

Genetics and Gender: Impacts on Diagnosis and Care

Leslie Hayes, MD
Family Physician and Addiction Medicine
El Centro Family Health
Espanola, NM





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Describe genetic and gender differences impacting the assessment and treatment of substance use disorder.





Presentation Outline

Genetics and substance use disorder

Gender differences in substance use disorder



Genetics and Substance Use Disorder



Three ways that genetics influences substance use disorder

Direct effect of genes on susceptibility to substance use disorder Pharmacogenetics affects how drugs affect individuals differently

Epigenetics affects which genes are expressed



Twin Studies

 Both the Swedish and Vietnam twin studies showed significantly higher concordance rates for substance use disorder in monozygotic twins than in dizygotic twins.^{1,2}



Genetics of substance use disorder

 SUD is likely polygenic. Multiple genes, each having a small effect contribute to risk of developing SUD.¹

 Environment has stronger influence on initiation, whereas genetic factors are more important in progression and development of SUD.²



Pharmacogenetics

- Pharmacogenetics can be further divided into two different categories:
 - Pharmacokinetics: how the body metabolizes the drug
 - Pharmacodynamics: how the drug affects the body



Metabolism of alcohol

- 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 alcohol use disorder.

- Opioids are mainly metabolized by the cytochrome P450 (CYP450) or by UDP-glucuronosyl-transferase (UGT) in the liver.
- Some opioids are pro-drugs and need to be converted into an active metabolite to be active. (Codeine to morphine, oxycodone to oxymorphone, hydrocodone to hydromorphone, tramadol to Pdesmethyl-tramadol)
- Other opioids are already active and will be converted to inactive metabolites. (morphine, methadone)



- CYP2D6 is characterized by extreme variability.
 - 4 phenotype groups: ultra-rapid metabolizer (UM), normal metabolizer (NM), intermediate metabolizer (IM), and poor metabolizer (PM)
- UM can have severe or even lethal effects when treated with prodrugs, whereas poor metabolizers experience decreased analgesia after prodrug administration



Pharmacogenetics of Medication Therapy of OUD

- Methadone is metabolized in part by CYP2D6.
 - Ultrarapid metabolizers do not do well on methadone.



Pharmacodynamics

- The mu-1 opioid receptor (OPRM1) gene codes for the mu opioid receptor.
 - The G allele of the OPRM1 is related to a lower pain threshold and higher opioid consumption in the post-op period.
- The catchol-O-methyltransferase (COMT) gene regulates the expression of the mu-opioid receptor.
 - Some studies have suggested it may be involved with response to morphine.



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.



FDA Approves First Test to Help Identify Elevated Risk of Developing Opioid Use Disorder

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FOR IMMEDIATE RELEASE

Dec. 19, 2023

The following is attributed to Jeff Shuren, M.D., J.D., director of the FDA's Center for Devices and Radiological Health

Today, the U.S. Food and Drug Administration approved the first test that uses DNA in assessing whether certain individuals may have an elevated risk of developing opioid use disorder (OUD). As part of a clinical evaluation, the AutoGenomics, Inc. AvertD test is intended to be used prior to first exposure to oral opioid pain medications in patients being considered for a 4-30 day prescription for the treatment of acute pain, such as in patients scheduled to undergo a planned surgical procedure.

The AvertD test, a prescription-use only genetic laboratory test for patients 18 years and older, is to be used only with patients who consent to the test and have no prior use of oral opioid analgesics. The test is administered by a health care provider by swabbing the cheek of a patient to collect a DNA sample that will be used to determine if a patient has a combination of genetic variants that may be associated with an elevated risk of developing OUD. This information should be used as part of a complete clinical evaluation and risk assessment; it should not be used alone to make treatment decisions. The test is not intended to be used in patients being treated with an opioid for acute pain make better informed.



