Alcohol and Polysubstance Use Disorders  
by Educating the Interprofessional Primary Care Team**

# **Epidemiology and Current Trends in Alcohol Use Disorder**

**Carolyn Rekerdres, MD**

Associate Medical Director for Pecan Valley Center

Medical Director of the NE Region for East Texas Behavioral Health Center

March 5, 2025

# Learning objectives

***By the end of this session, participants will be able to...***

1. Describe diagnostic criteria and current understanding of the neurobiology of addiction
2. Analyze current alcohol use disorder (AUD) prevalence and trends in the United States
3. Describe behavioral health complications and comorbidities of AUD
4. Assess commonly encountered disease complications and downstream effects of alcohol use in primary care
5. Discuss the effect of alcohol use and misuse on certain special populations

# Drink equivalents

**14 grams of pure alcohol is equivalent to:**

- 12 oz beer at 5% alcohol
- 5 oz of wine
- 1.5 fl oz of 80 proof distilled spirits
- Mixed drink with 1.5 fl oz of liquor

(U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015)

## COULD YOUR DRINKING BE PUTTING YOUR HEALTH AT RISK?

 <p>PINT OF LAGER 4% ABV <b>2.3 UNITS</b></p>	 <p>PINT OF BITTER 5% ABV <b>2.8 UNITS</b></p>	 <p>PINT OF STRONG BEER/LAGER/CIDER 5.2% ABV <b>3 UNITS</b></p>	 <p>500ml CAN OF LAGER 3.8% ABV <b>1.9 UNITS</b></p>	 <p>750ml BOTTLE OF WINE 13.5% ABV <b>10 UNITS</b></p>	 <p>175ml GLASS OF RED OR WHITE WINE 13% ABV <b>2.3 UNITS</b></p>
 <p>250ml GLASS OF RED OR WHITE WINE 13% ABV <b>3.3 UNITS</b></p>	 <p>50ml GLASS OF FORTIFIED WINE (E.G. SHERRY) 20% ABV <b>1 UNIT</b></p>	 <p>25ml SINGLE SPIRIT AND MIXER 40% ABV <b>1 UNIT</b></p>	 <p>50ml DOUBLE SPIRIT AND MIXER 40% ABV <b>2 UNITS</b></p>	 <p>275ml BOTTLE OF ALCO-POP 5% ABV <b>1.4 UNITS</b></p>	 <p>50ml DOUBLE IRISH CREAM LIQUEUR 20% ABV <b>1 UNIT</b></p>

