MI-SPARC
Michigan Sustained Patient-Centered Alcohol-Related Care

Alcohol and Health Implementation Guide for Primary Care

Introduction

Between May 2021 and August 2022, the Michigan Sustained Patient Centered Alcohol Related Care (MI-SPARC) initiative was introduced in primary care practices across the state. Through this program, providers received instruction on recognizing and treating unhealthy alcohol use. They also received technical assistance on implementing screening, brief preventative counseling, and referral to treatment (SBIRT) in their daily patient visit workflows independently.

This guide covers recommended drinking limits, SBIRT, tips for addressing risky drinking with patients, and information about treatment options, including directions to moderate their drinking, counseling, and medication-assisted treatment that primary care clinicians can manage. In addition, it also contains tools and resources that can be useful for implementing the program into practice. Note this program is tailored to the needs of an adult patient population aged 18-75 and does not cover how to address alcohol use in adolescents.

The guide can be used by any primary care clinic or those assisting primary care providers who wish to initiate a behavioral health component or enhance their existing program. As with any workflow or improvement project, it is necessary to provide information to all office staff (both clinical and administrative) about why the project is essential and how uptake can positively affect patient outcomes. While fielding the MI-SPARC initiative, providers were initially quite hesitant about their capability to discuss the sensitive topic of alcohol use with their patients. However, after arming them with the tools and resources in this guide, they felt equipped to offer care to their patients in this domain.

Document Navigation Note: This document contains many tools and resources. To assist with navigation throughout the document, click on the "Bookmarks" icon in the left-hand sidebar menu (it looks like a flag/ribbon, or a "list" icon). The Bookmarks include all the document's main sections and the Table of Contents pages for all the Tools. Once on a Table of Contents page, all tools in the numbered lists are hyperlinked to get you directly to the desired tool.

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Getting Started

Sometimes adding new workflows to a clinic can be met with clinicians and practice staff resistance, as they may already be struggling with time and efficiency. Our demonstration of MI-SPARC revealed that implementing SBIRT for unhealthy alcohol use did not cause significant disruption. Once we gave the practices the tools and MI SPARC training, they realized that adding the screening and brief interventions did not result in more than just a few minutes of extra intake time.

Another concern shared with us was discussing a sensitive topic, such as personal alcohol use and patient pushback. However, the clinics found that once the universal screening was in place, patients neither resisted nor were distressed about completing the screeners or discussing alcohol use and healthy behaviors.

We observed that buy-in from an Office Champion (someone dedicated to leading the project and responsible for communicating with the team) and the practice's clinicians made a vital difference in successful implementation. In implementing our recommended first steps, our practices found that getting started was more manageable than anticipated, allowed opportunities for customization to meet their own practice's needs, and formed a solid starting foundation.

Here are the recommended steps to follow to get started:

A. Identify an ***Office Champion***

B. Follow the MI-SPARC ***Implementation Checklist***

C. Explore existing ***documentation within the Electronic Health Record (EHR)***. What else is needed for documenting screening, scoring, SBIRT documentation, referral for treatment, medications started, etc.

D. Use the MI-SPARC ***Training Modules:*** these slides supply providers and staff with information about drinking limits, as well as options for treatment, which have advanced over the past few years.

BECOME AN OFFICE CHAMPION

Get staff excited and assist with implementing the intervention services!

THE ROLE OF AN OFFICE CHAMPION INCLUDES:

- Attend the trainings, assist with questions, and manage the workflow due dates for documentation, data, and surveys.
- Help to establish the location of supplies that are needed.
- Assemble a team that will work together on screening implementation, documentation, and reporting of outcomes.
- Assist clinical staff to incorporate education, resources to support the continued improvement and implementation of services.
- Work with the clinical staff to document appropriate care.
- Lead adjustments to local workflows and incorporation of interventions as needed.

Alcohol and Health Implementation Checklist

Check-In Staff

- ❑ **Provide the _____screening to all patients 18 years and older**.
- ❑ **When giving the screener, let patients know, "we are using this screening tool as part of a quality improvement project that our clinic is working on."**
- ❑ **Advise patients** to answer each question and give the form to the Medical Assistant when s/he takes them to the exam room.

Medical Assistant

- ❑ **Ask the patient for their screening document.**
- ❑ **Enter the total score results of the three completed AUDIT-C questions into the EMR. Patients whose score is as follows will get an Alcohol and Health brochure attached to their clipboard:**

  Female patients or any patient over 65 years old with a score of 3 or more

  Male patients who score 4 or more
- ❑ **Ensure the completed screener w/ the score noted is seen by the Provider as they enter the patient's exam room.**
- ❑ **Give patients who score 7 or more on the AUDIT-C the Alcohol Symptom Checklist and a pen to complete in the exam room while waiting for the clinician.**

Provider

- ❑ **If patient has a positive AUDIT-C score: The screener and an Alcohol and Health Brochure will be attached to their clipboard.**

  Female patients or any patient over 65 years old with a score of 3 or more

  Male patients who score 4 or more
- ❑ **If a patient scores 7 or more on the AUDIT-C, in addition to the Alcohol and Health brochure, they will have an Alcohol Symptom Checklist in the exam room.**
- ❑ **When a patient has a positive AUDIT-C score, consider the following:**
  - ❑ **Determine if a patient at-risk drinking or high-risk drinking**
  - ❑ **Provide brief preventative counseling utilizing the Alcohol and Health brochure**
  - ❑ **Review the Alcohol Symptom checklist** use Motivational Interviewing to assess for recurrent symptoms, the patient's relationship with alcohol, how it is affecting their lives, and the practicality of an Alcohol Use Disorder diagnosis:

    Mild: 2-3 Symptoms

    Moderate: 4-5 Symptoms

    Severe: ≥ 6 symptoms
  - ❑ **Implementing Shared Decision-Making with the patient. Discuss the five treatment options for addressing AUD:**

    Medications that address brain changes of AUD

    1:1 or couples counseling

    Peer Support

    Specialty addiction treatment

    Self-guided change
  - ❑ **Provide the Decision Aid for them to take home and review.** Assure the patient you are there to support them in their decision.
  - ❑ **Follow up in 2 weeks to review their thoughts.**

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MI-SPARC TRAINING MODULE

Click here to get to the full MI-SPARC Training Module slide deck.

MI SPARC
Michigan Sustained Patient-Centered Alcohol-Related Care

Alcohol and Health Guide for Primary Care

ALCOHOL AND HEALTH SCREENING TOOLS

Tools for patient-centered screening and assessing a patient's risk for unhealthy alcohol use.

1. ***Getting Started with Alcohol Screening fact sheet.*** This planning document will help you establish the screening process, including where supplies are located and what to do if the patient screens are positive.
2. ***Behavioral Health Screening PHQ2-AuditC and PHQ9.*** An annual behavioral health screening tool that includes the PHQ, AUDIT C, questions relative to substance use, and the extended PHQ-9.
3. ***Behavioral Health Screening PHQ2-AuditC and PHQ9 – Spanish.*** Spanish-translated annual behavioral health screening tool includes the PHQ2, AUDIT C, questions relative to substance use, and the extended PHQ9.
4. ***Customized Screening Tool: Fall Risk and Tobacco Audit C PHQ9.*** Example of how the screening tool can be customized to include other screening questions.
5. ***Audit C Overview and Scoring Instructions.*** Explanation of scoring of Audit C with guidance on the next steps.
6. ***MI-SPARC Flow Staff Training for Audit C.*** Example workflow for rooming staff with scripting examples.
7. ***Annual Behavioral Health Questionnaire (Audit C Only).*** This document contains only the three questions from Audit C without additional depression screening and substance use questions.

Getting Started with Alcohol Use Screening

Starting Date: _____

1. Start of Day: make sure you have enough paper screens to hand out to patients as they check-in for their appointments. Original Document is stored; _____ .

   _____

   (which patient populations will you screen, i.e., new patients, annual physicals, etc.)

2. As patients check in, give out the paper screener to patients who are due to be screened and ask them to fill it out and return it to the front desk staff.

   _____

   (indicate which screening tool your office will use; Annual Behavioral Health Questionnaire, the 3 Question (AUDIT-C), or another screening tool)

3. Score the Alcohol Screening Questionnaire pre-patient appointment.

   _____

   _____

   _____

   (insert the workflow your practice has decided will work best for you as well as who will perform this task, i.e., attach to the front of the chart, enter the score into EHR immediately, or another method to include with the patient's chart)

   ** For those patients who are drinking above recommended limits;
   (3-6 for Women – 4-6 for Men), attach the "Alcohol and Health" brochure to the chart or

   _____

   (insert workflow for staff to include the brochure for the provider's conversation/counseling with the patient before they meet with the patient.)

4. For patients (both men and women) who score 7-12, give the patient the "Alcohol Symptom Checklist" and ask them to fill it out while waiting. In addition to the brochure, be sure to include this checklist for the provider BEFORE they enter the exam room.

   _____

   _____

   _____

   (insert the workflow your practice has decided will work best for you, i.e., attach to the front of the chart, enter the score into EHR, indicate score for MA's or another method to include with patient's chart)

5. Recommended: Ensure that all screening scores are entered into the patient's paper or EHR chart.

   _____

   (indicate who is responsible, when and how this process will be completed)

Annual Behavioral Health Questionnaire

Patient Label
Name: _____
MRN: _____
Date: _____

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide you with the best medical care by answering the questions below.

Please CIRCLE the BEST response to each question.

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things?	**Not at all** 0	**Several days** 1	**More than half the days** 2	**Nearly every day** 3
2. Feeling down, depressed, or hopeless?	**Not at all** 0	**Several days** 1	**More than half the days** 2	**Nearly every day** 3

In the past year…

3. How often did you have a drink containing alcohol in the past year?	**Never** 0	**Monthly or less** 1	**2 to 4 times a month** 2	**2 to 3 times a week** 3	**4 or more times a week** 4
4. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	**None** 0	**1 or 2 drinks** 0	**3 or 4 drinks** 1	**5 or 6 drinks** 2	**7 to 9 drinks** 3	**10 or more drinks** 4
5. How often did you have 6 or more drinks on one occasion in the past year?	**Never** 0	**Less than monthly** 1	**Monthly** 2	**Weekly** 3	**Daily or almost daily** 4
6. How often in the past year have you used marijuana?	**Never** 0	**Less than monthly** 1	**Monthly** 2	**Weekly** 3	**Daily or almost daily** 4
7. How often in the past year have you used an illegal drug (not marijuana) or used a prescription medication for non-medical reasons?	**Never** 0	**Less than monthly** 1	**Monthly** 2	**Weekly** 3	**Daily or almost daily** 4

PHQ-9 for ADULTS*
Patient Health Questionnaire

Over the **last 2 weeks**, how often have you been bothered by any of the following problems? (Please **CIRCLE** to indicate your answer)	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

*This is a standardized 9-item questionnaire that has been validated. Questions #1 and #2 have been removed because they are the first two questions on the Behavioral Health screen (see other side), which have already been answered.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc.

Annual Behavioral Health Questionnaire – Spanish

Cuestionario anual sobre salud del comportamiento

Patient Label

Name: _____

MRN: _____

Date: _____

Una vez al año, les pedimos a todos nuestros pacientes que llenen este formulario sobre los padecimientos que afectan su salud. Ayúdenos a proporcionarle la mejor atención médica al responder las preguntas que aparecen a continuación.

ENCIERRE EN UN CÍRCULO la MEJOR respuesta a cada pregunta.

(PHQ-2)

En las últimas 2 semanas, ¿con qué frecuencia ha tenido alguno de los siguientes problemas?

1. Sentir poco interés o placer al hacer cosas	**Para nada** 0	**Algunos días** 1	**Más de la mitad de los días** 2	**Casi todos los días** 3
2. Sentirse desanimado, deprimido o desesperanzado	**Para nada** 0	**Algunos días** 1	**Más de la mitad de los días** 2	**Casi todos los días** 3

(AUDIT-C)

En el último año…

3. ¿Con qué frecuencia ha tomado alguna bebida con alcohol en el último año?	**Nunca** 0	**Una vez al mes o menos** 1	**De 2 a 4 veces al mes** 2	**De 2 a 3 veces a la semana** 3	**4 o más veces a la semana** 4
4. Durante el periodo en el que bebió en el último año, ¿cuántas bebidas con alcohol tomaba en un día normal?	**Ninguna** 0	**1 o 2 bebidas** 0	**3 o 4 bebidas** 1	**5 o 6 bebidas** 2	**De 7 a 9 bebidas** 3	**10 o más bebidas** 4
5. En el último año, ¿con qué frecuencia ha tomado 6 o más bebidas en una sola ocasión?	**Nunca** 0	**Menos de una vez al mes** 1	**Una vez al mes** 2	**Una vez a la semana** 3	**Diario o casi diario** 4
6. En el último año, ¿con qué frecuencia ha consumido marihuana? (Marijuana)	**Nunca** 0	**Menos de una vez al mes** 1	**Una vez al mes** 2	**Una vez a la semana** 3	**Diario o casi diario** 4
7. En el último año, ¿con qué frecuencia ha consumido drogas ilícitas o medicamentos de venta con receta por razones no médicas? (Drugs)	**Nunca** 0	**Menos de una vez al mes** 1	**Una vez al mes** 2	**Una vez a la semana** 3	**Diario o casi diario** 4

PHQ-9 for ADULTOS*
Cuestionario sobre la salud del paciente

En las **últimas 2 semanas**, ¿con qué frecuencia ha tenido alguno de los siguientes problemas? (**ENCIERRE EN UN CÍRCULO** su respuesta)	**Para nada**	**Algunos días**	**Más de la mitad de los días**	**Casi todos los días**
3. Problemas para dormir o para quedarse dormido, o dormir demasiado	0	1	2	3
4. Sentirse cansado o con poca energía	0	1	2	3
5. Falta de apetito o comer demasiado	0	1	2	3
6. Sentirse mal consigo mismo (o pensar que es un fracaso o que ha decepcionado a su familia o a sí mismo)	0	1	2	3
7. Problemas para concentrarse en hacer cosas, como leer el periódico o ver televisión	0	1	2	3
8. Moverse o hablar tan lento que otras personas se pudieron haber dado cuenta. O, por el contrario, estar tan nervioso o inquieto que se ha estado moviendo mucho más de lo	0	1	2	3
9. Pensar que estaría mejor muerto o en lastimarse de alguna forma	0	1	2	3

*Este es un cuestionario estandarizado de 9 preguntas que está validado. Se eliminaron las preguntas n.º 1 y n.º 2 porque son las primeras dos preguntas en la evaluación de salud del comportamiento (ver el reverso de la hoja), mismas que ya se respondieron.

Desarrollado por los doctores Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke y sus colaboradores, con una beca educativa de Pfizer Inc.

2022 ACO Quality Measures- Dr. Smith

Depression screening, fall risk, tobacco assessment, flu immunization, A1C, mammogram and colon cancer screening can be collected via telemedicine visit; requires date and physician signature

Patient:	**Screening for Falls and Fall Risk Management** Patients 65 years and older			
	Have you had 2 or more falls in the last 12 months?	YES	NO	
DOB:	Were you injured during a fall this year?	YES	NO	
Phone:	Do you use any of the following?	CANE	WALKER	WHEELCHAIR
Date Performed:	Is the patient a fall risk?	LOW	MODERATE	HIGH
PCP:	**Document appropriate level of FALL INTERVENTION PLANNING:**			

Alcohol and Health Assessment

Over the past year, Circle your answer	0	1	2	3	4
1. How often did you have a drink containing alcohol in the past year?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol did you have on a typical day when you were drinking in the last year?	None, OR 1 to 2 drinks	3 or 4 drinks	5 or 6 drinks	7 to 9 drinks	10 or more drinks
3. How often did you have 6 or more drinks on one occasion in the past year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Total score of each column , then add across for grand total=					

Brief Counseling Indicated: YES / NO
> or = 7 assess further with Alcohol Symptom Checklist

Alcohol Symptom Checklist Completed YES/ NO # Symptoms = _____ Circle: Negative or Positive for AUD
Positive AUD = Counseling & Intervention using Decision Aid Completed YES/ NO

Tobacco Assessment

Never used tobacco _____Former User _____ Current User _____ Date_____/_____/_____

Type of Tobacco: (Cigarettes, chew, etc.) _____

Cessation Counseling (CC): _____

CC: includes brief counseling (3 minutes or less, can be longer duration and/or pharmacotherapy)

Immunization

Flu Vaccination: ___/___/___

Flu Vaccine Refusal Date: ___/___/___
***May be patient reported**

Pneumovax Vaccine: ___/____/_____

Refusal Date: ___/___/___

PHQ-9

Over the past 2 weeks, Circle how often have you been bothered by any of the following problems:	Not at all	Several Days	More than half the days	Nearly every Day
1. Little interest or pleasure in doing things?	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep or staying asleep, or sleeping to much?	0	1	2	3
4. Feeling tired or having little energy?	0	1	2	3
5. Poor Appetite or overeating?	0	1	2	3
6. Feeling bad about yourself-or that you're a failure or have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite- being fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
Total score of each column , then add across for grand total=				

Circle: Negative or Positive for Depression Intervention or Counseling Required? YES / NO

Plan:
Office Use Only

Mammogram:
Date:___/____/____
Result:
_____
*May be patient reported

Diabetic A1c Result: _____%
A1c Date: ____/____/____
*May be patient reported

Microalbumin Results _____
Date:
Ordered: _____

Date of last Retinal Eye Exam:
_____

Colon Cancer Screening:
Date: ____/____/____
Procedure: _____
Result: _____
*May be patient reported
Colonoscopy: 2013-2022 | Sigmoidoscopy 2018-2022
Cologuard or FIT DNA: 2020-2022 | FOBT or FIT: 2022
CT of Colon 2018-2022

Blood Pressure:
_____/_____
Date: ____/____/____
DX: _____
DX: Essential HTN Req - I10
Prev-13
ASCVD Dx: _____
Date: _____
Statin: _____

M.A. Initials_____ **Clinicians Initial:** _____ **Date:** _____/_____/_____

Audit C Overview and Scoring Instructions

Audit C scoring is a 0-12 point scale	Women	Men
3 questions worth up to 4 points each		
Scored differently for Men vs Women		
Behavioral Health Questionnaire Questions;		
#3 Alcohol Use in the past year		
#4 Typical # of drinks per day		
# 5 How often you had 6 or more drinks on one occasion		
Interpretation of Scores		
No Alcohol Use	0	0
Low Level or Intermittant	1,2	1,2 or 3
Considered Positive Screen for drinking above recommended limits or unhealthy drinking ** triggers Alcohol Symptom Checklist	3 or more	4 or more
Anyone above 3 or 4 respectively could benefit from an Alcohol Symptom Checklist		

MISPARC Flow Staff Training: Rationale and Scripting

	Behavioral Health Integration (BHI) Activity	Rationale – why do we do this?
Screening	All patients age 18 and over are given a BHI screen once a year that screens for Alcohol using the AUDIT-C or other customize tool that may contain other components i.e; other drug use or depression PHQ9	• Each of these conditions affects a person's overall health. • By using this screening tool, the Clinician can better take care of the whole patient.
	MA or Front Desk Staff enters BHI screen results into EHR or presents the paper screener results to the clinician before they see the patient	• Direct data entry allows immediate access to the screening results and if the screens are positive, will trigger more questionnaires that need to be completed prior to the patient's appointment.
Alcohol	**Follow-up on positive alcohol screen (AUDIT-C)** MA or Front Desk staff review AUDIT-C for positive score	
	Low Positive AUDIT-C total score: 3-6 (women), 4-6 (men) MA or Front Desk staff clips alcohol brochure to BHI paper screener or chart that goes to provider	• Alcohol Brochure can be given to patient and supports preventive counseling for positive alcohol scores of up to 7 • At these scores patient may be at risk for some health problems due to alcohol use • It does **not** mean the patient has a diagnosis of Alcohol Use Disorder, what we used to call "alcoholism" • The clinician will offer preventive counseling with the brochure including advice to drink below recommended limits and feedback about how alcohol affects patient's health
	Positive AUDIT-C score: 7 or more for anyone MA or other designated staff gives patient the alcohol symptom checklist The clinician will review the symptom checklist and start a discussion with the patient. If the patient is interested, they may connect them with a social worker, BHS, an alcohol treatment program, or AA.	• Symptom checklist checks for possible alcohol use disorders for those patients who score between 7-12 • The risk of alcohol harming health increases as AUDIT-C score increases. • How much someone drinks does not indicate a diagnosis of alcohol use disorders (what we used to call "alcoholism") • The alcohol symptom checklist is used by the clinician to make a diagnosis of alcohol use disorders

MISPARC Flow Staff Training: Scripting

We have developed a few ways to introduce the BHI screen as well as the other assessments you would be asking the patient to fill out.