Gender Differences in Substance Use Disorder



A word about terminology

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



Gender Differences

- General differences
- Sex hormones and SUD
- Special health risks for women with alcohol
- LGBTQ community and alcohol
- Incarceration
- Sex work
- Violence
- Treatment



Gender differences and substance use disorder

- Men are more likely than women to use almost all types of illicit drugs.^{1,2}
 - Women use prescription drugs at greater rates than men and have higher rates of prescription drug use disorder.²
 - Otherwise, men have higher rates of drug use disorder.²
- Men have higher rates of alcohol use, including binge drinking, than women1,2, except for teens, where rates were similar until recently.
- Men are more likely to engage in riskier types of drug use that elevate mortality, including taking greater amounts of drugs, using more lethal drugs, and sourcing drugs from riskier sources and unvetted dealers.³
 - 1. 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 Accessed 2/18/2021
 - Center for Behavioral Health Statistics and Quality. (2023). Results from the 2022 National Survey on Drug Use and Health: Detailed tables. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables
 - 3. J. Ho. Cycles of Gender Convergence and Divergence in Drug Overdose Mortality. Population And Development Review 46(3): 443–470 (September 2020) 4



Most recent study of teens showed higher rate of drug and alcohol use among girls

Behavior/Substance – current use	Male 2019 (%)	Male 2021 (%)	Female 2019 (%)	Female 2021 (%)
Alcohol	26.4	18.8	31.9	26.8
Marijuana	22.5	13.6	20.8	17.8
Binge drinking	12.7	9.0	14.6	12.2
Prescription opioid misuse	6.1	4.0	8.3	8.0



Gender differences and substance use disorder

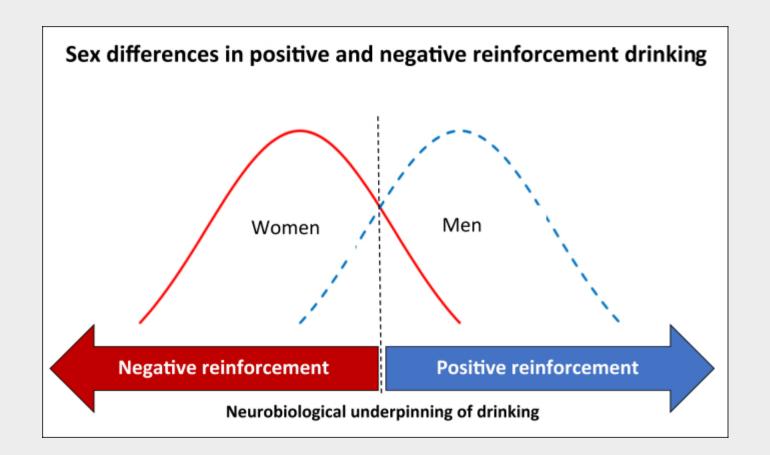
 Women are more likely to be introduced to injection drug use by their male sexual partner, whereas men are more likely to be injected by a friend.¹



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

³ Ihid





Special health risks for women from alcohol



Women and alcohol

- Women get drunker faster than men:
 - Decreased body weight¹
 - Decreased alcohol dehydrogenase²
 - Decreased volume of water compartment distribution³



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, Sixth Edition. Wolters Kluwer 2019 p. 529



CDC guidelines for risky drinking¹

- Excessive drinking (or risky drinking or at risk drinking) is defined as the following:
 - 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, or men over 65, 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