# DSM V definition of alcohol use disorder (AUD)

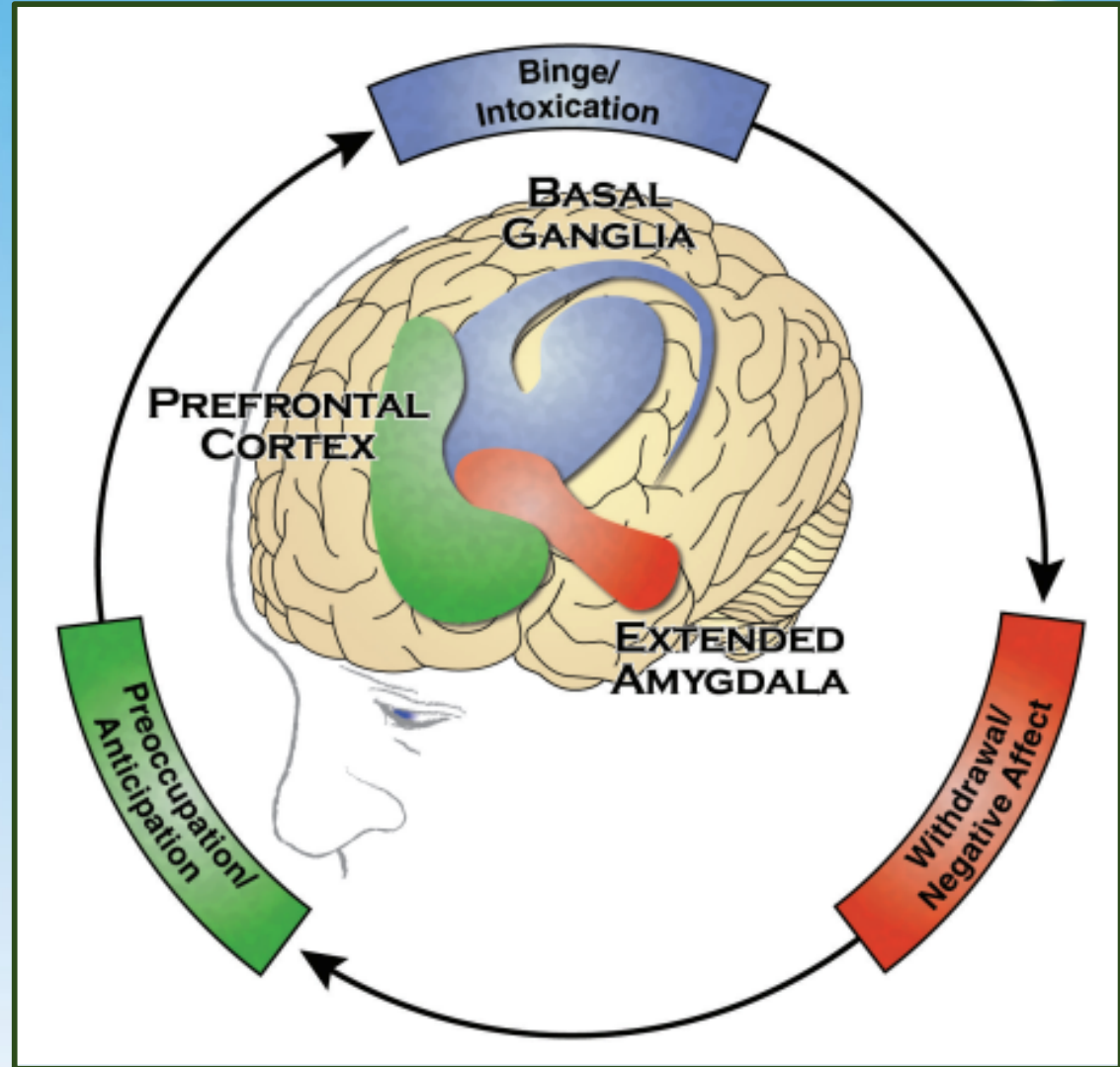
- “A problematic pattern of alcohol use leading to clinically significant impairment or distress.”
- Diagnosed as mild, moderate, or severe based on the number of symptoms, out of a possible 11, in the past 12 months

**Excessive alcohol consumption** is defined as the rate of adults (age 18 and older) who report binge drinking and/or heavy drinking in the past 30 days.

**Binge drinking** is defined as having 4 or more drinks for women or 5 or more drinks for men on one occasion.

**Heavy drinking** is defined as having 7 or more drinks per week for women or 15 or more drinks per week for men.

# Phases of addictive behaviors



# Current scope of the problem



- Landmark US Surgeon General’s Report in 2016 reported that over **24%** of Americans over age 12 had at least one binge episode of alcohol in the **last 30 days**
  - Over **17 million** were considered “heavy drinkers”
  - COVID increased the prevalence of all drinking behaviors in the US, including heavy drinking
  - The increase in drinking behaviors has not decreased since 2020
- (National Institute on Alcohol Abuse and Alcoholism (NIAAA), 2024a); (Substance Abuse and Mental Health Services Administration (SAMHSA) & Office of the Surgeon General, 2016); (Ayyala-Somayajula, 2024)