Writing down what you will say and then practicing it makes the experience comfortable for you and the patient. Feel free to adapt the scripts we have provided for you.

Managing awkward moments and scripts:

- Introducing the BHI screen
- Anxious patients or sick patients – encourage to complete as information is important to their care
- Elderly patients: Dementia – do not give if diagnosis in chart
  - Caregivers with elderly patients – still give to the patient and patient can ask caregiver if they need help
  - If need MA to read screen, read questions/answers verbatim

Screening:

- "We are starting to screen all patients every year on conditions that affect your health. Could you fill this out for me?"
- "Once a year, all our patients are asked to complete this form to see what could be affecting your health. Could you fill this out while I open your charts?"

Alcohol and Drug Use Symptom Checklists:

- "To help you and your provider understand how your alcohol/marijuana/drug use might be affecting your health, would you please fill out this form for your provider?"
- "Some patients who use alcohol/marijuana/drugs are not experiencing problems due to their use, but others may be having problems. To help our doctors understand any problems you may be experiencing we ask everyone who uses alcohol regularly/marijuana daily/drugs to complete this form as well."
- "Our doctors like to know what problems, if any, you might be experiencing due to your alcohol/marijuana/drug use. Would you mind filling out this form for him/her?"

Annual Behavioral Health Questionnaire

Today's Date: _____ Patient's Name: _____

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide the best medical care by answering the three brief questions below

Please CIRCLE the BEST response to each question.

In the past year...

How often did you have a drink containing alcohol in the past year?	**Never** 0	**Monthly or less** 1	**2 to 4 times a month** 2	**2 to 3 times a week** 3		**4 or more times a week** 4
How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	**None** 0	**1 or 2 drinks** 0	**3 or 4 drinks** 1	**5 or 6 drinks** 2	**7 to 9 drinks** 3	**10 or more drinks** 4
How often did you have 6 or more drinks on one occasion in the past year?	**Never** 0	**Less than monthly** 1	**Monthly** 2	**Weekly** 3		**Daily or almost daily** 4

For Internal Use Only

Alcohol Screen Score_____ Entered in chart by _____ Comments: _____
2ndary Cklist Score _____ Entered in chart by _____ Comments: _____

MSPARC
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Alcohol and Health Guide for Primary Care

ALCOHOL USE DISORDER DIAGNOSING TOOLS

Tools for streamlining the assessment of a patient's symptoms for an alcohol use disorder, based on the DSM-5 criteria.

1. ***Alcohol Symptom Checklist.*** Screening tool that mirrors the DSM-5 standards and supports the determination of an Alcohol Use Disorder.
2. ***Alcohol Symptom Checklist – Spanish.*** Spanish translation of the Alcohol Symptom Checklist.
3. ***The Alcohol Symptom Checklist How-To Guide.*** Instructions for using the screener to assess and diagnosing an Alcohol Use Disorder.

Alcohol Symptom Checklist

Patient Label
Name: _____
MRN: _____
Date: _____

To help you and your provider understand how your alcohol use might be affecting your health, please complete the following questions.

Please CIRCLE the BEST response to each question.

In the past 12 months…

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty, nervous, have upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes

Alcohol Symptom Checklist – Spanish

Lista de verificación de los síntomas de abuso del alcohol

Patient Label
Name: _____
MRN: _____
Date: _____

Para ayudarles a usted y a su proveedor a entender la forma en la que su consumo de alcohol podría estar afectando su salud, responda las siguientes preguntas.

ENCIERRE EN UN CÍRCULO la mejor respuesta a cada pregunta.

En los últimos 12 meses…

1. ¿Notó que tomar la misma cantidad de alcohol tiene un menor efecto del que solía tener o tuvo que beber más para emborracharse?	No	Sí
2. Cuando bebe menos o deja de beber, ¿comienza a sudar, se siente nervioso, le duele el estómago o le tiemblan las manos? ¿Ha bebido alcohol o consumido otras sustancias para evitar estos síntomas?	No	Sí
3. Cuando ha bebido, ¿lo ha hecho por más tiempo de lo que había planeado?	No	Sí
4. ¿Ha querido disminuir o detener su consumo de alcohol pero no ha sido capaz de hacerlo?	No	Sí
5. ¿Pasa mucho tiempo tratando de conseguir alcohol, bebiendo o recuperándose después de haber bebido?	No	Sí
6. ¿Ha seguido bebiendo a pesar de saber o sospechar que le genera problemas mentales o físicos, o que los empeora?	No	Sí
7. ¿Su forma de beber ha interferido con sus responsabilidades en el trabajo, la escuela o el hogar?	No	Sí
8. ¿Ha estado ebrio más de una vez en situaciones donde es peligroso estarlo, como al manejar un automóvil u operar maquinaria?	No	Sí
9. ¿Ha bebido alcohol a pesar de saber o sospechar que le causa problemas con su familia u otras personas?	No	Sí
10. ¿Experimentaba grandes deseos o antojos de consumir alcohol?	No	Sí
11. ¿Ha pasado menos tiempo trabajando, disfrutando sus pasatiempos o conviviendo con otras personas por su forma de beber?	No	Sí

Practical Assessment of Alcohol Use Disorder Using the Alcohol Symptom Checklist

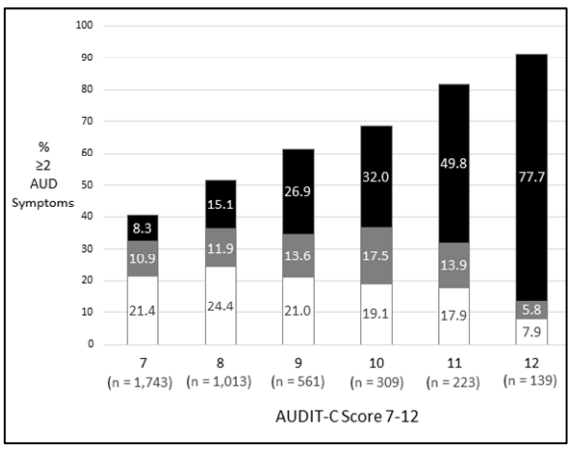
The Alcohol Symptom Checklist mirrors the American Psychiatric Association's DSM-5 criteria and supports further assessing patients for an Alcohol Use Disorder if they score seven (7) or more on the AUDIT-C. It promotes patient engagement and enables you to learn more about a patient's relationship to alcohol rather than their level of alcohol use.

In the past 12 months…

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty, nervous, have upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes

In your assessment, you'll discover the number of symptoms and if these symptoms are recurrent for the patient. This process will enable you to determine if symptoms meet the criteria for a Mild Alcohol Use Disorder (2-3 recurrent symptoms), a Moderate Alcohol Use Disorder (4-5 recurrent symptoms), or a Severe Alcohol Use Disorder (≥ 6 recurrent symptoms).

Based on a study in primary care, Sayre JGIM 2020, the relationship between an Alcohol Use Disorder increases substantially as the score of the AUDIT-C increases in correlation to the number of symptoms on the Alcohol Symptom Checklist



WHITE: Mild (2-3 AUD symptoms)
GREY: Moderate (4-5 AUD symptoms)
BLACK: Severe (≥ 6 AUD symptoms)

Sayre M, Lapham GT, Lee AK, Oliver M, Bobb JF, Caldeiro RM, Bradley KA. Routine Assessment of Symptoms of Substance Use Disorders in Primary Care: Prevalence and Severity of Reported Symptoms. J Gen Intern Med. 2020 Apr;35(4):1111-1119. doi: 10.1007/s11606-020-05650-3. Epub 2020 Jan 23. PMID: 31974903; PMCID: PMC7174482.

Michigan Sustained Patient-Centered Alcohol-Related Care

Alcohol and Health Guide for Primary Care

BRIEF INTERVENTION AND COUNSELING

Tools and supporting material guiding clinicians through a non-judgmental, brief intervention based on the results of the AUDIT-C screening and Alcohol Symptom Checklist. The Alcohol Use Disorder Decision Aid is an invaluable booklet for patients to review and study at their own pace.

1. ***MI-SPARC Alcohol and Health brochure.*** This is a brochure used to support clinicians with brief intervention with patients whose AUDIT C scores indicate they are at-risk drinking. The QR code on the MI-SPARC Alcohol and Health brochure links to an informative 10-minute video, "A ReThink of the Way we Drink," by Dr. Mike Evans. (https://youtu.be/tbKbq2IytC4)
2. ***Decision Aid Summary for Providers.*** An overview of the Decision Aid Booklet for Clinicians includes an overview of the booklet and what patients will learn.
3. ***Alcohol Use Disorder Decision Aid.*** This booklet is to share with patients who are drinking alcohol at risky levels; it reviews the options as they think about their drinking and making a change.
4. ***MI-SPARC Resources – Patient Tools.*** This handout provides additional resources to share with patients as they work toward changing their drinking habits.

How our understanding has changed

Old Stereotypes **In the past experts thought…**	New Knowledge **Now experts know…**
People who were not "alcoholic" did not need to watch how much they drank.	Drinking can cause problems for anyone. So we focus on preventing these problems by educating everyone about alcohol use.
Alcoholism was due to a lack of will power. It was not generally treated by doctors.	An alcohol use disorder is a brain condition caused by many factors, including how much a person drinks.
Doctors had to wait until people with alcoholism wanted help.	Asking people about their alcohol use and giving them advice about it is part of high-quality health care for everyone.
There was a "one-size-fits-all" approach to alcohol treatment– and we only offered people group treatment based on the 12 steps of Alcoholics Anonymous (AA).	People with alcohol use disorders can choose from several proven treatment options: • Individual or couples counseling • Group counseling • Medications • Mutual help programs like SMART Recovery or AA

What are the recommended limits?*

MEN 65 and younger	WOMEN & MEN over 65
Per day: No more than 2 drinks on average, and no more than 4 drinks on any day	**Per day:** No more than 1 drink on average, and no more than 3 drinks on any day
Per week: No more than 14 drinks total	**Per week:** No more than 7 drinks total

1 Drink =

- 12 OZ. beer
- 5 OZ. wine
- 1.5 OZ. liquor (a standard shot)

Drinking above these limits increases your risk of:

- Weight gain
- Insomnia
- Forgetting medications
- Medication interactions
- Surgical complications
- High blood pressure
- Depression and anxiety
- Liver or pancreatic disease
- Bleeding from the stomach
- Stroke
- Dementia
- Seizures
- Breast, prostate, colon and other cancers
- Heart disease, including heart failure
- Death

*Experts recommend no alcohol use for women who are pregnant, people who have liver disease, or people who have had problems due to drinking in the past.

Moving beyond stereotypes

Experts no longer view drinking alcohol as a black and white issue, where people are either "alcoholic" or not. Instead, we use the term "alcohol use disorders" to describe a broad range of problems related to drinking.

Experts have also stopped recommending that people drink for their health. Why? Because the health and social problems that drinking can cause far outweigh any potential health benefits.

Did you know

- About 1 in 4 adults drinks more alcohol than is recommended for good health. And about 1 in 12 has an alcohol use disorder.
- People who drink above recommended limits are at risk for a variety of health problems.
- The risk of death increases in women who have more than 7 drinks per week and in men who have more than 14 drinks per week.

Talk WithYour Doctor

Even if you don't want to stop drinking, treatment can still help you cut back. Ask yourself these important questions, then talk with your doctor about your answers.

- ☐ Have you had times when you drank more, or for longer, than you wanted to?
- ☐ Have you wanted to cut back or stop drinking more than once, but found that you couldn't?
- ☐ Do you spend a lot of time drinking or feeling hung-over?
- ☐ Do you feel an urge to drink or a craving for alcohol?
- ☐ Has drinking or feeling hung-over made it harder for you to take care of your responsibilities?
- ☐ Have you continued to drink even when it was causing trouble with your family or friends?
- ☐ Have you stopped doing things you enjoy because of your drinking?
- ☐ Do you ever do dangerous things after drinking, such as drive a car or have unsafe sex?
- ☐ Have you continued to drink even when it made you feel depressed or anxious or caused other health problems?
- ☐ Do you need to drink more than you used to to feel the effect you want?
- ☐ Do you feel like you're not yourself when you don't drink—for example, do you feel irritable, have trouble sleeping, or notice other problems?

A ReThink of the Way we Drink
https://youtu.be/tbKbq2IytC4

PE1081670-01-18

Alcohol and health...

What you should know

Options for People Who are Thinking About Their Drinking
Decision Aid Booklet Overview for Providers

The purpose of the decision aid is to help patients who may be drinking at a level of concern decide whether they want to:

- Cut down
- Stop
- Make no changes at this time

For patients who are considering changing their drinking, the decision aid provides information on 5 types of treatments that help patients:

- Counseling
- Medications
- Group-based treatment
- Peer support
- Changing on their own

Here are some things your patient will learn from the decision aid:

General:

- The definition of alcohol use disorder is having ≥2 of 11 symptoms due to drinking (for DSM-5).
- Many patients recover from alcohol use disorder while continuing to drink below recommended limits.

Treatments shown effective in randomized controlled trials:

- Naltrexone and acamprosate are effective FDA-approved medications for treating alcohol use disorder.
- Both help patients who are cutting down or stopping, but most trials focused on stopping.
- Effective approaches to 1:1 counseling are: cognitive behavioral therapy, motivational enhancement therapy, 12-step facilitation, community reinforcement approach.

What we know from other research:

- Disulfiram is effective for stopping drinking if adherence is monitored.
- Outpatient treatment is as effective, or more effective, than inpatient treatment.
- Engagement with Alcoholics Anonymous (AA) is associated with improved outcomes.
- Peer support options other than AA include: Moderation Management (for patients who want to cut down) and SMART Recovery (CBT-based, non-spiritual), and 2 others; less research has been done on these programs.
- The typical group-based, 12-step treatment that is available in most communities has never been evaluated in a randomized controlled trial (but many people report benefitting).

What we know is NOT effective:

- Confrontational approaches have been shown to be ineffective.
- Programs that make you drink a lot until you get sick do not work.
- Patients don't need to hit "rock bottom"; changing earlier may be easier.
- "Detox"—medical management of alcohol withdrawal—is important for many patients but if used alone it is not effective treatment and needs to be followed by effective treatment.

Other information that might be helpful to your discussion:

- Naltrexone (the medication for treating alcohol use disorders) and naloxone (used to treat overdose) are two different medications.
- For patients who are in at least 1 year of recovery from alcohol use disorders the chance of relapse 3 years later is:
    - For patients who abstain: 6% relapse
    - For patients who drink below recommended limits: 22% relapse
    - For patients who drink above recommended limits: 40% relapse

MSPARC
Michigan Sustained Patient-Centered Alcohol-Related Care

Alcohol and Health Guide for Primary Care

ALCOHOL USE DISORDER DECISION AID

This booklet is to share with patients who are drinking alcohol at risky levels; it reviews the options as they think about their drinking and making a change.

Click here to get to the full 40-page, printable Alcohol Use Disorder Decision Aid.

MI-SPARC Resources

Patient Resources and Tools

NIAAA Navigator

National Institute on Alcohol Abuse and Alcoholism Treatment Navigator helps find evidence-based treatment and providers.

https://alcoholtreatment.niaaa.nih.gov/how-to-find-alcohol-treatment

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NIAAA Re-thinking Drinking

National Institute on Alcohol Abuse and Alcoholism patient resources, education, and tools to assist in making Self-Guided Change.

https://www.rethinkingdrinking.niaaa.nih.gov

NIAAA Drink Calculator

National Institute on Alcohol Abuse and Alcoholism tools for patients, drink calculator, and interactive worksheets.

https://www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/Default.aspx

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Alcohol and Health Guide for Primary Care

MEDICATION RESOURCES FOR TREATMENT OF ALCOHOL USE DISORDER

Tools to provide your patients with information about Alcohol Use Disorder and treatment options. Guides to prescribing medications and medical management.

1. ***Medications for Alcohol Use FAQ.*** This five-page handout provides clinicians an overview of medications used to treat an Alcohol Use Disorder, Benefits, Side Effects, Frequency, Contraindications, Warnings, and Other Considerations, in addition to frequently asked questions.
2. ***Medications for Treating Alcohol Dependence (NIAAA).*** A one-page clinician guide listing all the medications for treating Alcohol Use Disorder: Action, Contraindications, Precautions, Serious Adverse Reactions, Common Side Effects, Examples of Drug Interactions, and Usual Adult Dosage.
3. ***MAT Readiness Checklist.*** An eight-page readiness and implementation checklist from the National Council for Mental Wellbeing to guide leadership with medication for addiction treatment (MAT).

EvidenceNOW
MANAGING UNHEALTHY ALCOHOL USE
AN AHRQ INITIATIVE

Overview of Medications Used in the Treatment of Alcohol Use Disorder and Frequently Asked Questions

Alcohol is the third leading cause of preventable death in the United States, making it a key public health issue. As of 2019, nearly 15 million people ages 12 and older had an alcohol use disorder (AUD) and only 7 percent received treatment. Evidence shows that the use of Food and Drug Administration (FDA)-approved medications is an effective treatment for people with AUD, yet less than 4 percent of people with AUD are prescribed medications.[i] Medications such as naltrexone and acamprosate have been shown to reduce or eliminate alcohol use as well as prevent relapse and symptoms associated with alcohol withdrawal.[ii] Since primary care settings are a frequent entry point for individuals seeking help for AUD, equipping primary care clinicians with information on these medications can serve as a key step for effectively managing AUD and improving patient health. This document is designed to provide information and answer common questions primary care clinicians may have about medications prescribed for the treatment of AUD.