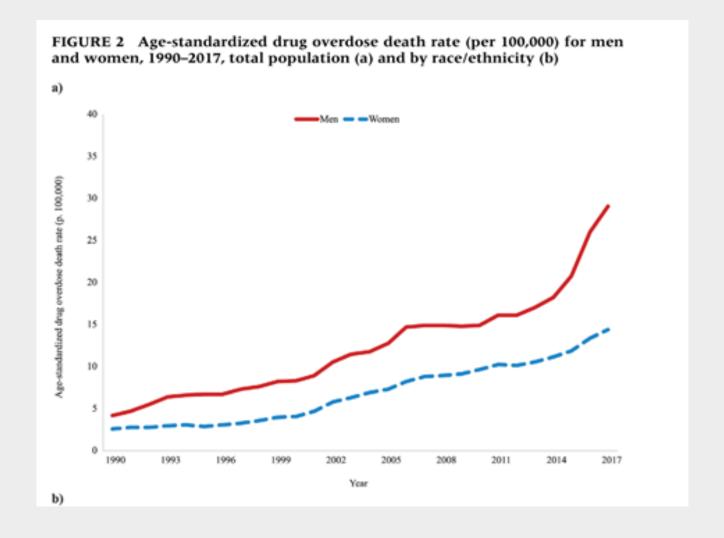


Men die at higher rates than women from alcohol

- Despite the higher risk for alcohol-related problems for women if they
 do drink, men still have much higher death rates from alcohol because
 they drink at higher rates
- A study from 2023 of alcohol-related deaths in the United states showed that the mortality burden was higher among male individuals than female individuals, with male individuals being 2.88 (95% CI, 2.86-2.89) times more likely to die compared with female individuals.



Overdose death rate is higher in men





Sex hormones and substance use disorder



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
- Progesterone may protect against cigarette smoking and nicotine addiction, whereas estradiol may underlie enhanced vulnerability.²
 - When progesterone levels are high, nicotine self-administration is decreased.²

- 1. Allen et al. Menstrual phase effects on smoking relapse. Addiction. Volume 103. Issue 5. April 14, 2008.
- 2. Wetherill RR, Franklin TR, Allen SS. Ovarian hormones, menstrual cycle phase, and smoking: a review with recommendations for future studies. Curr Addict Rep. 2016 Mar 1;3(1):1-8. doi: 10.1007/s40429-016-0093-z. Epub 2016 Feb 1. PMID: 27134810; PMCID: PMC4847745



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 ASAM
Principles of Addiction Medicine. Sixth Edition. Wolters Kluwer 2019 p. 1298

² Bawor et al. Testosterone suppression in opioid users: A systematic review and meta-analysis. Drug and Alcohol Dependence 149 (2015) 1–9

LGBTQ Persons and Substance Use



LGBTQ People have higher rates of SUD

- Data from the 2020 National Survey on Drug Use and Health (NSDUH) suggest sexual minority adults report increased consumption and substance use disorders compared to heterosexual adults.
 - (In this survey, sexual minority adults include individuals who describe themselves as lesbian, gay, or bisexual.)
- Sexual minority adults had roughly double the rate of marijuana use, misuse of opioids, and alcohol use disorder compared to heterosexual adults.



Reasons for increased substance use and misuse among LBGTQ persons

- High levels of stress
- Lack of cultural competency and health care discrimination in the medical community
- Targeted marketing efforts by alcohol and tobacco companies
- Discrimination in employment
- Discrimination in housing



Gender Differences in Incarceration and Substance Use Disorder



Incarceration and gender differences

 Men are far more likely than women to be incarcerated than women. 126/100,000 women were incarcerated in 2010 vs 1,352/100,000 men.¹



Incarceration and substance use disorder

- An estimated 65% percent of the United States prison population has an active SUD.
- Another 20% percent did not meet the official criteria for an SUD but were under the influence of drugs or alcohol at the time of their crime.



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.
- Men with SUD were 2.61 times as likely to have a history of incarceration as women with SUD.



