Educational Guide

ALCOHOL USE DISORDER

A brief educational guide for clinicians about unhealthy alcohol use, how to recognize, diagnose, and treat.

OPEN

Prevention. Treatment. Recovery.

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KEY TAKEAWAYS

Alcohol use is common. Screen for risky alcohol use and offer evidence-based treatment to improve health outcomes and save lives.

1. Unhealthy alcohol use encompasses a range of risky alcohol use to severe alcohol use disorder where people face compulsions and cravings to continue to use alcohol despite negative consequences

2. Only 1 in 6 people actually discuss unhealthy alcohol use with a healthcare clinician which results in evidence-based treatment being highly underutilized

3. Recovery can look different for each person and even small reductions in alcohol intake can have positive impacts on health outcomes

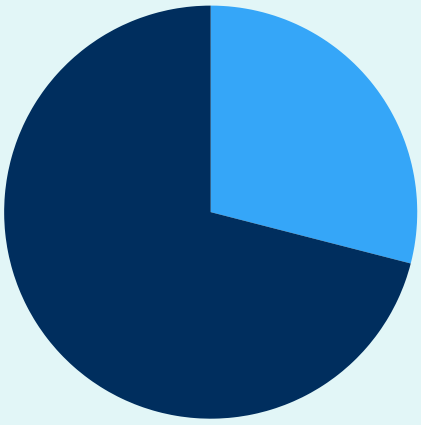
BACKGROUND

ALCOHOL USE

Unhealthy alcohol use encompasses a range of alcohol use from risky drinking to alcohol use disorder (AUD). Risky alcohol use refers to patterns of alcohol consumption that increase the likelihood of negative health consequences and other alcohol-related problems. Defining a person's alcohol use is based on quantity, patterns to use, and behaviors. Alcohol misuse, which includes binge drinking and heavy alcohol use, can increase a person's risk of developing AUD. Recognizing the signs of risky alcohol use is essential for identifying patients who may need more comprehensive intervention and support.(5)

FAST FACTS

- About 1 in 3 US adults engage in risky alcohol according to NIAAA estimates (5)
- Unhealthy alcohol use can contribute to the development or worsening of many medical conditions, including high blood pressure, cardiovascular disease, liver disease, pancreatitis, and cancer (5)
- Unhealthy alcohol use is the third most common cause of preventable death in the US and is estimated to cause 1 in 10 deaths among working-age adults in the US (5)
- Alcohol-related deaths are often due to medical conditions that are caused or worsened by alcohol, accidental deaths, or suicide (5)



Alcohol use disorder is the most common substance use disorder, affecting 29% of adults in the US in their lifetime (4,5)

RISKS BY AGE GROUP

ACCORDING TO THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (1):

Adolescents:

Almost 7% of those aged 12-17 drank in the past month according to a 2022 survey, and half of those binge drank. The disruptions in brain development during these years are critical, leading to deteriorated gray and white matter in the brain. Heavy drinking correlates with increased likelihood of AUD and future alcohol-related issues, also linked to depression and anxiety.

Young Adults:

Emerging adults between 18 and their late 20s are at heightened risk for AUD. A 2022 survey revealed about 50% of this group drank in the past month, with 60% of those reporting binge drinking. This age group has the highest reported AUD incidence, around 1 in 6 experiencing it yearly.

Late 20s to Mid-life Adults:

Many individuals who drink heavily during young adulthood reduce their consumption, a process called "maturing out," often due to life changes such as marriage, parenthood, and employment. However, some continue their heavy drinking patterns into middle age or start in middle age. People with AUD often seek treatment between their mid-30s and early 50s.

Older Adults:

While heavy drinking and AUD are less common in adults aged 65 and older, rates are increasing. A national survey in 2022 indicated that about 1 in 10 older adults engaged in heavy drinking recently and 1 in 25 had AUD. Age-specific physiological changes intensify alcohol's effects, increasing the risk for health problems like injuries, liver disease, and cognitive issues. Additionally, older adults are more likely to be on medications that may adversely interact with alcohol.