Prescribing First-line Medications for AUD

	Naltrexone	Acamprosate
Benefits[iii]	• Only taken once daily or monthly • Associated with reduction in return to drinking and other drinking outcomes	• Very few medication interactions • Associated with reduction in return to drinking and other drinking outcomes
Side Effects[iv]	• Nausea (dose dependent) • Dizziness • Vomiting	• Anxiety • Diarrhea • Vomiting
Frequency	• Once daily or monthly (extended-release injectable)	• Two pills taken three times daily (total of six pills per day)
Contraindications[v,vi,vii]	• Severe liver disease/use caution when prescribing to patients with elevated liver function tests • Patients using opioid pain medications or with anticipated needs for opiates • Hypersensitivity to naltrexone	• Severe renal disease (contraindicated with creatine clearance less than 30 and dose adjustments needed with creatinine clearance less than 60) • Hypersensitivity to acamprosate
Warnings/Precautions	• Vulnerability to opioid overdose and opioid withdrawal, risk of hospitalization for opioid withdrawal • Pregnancy Category C medication (clinicians should weigh the risks and benefits when prescribing during pregnancy)	• Alcohol-dependent patients should be monitored for development of depression or suicidal thinking • Pregnancy Category C medication (clinicians should weigh the risks and benefits when prescribing during pregnancy)
Other Considerations	• FDA approved for the treatment of AUD	• FDA approved for the treatment of AUD • Found to be most useful when people are abstinent from alcohol

*Information listed in this table was compiled from project partners and grantees of the EvidenceNow Managing Unhealthy Alcohol Use project and is not a comprehensive list of all side effects, contraindications, and warnings/precautions included on medication labels.

AHRQ
Agency for Healthcare Research and Quality
AHRQ Pub. No. 22-0052

Prescribing Second-Line Medications for AUD

	Topiramate	Gabapentin	Disulfiram
Benefits	• Shows promise for treatment in AUD as studies have shown that it can help patients reduce or stop drinking	• Shows promise for treatment in AUD and decreasing alcohol cravings • Can help treat symptoms of insomnia and anxiety	• Shown to be effective in selected patients with strong psychosocial support to help ensure medications are taken as prescribed
Side Effects	• Paresthesia • Anorexia • Dizziness • Somnolence • Psychomotor slowing • Abnormal vision • Fever[viii]	• Dizziness • Nausea • Headache • Insomnia • Fatigue • Ataxia	• Drowsiness • Metallic or garlic taste in mouth[ix] • Disulfiram reaction if exposed to alcohol (nausea, vomiting, diarrhea, tachycardia, hypotension, difficulty breathing)
Frequency	• Twice daily (should be titrated slowly to reach desired therapeutic doses)	• 600-1,800 mg once daily or divided twice per day (higher doses may be needed for a therapeutic effect)	• One pill taken once daily
Contraindications	• Hypersensitivity to topiramate	• Hypersensitivity to gabapentin	• Psychosis • Severe heart disease • Hypersensitivity to disulfiram
Warnings/ Precautions	• Liver disease • Renal disease • Pregnancy Category C medication (clinicians should weigh the risks and benefits when prescribing during pregnancy)	• Myasthenia gravis • Renal disease • Pregnancy Category C medication (clinicians should weigh the risks and benefits when prescribing during pregnancy)	• Ingesting alcohol • Cardiovascular or pulmonary disease • Previous renal disease • History of psychosis • Diabetes • Abnormal liver function • Pregnancy[x]
Other Considerations	• Off-label use (FDA approved for treatment of seizures and other indications) • Already used in primary care practice	• Off-label use (FDA approved for treatment of seizures and other indications) • Already used in primary care practice • May work better for people experiencing ongoing withdrawal symptoms • Due to potential for inappropriate use, must monitor for opioid use	• FDA approved for the treatment of AUD • Can effectively take away cravings for some people who have committed to the goal of abstinence from alcohol

*Information listed in this table was compiled from project partners and grantees of the EvidenceNow Managing Unhealthy Alcohol Use project and is not a comprehensive list of all side effects, contraindications, and warnings/precautions included on medication labels.

1. **Can I use these medications effectively if I am not an alcohol specialist?**
   - Emerging research shows that many patients respond well to medications for AUD offered in primary care practices.
   - Many patients would rather see their trusted primary care clinician, so it makes sense to start in primary care and see how patients do.
   - The cost of a primary care visit is often lower than the cost of a specialist appointment.
   - Most medications for AUD are easier to use than medications already being prescribed in primary care, such as insulin or warfarin.

2. **How will treating patients with AUD help my practice?**
   - Concerns about treating patients with AUD often come from incorrect stereotypes. Many patients with AUD are just like the other patients in a typical primary care practice. In fact, many are already being cared for in primary care but are not receiving treatment that clinicians can easily learn to provide.
   - Unhealthy alcohol use is one of the top preventable causes of death that primary care clinicians have the skills to impact. Many patients with AUD will not receive any treatment beyond what they get from their primary care clinician.

3. **I'm afraid of the time commitment patients with AUD may require.**
   - Knowing about patients' alcohol use is part of good medical care. Prescribing medications for alcohol use is no more time-consuming than prescribing medications for other conditions, such as diabetes or hypertension.
   - Using part of the medical visit for motivational interviewing to help with patient behavior change may take extra time but is still feasible within a 15-minute primary care visit.
   - If the patient requires more time-intensive behavioral change counseling or mental health treatment, primary care clinicians can make referrals as needed to behavioral specialists, often within their own practice settings.

4. **How can other team members in my practice help support medication management?**
   - Medications for AUD are not scheduled narcotics and can be prescribed by licensed healthcare professionals.[xi] Depending on the laws in your state, the following team members may be able to prescribe medications for AUD: physician, nurse practitioner, physician assistant, or pharmacist.
   - In some states, medication management or refill visits for stable patients may be facilitated by a registered nurse, licensed practical nurse, or social worker.

5. **What is the recommended follow-up protocol when treating patients with medications for AUD?**
   - One size does not fit all. This will depend on how the patient is doing, whether they are abstinent, and their risk of relapse.
   - For patients at high risk of relapse, the recommendation is that they should check in weekly with their clinician for a month, then biweekly for a month, and then monthly thereafter.
   - For patients with a lower risk of relapse, the follow-up schedule can be less frequent.
   - Clinicians should monitor adherence to treatment and medication side effects. Clinicians should support patients' efforts to reduce alcohol use in order to reduce alcohol-related health risks while suggesting that abstinence from alcohol is recommended for patients with AUD.
   - Clinicians can also encourage reaching out for mutual support, such as Alcoholics Anonymous, counseling, or other peer-support options.

6. **How long do patients stay on medications for AUD?**
   - There are no evidence-based guidelines for duration of using medications for AUD. Most people continue medication for at least a year (and no less than three months), then reassess whether to

continue. Many people stay on longer than a year. Stable abstinence often begins at a year but is considered more stable after two to three years of abstinence.

7. **How much do medications for AUD cost?**
   - Just like with other medications, the price of medications for AUD can vary based on insurance coverage, dosing, pharmacy benefits, and co-pays. Patients may wish to consider this when deciding on a medication. Clinicians should encourage patients with health insurance to check with the health insurance company about whether the plan will cover any costs of the medication.
   - The price of naltrexone taken orally is estimated to range between $25 to $60[xii] per month but may cost up to $100 per month without insurance coverage.[xiii]
   - For one month of acamprosate, a patient may expect to pay around $125 (between $100 to $200 per month) and for disulfiram between $80 to $100 per month.
   - Gabapentin and topiramate are both estimated to cost approximately $150 per month.

8. **Is it possible to offer these medications via telehealth to patients with AUD?**
   - Yes, it is possible to offer medications for AUD via telehealth, and telehealth services are increasingly available in most states.
   - Some clinics are now contracting with psychiatrists or addiction specialists who are willing to accept telehealth referrals for a variety of services, including diagnosis, behavioral management, and medications.

9. **Aren't community recovery programs the best option for patients with AUD?**
   - One size does not fit all for AUD treatment; medications may help some patients for whom abstinence-based approaches were not successful. Not every patient will have the same goals for treatment and recovery.
   - Clinicians should discuss treatment and recovery goals with their patients, such as abstinence vs. reduction of alcohol use.
   - It is also important to note that each medication works differently for different patients.

10. **What are some additional resources about using medications for AUD?**
    - The Agency for Healthcare Research and Quality (AHRQ) Pharmacotherapy for Adults with Alcohol Use Disorder (AUD) in Outpatient Settings summary provides an overview of the evidence and treatment options when using medications for AUD.
    - The National Institute on Alcohol Abuse and Alcoholism (NIAAA)'s Healthcare Professional's Core Resource on Alcohol is an online resource for healthcare professionals to improve care for patients with unhealthy alcohol use, including information about medications for AUD.
    - The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder provides clinical practice guidelines when using medications for AUD.
    - The STop UNhealthy (STUN) Alcohol Use Now Program, funded by AHRQ, offers brief videos with information about using several of these medications.
    - The Kaiser Permanente AUD Decision Aid *Options for People Who Are Thinking about Their Drinking* provides more information about dosage, contraindications, and potential side effects of medications.

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Medications for Treating Alcohol Dependence

	Naltrexone (Depade®, ReVia®)	Extended-Release Injectable Naltrexone (Vivitrol®)	Acamprosate (Campral®)	Disulfiram (Antabuse®)
Action	Blocks opioid receptors, resulting in reduced craving and reduced reward in response to drinking.	Same as oral naltrexone; 30-day duration.	Affects glutamate and GABA neurotransmitter systems, but its alcohol-related action is unclear.	Inhibits intermediate metabolism of alcohol, causing a buildup of acetaldehyde and a reaction of flushing, sweating, nausea, and tachycardia if a patient drinks alcohol.
Contraindications	Currently using opioids or in acute opioid withdrawal; anticipated need for opioid analgesics; acute hepatitis or liver failure.	Same as oral naltrexone, plus inadequate muscle mass for deep intramuscular injection; rash or infection at the injection site.	Severe renal impairment (CrCl ≤ 30 mL/min).	Concomitant use of alcohol or alcohol-containing preparations or metronidazole; coronary artery disease; severe myocardial disease; hypersensitivity to rubber (thiuram) derivatives.
Precautions	Other hepatic disease; renal impairment; history of suicide attempts or depression. If opioid analgesia is needed, larger doses may be required and respiratory depression may be deeper and more prolonged. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see *www.niaaa.nih.gov/guide.*	Same as oral naltrexone, plus hemophilia or other bleeding problems.	Moderate renal impairment (dose adjustment for CrCl between 30 and 50 mL/min); depression or suicidal ideation and behavior. Pregnancy Category C.	Hepatic cirrhosis or insufficiency; cerebrovascular disease or cerebral damage; psychoses (current or history); diabetes mellitus; epilepsy; hypothyroidism; renal impairment. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see *www.niaaa.nih.gov/guide.*
Serious adverse reactions	Will precipitate severe withdrawal if the patient is dependent on opioids; hepatotoxicity (although does not appear to be a hepatotoxin at the recommended doses).	Same as oral naltrexone, plus infection at the injection site; depression; and rare events including allergic pneumonia and suicidal ideation and behavior.	Rare events include suicidal ideation and behavior.	Disulfiram-alcohol reaction, hepatotoxicity, optic neuritis, peripheral neuropathy, psychotic reactions.
Common side effects	Nausea, vomiting, decreased appetite, headache, dizziness, fatigue, somnolence, anxiety.	Same as oral naltrexone, plus a reaction at the injection site; joint pain; muscle aches or cramps.	Diarrhea, somnolence.	Metallic after-taste, dermatitis, transient mild drowsiness.
Examples of drug interactions	Opioid medications (blocks action).	Same as oral naltrexone.	No clinically relevant interactions known.	Anticoagulants such as warfarin; isoniazid; metronidazole; phenytoin; any nonprescription drug containing alcohol.
Usual adult dosage	*Oral dose:* 50 mg daily. *Before prescribing:* Patients must be opioid-free for a minimum of 7 to 10 days before starting. If you feel that there's a risk of precipitating an opioid withdrawal reaction, administer a naloxone challenge test. Evaluate liver function. *Laboratory followup:* Monitor liver function.	*IM dose:* 380 mg given as a deep intramuscular gluteal injection, once monthly. *Before prescribing:* Same as oral naltrexone, plus examine the injection site for adequate muscle mass and skin condition. *Laboratory followup:* Monitor liver function.	*Oral dose:* 666 mg (two 333-mg tablets) three times daily; *or* for patients with moderate renal impairment (CrCl 30 to 50 mL/min), reduce to 333 mg (one tablet) three times daily. *Before prescribing:* Evaluate renal function. Establish abstinence.	*Oral dose:* 250 mg daily (range 125 mg to 500 mg). *Before prescribing:* Evaluate liver function. Warn the patient (1) not to take disulfiram for at least 12 hours after drinking and that a disulfiram-alcohol reaction can occur up to 2 weeks after the last dose and (2) to avoid alcohol in the diet (e.g., sauces and vinegars), over-the-counter medications (e.g., cough syrups), and toiletries (e.g., cologne, mouthwash). *Laboratory followup:* Monitor liver function.

The information in this chart was drawn primarily from package inserts and references 18, 20, 22, and 26 (see pages 33–34).
January 2007

Note: This chart highlights some of the properties of each medication. It does ***not*** provide complete information and is ***not*** meant to be a substitute for the package inserts or other drug reference sources used by clinicians. For patient information about these and other drugs, the National Library of Medicine provides MedlinePlus (*http://medlineplus.gov*). Whether or not a medication should be prescribed and in what amount is a matter between individuals and their health care providers. The prescribing information provided here is ***not*** a substitute for a provider's judgment in an individual circumstance, and the NIH accepts no liability or responsibility for use of the information with regard to particular patients.

NATIONAL COUNCIL for Mental Wellbeing

Opioid Response Network

MEDICATIONS FOR ADDICTION TREATMENT (MAT) READINESS AND IMPLEMENTATION CHECKLIST

TOOL PURPOSE: This tool is designed to be a helpful guide for leadership at any health care provider considering providing medications for addiction treatment. The questions in this document can assist in determining organizational readiness to implement MAT, though there may be others depending on the design and make up of your organization. The questions are organized into five key sections:

- Organizational readiness
- Economic and regulatory readiness
- Workforce readiness
- Community readiness
- Patient and caregiver readiness

Each section includes a series of questions regarding areas to be considered before implementing a successful and sustainable MAT program. These sections and questions reflect consensus from interviews and discussions with experts (see Acknowledgements) as well as representatives of organizations that have successfully implemented MAT.

TOOL COMPLETION: This tool can be completed by key staff at any agency considering implementing MAT.

DIRECTIONS: Each section includes a series of questions regarding key areas for implementing a successful and sustainable MAT program. Review each question in consideration of the following scale:

- **Not Ready** = You do not have this information and you do not have a plan to obtain it.
- **In Progress** = You do not have this information, but you have a plan to obtain it.
- **Ready** = You have the information needed and/or a plan to address the questions cited.

For each set of questions, place a checkmark in the category that best describes your current status. Count the totals from each category. Questions and sections with high numbers of responses of “Not Ready” or “In Progress” should be prioritized as items to be addressed while moving forward with MAT implementation.

ORGANIZATIONAL READINESS

An organization's readiness to take on such an initiative is critical to the successful implementation of any new initiative. When implementing MAT services, organizations must have significant administrative support and clear organizational processes in place.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Does your organizational leadership, including your board of directors, support the use of MAT? • Could they benefit from gaining further information about MAT? • Are there opportunities for sharing this information with your organization's board?	☐	☐	☐
Do you have data that demonstrate the potential benefits of offering MAT to the people you serve, including information on comorbid conditions and medication use?	☐	☐	☐
Have you decided what MAT services you will offer? • Opioid use disorder • Alcohol use disorder • Smoking cessation	☐	☐	☐
Have you decided who you will offer services to? • All patients • Those with comorbid mental health disorders • Those with comorbid chronic medical conditions • Other special populations (e.g., pregnant women)	☐	☐	☐
Do you have integrated primary/behavioral health services? • Have you developed workflows to successfully connect patients to appropriate counseling and other behavioral health services? • Have you developed workflows to successfully connect patients to appropriate primary care services?	☐	☐	☐
Do you have appropriate screening and assessment practices to identify/diagnose substance use disorders?	☐	☐	☐
Do you have quality assurance protocol and appropriate data collection to support and maintain these new practices?	☐	☐	☐

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Does your infrastructure support requirements (e.g., appropriate clinical space, storage) to offer MAT services?	☐	☐	☐
Do you know how 42 CFR or state-based confidentiality laws would apply to your organization and patient populations? • Do you have the proper consent forms in place? • Do you have the proper memorandums of understanding (MOU), qualified service organization agreement (QSOA) or other agreements in place to appropriately share information related to MAT? • Are you aware of resources that are available to you if you have questions or concerns about 42 CFR or confidentiality?	☐	☐	☐
TOTAL (COUNT)			

FINANCIAL AND REGULATORY READINESS

Coverage and reimbursement for MAT varies from state to state for both the public sector and private insurance marketplaces. Many states and commercial health plans require some form of preauthorization and some require that providers begin treatment with certain medications (step therapy). As coverage and policies may change over time, it is important to stay informed about your state's policies and private insurance options to find out where reimbursement is possible.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
What do Medicaid and commercial insurers require for the use of MAT in your state? • Are there limitations on who can prescribe MAT, the length of time patients can use MAT and/or the type(s) of formulations patients may receive?	☐	☐	☐
Does your state's Medicaid plan cover the MAT formulations that you would like to start offering (e.g., injectable naltrexone, sublingual buprenorphine)?	☐	☐	☐

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Does your state view the use of MAT as an evidence-based practice? (Some states require that clinicians follow evidence-based practices to be reimbursed under Medicaid and private insurance.)	☐	☐	☐
Do you have a process in place to identify grant or foundation funding for MAT-related costs?	☐	☐	☐
Are you aware of the typical out-of-pocket cost for the medications and are your patients able to afford these costs? • If not, are you aware of ways you may be able to offset these costs for patients who need assistance?	☐	☐	☐
Have you done an analysis of the financial cost/benefits of providing MAT services? • If so, have you identified the most relevant billing codes to the provision of MAT?	☐	☐	☐
Are clinicians eligible to receive Medicaid or commercial insurance reimbursement? • Are they on preferred provider lists for commercial insurers and Medicaid managed care programs? • Has your organization engaged in any financial assessment of additional revenue from the utilization of other behavioral/physical health services by patients receiving MAT services?	☐	☐	☐
If financing MAT is a challenge in your area: • Do you have a plan for how you will work with legislators to educate them on the benefits and important of MAT as a service?	☐	☐	☐
Will clinicians be reimbursed for clinical services required for MAT, such as physical examinations and urinalysis and other laboratory services?	☐	☐	☐
TOTAL (COUNT)			