# Worrisome trend

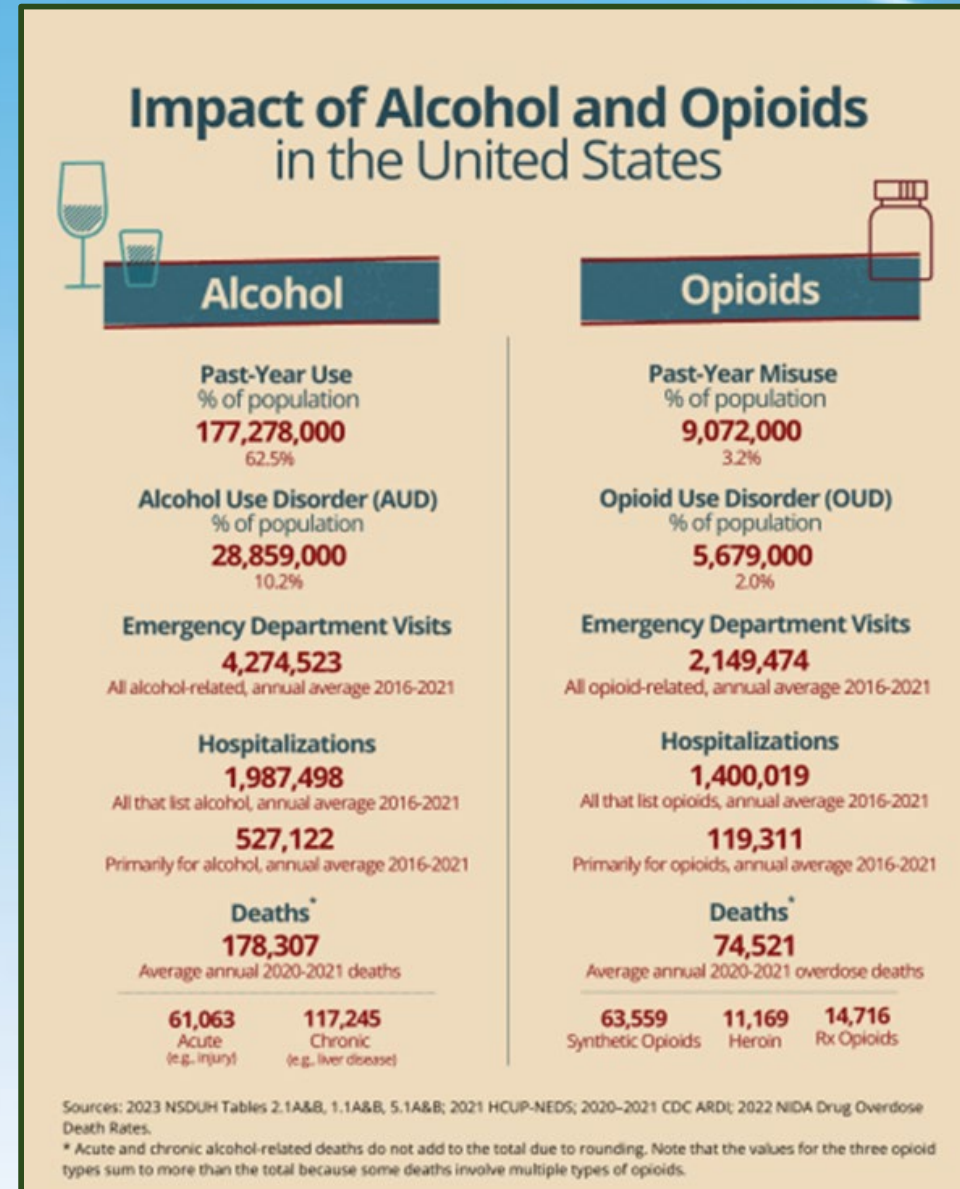
- ER visits associated with ethyl alcohol (ETOH) rose by **47%** between 2006-2014
- After years of decreases, alcohol related vehicular deaths rose in 2022 to the highest level since 2008
- Alcohol related acute deaths have risen over **25%** just since 2019 for males and over **34%** for females. Overdoses, accidents, and end stage liver disease drove these increases.
- **21%** of suicide deaths record a blood alcohol level that shows intoxication

(White et al., 2018); (NIAAA, 2024b)



# Impact of Alcohol and Opioids

(NIAAA, 2024b)



# Zoom poll: Health comorbidities

**Which of the following is the most frequently occurring health consequence of drinking 2-3 drinks per day?**

- a) Fetal Alcohol Syndrome
- b) Liver Cancer
- c) Pancreatitis
- d) Hypertension



## **Alcohol-attributable deaths due to OD, suicide, accidents and chronic conditions in the United States are the 4<sup>th</sup> leading cause of death**

- **Liver diseases** (e.g., alcohol-associated liver disease and unspecified liver cirrhosis) (heavy drinking)
- **Cardiovascular diseases** (moderate to heavy drinking)
- **Cancer** (all amounts of alcohol use)
- **Gastric and intestinal bleed** (heavy drinking)
- **Pancreatitis** (heavy drinking): *15% of individuals who drink alcohol heavily have acute pancreatitis*

POLITICS

## Surgeon General calls for new label on drinks to warn Americans of alcohol's cancer risk



# Spotlight on cancer

**3.6%**

**of all cancers are  
attributable to  
alcohol use**

**20%**

**of all colon cancers  
may be attributable  
to alcohol exposure**

**5%**

**of hormone positive  
breast cancers may  
be attributable to  
alcohol exposure**

**Even light alcohol use (less than 2 drinks per day) showed a statistical increase in the risk for oropharyngeal cancer, esophageal squamous cell carcinoma and breast cancer. Acetaldehyde, a toxic metabolite of alcohol, damages DNA and is thought to be the main mechanism for this increased risk.**

(Bagnardi et al., 2012); (Bagnardi et al., 2014)