CHALLENGING STIGMA

Individuals with Alcohol Use Disorder (AUD) often face societal judgment and discrimination, which can lead to feelings of shame, fear, and isolation. This stigmatization discourages many from seeking the treatment and support they require, perpetuating the cycle of addiction and its associated health risks. Additionally, internalized stigma undermines self-esteem and self-efficacy, making it harder for individuals to recognize their need for treatment or to believe in their own capacity for recovery. Clinicians, too, can be influenced by societal biases, which may inadvertently affect the quality of care and support offered to patients with AUD.

CONSIDER THESE APPROACHES:

- Use person-centered language. This communication approach emphasizes the individuality, dignity, and inherent worth of people by focusing on the person rather than their condition or behavior.
- Redefine recovery. Many patients may be stigmatized because they are not ready to stop using entirely or return to use. Encouraging the patient to make small reductions in alcohol use can still improve risks.
- Normalize the conversation. People are most likely to seek help from a PCP for a medical condition related to alcohol use rather than address the SUD.(6) Acknowledge AUD as a chronic medical disease like diabetes or hypertension.

TRY THIS LANGUAGE:

- ✅ Person with SUD
- ✅ Positive / Negative
- ✅ Expected / Unexpected
- ✅ Use / Misuse
- ✅ Recurrence / Return to use

AVOID THIS LANGUAGE

- ❌ Addict / Alcoholic / Drug abuser
- ❌ Clean / Dirty
- ❌ Abuse
- ❌ Relapse

TALKING WITH PATIENTS ABOUT SUBSTANCE USE

Having a conversation with a patient about substance use can be uncomfortable. Use the conversation starters below adapted from Empathy: Talking to Patients About Substance Use Disorder (CDC.gov) (8). The "Words Matter" video by Shatterproof shares ways to change our language to improve outcomes for those experiencing addiction.

WORDS MATTER

ASK PERMISSION + PROVIDE OPTIONS	"Would it be ok with you if I asked you some questions about your substance use?"
NORMALIZE THE CONVERSATION	"This is not unusual. Many patients find it hard to talk about their substance use." "Talking about substance use can be uncomfortable."
BE TRANSPARENT	"I need to ask you some specific questions about your use of (substance). This will help us to determine the best plan of care for you together to improve your health."
ADDRESS CONFIDENTIALITY + CONCERNS HONESTLY	"I want you to know that everything you share with me and that we discuss today is confidential. However, there are some limited exceptions under the state law that I want to make sure you know and understand such as reports of threats of harm to yourself or others."
ESTABLISH TRUST + SHOW EMPATHY	Actively listen and engage with patients in a non-judgmental way. Treat patients with respect and address their SUD as the medical disease that it is.
WORK TOGETHER WITH PATIENTS	Meet patients where they are in their journey. Not every patient will be ready to stop their substance use.

KEY TERMINOLOGY

DRINKING IN MODERATION	
Adults of legal drinking age choosing not to consume alcohol or by limiting to two drinks or less in a day for men and 1 drink or less in a day for women.	
ALCOHOL MISUSE	
Binge Drinking	A pattern of drinking alcohol that brings blood alcohol concentrations to 0.08 or higher. Typically for an adult this would be 5 or more drinks for males and 4 or more drinks for females in about 2 hours.
Heavy Alcohol Use	For men, consuming five or more drinks on any day or 15 or more per week. For women, consuming four or more on any day or 8 or more drinks per week.
Alcohol Use Disorder	A medical condition that is diagnosed using the DSM-5 criteria. It can be mild, moderate, or severe. It is characterized by an impaired ability to stop or control alcohol use despite negative consequences.