WORKFORCE READINESS

An organization's readiness to take on such an initiative is critical to the successful implementation of any new initiative. When implementing MAT services, organizations must have significant administrative support and clear organizational processes in place.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
How do current employees view MAT? • How supportive are they? • Do they need education to understand the benefits of adding medication to current substance use disorder treatments?	☐	☐	☐
Are there attitudinal barriers to the use of MAT in your state and community? If so, what are they and do you have a plan to address those barriers?	☐	☐	☐
Are you aware of the federal guidelines and requirements for the provision of MAT (especially, medications for opioid use disorder)?	☐	☐	☐
Does your agency have an appropriately trained team (physician, physician assistant, nurse practitioner, nurse, care coordinator, behavioral health specialist, peer support specialists) to administer medication and the associated behavioral health services?	☐	☐	☐
How will you access prescribers? • Will the prescribers be internal or contracted? • Will they be full- or part-time? • How will you train them? • How will you retain them in the practice?	☐	☐	☐
What are your state's regulations required to implement a MAT program, particularly scope of practice and necessary certifications? (For instance, some states require that physicians conduct the clinical assessment rather than nurses or social workers.)	☐	☐	☐
Do you know how you will provide on going training and supervision to staff? • Are you aware of training resources such as the Opioid Response Network or PCSS?	☐	☐	☐
Do your prescribers have access to mentorship and support related to the provision of MAT?	☐	☐	☐
TOTAL (COUNT)			

COMMUNITY READINESS

In addition to robust internal policies and procedures, sustaining MAT over the long term requires access to other community resources to enhance the services your organization provides.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
How will you work with consumer groups and advocates to increase demand for and knowledge of MAT in the broader community?	☐	☐	☐
Do you have relationships with other organizations that can provide additional treatment supports and resources? • Are you able to contract with any of these other providers as a referral resource?	☐	☐	☐
Do you know and have relationships with hospitals, emergency rooms, or other providers and settings (jails, prisons, etc.) in the community that could benefit from your work providing MAT?	☐	☐	☐
Does your organization partner with organizations that provide harm reduction services (e.g., naloxone services, needle exchange etc.)?	✓	☐	☐
Is your organization affiliated with any local or national organizations that support the use of medications (e.g., primary care associations, National Alliance for Medication Assisted Recovery)?	✓	☐	☐
Is your organization affiliated with any peer, 12-step or mutual support groups that support the use of MAT?	☐	☐	☐
Are key community leaders and stakeholders aware of the evidence and benefits of MAT? • If not, do you have a plan to educate them?	☐	☐	☐
Do you have a plan for outreach and engagement of all community members who are at high risk for substance use disorders and could benefit from MAT? • How will you ensure equitable access to MAT services?	☐	☐	☐
TOTAL (COUNT)			

PATIENT/CAREGIVER READINESS

Education and engagement of patients and families on the use of MAT is key to sustaining treatment services beyond the organization's walls. Providing patients and families with proper information helps involve them in the self-management of their treatment.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Are there patient or caregiver barriers to the use of MAT? (These may include attitudinal barriers, out-of-pocket costs, barriers regarding transportation to/from appointments and difficulties with the side-effects of taking the medication.) • Who will provide leadership to develop and implement plans to overcome these barriers?	☐	☐	☐
How do you assess patient and caregiver knowledge or understanding of substance use disorders and MAT?	☐	☐	☐
How will you educate patients and caregivers about the risks and benefits of MAT and its place within the treatment continuum?	☐	☐	☐
How do you assess a patient's support network? • Are you aware of the options for mutual support groups in your community that support the use of MAT? • Do you assess the patient's recovery capital as part of your overall care for the patient?	☐	☐	☐
Is there a mechanism for you to receive feedback from patients and caregivers regarding the quality of your services?	☐	☐	☐
TOTAL (COUNT)			

NEXT STEPS: MOVE FROM READINESS TO ACTION

Take a look at where your responses fall in each section. They should give you a clear picture of where you have knowledge gaps and point out potential barriers to success. Depending on what gaps you have identified, your next step may be to share further information with staff or your agency leadership or form a plan to educate community members and leaders.

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Expert Panel for Checklist Development

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MI-SPARC
Michigan Sustained Patient-Centered Alcohol-Related Care

Alcohol and Health Guide for Primary Care

CLINICIAN AND PATIENT RESOURCES

Tools to link clinicians and patients with additional resources of support for the treatment of Alcohol Use Disorder.

1. ***MI-SPARC Resources – Clinician Resources.*** This sheet provides clinicians with the link to the SAMHSA Helpline (treatment locator) and the NIAAA Clinicians Guide for motivational interviews and intervention for patients with risky alcohol use.
2. ***MI-SPARC Resources – Managing Alcohol in Primary Care.*** One-page resource containing a few additional resources and guides on the implementation of SBIRT.
3. ***Patient Resources for Peer Support.*** One-page resource to share with patients that contain several links to support self-guided care.

MI-SPARC Resources

Clinician Guides and Resources

SAMHSA Helpline
Substance Abuse and Mental Health Services Administration's national helpline with treatment locator.
https://www.samhsa.gov/find-help/national-helpline

NIAAA Clinician's Guide
National Institute on Alcohol Abuse and Alcoholism's strategies for effective clinical interviews and intervention for heavy alcohol use.
https://www.niaaa.nih.gov/alcohols-effects-health/professional-education-materials/helping-patients-who-drink-too-much-clinicians-guide

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MI-SPARC Resources

Managing Alcohol in Primary Care Guides

National Council for Behavioral Health (NCBH) Implementing Alcohol and Other Drug Use Screening, Brief Intervention, and Referral to Treatment (SBIRT) Guide
NCBH guide to implementing care for alcohol and other drug use in medical settings.
https://www.thenationalcouncil.org/wp-content/uploads/2018/03/021518_NCBH_ASPTReport-FINAL.pdf?daf=375ateTbd56

Centers for Disease Control and Prevention (CDC) – SBIRT Guide
CDC's Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use – A Step-by-Step Guide for Primary Care Practices.
https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf

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MLN (Medicare Learning Network) SBIRT Guide
The Centers for Medicare & Medicaid Services (CMS) MLN's Booklet for SBIRT Services.
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf

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Resources for MISPARC

National Council (NCBH) Implementing Alcohol and Other Drug Use SBIRT Guide	https://www.thenationalcouncil.org/wp-content/uploads/2018/03/021518_NCBH_ASPTReport-FINAL.pdf?daf=375ateTbd56
NIAAA Navigator Helps find evidence-based treatment	https://alcoholtreatment.niaaa.nih.gov/how-to-find-alcohol-treatment
NIAAA Re-thinking Drinking Self-Guided Change	https://www.rethinkingdrinking.niaaa.nih.gov/
NIAAA Drink calculator	https://www.rethinkingdrinkingniaaanih.gov/Tools/Calculators/Default.aspx
NIAAA Clinicians Guide	https://www.integration.samhsa.gov/clinical-practice/Helping_Patients_Who_Drink_Too_Much.pdf
SAMHSA Hotline with treatment locator	https://www.samhsa.gov/find-help/national-helpline
AA- Alcoholics Anonymous	www.aa.org
Smart Recovery	www.smartrecovery.org
LifeRing	www.liferingorg
Women for Sobriety	www.womenforsobriety.org
Moderation Management	www.moderation.org
CDC- SBIRT Guide	https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf
MLN (Medicare Learning Network) SBIRT Guide	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf

MSPARC
Michigan Sustained Patient-Centered Alcohol-Related Care

Alcohol and Health Guide for Primary Care

ADDITIONAL RESOURCES

1. ***Published Articles and Studies on Alcohol Use Disorder***
2. ***Additional Alcohol Screening Guides***
3. ***SBIRT Billing and Coding Resources***
4. ***PHI and Releasing or Sharing of Alcohol Use Disorder Records.*** This one-pager gives a high-level overview of the releasing or sharing of substance use disorder records for adults in Michigan.

Evidence-Based Pharmacotherapies for Alcohol Use Disorder: Clinical Pearls
https://pubmed.ncbi.nlm.nih.gov/32446635/
This is a 14-page article:
Fairbanks J, Umbreit A, Kolla BP, Karpyak VM, Schneekloth TD, Loukianova LL, Sinha S. Evidence-Based Pharmacotherapies for Alcohol Use Disorder: Clinical Pearls. Mayo Clin Proc. 2020 Sep;95(9):1964-1977. doi: 10.1016/j.mayocp.2020.01.030. Epub 2020 May 20. PMID: 32446635.

Routine Assessment of Symptoms of Substance Use Disorders in Primary Care: Prevalence and Severity of Reported Symptoms
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7174482/
This is a 9-page article
Sayre M, Lapham GT, Lee AK, Oliver M, Bobb JF, Caldeiro RM, Bradley KA. Routine Assessment of Symptoms of Substance Use Disorders in Primary Care: Prevalence and Severity of Reported Symptoms. J Gen Intern Med. 2020 Apr;35(4):1111-1119. doi: 10.1007/s11606-020-05650-3. Epub 2020 Jan 23. PMID: 31974903; PMCID: PMC7174482.

Diagnosis and Pharmacotherapy of Alcohol Use Disorder: A Review
https://pubmed.ncbi.nlm.nih.gov/30167705/
This is a 21-page article
Kranzler HR, Soyka M. Diagnosis and Pharmacotherapy of Alcohol Use Disorder: A Review. JAMA. 2018 Aug 28;320(8):815-824. doi: 10.1001/jama.2018.11406. PMID: 30167705; PMCID: PMC7391072.

Pharmacotherapy for Adults with Alcohol Use Disorders in Outpatients Settings A systemic Review and Metanalysis
https://effectivehealthcare.ahrq.gov/products/alcohol-misuse-drug-therapy/policymaker
This is a 37-page study:
Jonas DE, Amick HR, Feltner C, Bobashev G, Thomas K, Wines R, Kim MM, Shanahan E, Gass CE, Rowe CJ, Garbutt JC. Pharmacotherapy for Adults With Alcohol-Use Disorders in Outpatient Settings. Comparative Effectiveness Review No. 134. (Prepared by the RTI International–University of North Carolina Evidence-based Practice Center under Contract No. 290-2012-00008-I.) AHRQ Publication No. 14-EHC029-EF. Rockville, MD: Agency for Healthcare Research and Quality; May 2014.

Increasing Alcohol Screening and Brief Intervention Rates Using the Office Champions Model in Family Medicine Practices
Increasing Alcohol Screening and Brief Intervention Rates Using the Office Champions Model in Family Medicine Practices (aafp.org)
This is a 6-page publication from the American Academy of Family Physicians

CDC Developed: Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use
https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html
This 32-page guide published by the CDC reviews planning and implementing Screening and Brief Intervention for Risky Alcohol Use

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CDC Developed: Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: for Tribal Communities
https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html
This 62-page guide published by the CDC was adapted from the Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use for Tribal Communities

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The National Council for Behavioral Health: SBIRT Change Guide
https://www.thenationalcouncil.org/?s=alcohol
This 59-page publication implementing care for alcohol and other drug use in the medical setting

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AAFP: New Tools Help Family Physicians Screen for Alcohol Use
https://www.aafp.org/news/health-of-the-public/alcohol-screening-intervention-tools.html

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MI-SPARC Resources

Billing and Coding Resources

MLN (Medicare Learning Network) SBIRT Guide
CMS's Medicare Learning Network Publication on Screening and Brief Intervention Coding and Documentation requirements
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf

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SAMSHA Coding for SBIRT
Substance Abuse and Mental Health Services Administration (SAMHSA) Coding for Screening and Brief Intervention Reimbursement
https://www.samhsa.gov/sbirt/coding-reimbursement

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Releasing or Sharing of Substance Use Disorder *(including Alcohol Use Disorder)* records for Adults in Michigan

If an individual adult requests **either** their mental or general medical health record **(not including substance use disorder information or psychotherapy notes)** from a covered entity, then the covered entity must comply with this request unless any one of the following applies:

a. The individual has a legal guardian
b. The individual has been deemed legally incompetent

Any Protected Health Information (PHI) relating to the treatment of a substance use disorder (SUD), *which includes Alcohol Use Disorder (AUD) records*, are classified as Mental Health records. The release of any Mental Health Records (SUD, AUD, or psychotherapy notes) is subject to specific consent requirements before release, pursuant to the Michigan Mental Health Code and Federal Privacy Laws.

The disclosure of substance use disorder (SUD) information requires the use of a *Behavioral Health standard consent form/MDHHS-5515 (or equivalent)* unless the disclosure falls under any one of the following:

a. A medical emergency
b. Specific court orders (i.e., to determine if an individual is under treatment)
c. Mandatory reporting (i.e., elder abuse and neglect)
d. "Duty to Warn" situations (i.e., threats of serious and imminent harm made by an individual)
e. Information de-identified for research
f. Information de-identified for financial audits
g. Information de-identified for program evaluations

** https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/behavioral/consent/michigan-behavioral-health-standard-consent-form

Federal Law -Title 42 CFR Part 2 rules state that individuals must consent before releasing any mental health records. There are few instances when mental health records can be released without an individual's consent.

Chapter 2A of the Michigan Mental Health Code (§330.1263) states that consent is necessary unless the disclosure falls under the seven scenarios outlined above.

Example: If patient John Doe's medical records are requested, you will first need to determine whether or not there is any mention of SUD in his medical history. For instance, Mr. Doe's visit on January 1, 2020, is for treatment for his uncontrolled blood sugar. During that visit, there's documentation in the encounter that he requested a refill of his Antabuse, the medication used to treat his Alcohol Use Disorder. Because there's documentation of an AUD diagnosis, you must stop and refer to Title 42 CFR Part 2 of the federal law on the PHI and security of SUD records. In Michigan, the Michigan Mental Health Code, as it relates to SUD, offers an individual even more protection than the federal laws, Title 42 CFR Part 2, and HIPAA.

Mr. Doe can and must authorize sharing his record for his diabetic check-up, including the mention of his Alcohol Use Disorder and subsequent Antabuse refill. However, since the medical record contains a SUD diagnosis, those chart notes are now mental health records. The consent must spell out precisely what he's allowing to be shared, to whom it's shared, and for how long the authorization is valid. If Mr. Doe does not consent for his SUD information to be shared, you can still share the rest of the medical record with the SUD information redacted.

**** Also, Important to Know** -The current SUD PHI rules **also apply to the records for "treatment purposes,"** so releasing SUD PHI to another provider is **not** allowed without **prior consent.** Per the Federal Privacy Rule, the release of records for "treatment" purposes generally means the provision, coordination, or management of health care and related services among health care clinicians or by a health care clinician with a third party, consultation between health care clinicians regarding an individual, or the referral of an individual from one health care clinician to another.

Information gathered from; https://www.michigan.gov/mdhhs/assistance-programs/healthcare/hipaa/phi-consent-tool

Glossary of Terms and Acronyms

A:	
AA	Alcoholics Anonymous
AAFP	American Academy of Family Physicians
ACER	Alcohol Clinical and Experimental Research
AHRQ	Agency for Healthcare Research and Quality
AUD	Alcohol Use Disorder
AUDIT-C	Alcohol Use Disorders Identification Test-Concise
B:	
BH	Behavioral Health
C:	
CBT	Cognitive Behavioral Therapy
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
CKD	Chronic Kidney Disease
CME	Continuing Medical Education
CMS	Centers for Medicare and Medicaid Services
CrCl	Creatinine Clearance (lab testing for indications of kidney abnormalities or damage
D:	
DA	Decision Aid-Mirrors the DSM-5 Criteria
Detox	Detoxification is a set of interventions aimed at managing acute intoxication and withdrawl
DSM-5	Diagnostic and Statistical Manual of Mental Disorders-5th Edition
DOB	Date of Birth
DX	Diagnosis
E:	
EAP	Employee Assistance Program
EHR	Electronic Health Records
EMR	Electronic Medical Records
F:	
FDA	Food and Drug Administration
H:	
HTN	Hypertension
I:	
IM	Intramuscular (with respect to injhections)
J:	
JAMA	Journal of the American Medical Association
JGIM	Journal of General Internal Medicine
L:	
LFTs	Liver Funxction Test

MiSPARC
Michigan Sustained Patient-Centered Alcohol-Related Care

M:

MA	Medical Assistant
MAT	Medications for Addiction Treatment
MBRP	Mindfulness-Based Relapse Prevention
MET	Motivitional Enhanchment Therapy
MI	Motivitional Interviewing
MI-SPARC	Michigan Sustained Patient Centered Alcohol Related Care - AHRQ Funded implementation trial (#R18HS027076)
MLN	Medicare Learning Network
MOC	Maintaining Certification by earning points as outlined by a certifying board

N:

NCBH	National Council for Behavioral Health
NCPP	National Committee on Prevention Priorities.
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIH	National Institute of Health

O:

Office Champion	An employee dedicated to quality improvement, supports the process, and has the ability to pass that enthusiam onto others
OUD	Opioid Use Disorder

P:

PC	Primary Care
PCP	Primary Care Provider
PCSS	Providers Clinical Support System
PDF	Portable Document Format
PDSA	Plan, Do, Study, Act
PHI	Protected Health Information
PHQ-9	Patient Health Questionnaire-9 Questions-Quick Depression Assessment
PO	Direction for the administrating a medication by mouth

Q:

QI	Quality Improvement

S:

SAMHSA	Substance Abuse and Mental Health Services Administration
SAWS	Short Alcohol Withdrawal Scale
SBI	Screening and Brief Intervention
SBIRT	Screening, Brief Intervention and Referal to Treatment
SMART	Self-Management and Recovery Training
SUD	Substance Use Disorder

T:

TSF	Twelve Step Facilitation

U:

USPSTF	United States Preventative Services Task Force

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MiSPARC

Michigan Sustained Patient-Centered Alcohol-Related Care

Alcohol and Health

Patient-centered screening, assessing risk, and brief alcohol counseling for unhealthy alcohol use

Background

- Experts at Kaiser Permanente (KP) Washington demonstrated the success of a patient-centered approach to addressing alcohol use as part of patient-centered primary care across 25 primary care sites
- Altarum, supported by KP Washington, is bringing the proven system to 125 small to medium primary care practices across Michigan

What are the Objectives for Participating in the MI SPARC initiative ?

Patient-centered screening, assessing risk, and brief counseling for unhealthy alcohol use

- Understand spectrum of unhealthy alcohol use
- Understand the purpose of brief alcohol counseling: decreasing alcohol-related risks
- Learn a practical way to implement routine alcohol screening and assessment
- Learn how to offer patient-centered advice and feedback: brief alcohol counseling

How Our Understanding of Alcohol Use Has Changed

Old Stereotypes **In the past experts thought…**	New Knowledge **Now experts know…**
People who were not "alcoholic" did not need to watch how much they drank.	Drinking can cause problems for anyone. So we focus on preventing these problems by educating <u>everyone</u> about alcohol use.
Alcoholism was due to a lack of will power. It was not generally treated by doctors.	An alcohol use disorder is a brain condition caused by many factors, including how much a person drinks.
Doctors had to wait until people with alcoholism wanted help.	Asking people about their alcohol use and giving them advice about it is part of high-quality health care for everyone.
There was a "one-size-fits-all" approach to alcohol treatment– and we only offered people group treatment based on the 12 steps of Alcoholics Anonymous (AA).	People with alcohol use disorders can choose from several proven treatment options: • Individual or couples counseling • Group counseling • Medications • Mutual help programs like SMART Recovery or AA

The Old Approach to Alcohol

- Stigma led to silence
  - Primary care providers afraid to compromise trusting relationships (lose patients)
  - Patients don't ask questions; don't want to be judged as one of "those" patients

McCormack JGIM 2007

Video: Alcohol and Health

A ReThink of the Way we Drink
https://youtu.be/tbKbq2lytC4

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WHAT IS UNHEALTHY ALCOHOL USE?