Incarceration and gender differences

 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.¹



Sex Work and Substance Use Disorder



There is a significant correlation between sex work and substance use disorder

- A 2021 meta-analysis looked at 86 studies in 46 countries reported lifetime drug use among female sex workers (32 studies from 20 countries), and pooled prevalence in this sub-group was 29% (95% CI 24–34%).¹
 - There was insufficient data for estimates for male and transgender sex workers.
- A 2008 cross-sectional, secondary data analysis of 1606 women and 3001 men entering substance use treatment in the United States found the incidence of sex work was 50.8% of women and 18.5% of men reported prostitution in their lifetime.
 41.4% of women and 11.2% of men reported prostitution in the past year²

2. Burnette ML, Lucas E, Ilgen M, Frayne SM, Mayo J, Weitlauf JC. Prevalence and Health Correlates of Prostitution Among Patients Entering Treatment for Substance Use Disorders. Arch Gen Psychiatry. 2008;65(3):337–344. doi:10.1001/archpsyc.65.3.337



^{1.} Iversen J, Long P, Lutnick A, et al. Patterns and Epidemiology of Illicit Drug Use Among Sex Workers Globally: A Systematic Review. 2021 Apr 29. In: Goldenberg SM, Morgan Thomas R, Forbes A, et al., editors. Sex Work, Health, and Human Rights: Global Inequities, Challenges, and Opportunities for Action [Internet]. Cham (CH): Springer; 2021. Chapter 6. Available from: https://www.ncbi.nlm.nih.gov/books/NBK585687/ doi: 10.1007/978-3-030-64171-9_6

There is a significant correlation between sex work and substance use disorder

- It is often assumed that women who use drugs and participate in sex work began sex work to pay for drugs, but it is often the other way around. Many began using drugs to cope with the trauma of sex work.¹
- A study in Chicago that interviewed 222 women doing sex work found that almost one-fourth of women in drug houses being raped more than 10 times.²
- Sex workers who are sexually assaulted often do not get good support from the medical system, the legal system, or family and friends because of their sex work.³

- 1. https://www.caase.org/mental-health-impacts-of-sex-trade/accessed 12/9/2023
- 2. Raphael J. and Shapiro D. Sisters speak out: the lives and needs of prostituted women in Chicago a research study

 Center for Impact Research. www.impactresearch.org August 2002
 - 3. Natalie West with Tina Horn. We Too. Essays on Sex Work and Survival. Feminist Press. 2021



Violence and Substance Use Disorder



Women, 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.¹
- One study showed lifetime intimate partner violence victimization was reported by 46.7% of women and 9.5% of men entering SUD treatment.

- 1. Zweben. Special Issues in Treatment: Women in Miller et al. The ASAM Principles of Addiction Medicine. Wolters Kluwer 2019 p. 532
- 2. Schneider et al. Violence and Victims, Volume 24, Number 6, 2009 744 © 2009 Prevalence and Correlates of Intimate Partner Violence Victimization Among Men and Women Entering Substance Use Disorder Treatment.



Treatment Differences for SUD by Gender



Treatment Differences

- Women have been found to do better in treatment programs that reduce barriers to treatment or address women's needs.
 - Provision of childcare
 - Prenatal care
 - Treatment for co-occurring mental health problems
 - Comprehensive approach to treatment
 - Supplemental services that address women-focused topics



In Summary



1

There is a substantial genetic component to substance use disorder.

2

Women are less likely than men to use drugs and alcohol but have worse outcomes when they do.

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Which of the following is true regarding gender differences with respect to substance use disorder?

- A. Men are less likely to use illicit drugs than women are
- B. Women are more likely to use drugs to celebrate, whereas men are more likely to use to cope with physical or emotional pain
- C. Women will suffer adverse effects from their use of similar levels of alcohol much sooner than men will
- D. Women with substance use disorder are more likely to have a history of incarceration than men are



Which of the following is true about genetics and substance use disorder?

- A. Some alleles of the ADH2 gene will cause flushing and nausea with alcohol ingestion. People who are homozygous for these alleles are protected against alcohol use disorder
- B. There has been one gene found that completely determines the likelihood of developing SUD
- C. Genetic factors influence whether people start using drugs, whereas environment influences how likely they are to continue.
- D. People who are ultra rapid metabolizers of methadone will get a better response to it.





Get in Touch

0

301.656.3920



education@asam.org



www.asam.org

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