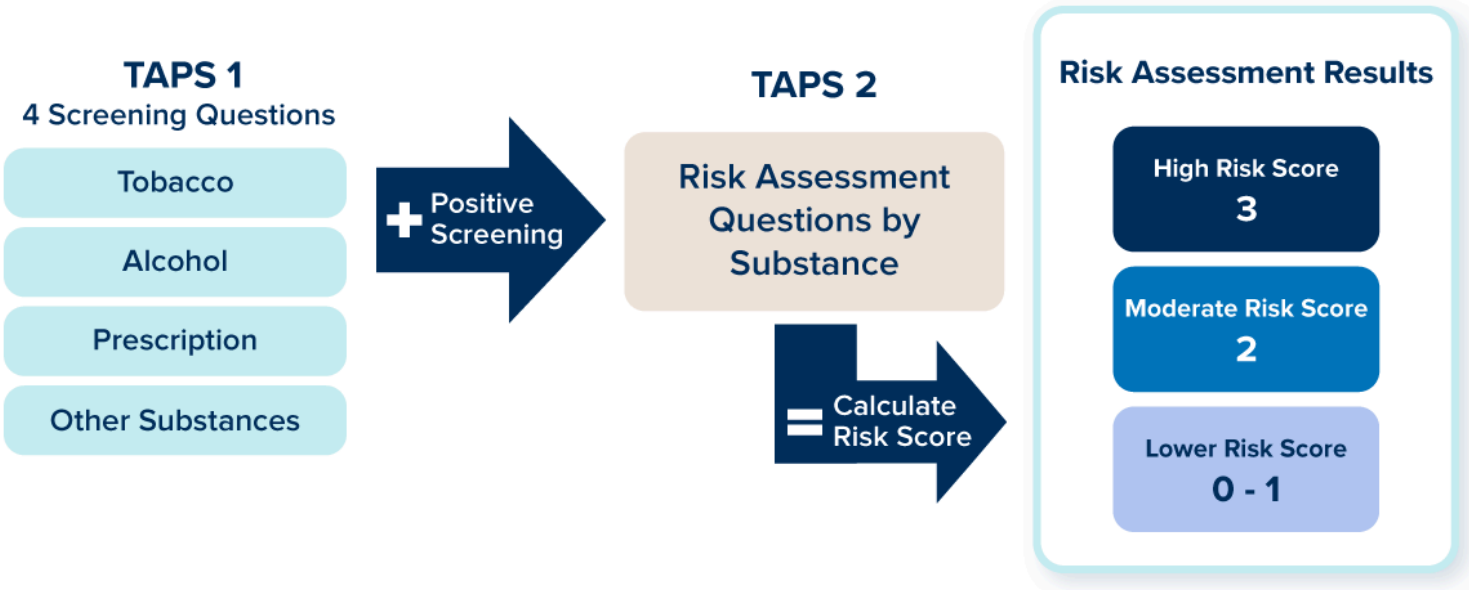
SCREENING + DIAGNOSIS

The US Preventative Services Task Force (USPSTF) recommends screening for risky alcohol use in primary care settings for patients 18 years or older including pregnant patients.(3) Identifying patients who may have risky substance use is most successful when done in a non-biased, non-stigmatizing way.

CONSIDER THE TAPS TOOL:

There are many screening tools to detect risky alcohol use. Consider the Tobacco, Alcohol, Prescription medications and other Substances (TAPS) screening which is a standardized tool and validated in primary care. This tool is short and can screen for multiple substances effectively. Screening questions can be self-administered or administered by clinic staff. Patient responses to the questionnaire generate a risk score, which can help providers understand more about their patient and indicate if further assessment is needed.

SCAN FOR TAPS QUESTIONNAIRE



DIAGNOSIS

Risky use or a positive screening does not equal substance use disorder. Screening results can be used as a conversation starter with patients to further understand their alcohol use. Alcohol use disorder is diagnosed using the DSM-5 criteria:

- Use in larger amounts or over a longer period than intended
- A persistent desire or unsuccessful efforts to cut down or control use
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
- Craving, or strong desire to use
- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home
- Continued alcohol use despite it causing persistent or recurrent social or interpersonal problems
- Important social, occupational, or recreational activities are given up or reduced because of use
- Recurrent use in situations in which it is physically hazardous
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
- Tolerance - had to drink more in order to get the effect you wanted
- Withdrawal - symptoms such as insomnia, shakiness, etc.