What is Unhealthy Alcohol Use?

- Drinking above the recommended limits:
  - Average # of drinks per day (or week)
  - Maximum # drinks per day
- Limits reflect epidemiology – levels associated with adverse health outcomes

Recommended Drinking Limits

	MEN 65 and Younger	WOMEN (all ages) & MEN over 65
Average drinks per day (drinks per week)	No more than 2 (No more than 14)	No more than 1 (No more than 7)
Maximum drinks per day	No more than 4	No more than 3

NIAAA Clinicians Guide revised 2008

What are the recommended limits?*

MEN 65 and younger	WOMEN & MEN over 65
Per day: No more than 2 drinks on average, and no more than 4 drinks on any day	**Per day:** No more than 1 drink on average, and no more than 3 drinks on any day
Per week: No more than 14 drinks total	**Per week:** No more than 7 drinks total

1 Drink =

- 12 OZ. beer
- 5 OZ. wine
- 1.5 OZ. liquor (a standard shot)

Drinking above these limits increases your risk of:

- Weight gain
- Insomnia
- Forgetting medications
- Medication interactions
- Surgical complications
- High blood pressure
- Depression and anxiety
- Liver or pancreatic disease
- Bleeding from the stomach
- Stroke
- Dementia
- Seizures
- Breast, prostate, colon and other cancers
- Heart disease, including heart failure
- Death

*Experts recommend no alcohol use for women who are pregnant, people who have liver disease, or people who have had problems due to drinking in the past.

Standard Drink Sizes (U.S.)

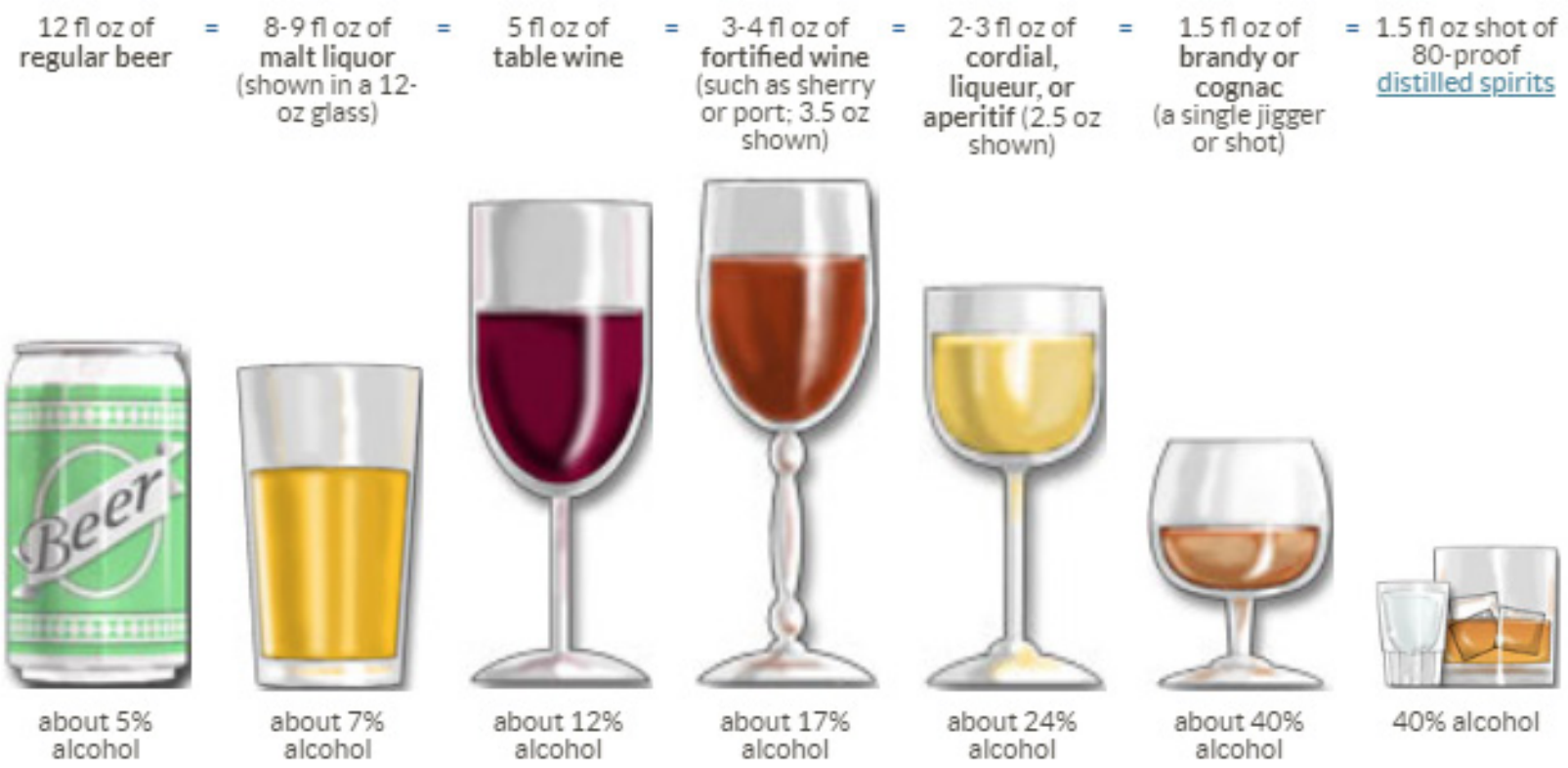
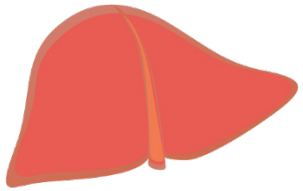
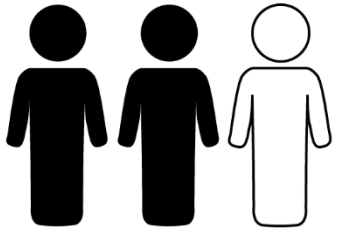


Photo: https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx

Why are AVERAGE Limits so Low?

	Outcome	Increases at
	Liver disease	≥ 1-2 drinks/day*
	Breast Cancer	≥ ½ drink/day
	Mortality	≥ 1-2 drinks/day*

*1 drink women, 2 drinks men

Conen 2008; Samokhvalov 2010; Allen 2009; Castelnuevo 2006; Taylor 2009; Lew 2009; Becker 1996; Corrao Prev. Med 2004; Bondy Canadian J Public Health 1999; Holman Med j Aust 1996

Recommended Limits

Some populations are advised to abstain completely from alcohol use:

- Plan to drive or operate machinery, or participate in activities that require skill, coordination, and alertness
- Take certain over-the-counter or prescription medications
- Have certain medical conditions
- Are recovering from alcohol use disorder or are unable to control the amount that they drink
- Are younger than age 21
- Are pregnant or trying to become pregnant

https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

Factors that Increase Risk for AUD

- Increasing average number of drinks/day
- Frequency of heavy episodic drinking
  - For women: 4 or more drinks in a day
  - For men: 5 or more drinks in a day
- Younger age at first use
- Family history (genetics)
- Mental health comorbidity

How does Heavy Episodic Drinking play a role in AUD ?

- Heavy episodic drinking is classified as : ≥ 4 drinks women; ≥ 5 drinks men in any one day
- Is in the causal pathway to alcohol use disorders (AUD)
- As the frequency increases, the risk of AUD increases

Prevalence of Unhealthy Alcohol Use In Michigan

- High rates of heavy episodic drinking (past month):
  - Overall 21% in MI (17% nationally)
  - Ranges 16-25% of MI adults
- 6th highest rate of substance use-related hospitalizations (alcohol most common) in US:
  - 677 alcohol-related stays per 100,000 residents in MI in 2013-2015 (national average 588)
  - Marked variation across counties (highest 1,390)

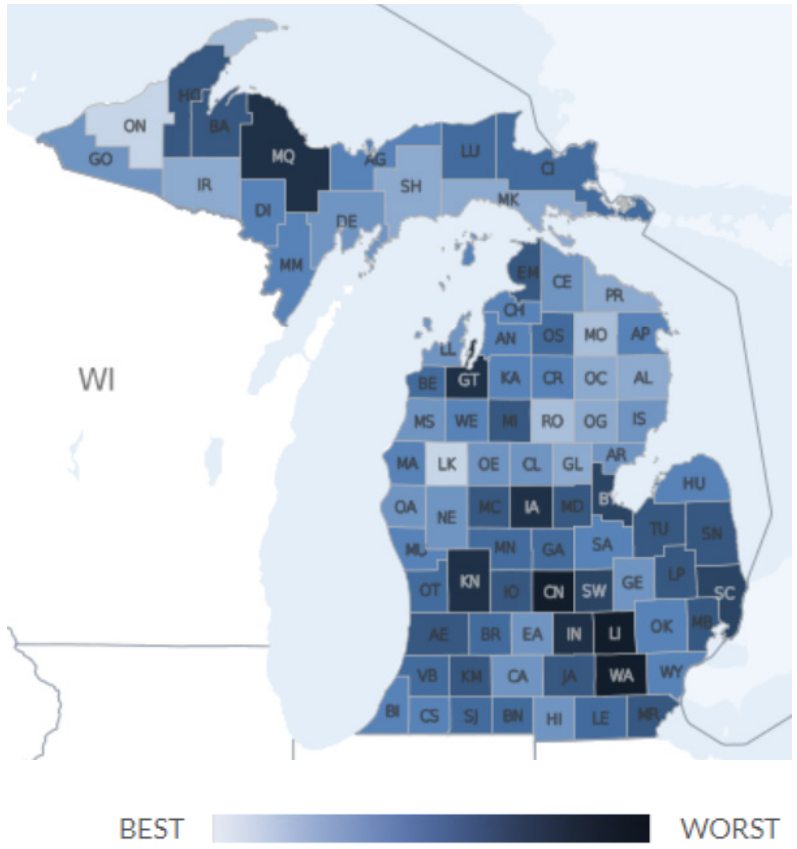


Photo: https://www.countyhealthrankings.org/app/michigan/2018/measure/factors/49/map

WHY AND HOW DO YOU SCREEN FOR UNHEALTHY ALCOHOL USE?

Why Screen for Unhealthy Alcohol Use?

- Multiple rigorous trials in primary care settings show that brief patient-centered alcohol counseling decreases drinking compared to alcohol screening alone
- USPSTF therefore recommends alcohol screening and counseling all adults (class B recommendation)
- The National Commission on Prevention Priorities ranked screening and counseling as the 4th highest prevention priority, above breast and cervical cancer screening

USPSTF JAMA 2018; O'Connor JAMA 2018; Maciosek 2017

How Do You Screen for Unhealthy Alcohol Use?

Ideally…

- As part of whole-person care
- Annually, all patients (80% target)
- By self-report: on paper (or tablet/online)
- Staff enter results in medical record before provider visit
- Alcohol screening can be efficiently combined with other USPSTF screening recommendations (e.g. depression and other drug use)

https://www.uspreventiveservicestaskforce.org/uspstf/
Williams JGIM 2015; Williams JSAT 2016; Williams JGIM 2018; Bradley JGIM 2011

Why We Use AUDIT-C

- AUDIT-C scores reflect severity
  - Average drinks/day
  - Probability of active alcohol use disorders
- Supports assessing risks
- Tells us a lot about medical risks: for use with feedback
- Useful for measuring change over time

AUDIT-C Questions

In the past year…

1. How often did you have a drink containing alcohol?
2. How many drinks containing alcohol did you have on a typical day when you were drinking?
3. How often did you have 5 or more drinks on one occasion?

AUDIT-C Scoring

- 3 Questions
- 0-4 points each item
- Score (0-12 points) extensively validated
- AUDIT-C scale becomes clinically meaningful over time, although initially abstract like for blood pressure, HA1C, PHQ-9

Bush Arch Intern Med 1998; Bradley Arch Intern Med 2003; Johnson Alcohol Clin Exper Res 2013; Dawson DAD 2012; Rubinsky Alcohol Clin Exper Res 2013; USPSTF JAMA 2018

Recommend: 7-item Screen to Streamline Workflow

Depression (PHQ-2)

Alcohol use (AUDIT-C)

Cannabis and other drug use

An alternate strategy might be to add the AUDIT-C to your social history (with tobacco assessment).

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things?	**Not at all** 0	**Several days** 1	**More than half the days** 2	**Nearly every day** 3
2. Feeling down, depressed, or hopeless?	**Not at all** 0	**Several days** 1	**More than half the days** 2	**Nearly every day** 3

In the past year…

3. How often did you have a drink containing alcohol in the past year?	**Never** 0	**Monthly or less** 1	**2 to 4 times a month** 2	**2 to 3 times a week** 3	**4 or more times a week** 4	
4. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	**None** 0	**1 or 2 drinks** 0	**3 or 4 drinks** 1	**5 or 6 drinks** 2	**7 to 9 drinks** 3	**10 or more drinks** 4
5. How often did you have 5 or more drinks on one occasion in the past year?	**Never** 0	**Less than monthly** 1	**Monthly** 2	**Weekly** 3	**Daily or almost daily** 4	
6. How often in the past year have you used marijuana?	**Never** 0	**Less than monthly** 1	**Monthly** 2	**Weekly** 3	**Daily or almost daily** 4	
7. How often in the past year have you used an illegal drug (not marijuana) or used a prescription medication for non-medical reasons?	**Never** 0	**Less than monthly** 1	**Monthly** 2	**Weekly** 3	**Daily or almost daily** 4	

Use the AUDIT-C score to trigger counseling and assessment

- **Brief preventive alcohol counseling:** at 3 or more points for women or 4 or more points for men
- **Add assessment** with Alcohol Symptom Checklist for anyone scoring 7 or more points
- AUDIT-C questions #1-2 can under-estimate drinking
- Patients with AUDIT-C scores of 3-4 can *report* drinking below limits but validation studies show they often drink above limits due to
  - Drink sizes > than standard size drinks
  - Alcohol content > than standard alcohol beverage per volume
  - Under-estimation

How to Practically Assess AUD?

Alcohol Symptom Checklist
(when AUDIT-C scores ≥ 7)

Provider assesses if
symptoms recurrent

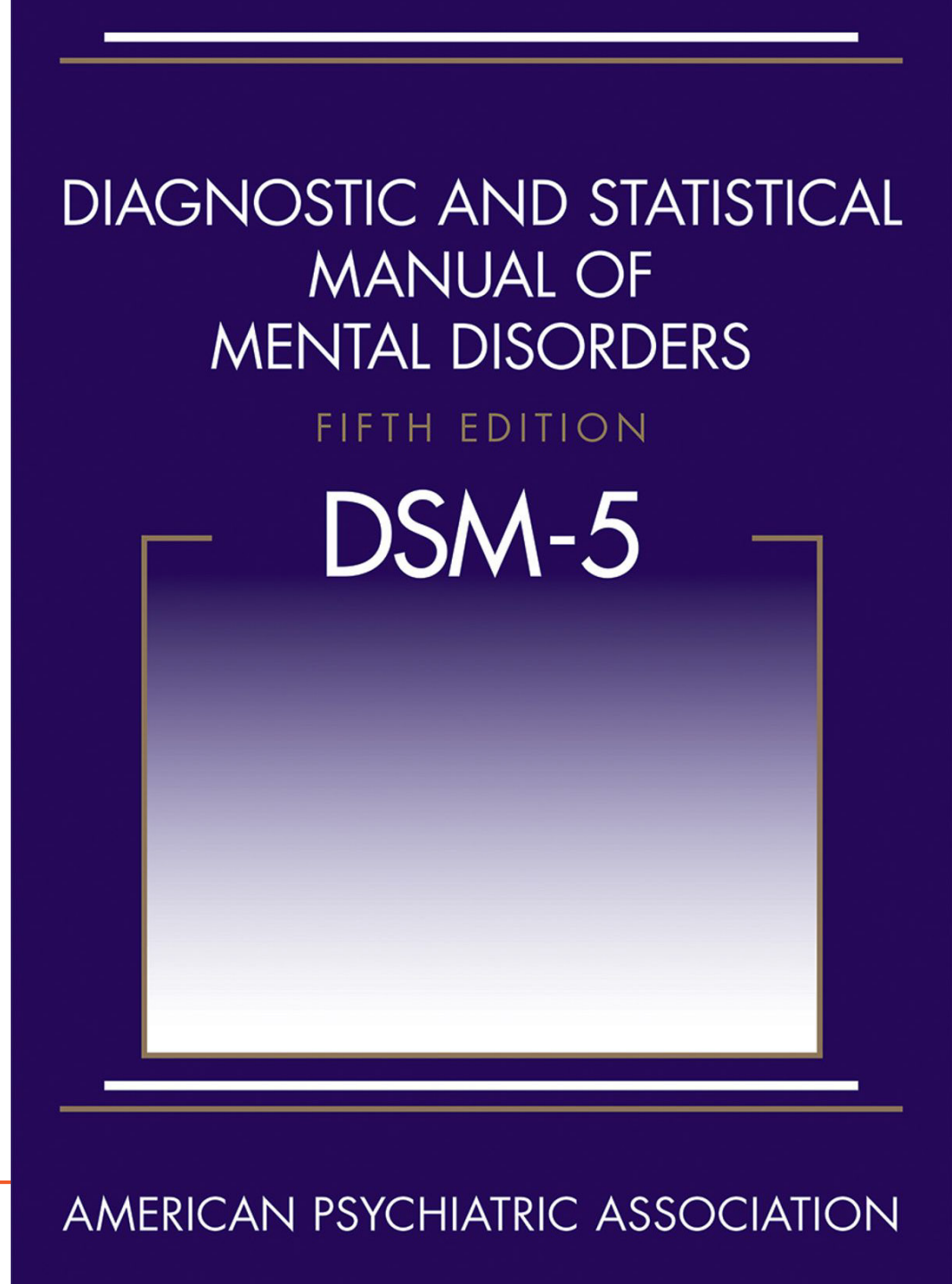
- Mild: 2-3 AUD symptoms
- Moderate: 4-5 AUD symptoms
- Severe: ≥ 6 AUD symptoms

In the past 12 months…

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty, nervous, have upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes

Definition of Alcohol Use Disorder (DSM-5)

