

Assessing and Addressing Alcohol Misuse in Medical Practice

Primary care providers are often the front-line care for individuals with behavioral health needs, including problematic alcohol use. Many health conditions can result from or be impacted by alcohol use. The following material offers guidance on assessment and care for individuals with alcohol use disorders.

If your patient has an alcohol use disorder, it's essential for them to engage in treatment with you or a SUD treatment specialist within 14 days of their diagnosis.

Patients discharging from an ED or higher levels of care for an alcohol use disorder need to be seen within 7 days.



Stigma can be the greatest barrier to treatment and recovery

“Addiction is a chronic brain disorder, not the fault of the addicted individual and that substance use affects the brain in many ways” (Zwick, 2020, p2). The language we use sets the tone for potentiating or breaking the stigma. How you talk about alcohol addiction matters and can impact outcomes

Breaking the stigma & setting the stage for collaboration

Normalize that alcohol use disorders are medical conditions and evidence-based treatment can help

- Addiction is not a sign of weakness or a character flaw
- Have an open dialogue about their symptoms and the negative impact of continued use

See the patient as a person, not a disease

- Listen, but withhold judgement, be kind, treat the patient with dignity and respect
- Words matter; avoid hurtful labels like “addict”, “alcoholic”, “crazy”

Support the patient in knowing they are not alone, and you are there to help

- Recruiting and sustaining support from other providers, family and friends is important
- Help them identify and address challenges to connecting with care and support

Screening, **B**rief **I**ntervention and **R**eferral to **T**reatment (**SBIRT**) is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol. You can use it as part of a prevention evaluation during routine physicals, initial prenatal contact or other patient consultations. These screening tools help you identify patients who may need additional behavioral health care and guide conversations about treatment options. For more information go to <https://www.samhsa.gov/sbirt/resources>

Screening tools

Screen a patient for alcohol use with standardized screening tools and assess for diagnosis using the DSM-5 criteria. Screening quickly assesses the severity of alcohol use and aids in identifying the appropriate level of treatment.

Adult Screening Tools:

- [The Audit](#)
- [AUDIT-C](#)
- [CAGE-AID](#)

Child/Adolescent Screening Tool:

- [CRAFFT 2.1](#)

Remission Codes

If you assess your patient to be in remission, use the following diagnostic remission codes:

- Remission code for alcohol use mild (abuse) F10.11
- Remission code for alcohol moderate/severe (dependence) F10.21

Brief Interventions can be short conversations to address drinking along with motivation to change. The most effective interventions are face-to-face; however, interventions can be done in a telehealth visit.

- Be open to what your patient has to say about their alcohol use
- Avoid responding in a judgmental or confrontational manner
- Provide information and education about alcohol use and risk of continued use based on the screening
- Assist your patient to identify their own reasons for change
- Understand that your patient may choose to abstain, decrease use, or continue to use. Your role is to provide information and education

“People are better persuaded by the reasons they themselves discovered than those that come into the minds of others”. Blaise Pascal

Referral to Treatment: Your referral options vary based on the results of your assessment.

Mild Use

DSM-5 Alcohol Use Disorder Mild
2-3 symptoms present

- Have patient screened again within **14 days** for increased or continued use with you or a substance use provider [use appropriate SUD DX code] [Find your plan | Find Care \(werally.com\)](#)

Moderate Use

DSM-5 Alcohol Use Disorder Moderate
4-5 symptoms present

- Outpatient or virtual visit with yourself or a substance use provider within **14 days** to screen for continued use
- Refer for more intensive outpatient (IOP) treatment if needed [Find your plan | Find Care \(werally.com\)](#)

Severe Use

DSM-5 Alcohol Use Disorder Severe
6 or more symptoms present

- Refer patient to be seen within **14 days** for individual, group therapy, intensive outpatient therapy (IOP) or residential treatment for alcohol use disorder
- Evaluate for Medications for Alcohol Use Disorder (MAUD)
- Refer to detox for most severe symptoms

Medications for Alcohol Use Disorder (MAUD)

As part of a person-centered treatment plan, consider both nonpharmacological and pharmacological treatment approaches. It is important that the patient and the clinician collaborate on the treatment goals (i.e., abstinence from alcohol use, reduction or moderation of alcohol use, harm reduction).

APA recommends that naltrexone or acamprosate be offered to patients with moderate to severe alcohol use disorder who:

- have a goal of reducing alcohol consumption or achieving abstinence
- prefer pharmacotherapy or have not responded to nonpharmacological treatments alone, and
- have no contraindications to the use of these medications

Social Determinants of Health

Economic stability, education, health/health care, and social and community relationships play a role in alcohol use

- Economic and housing stability of the family can impact alcohol use. If the family is homeless or if the family income is not stable that may increase the feeling of hopelessness
- Individuals who live in rural communities or who are homeless may have limited access to care

Key Take Aways

- ✓ Screen for alcohol use and social determinates of health
- ✓ Encourage use of self-help tools
- ✓ The treatment plan should be comprised of multi-disciplinary collaboration between all providers, including medical (primary care, pediatrics) and behavioral health (psychiatry, counselors, therapists, etc.), as well as family and social supports

Special Populations

Adolescents

School, family, and social interactions can have an impact on teen alcohol use. Exposure to family and other teens drinking may increase the chance of alcohol use.

Key Take Aways

- ✓ Encourage parents to talk to their children about the risks of alcohol use
- ✓ For your adolescent patients with alcohol use disorder, designing a treatment plan that is strength based can help promote engagement and recovery

Patients with Medical Comorbidities

Individuals with medical conditions such as diabetes or high blood pressure may have corresponding anxiety or depression related to their medical condition. Often these individuals will self-medicate their anxiety and depression with use of alcohol. Alcohol use may in turn exacerbate their medical conditions.

Key Take Aways

- ✓ Monitor levels of anxiety and depression
- ✓ Encourage behavioral health treatment along with use of self-help tools to manage anxiety and depression

Pregnant and Postpartum Women

Alcohol use during pregnancy can cause birth defects and developmental disabilities collectively known as fetal alcohol spectrum disorders (FASDs). It can also cause other pregnancy problems, such as miscarriage, stillbirth, and prematurity (CDC.gov). Some pregnant women may not be aware of the need to stop alcohol use while pregnant. Women with postpartum depression may be more likely to self-medicate using alcohol (Chapman & Wu, 2013).

Key Take Aways

- ✓ Encourage pre- and post-natal visits
- ✓ Screen for postpartum depression

Chapman, S.L., & Wu, L.T. (2013). Postpartum substance use and depressive symptoms: a review. *Women & Health*, 53(5), 479-503. <https://alcohol.org/pregnancy/postpartum-depression-drinking/>
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