MILD	MODERATE	SEVERE
2-3 criteria	4-5 criteria	6+ criteria

TREATMENT + RECOVERY

Successful long-term treatment includes evidence-based psychotherapy and pharmacotherapy (3).

KEY CONSIDERATIONS:

- Prioritize engagement and patient-centered approach
- Recovery looks different for each person. Some people can experience recovery, characterized by improvement in function and risk reduction, without indefinite abstinence.
- Patients should not be discharged from care if they miss appointments or return/increase use of alcohol. These are patients who likely need the most support.

There are many effective psychosocial interventions (2) to support patients with alcohol misuse and alcohol use disorder in their recovery journey:

- Cognitive Behavioral Therapy
- 12 Step Facilitation
- Contingency Management
- Motivational Interviewing
- Motivational Enhancement
- Mindfulness Based Intervention
- Counseling
- Continuing Care

TREATMENT WITH MEDICATION

Medication treatment can be a valuable adjunct to psychosocial interventions in the management of Alcohol Use Disorder (AUD).

There are 3 medications approved by the FDA for alcohol use disorder:

- Acamprosate
- Naltrexone
- Disulfiram

Clinicians should consider prescribing medications when patients:

- Experience symptoms like cravings and urges to drink
- Desire to stop or reduce alcohol use but has difficulty achieving their goal
- Diagnosed with moderate or severe AUD
- Expresses a preference for medication treatment

Acamprosate and naltrexone have the best evidence for use in AUD and should be initiated in patients who wish to reduce or abstain from alcohol use. Neither of the medications has been shown consistently to be more effective than the other, and thus the choice should be individualized based on patient and physician preference. Disulfiram should be considered for patients who have not responded to acamprosate or naltrexone.(3)

In addition to the FDA approved medications, there are several other medications that are not FDA approved but can be considered as second-line treatment.(3)

Caution should be observed when initiating naltrexone in patients who have co-occurring opioid use disorder. Naltrexone is an opioid antagonist and could cause precipitated withdrawal.

WITHDRAWAL MANAGEMENT

People who have an alcohol use disorder are at risk for experiencing alcohol withdrawal symptoms which range from mild to severe and include tremors, agitation, nausea, sweating, vomiting, hallucinations, insomnia, tachycardia, hypertension, delirium, and seizures. Given the potential serious complications of alcohol withdrawal, if your patient has any contraindications to outpatient treatment or you feel uncomfortable managing alcohol withdrawal, please refer the patient to a specialist or higher level of care.

Many guides exist for outpatient management of alcohol withdrawal syndrome. (3)

EXPERT CONSULTATION SERVICE

OPEN offers free expert consultation services to support providers in treating patients with alcohol use disorder. Initiate a consultation request by completing a quick, online form. An addiction medicine expert will provide support and be in touch that same day.

CONSULTATION SERVICES INFORMATION + REQUEST FORM

ADDITIONAL RESOURCES

OPEN WEBINARS

[Alcohol Use Disorder: Harm and Risk Reduction Strategies]

[Alcohol Use Disorder: Epidemiology and Clinical Best Practices]

EXTERNAL RESOURCES

- SAMHSA TIP 49: Incorporating Alcohol Pharmacotherapies into Medical Practice: Best-practice guidelines for the treatment of substance use disorders, developed based on the needs of treatment professionals and healthcare practitioners.
- Medications for Alcohol Use Disorder, A narrative review: This narrative review summarizes the evidence for medications approved by the FDA as well as commonly used off-label medications for the treatment of Alcohol Use Disorder (AUD), covering their mechanisms of action, clinical applications, pharmacogenetic insights, and treatment guidelines.
- ASAM Guidelines on Alcohol Withdrawal Management. The American Society of Addiction Medicine (ASAM) developed the Guideline on Alcohol Withdrawal Management to offer updated, evidence-based strategies and standards of care for managing alcohol withdrawal in both outpatient and inpatient settings.

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QUESTIONS? CONTACT US.

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https://doi.org/10.56137/OPEN.000137