- Have had 2 or more recurrent symptoms:
  - Drinking larger amounts or longer than intended
  - Loss of control
  - Use when hazardous
  - Social/interpersonal problems
  - Withdrawal
  - Physical/psychological problems
  - Craving; strong desire or urge to use
  - Large amount of time spent drinking
  - Tolerance
  - Neglect or fail responsibilities
  - Give up activities to use

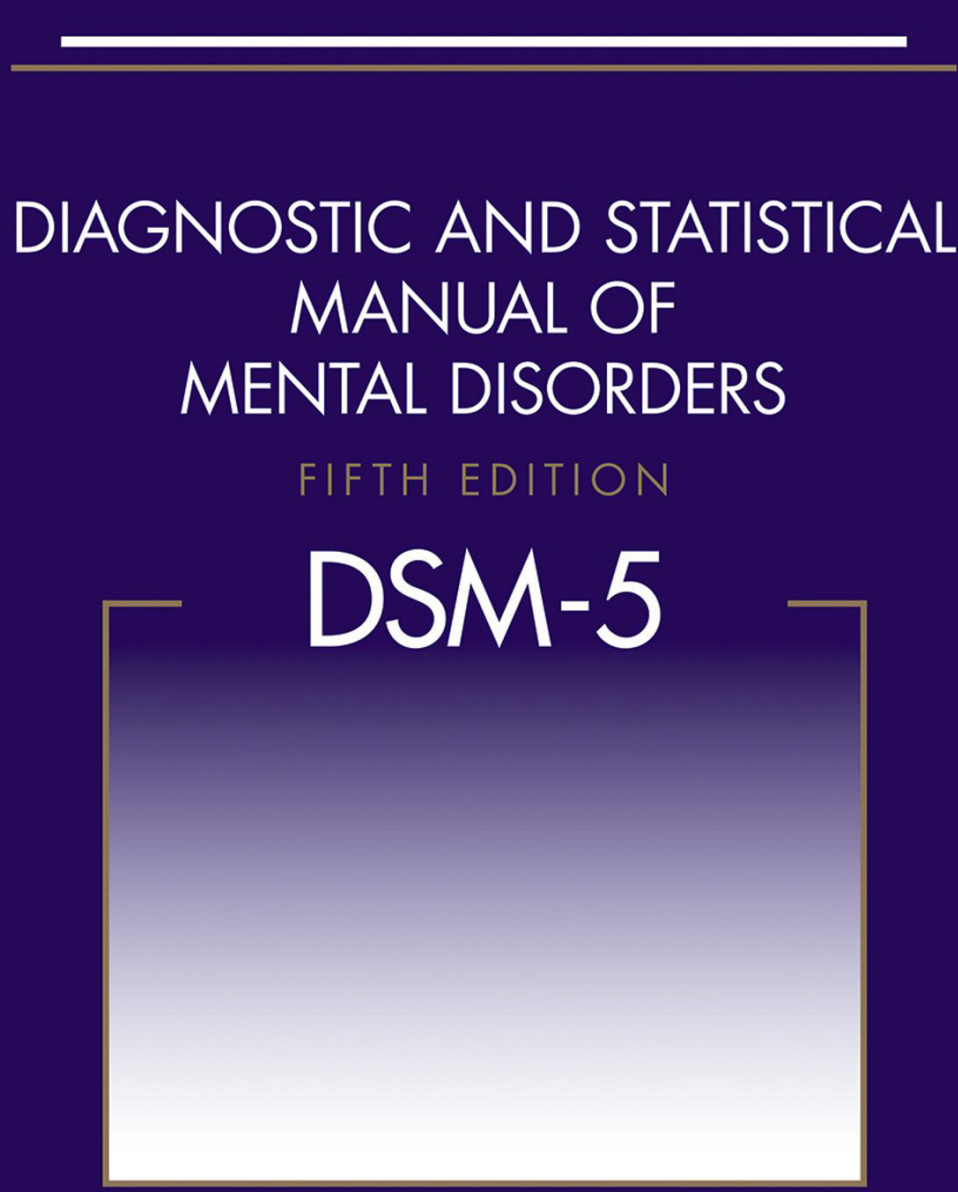


Diagnosing AUD

Use the Alcohol Symptoms Checklist to:

- Engage with patient: "You indicated [insert symptom from checklist] can you tell me about that?"
- Assess whether symptoms are recurrent: "How often does that occur?"
  - 2-3 symptoms → Mild AUD
  - 4-5 symptoms → Moderate AUD
  - ≥ 6 symptoms → Severe AUD

Dawson ACER 2012



DSM-5 AUD: Prevalence

Past year AUD	U.S. Prevalence %
18-29 years	26.7
30-44 years	16.2
45-64 years	10.0
65+ years	2.3
Total AUD	13.9

Grant JAMA Psychiatry 2015

Making a New AUD Diagnosis

- Ask permission: "Do you mind if we talk about your alcohol use…"
- State diagnosis clearly
- Expect emotion, as for any new, serious medical diagnosis, but especially given the shame and guilt associated with AUD due to stigma
  - Pause, listen, reflect; allow patient to express emotions, thoughts, concerns
- Ask the patient what that means to them
  - Pause, listen, reflect

Steps to Implementing Screening and Assessment

1. Find AUDIT-C in your EHR or decide where to enter results.
2. Decide how screening will be prompted and how often
3. Define roles: give screen, enter in EHR, assess, prompt counseling (with alcohol handout)
4. Stock forms for screening and assessment
5. Screening tool (AUDIT-C alone or recommended combination screener with PHQ-2)
    1. Alcohol handout
    2. Alcohol Symptoms Checklist
    3. Optional: substance use symptom checklist and suicide risk assessment
6. Test on 1-2 patients, debrief, refine, repeat

COUNSELING AND BRIEF INTERVENTION

Brief Alcohol Counseling: General Approach

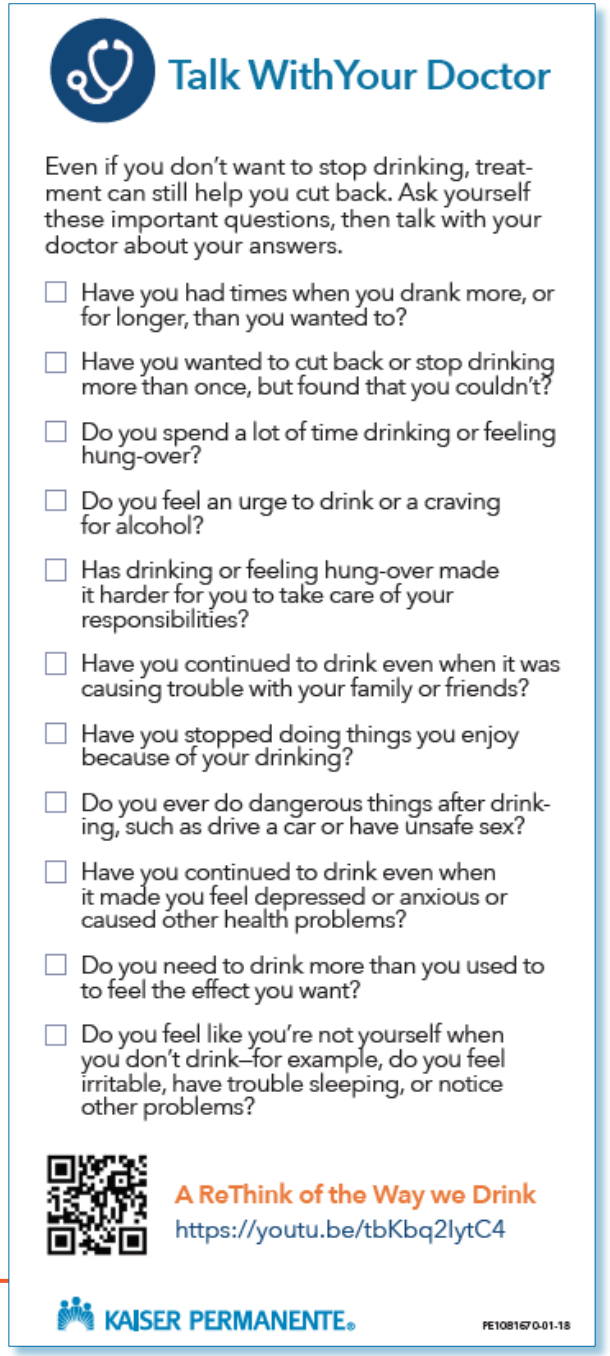
- Non-judgmental empathy: critical to supporting any behavioral change
  - Reflect on something you love and how it would feel to be asked to change it
- Patients need to drive change for successful behavior change
  - The choice to make a change is totally up to the patient
  - The patients' values and preferences need to guide their decision and goals
  - Asking about how alcohol use fits into patients' lives can help engage
  - Asking the good things about drinking for them; The not so good things
- Support self-efficacy: elicit prior successful behavior change

AUD Treatment: Beginning Shared Decision-making

- Stress that any decision to change is totally up to the patient
- Express optimism that if they decide to change, they can be successful
- Indicate that you are here to help them decide:
  1. Whether to stop drinking, cut-down, or make no changes
  2. If they want to change, what kind of help they want
- Note that their choices will often change over time

Using the Alcohol Handout During Engagement

- Handout also has AUD symptoms
- Also helpful for patients with an AUDIT-C score ≥7 but reporting no symptoms on Alcohol Symptom Checklist
  - Duration of counseling does not appear important
  - Ask permission to discuss what we now know about alcohol use
  - Advise about recommended limits (on handout)
  - Personalized feedback: link alcohol use to health (handout)
  - Support goal setting if appropriate: keep a record; decrease to limits, etc.
  - Plan follow-up including next visit
  - Elicit patient input after each step



Talk WithYour Doctor

Even if you don't want to stop drinking, treatment can still help you cut back. Ask yourself these important questions, then talk with your doctor about your answers.

- ☐ Have you had times when you drank more, or for longer, than you wanted to?
- ☐ Have you wanted to cut back or stop drinking more than once, but found that you couldn't?
- ☐ Do you spend a lot of time drinking or feeling hung-over?
- ☐ Do you feel an urge to drink or a craving for alcohol?
- ☐ Has drinking or feeling hung-over made it harder for you to take care of your responsibilities?
- ☐ Have you continued to drink even when it was causing trouble with your family or friends?
- ☐ Have you stopped doing things you enjoy because of your drinking?
- ☐ Do you ever do dangerous things after drinking, such as drive a car or have unsafe sex?
- ☐ Have you continued to drink even when it made you feel depressed or anxious or caused other health problems?
- ☐ Do you need to drink more than you used to to feel the effect you want?
- ☐ Do you feel like you're not yourself when you don't drink–for example, do you feel irritable, have trouble sleeping, or notice other problems?

A ReThink of the Way we Drink
https://youtu.be/tbKbq2lytC4

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PE108167-0-01-18

Talking to your patients about AUD

- Alcohol use—like any addictive substance—can lead to brain changes: "high-jacking" reward circuits of the brain leading to AUD
- A person with AUD may not feel good (or "normal") without alcohol
- That can make it hard to change, even when people want to
- The good news is there are things that can help: 5 general options
- Shared decision-making ensures patient-centered care
- Opens the door to effective treatments many patients are not aware of
- Increases engagement (80% don't follow through after simple referral)
- All treatments require active patient participation
- Helps empower patients to change

AUD Treatment in Primary Care for patients who are ready to make a change

- Provide information about AUD and treatment options
- Prescribe medications with medical management
- Help link patients to resources for AUD: have a resource sheet
  - Counseling, peer support, specialty addiction treatment, online support
- Follow up to assess decision(s) and treatment response
- Repeat shared decision-making if goals or treatment choices change
- Monitor over time using AUDIT-C and Alcohol Symptom Checklist

Decision 1: Stop, Cut-down or No Change in Drinking?

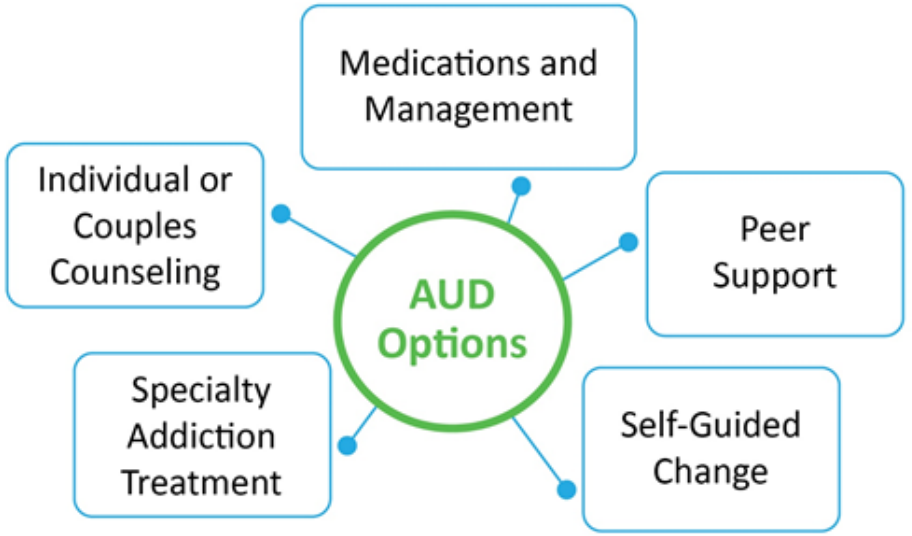
- Support patients in deciding the best option for them
- Many patients recover from AUD without stopping drinking
- However, the probability of sustained recovery is better for people who stop drinking
- Although patients decide if they want to stop drinking or cut down (or make no change), primary care providers can provide key information…

  For U.S. adults who have resolved an AUD, the probability of having a sustained recovery 3 years later is:

  - 94% if they have stopped drinking entirely
  - 78% if they have cut down < recommended limits
  - 60% if they have cut down but drink > recommended limits

Decision 2: Choosing Among 5 Options for AUD

- Patients and providers often share the false perception that group-based addiction treatment programs are the only option, however, there are 5 options for recovery from AUD…
  1. Medications that address brain changes of AUD
  2. 1:1 or couples counseling
  3. Peer support
  4. Specialty addiction treatment
  5. Self-guided change: as above with Rethinking Drinking



OPTION 1:

MEDICATIONS THAT ADDRESS BRAIN CHANGES OF AUD

Medications for AUD

- Medications for AUD are effective without specialty counseling or treatment
- They help people with AUD:
  - Stop drinking or
  - Decrease heavy drinking days in those who continue drinking
- They should be provided with “medical management” (next slide)
- RN or Social Worker can also provide “medical management”

Medical Management as the Behavioral Support

Components of proven "medical management" for AUD

- ***Weekly x 4, biweekly x 2, then monthly***
- Clear explicit medical advice that abstinence is recommended
- Monitor ***medication adherence and side effects***
- Encourage "sober" support (AA or another peer support)
- Monitor the urge to drink, consider increasing dose (e.g., naltrexone)
- Assess and manage mental health and other substance use disorders

Evidence-based Medications for AUD

- Naltrexone 1st line – once a day makes it preferable (FDA approved)
- Acamprosate 1st line – equally effective; 3 times a day (FDA approved)
- Topiramate 2nd line (or if has other reason to be on, e.g., anti-epileptic)
- Gabapentin 3rd line (evidence less robust)
- Disulfiram works by making people sick if they drink alcohol: generally, prescribe only if patient requests (FDA approved)

First-line Treatment: Naltrexone

- Available as daily (oral) or monthly (injectable)
- Start 50mg daily, increase to 100mg daily if urge to drink persists
- Supports decreased heavy drinking and abstinence
- IMPORTANT: Opioid antagonist – don't use if patient takes or might need opioids (gout, pancreatitis, impending surgery, etc.)
- Side effects: headache, dizziness, nausea, vomiting
- Injectable monthly improves adherence; may avoid GI side effects
- Baseline labs: check LFTs first: < 5x normal is OK, but monitor

Jonas JAMA 2014
Anton JAMA 2006; Oslin JGIM 2014

First-line Treatment: Acamprosate

- 2 x 333mg pills (666mg) three times daily
- May be most useful for supporting abstinence; safe while drinking
- Thought to act on gabaminergic pathways
- Side effects: Anxiety, diarrhea, vomiting
- NSD from Naltrexone
- Check CrCl first: adjust dose CrCl 30-50ml/min, avoid in stage 4-5 CKD (CrCl <30ml/min)

Jonas JAMA 2014;
Anton JAMA 2006; Oslin JGIM 2014

Decision Guide for First-line Medications

	Naltrexone	Acamprosate
Form	PO (or IM)	PO
Frequency	Once daily (or IM monthly)	2 pills, three times daily
Safe with Active Alcohol Use?	Yes	
Optimal outcomes	Period of abstinence optimal (not required)	
Baseline labs: LFTs ,renal	Check LFTs OK if LFTs < 5x normal Monitor if abnormal	Check renal function Contraindicated in severe renal disease
Added benefit: treats Opioid Use Disorder (OUD) also	Injectable naltrexone effective for OUD	No additional benefit for OUD
Current or possible opioid use	Avoid (precipitates opioid withdrawal)	Preferred if will use opioids

Second-line Treatment: Topiramate

- Off-label use supported by systematic review
- Decreases heavy drinking especially
- Start 25mg daily, increase over 2 weeks to 75mg daily (max 300mg)
- Side effects (nausea, memory difficulties) minimized by slow taper
- Must be tapered to discontinue (to avoid seizures)

Johnson Lancet 2003; Johnson JAMA 2007; Jonas JAMA 2014

Third-line Treatment: Gabapentin

- Off-label use: weaker evidence than for others
- Decreases heavy drinking days
- Initiate at 300mg daily (increase by 300mg every 1-2 days to a target of 600mg three times daily)
- Potential for misuse in patients with other substance use disorders
- Renal dosing required, avoid if CrCl < 30mL/min

Kranzler Addiction 2019

Disulfiram

- Works by making people sick if they drink alcohol
- 250 mg daily; FDA approved
- Shown to have benefit if supervised (e.g., directly observed by family or friend)
- Usually used only if patients request (does not address brain changes of AUD)
- Not included in evidence reviews of placebo-controlled trials because patients must know they are taking it for benefit, so cannot be evaluated in those trials
- Patients must avoid any alcohol: mouthwash etc.
- Proven effective when supervised

Saitz JAMA 2014
Jonas JAMA 2014

OPTION 2:

1:1 OR COUPLES COUNSELING

Behavioral Treatments for AUD

- Evidence-based counseling:
  - Cognitive behavioral therapy (CBT): 1:1 or couples counseling
  - Community reinforcement approach (CRA): 1:1 counseling
  - Motivational enhancement therapy (MET): 1:1 counseling
  - Twelve step facilitation (TSF): 1:1 counseling
  - Mindfulness-based relapse prevention (MBRP): 1:1 counseling
- Potentially less stigmatized than specialty treatment
- Also addresses mental health and substance use conditions, pain, insomnia
- Motivational enhancement therapy: helpful if no decision to change
- Some options offer more privacy: EAPs, self-pay

Azrin Behav Res Ther 1976; Kelly Recent Dev Alcohol 2008; McCrady Addiction 2013; Carroll Addiction 2012; NICE UK2010

OPTION 3:

PEER SUPPORT

Peer Support

- Free, typically anonymous, can fit different schedules
- Offers positive, supportive, and non-judgmental environment
- Also offers sponsors, role models and thereby optimism and hope
- All offer online meetings, in addition to in-person meetings
- Can help people who want to cut down or stop drinking

Anton JAMA 2006; Oslin JGIM 2014

Peer Support

Program	Goal	In person meetings?	12-step	Spiritually-based	Comment
Alcoholics Anonymous (AA)	Abstain	> 110,000 Nationwide	Yes	Yes	Work 12 steps; diverse groups (starter; women, etc.); sponsors; 24 hour support; www.aa.org
SMART Recovery	Abstain	> 1000 nationwide	No	No	Aligned with CBT & MET; based on research; supports medication use www.smartrecovery.org
LifeRing	Abstain	> 100 nationwide	No	No	Aligned with CBT; focuses self-empowerment and personal recovery plan; www.lifering.org
Women for Sobriety	Abstain	~100 nationwide	No	Yes	For women by women; positive emotional growth & self esteem; www.womenforsobriety.org
Moderation Management	Cut-down	Yes	No	No	Emphasis on self control/choice; Online>>in person www.moderation.org

OPTION 4:

SPECIALTY ADDICTION TREATMENT

Group-based Alcohol Treatment Programs

Also called “rehabilitation programs” or “rehab”

- Most focus on stopping drinking, often using 12-step approach of AA
- Three main types of group-based treatment programs:
  - Outpatient (usually weekly visits)
  - Intensive outpatient (usually several times a week)
  - Residential (inpatient), where patients stay overnight
- Many led by chemical dependency professionals who may have personal experience with alcohol use disorders

Group-based Alcohol Treatment Programs

- Some programs offer other types of counseling (1:1, couples, family)
- Some programs offer, or are supportive of, medication treatment for alcohol use disorder and related mental health
- Once treatment programs end, counseling, peer support programs or “aftercare” programs with less frequent visits can be helpful
- Outpatient treatment works just as well or better than inpatient treatment

OPTION 5:

SELF-GUIDED CHANGE

Self Change

Rethinking Drinking can help (online or free booklets available): https://www.rethinkingdrinking.niaaa.nih.gov/

- Use calculator to count drinks per day: https://www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/Default.aspx
- Patient selects a small change they are confident they can make
- Patient records drinks daily for next appointment
- Can be combined with peer support, counseling (e.g., for depression/anxiety/insomnia/pain), medications

SUMMARY OF
SHARED DECISION-MAKING

Option Grid: Part 1

Patient wants…	Counseling	Medications	Group-based treatment	Peer support	Changes on own
To cut down	√	All except disulfuram		Moderation Management	√
To stop drinking	√	√	√	√	√
To keep thinking about it	√			√	√
Options that are easy to find	In some places	√	√	√	√
Low-cost or free options	If Employee Assistance Program (EAP)			√	√
Options covered by health insurance	Typically	√	Typically		
Not to have to go to meetings or appointments		Fewer in-person appointments		Some available online	√

Option Grid: Part 2

Patient wants…	Counseling	Medications	Group-based treatment	Peer support	Changes on own
Options that won't go in the medical record	Some, including EAP		Sometimes	√	√
Options that the insurance company wouldn't know about	If self pay or EAP		If self pay	√	√
To meet others with similar experiences			√	√	
Options led by someone with personal experience	Sometimes	Sometimes	Often	√	
Options led by a health professional	√	√	Sometimes		
Options shown to work by research	√	√	Not yet certain	AA (others not yet certain)	Not yet certain

Summary of Shared Decision-Making

- Clear medical advice to abstain
- Elicit patient preferences
- Shared decision-making: offer 5 options and combinations of them
  - Cut-down, stop or no change
  - Which of 5 options of interest to help make change (if any)
- Arrange return visit in next 2 weeks
- Prescribe and/or refer based on local resources
- Medical management if treating with medications

Finding Local Resources for AUD

Local alcohol resources sheet

- **Peer Support**
  - AA: ask alcohol treatment specialists for recommendations of "starter meetings"
  - Online peer support
- **Alcohol counselors** in community and large employers with employee assistance programs (EAPs)
- **Alcohol treatment specialists: programs & addiction psychiatrists**
  - NIH Alcohol Treatment Navigator: https://AlcoholTreatment.niaaa.nih.gov
  - SAMHSA: https://findtreatment.gov (tel:+1-800-662-4357)

Links to Resources

For Patients

- **Rethinking drinking:** https://www.rethinkingdrinking.niaaa.nih.gov/
- **Drink Calculator:** https://www.rethinkingdrinking.niaaa.nih.gov/tools/Calculators/Default.aspx

For Providers

- **NIAAA Clinicians Guide:** https://www.integration.samhsa.gov/clinical-practice/Helping_Patients_Who_Drink_Too_Much.pdf
- **Implementing Care for Alcohol and Drug Use:** https://www.thenationalcouncil.org/wp-content/uploads/2018/03/021518_NCBH_ASPTReport-FINAL.pdf

OUTPATIENT MANAGEMENT OF ALCOHOL WITHDRAWAL

DSM-5 Alcohol Withdrawal

- Cessation of (or reduction in) heavy and prolonged alcohol use
- Two (or more) of the following, within several hours to a few days after the cessation of (or reduction in) alcohol use:
  - Autonomic hyperactivity
  - Increased hand tremor
  - Insomnia
  - Nausea or vomiting
  - Transient visual, tactile, or auditory hallucinations or illusions
  - Psychomotor agitation
  - Anxiety
  - Generalized tonic-clonic seizures

Short Alcohol Withdrawal Scale (SAWS)

A total score ≥ 12 points = moderate to severe withdrawal requiring medical management
A total score < 12 points = mild withdrawal; < 6 after treatment indicates adequate symptom control

SAWS Question	Day													
(0= none; 1 mild; 2 moderate; 3 severe)	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Anxious														
2. Feeling confused														
3. Restless														
4. Miserable														
5. Problems with Memory														
6. Tremor (shakes)														
7. Nausea														
8. Head pounding														
9. Sleep disturbance														
10. Sweating														
TOTAL Score (0-30)														

Managing Alcohol Withdrawal: Outpatient

- Outpatient often safe
- Assess SAWS and labs (LFTs, renal panel, CBC with platelets)
- Benzodiazepines first line for moderate-severe
  - Fixed and symptom-triggered dosing are both safe
  - Fixed regimen:
    - Chlordiazepoxide 200mg QD decrease by 25 mg QD
    - Liver disease: consider oxazepam 120mg decreasing by 10mg per day

Managing Alcohol Withdrawal: Inpatient

Inpatient withdrawal management is often needed when…

- History of delirium tremens or withdrawal seizures
- Multiple prior withdrawal episodes
- Inability to tolerate oral medications
- Absence of a support person and housing
- Uncontrolled chronic medical conditions
- Serious psychiatric comorbidity (e.g., suicidal ideation, psychosis)
- Older age
- Other substance use
- Urine drug screen positive for other substances
- Severe alcohol withdrawal symptoms

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Options for people who are thinking about their drinking






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Version 4.3

Contents

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Introduction: How this booklet will help you or someone you care about

For many people, drinking alcohol is connected to positive events. We drink to relax, to celebrate, to be social with family and friends, and for other reasons. But for some people, alcohol can become a concern.

Unfortunately, alcohol problems are often stigmatized in our society, which can make it hard for people to learn about their options for help.

That's why we created this booklet. It will help you look at how drinking is affecting your life so you can decide if you want to make a change. It also explains the many options available to help you.

You may find this booklet helpful if:

- You have questions or concerns about your drinking—or the drinking of someone you care about.
- Drinking is getting in the way of your goals, hopes, and dreams.
- Someone you trust is concerned about your drinking.
- Shame or guilt has kept you from telling anyone that you're concerned about your drinking.
- You want information on how to cut down or stop drinking.
- You want to learn about new treatments and other options.
- You've tried treatment but are looking for something different.

What to keep in mind as you get started…

- Drinking can cause problems for anyone.
- Some people manage their drinking problems by cutting down. Others decide to stop.
- Many treatments are available—including counseling and newer medications that won't make you sick if you drink.
- Finding the people in your life who won't judge you can help you make changes.

The choice is yours: Cut back, stop, or make no changes right now

It used to be that people who had problems with alcohol were given one choice: to stop drinking. Their only options were to get help through traditional "alcohol rehab" or a program like Alcoholics Anonymous (AA). We now have many options that are known to be effective.

Some people choose to drink less, while others decide that stopping alcohol altogether is the best choice for them. After going through this booklet, you might not want to make any changes—that's up to you. No matter what you decide, it's important to remember that you have many options. This booklet will help you understand your options so you can make the choice that's right for you.

How to use this booklet

This booklet can help you or someone you care about make two important decisions:

- Do you want to cut down, stop drinking, or make no changes right now?
- If you decide to cut down or stop, what types of help or support do you want to try, if any?

You may want to talk with a health care provider or other person you trust as you go through this booklet. Here is an overview of what it will cover:

Part 1: Which choice is best for you?

First you will go through some questions and examples to help you decide if you want to change your drinking. Part 1 will help you consider things like how drinking affects your life, what matters most to you, and whether making a change could improve your life.

Part 2: What are your options?

If you decide you want to cut down or stop drinking, Part 2 will guide you through your many options for help and support, including:

- Counseling (one-on-one or couples)
- Medications—including newer ones that won't make you sick if you drink
- Group-based alcohol treatment
- Peer support programs
- Making changes on your own

Part 3: What do you want to do?

The last step is to consider which of these options appeal to you most and why. Part 3 will help you put together a plan for the things you want to try.

Most people can change their drinking with help and support. But no one approach works for everyone. You may decide that getting treatment through counseling, medication, or a group-based program is the level of support you need. Or you may be able to make changes on your own, or with help from peer support or someone you trust. Many people find that a mix of different options works best.

Only you can decide which approach is right for you. A worksheet at the end will help you summarize your thoughts and make your decision.

Joe's story

"It got to a point where my drinking just didn't feel healthy, and I wanted to cut back. I talked with my girlfriend and she was really supportive. 'Just tell me what you need and how I can help,' she said. I started keeping track of how much I was drinking and the money I was spending at the bar on weekends. I was shocked! My girlfriend helped me stick to my goals to cut back. She planned dates that didn't include alcohol, like going to movies. I've cut back and have already noticed that I feel better and have more energy, especially on Monday mornings. I've even started going to the gym again."

Part 1:
Which choice is best for you?

Is drinking causing problems for you?

As you start to consider whether you want to change your drinking, take a look at how alcohol is affecting your life. Below are some common problems that people have related to drinking. Go through the list and check any that are true for you.

- ☐ I sometimes drink too much—either more than I planned to or for longer than I wanted to.
- ☐ I've wanted to cut back or stop drinking, but I haven't been able to.
- ☐ I spend a lot of time drinking or feeling hungover.
- ☐ I sometimes can't think about anything but drinking or have a strong urge to drink.
- ☐ Drinking or feeling hungover is making it hard for me to take care of my responsibilities.
- ☐ I still drink even though it's causing problems with my family and friends, or at work or school.
- ☐ I still drink even though it's causing me health problems or making them worse.
- ☐ I've stopped doing things I enjoy because of my drinking.
- ☐ I sometimes do dangerous things after drinking, like driving or having unsafe sex.
- ☐ I sometimes can't remember what I've said or done while drinking.
- ☐ I need to drink more than I used to in order to feel the effect I want.
- ☐ When I don't drink, I sometimes feel on edge, have trouble sleeping, notice other problems, or feel like I'm not myself.
- ☐ I've had legal, financial, or other problems.

Sara's story

"When my teenage son was getting into trouble, I would lock up the liquor cabinet so he and his friends wouldn't raid it when we were out. A couple of times I sort of panicked when I could not find the key when I got home from work and wanted a drink. After this happened a few times I got the feeling that maybe this wasn't a good sign. I didn't feel like my drinking was totally out of control, and I wanted to be able to have a drink when I wanted it. But it sort of felt like my drinking was becoming more in control of me than I'd like."

Your story

Are there ways that alcohol is having an impact on your life? If so, write them here:

_____

_____

_____

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How would changing your drinking help you?

Take a look at any items you checked on page 3 and start to think about why you might want to change your drinking. Consider what's important to you and how making a change could help.

Some people decide to cut down or stop drinking because they want their energy back. Others want to improve their relationships, save money, or get healthier. The personal stories on the next few pages are examples of the different reasons that people decide to make a change. Read through them and make notes if you have similar reasons for considering a change.

Cara wanted to make a change for her family

"For as long as I can remember, drinking is how I handled my stress and worry, especially after hard days at work. But then my spouse told me I couldn't be counted on as much and that it might be affecting our young daughter. I want to be a good parent—to be the kind of person I want her to become. ***I talked to my doctor and she referred me to a counselor. It's been helpful to talk to someone about my stress and how it affects my drinking.*** *We have also worked on other ways to manage my worry. I don't want to stop drinking, so we have come up with things I can do to help me drink less. I feel good about how much I've been able to cut down. There are days I still drink more than I would like, but my counselor is supportive. She gives me hope that I can continue making healthy changes for myself and for my family."*

Which relationships are most important to you? Is your drinking affecting those relationships? If so, how?

_____

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How might your important relationships—with your partner, children, other family, or friends—improve if you cut back or stopped drinking?

_____

_____

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_____

Andrew decided to change to improve his health

"No one knew I had a problem with drinking, and I was too embarrassed to say anything—even to my partner. I thought I should be able to handle it on my own, but I couldn't. I felt alone. I stopped exercising and gained weight. My work was starting to suffer, and I felt guilty. Then, I was seeing my doctor for my high blood pressure and decided to say something. It was a relief to finally tell somebody. We talked about different options. ***I decided to try a medicine that could help with urges to drink, and that has helped a lot. I'm also trying group counseling, which my Employee Assistance Program helped me find.*** *The group is making me feel less alone, and I get to hear what works for other people. After cutting down for a few months, I've decided to stop drinking. It's just easier for me. I feel like I'm getting back in control of my life. My blood pressure and weight are both improving. I'm feeling better now and am more productive at work, as well."*

Do you have health problems that are made worse by your drinking—like high blood pressure, diabetes, or depression? Or do you feel like your drinking might be harming your health in other ways? If so, how?

_____

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How might your health improve if you cut back or stopped drinking?

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Jackie started thinking about a change when her friend expressed concern

"I always thought my drinking was normal. I drink less than most people I know. Then my good friend told me, 'You need to change. You do and say mean things when you drink, and then you don't remember.' ***I decided to talk to my pastor, someone I trusted. I told him I was worried about my drinking, and he didn't judge me. He suggested a few AA meetings for only women that others had found helpful.*** *Although I wasn't planning to stop drinking, he encouraged me to try just one meeting to see what it was like. I went and was surprised. Everyone was so welcoming and accepting. I heard positive stories from women who were like me. They were happy and successful in their careers and relationships. I never thought I would choose stopping, but it has changed my life. Getting support from this amazing group of women and my pastor was what I needed."*

Are people you trust expressing concern about your drinking? What have they said to you about how drinking affects your life?

_____

_____

_____

_____

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_____

_____

How might things improve if you cut back or stopped drinking?

_____

_____

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_____

Dan decided to change because his drinking made him feel out of control

"My father was an alcoholic. From my work as a nurse, I know what that looks like, and it's not me. I can get angry when I drink, though. One night, I was drinking and arguing with my girlfriend. I got so angry I almost lost control. I felt so guilty that I could have hurt someone I love. The next day, she left me. I tried cutting back on my own. It worked for a week or so, but it didn't stick. After that I got a DUI. It was a wake-up call. ***I didn't want anyone at work to know, or my doctor. And I didn't want my treatment in my medical record or for my insurance company to know. I finally talked to my sister. She helped me find an outpatient treatment program near me that I could afford to pay for myself.*** *The privacy felt worth it. It was an evening treatment group once a week so I could continue to work. I learned how to avoid high-risk situations. That was a year ago. I haven't had a drink since, and I feel better."*

Are there times when your drinking feels out of control? Have you done things that you regret when you drink? Has anything bad happened to you because of drinking?

_____

_____

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How might things improve if you cut back or stopped drinking?

_____

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_____

Are there other reasons you drink?

Sometimes people drink because it seems to help them cope with difficulties in their life. Go through the list below and think about whether you sometimes drink to cope with difficulties such as:

- ☐ Pain
- ☐ Worry
- ☐ Grief or loss
- ☐ Social anxiety
- ☐ Financial difficulties
- ☐ Loneliness or boredom
- ☐ Stress at school or work
- ☐ Stress in relationships
- ☐ Depression
- ☐ Getting older and feeling isolated
- ☐ Other:_____

Hannah's story

"Sometimes I drink too much or forget what happened after a night out with my friends. That made me realize that my drinking might be a problem. Drinking helps me cope with all the pressures of school, my job, and social anxiety. But I'm an athlete. Health is important to me. Drinking is just part of that picture. I decided to make changes because I want to stay healthy."

If you checked any items above, take a few minutes to think about the questions below:

How does drinking help you cope?

_____

_____

_____

Are there ways that drinking is no longer helping?

_____

_____

_____

What are your other reasons for change?

Do you want to save money? Lose weight? Do a better job at work? Think about what else is going on in your life that might get better if you cut down or stopped drinking. Write your thoughts here:

_____

_____

_____

_____

_____

_____

Focus on your main reasons for change

Take a few moments to think about all the reasons you might want to change your drinking and what you hope will improve in your life. Knowing your goals will help you decide what you want to do. Check off your main reasons for considering a change:

☐ I want to improve my relationships with friends and family.

☐ I want to be healthier.

☐ People I trust are concerned about my drinking.

☐ My drinking feels out of control.

☐ I want to do a better job at school or work.

☐ I want to find other ways to cope with my problems besides drinking.

☐ Other (for example, save money, increase energy): _____

_____

_____

_____

_____

_____

Thinking about stigma, guilt, and shame

Drinking is common and often part of celebrations. At the same time, drinking problems are very stigmatized in our culture. Because of this stigma, many people who want to change their drinking describe feeling ashamed that they can't do it on their own or guilty that they can't control their drinking.

You may also feel that some people in your life are judging you if you choose to cut down or stop drinking. It's possible that people — even some health professionals — may judge the option(s) you choose.

However, there are lots of people who will not judge you and who will offer support. They may be family and friends, health professionals, or people who have personal experience with making changes to their drinking. There are also anonymous ways to find support and hope.

It might be helpful to write about your thoughts and experiences here:

_____

_____

_____

_____

_____

_____

Talking to someone you trust can be a source of support

Think about who you might trust to talk with about your drinking. Talking with family, friends, clergy, a counselor or health care provider, or someone else you trust can help you figure out which choice is right for you. You might even choose to look through parts of this booklet with them.