# Spotlight on cardiovascular risks

## Alcohol is arrhythmogenic



**Increases risk for atrial  
fibrillation and ventricular  
tachyarrhythmias**



**Increases risk for both  
hemorrhagic and ischemic  
stroke**

**Atrial fibrillation (AFib) is a leading cause of stroke. Studies have shown that prolonged exposure to alcohol causes cardiac cellular remodeling that can lead to fibrotic tissue development and left atrial dilatation. These structural changes can lead to abnormal rhythm. One study showed that patients could decrease their AFib episodes by decreasing alcohol intake to less than 2 drinks per week or total abstinence.**

(Mannan et al., 2024); (Beilin, 1995)

# Spotlight on diabetes

- Prevalence of diabetes mellitus (DM) ranges from 2.4% in 18-44 year olds to around 20% in those 65 and older
- Studies show that moderate drinking (8-14 drinks per week) is associated with hypertension in patients with diabetes
- Daily alcohol use also increases the risk for poor glycemic control, impotence, retinopathy and peripheral neuropathy  
(Imken, 2024)



# Spotlight on hypertension

- **More than 3 drinks in one sitting** can increase blood pressure (BP) acutely - dose dependent and linear relationship
- First described in 1915 by a French physician Lian who noted that sailors who drank liters of wine per day had elevated BP
- **More than 1 drink per day for women** and **more than 2 drinks per day for men** has one of the most modifiable risk factors for hypertension
- **Drinking 3 or more drinks per day** doubles the risk of hypertension in adults

(Beilin, 1995); (Cushman, 2001)



# Spotlight on special populations

- Pregnant women are at increased risk not only for harm to fetus
  - Alcohol can increase bleeding risk and risk of miscarriage
- 3% of women report binge drinking in pregnancy (Dejong et al., 2019)



# Spotlight on youth

- **27% of youth aged 15-19** drank alcohol in the last 30 days
  - NIAAA first reported in 1998 that teens who begin drinking before age 15 are **4x more likely to have substance problems as adults**
  - These effects are both due to genetic predisposition and subsequent neuronal changes during late development
- (Squeglia et al., 2015); (SAMHSA, 2018)



# Zoom poll: “Safe” alcohol amounts

**Which of the following is a “safe” amount of alcohol to drink?**

- a) 1-2 drinks per day
- b) 2-4 drinks per week
- c) 2-3 drinks per day
- d) There is no safe level of regular alcohol consumption





**Dr. Faiz Bhora**

Professor of surgery and regional  
chair of surgery at Hackensack  
Meridian Health and Hackensack  
Meridian School of Medicine

“

***We now know that there is no safe level for alcohol consumption, and that alcohol is a known carcinogen.***

**There is no “moderate” amount of alcohol intake. All alcohol intake is a risky behavior that we as medical professionals must assess and discuss with patients.**

# Questions?

**Feel free to unmute or put your  
questions in the chat!**



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## Patient Information: Male, 78 Years Old (he/him)

**Main Questions:** What is the best strategy to use to help reduce alcohol usage to mitigate falls and help the patient care for his wife who is in declining health?

### Medical Background:

#### Pertinent Medical History/Diagnoses:

Patient followed for 20 years with a history of hypertension and dyslipidemia. Over the past 6 months, per his son, he has become more forgetful. He scored 27/30 on an MCOA but remains engaged with current events and reading. Four months ago, he was seen in the ED after a fall at home, where he was noted to be intoxicated with an elevated blood alcohol level.

#### Medications:

- Lisinopril
- Atorvastatin

#### Labs:

- WNL

### Social/Cultural Factors:

#### Lifestyle History:

- Over the years, at his wife's prompting, patient has admitted to drinking "two fingers of bourbon" nightly before bed, insisting it's never more (wife eye roll).
- Wife has a progressive neurologic disease and was hospitalized for an extended period last year. Now home for the past 9 months, she experiences frequent falls due to autonomic dysfunction, requiring frequent ED visits and home care support.
- The couple has lived in the same home for 45 years and raised three children, who all live nearby and check in periodically.
- Patient and his wife are highly motivated to remain in their home.
- Patient is mostly retired but works seasonally for a local business in the spring and summer.
- Active in his church, volunteers regularly, and attends Mass almost daily.
- Takes his grandson to school during the academic year.

#### Treatment Plan:

- After his most recent ER visit, patient reported that a friend removed all alcohol from the home, believing this will resolve the issue.
- Plans to drink only non-alcoholic beer while watching hockey games and feels alright in this plan.