Try to think of people in your life who are hopeful and non-judgmental and who will have faith in you. Sometimes people who have changed their own drinking are most accepting, non-judgmental, and therefore helpful. Some people find others they can trust through peer support or online programs. Write down the names of a few people you could talk to:

_____

_____

_____

Cutting down versus stopping

Some people can stick to their goals of cutting down. Others find they can't and decide to stop. As you consider whether cutting down or stopping is a good choice for you, it's important to remember:

- Stopping drinking is the safest option for people who have health problems like diabetes and liver disease, or who take medications that interact with alcohol.
- Cutting down is most effective when people can drink less than the "recommended limits" below.
- For people who have a hard time controlling their drinking, research shows that stopping works best.
- Over time, drinking causes brain changes that can make it hard to stop after 1-2 drinks (see more about this on the next page).

Consider the recommended limits

Research has shown that drinking above certain levels often leads to problems with relationships, work, and health. We call these levels "recommended limits." They are based on what is considered a "standard drink," described in the sidebar to the right. In general, the more you drink, the greater the risk.

Recommended limits

For women under 65 years old:

- Per week: No more than 7 drinks total
- Per day: No more than 3 drinks in any one day

For men under 65 years old:

- Per week: No more than 14 drinks total
- Per day: No more than 4 drinks in any one day

For men and women over age 65:

- Per week: No more than 7 drinks total
- Per day: No more than 3 drinks in any one day

Thinking about cutting down? Here's what to know about a "standard drink":

- Drinks come in various sizes and have different amounts of alcohol in them. So if you're keeping track of how much you're drinking, it's important to know what counts as a "standard drink."
- We usually measure the size of a drink in ounces (oz.). The concentration of alcohol is usually shown on the label as a percent and is often called "ABV" for "alcohol by volume."
- Here are some examples of what counts as one standard drink based on drink size and ABV:
  - A 12 oz. can or bottle of beer that is 5% ABV.
  - A 5 oz. glass of wine that is 12% ABV.
  - A 1.5 oz. shot of hard liquor that is 40% ABV.
- If you're drinking a larger serving than what's listed above (such as an 8 oz. glass of wine), it counts as more than 1 standard drink.
- In addition, if your drink has a higher ABV than what's listed above (such as a beer that is 7% ABV), it counts as more than 1 standard drink.
- Page 29 has more detailed information about how to calculate standard drinks.

Why are the drinking limits so low?

Many studies show that people who drink more than 1 or 2 drinks a day are more likely to get breast cancer, liver cancer, and to die from all causes.

Experts think that women are at higher risk because on average they are smaller, have lower muscle mass, and may break down alcohol differently.

How does alcohol use affect your body?

Everybody is different. Your genetics play a major role in your specific health risks due to drinking. Some people develop liver disease. Others develop high blood pressure, stroke, or a weak heart muscle, also called heart failure. For others, the brain and nervous system are most affected. Injuries after drinking are very common, especially if you drive or do sports. The figure below includes a list of other health problems caused by drinking.

Health problems caused by drinking

Brain
- Forgetting medications
- Addiction
- Dementia
- Stroke
- Balance problems
- Poorer self-care
- Depression, anxiety

Cancers
- Mouth, tongue
- Throat, esophagus
- Stomach, liver
- Colon
- Prostate
- Breast

Blood
- Less able to fight infection
- Abnormal red blood cells

Heart and lungs
- Heart failure
- High blood pressure
- Pneumonia

Gut
- Inflammation
- Liver disease, cirrhosis
- Bleeding
- Pancreatitis

Hormones
- Increased estrogen
- Small testes
- Male breasts

Muscles and bones
- Weak muscles
- Thin bones (osteoporosis)
- Delayed healing
- Complications of surgery

Addiction to alcohol – a medical disorder due to brain changes

Alcohol use can lead to changes in the brain, or what is called addiction. The risk of developing these brain changes is partly due to genetics and partly due to how much you drink. We know that drinking above recommended levels makes these changes more likely to occur.

Changes in the brain that lead to addiction usually start gradually and are mild at first. They can make it harder to control your drinking or make you feel worse when you don’t drink. Often people may not notice the changes, but over time they can become worse. The best way to lower your risk of addiction is to drink below recommended limits.

Thinking about the choice you want to make

Before you read about your treatment options in the next section, take some time to think about which choice is right for you: Do you want to cut back, stop drinking, or not make any changes right now? Which option will help you have the health and life you want? Remember, everyone is different and will have their own reasons for wanting to change or not.

Reasons some people decided to cut down…

- "My problems did not seem big enough to have to stop drinking."
- "I was able to drink less before. I just needed to find ways to do it again."
- "There are a lot of things I like about drinking. But I wanted to lose weight."
- "I wanted to see if cutting down would work for me. I really liked having a glass of wine with dinner, so I set a goal to make that my limit."
- Why you might choose to cut down: _____

_____

Reasons some people decided to stop drinking…

- "I realized I had many health problems. Stopping was safest for me."
- "I could not control my drinking once I had that first beer."
- "I cut back and felt much better, but it was hard work. In the end it was just simpler to stop."
- "It's hard to stop when all your friends drink. But I saw my cousin's life get better when she stopped. And she was still fun to be around. Spending time with her and her friends who didn't drink helped me decide I wanted to stop."
- "I realized alcohol problems ran in my family, so I decided to stop."
- Why you might choose to stop:_____

_____

Reasons some people decided not to change their drinking…

- "I needed time to think and talk about it with my partner. I wanted to make a decision together."
- "I decided to keep track of how much I drink to see if it was really an issue."
- "I used to drink to help me sleep. I wanted to get help for my sleep first and then see if my drinking improves on its own."
- Why you might choose not to make changes right now: _____

_____

Part 2:
What are your options?

If you are considering changing your drinking, you have many options. This section will help you understand these options:

- Counseling (one-on-one or couples)
- Medications
- Group-based alcohol treatment
- Peer support programs
- Making changes on your own

Part 3 of this booklet will help you consider which option(s)—if any—you want to try. You may find one option that appeals to you more than the others. If you find it's not working as well as you would like, you can add an option or switch to another option.

Combining options is often helpful

- The longer you've been drinking and the more problems you have due to drinking, the more types of support you may want.
- Medication—added to another treatment—can help you cut down or stop.
- People often combine counseling with medications and peer support.

Where and how to find help

The options above may be available in your health care provider's office or in the community near where you live or work. Some may not be available everywhere. Selecting the best option for you will depend on your needs and preferences and what is available near you. Cost is also important to consider: If you have insurance, how much will it cover? How much will you have to pay yourself? Are there free or publicly funded options?

- Your health care provider, counselor, or primary care team can sometimes provide treatment (counseling or medications) or help you find services.
- If you have health insurance, or an employee assistance program (EAP) through work, contact them to see what is covered for you. They can give you names of clinicians for counseling or medications, as well as treatment programs or local peer support groups.
- Peer support or online programs can be free or low-cost options.
- Use this confidential and anonymous website to find local treatment facilities: https://findtreatment.samhsa.gov/. Or call 1-800-662-4357 (toll free, in English or Spanish) to ask about treatment or finding local treatment programs.
- Use NIH's Alcohol Treatment Navigator to find local options for counseling, group-based treatment, or addiction doctors: https://AlcoholTreatment.niaaa.nih.gov

Counseling: One-on-one or couples

Research has shown that many different types of counseling can help people cut down or stop drinking. Each of these proven approaches work equally well for people in general.

Who can counseling help?

One-on-one counseling or couples counseling can be helpful for anyone having problems with alcohol.

Counseling may be especially useful if you drink to cope with grief, pain, worry, mood swings, stress, or other issues.

How does it work?

For most types of counseling, you get better by practicing new ways of doing things between counseling sessions. It's more than just "talk therapy." The skills or strategies you learn from counseling will continue to help you even after you stop treatment.

How long does treatment last and how often do I go?

- Counseling appointments usually last 30 minutes to an hour.
- People usually have an appointment every 1 to 2 weeks.
- Most people benefit from attending 4 to 20 counseling sessions.

Types of counseling proven to work for changing drinking

Counseling options for people who want cut down or stop drinking:

Cognitive Behavioral Therapy (CBT) is one type of counseling that can give you personalized strategies that can help you cut down or stop drinking.

- Strategies may include ways of thinking and behaving differently in situations where you are tempted to drink.
- Your counselor will coach you through trying them out and making them a regular part of your life, usually by practicing them as homework.

Behavioral Couples Therapy is focused on decreasing drinking and on improving your relationship with your partner.

- You and your partner attend counseling together. The counselor helps the two of you identify next steps to support your goal to change your drinking.
- The counseling often includes homework assignments to increase positive feelings, trust, shared activities, and helpful communication.
- If you want your partner to support you in changing, this can be a good option.

Other types of counseling that focus on stopping drinking:

Community Reinforcement Approach is an expanded version of CBT.

- It uses family, social, recreational, and work activities to support you in stopping drinking.
- The goal is to modify your activities to support your enjoyment of life without drinking.

Twelve Step Facilitation is a type of one-on-one counseling that supports you in going to 12-step peer support groups (like Alcoholics Anonymous). You work with a counselor through the first 4 steps over 12 appointments.

Counseling that helps you decide what you want to do:

Motivational Enhancement Therapy (MET) starts with an assessment and gives you personalized feedback on your drinking. Then you talk with your counselor about your pros and cons of making a change and they support you in making a plan.

Helen's story

"Now that I am a widow and my children are grown, I spend a lot more time alone. I'm still dealing with losing my husband, and there are days I miss him so much it hurts. Drinking became something I did to try to enjoy myself. But then I started drinking every day. And after I had had a drink, I didn't want to do much else. I sometimes didn't even want to talk to my grandkids when they called. So I decided to start seeing a counselor. She helped me realize that I was drinking to deal with my loneliness and grief. Now, instead of drinking when I feel lonely, I call and make plans with a friend."

Finding trained counselors:

- **A counselor who is right for you is someone you feel comfortable with, who understands your concerns, and is encouraging.**
- Ask the counselor if they have been trained to treat people wanting to change their drinking. The counselor may have a PhD or master's degree in psychology, counseling, or social work.
- Ask the counselor to describe what approaches they use or if they use any of those listed above. Most counseling is not advertised by a specific name. Many counselors blend approaches.

What do you like or dislike about counseling as a treatment option?

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Medications to help you cut back or stop

Naltrexone, acamprosate, and topiramate are newer medications that can help you cut back or stop drinking. You might be surprised to learn that these newer medications don't make you sick if you drink.

Naltrexone, acamprosate, and topiramate work by decreasing your desire to drink. They may help with changes in the brain that heavy drinking can cause over time. They are usually used in addition to another treatment to help you make changes in your life. They have not been studied when used alone. Naltrexone and acamprosate are both approved by the Food and Drug Administration (FDA) to treat alcohol problems.

Naltrexone

- Naltrexone is often used first because it is only taken once a day.
- It helps to stop drinking for 4-7 days before starting naltrexone, if you can.
- If you have depression, taking naltrexone and an SSRI antidepressant can be helpful.
- If you have trouble taking pills daily, you can get a naltrexone shot once a month. The shots are more expensive so insurance may require "pre-authorization."

Juan's story

"I've had a hard time sleeping since I got home from being stationed overseas. Drinking at night became a way to help me fall asleep. At first, it didn't seem like a big deal. But I started noticing that I had a lot less energy and motivation. I was even having a hard time keeping up in our daily training drills. I tried to cut back on my own, and then started counseling, but the desire to drink was so strong that I always gave in. My friend told me how medication had helped him stop drinking, so I gave it a try. It really helped take the edge off my cravings. It let me focus on practicing what I was learning in counseling, without being distracted by my cravings. I was able to get back into the habit of falling asleep without alcohol, and I feel like my old self again."

You should <u>not</u> take naltrexone if you:

- Take opioid pain medications (because it blocks the effects of opioids).
- Have severe liver disease.
- Are pregnant.

Side effects and risks of naltrexone:

- 2 out of 3 people don't have any side effects from naltrexone. Side effects are often mild, temporary, or may be reduced with lower doses.
- The most common side effects include headache, nausea, vomiting, dizziness, loss of appetite, tiredness, sleepiness, and anxiety.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Acamprosate

Acamprosate works as well as naltrexone if you want to cut down or stop drinking. Because it has to be taken 3 times a day, it is usually tried if naltrexone doesn't work or if you can't take naltrexone.

You should <u>not</u> take acamprosate if you:

- Have severe kidney disease.
- Are pregnant.

Side effects and risks of acamprosate:

- Like naltrexone, most people don't have side effects.
- The most common side effects are diarrhea, nervousness, and fatigue—and these often decrease over time.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Topiramate

Topiramate also helps you cut down or stop drinking. It is often used as a second option (after naltrexone) because it is taken twice a day. Although topiramate is not FDA-approved for alcohol problems, multiple studies have shown that it works well. It is FDA-approved for other conditions, like seizures and nerve pain.

You should <u>not</u> take topiramate if you:

- Have glaucoma, have gout, have kidney stones, or are taking lithium.
- Are pregnant.
- Have dementia or memory problems.

Side effects and risks of topiramate:

- Topiramate is started at low doses and increased slowly to limit side effects. The most common side effects are upset stomach and difficulty with memory.
- Side effects often go away in the first 2 weeks.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Other medications that won't make you sick if you drink

If you can't take naltrexone, acamprosate, or topiramate—or if they don't work for you—other medications have shown promise for decreasing drinking in early studies. Gabapentin increased the number of people who reduced their heavy drinking or stopped drinking in several studies. Other medications have worked in small studies or certain groups of people: valproic acid, ondansetron, and prazosin.

Medication that makes you sick if you drink

Disulfiram (also known as Antabuse)

Disulfiram is a pill you take once a day to help keep you from drinking. Disulfiram keeps you from drinking because you know that you will get sick and vomit if you drink alcohol. Some things to consider about disulfiram:

- It does not help with changes in the brain caused by heavy drinking over time.
- It's important to have someone you trust to support you in taking it each day.
- Most U.S. experts recommend trying naltrexone, acamprosate, or topiramate first, unless disulfiram worked well for you in the past.

You should <u>not</u> take disulfiram if you:

- Are still drinking, have had a drink recently, or plan to drink.
- Have severe heart disease or psychosis.
- Are taking metronidazole or cough syrups that contain alcohol.
- Are pregnant.
- Might forget whether you took your medicine.
- Might forget to avoid alcohol products that contain alcohol (such as mouthwash).

Common questions about medications

How can I get the medication?

Ask your health care provider to prescribe or to refer you to a specialist who can prescribe addiction medications. Medications are usually used with support from a nurse or counselor, or with support through a group-based alcohol treatment program. Your provider might ask you to choose one of those options along with the medication.

How long do I take them?

If the medication doesn't cause severe side effects, you should take them for at least 6-12 months. Some people take them for longer. Counseling, group-based treatment, or peer support will help you learn strategies to avoid alcohol or limit your drinking if you stop the medications.

Can I work while on these medications?

Yes. These medications won't interfere with your ability to work unless you have unusually severe side effects.

Will they interact with other medications?

Naltrexone will block the effects of opioid pain relievers, and should never be used by people who take or often need opioids. Talk to your doctor about other medications that you should avoid.

Are these medications addictive? Will they cause me to withdraw if I stop them?

No, they are not addictive. You can stop taking the pills any time you want without withdrawal symptoms from the medication.

Do I need to have blood tests before I take them?

Yes. You would need liver and/or kidney tests before taking most medications.

What do you like or dislike about medication as a treatment option?

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Are you concerned about feeling sick if you stop drinking ("alcohol withdrawal")?

- Some people who drink heavily experience alcohol withdrawal if they stop.
- Talk to your health care provider if you think alcohol withdrawal may be a concern. They can help you decide if a medication for withdrawal is a good choice.
- Common symptoms of withdrawal are shakes, nausea, vomiting, headaches, sweating, and feeling irritable.
- Alcohol withdrawal can lead to dangerous seizures ("convulsions") and confusion. If untreated, severe withdrawal ("DTs") can kill you.
- Naltrexone, acamprosate, and disulfiram do not help you with withdrawal symptoms.
- Other medications can prevent dangerous withdrawal. This is sometimes called "detox." Medical supervision or monitoring by family or friends is important.
- Medications used to treat withdrawal don't help you change your drinking, so it's important to plan for other support afterwards.

Group-based alcohol treatment programs

Most group-based treatment programs focus on stopping drinking. These programs are sometimes called “rehabilitation programs” or “rehab,” and they vary in the level of support and cost.

The three main types of group-based alcohol treatment programs are:

- Outpatient (usually weekly visits)
- Intensive outpatient (usually several times a week)
- Residential (inpatient), where you stay overnight during the program.

Outpatient treatment often works best because you learn to manage your problems with alcohol in the situation in which you live.

Many group-based treatment programs are staffed by chemical dependency professionals who may have had personal experience overcoming drinking problems. They often do not have clinical counseling degrees, but they can help you develop strategies to change your drinking.

How do these programs work?

Most alcohol treatment programs use group counseling, often with a focus on the 12-step approach of Alcoholics Anonymous (AA). The difference between these treatment programs and AA is that the group treatment programs are led by a paid professional (usually a chemical dependency professional) who follows a specific treatment plan. Most programs also start with a personal assessment of how drinking is affecting your life.

Group counseling can be helpful because sharing with and learning from others who have similar concerns about drinking can add to what you learn from counselors. It can also help you feel less alone with your problems. These programs often use approaches that have not been studied in scientific research, but many people report that they are helpful.

After initial treatment leads to early changes, it helps to have a peer support program or to continue in a treatment “aftercare” program with less frequent visits.

Treatment programs sometimes offer other types of counseling, including one-on-one, couples, and family. Be sure to ask about other services they may offer, including:

- Medication treatment for alcohol and related mental health conditions.
- Help with other problems like: unemployment, housing, family issues, financial assistance, clothing, food, and other safety needs.

Types of group-based treatment

Outpatient treatment is the most commonly used and widely available. It's the least expensive of the three options, but it also provides less support.

- If you've never been in alcohol treatment, this is often a good place to start.
- Treatment is usually 1 hour or more per week for at least 3 months.
- Most insurance plans will cover it.

Intensive outpatient treatment is the second-most commonly used and widely available. It's more expensive than regular outpatient treatment, but it provides more support.

- If you feel like you would do better with more structure, or if you have already tried a regular outpatient program, this may be a good choice for you.
- Treatment is usually 3 days per week for up to 3 months. Each session lasts about 3 hours.
- Each day of treatment will include several group counseling sessions. One-on-one counseling happens periodically.
- Most insurance plans will cover it.

Residential or inpatient treatment is not as common or as widely available as the other two options. It's the most expensive and provides the highest level of support.

- If you feel like you need a highly structured, alcohol-free setting, or you are overwhelmed by problems in your life and need intense support, this may be the best place to start.
- Treatment usually spans from 28 to 90 days at a live-in facility.
- It usually combines several group sessions per day with peer support and one-on-one counseling.
- Inpatient treatment just gets you started. Transitioning to outpatient care or peer support is important afterwards to sustain changes you have made over time.
- Insurance coverage varies for inpatient treatment. Call your insurance provider to see what is available for you. Many people pay for it out of pocket.

Other important things to know

- If you are able to pay out of pocket for group-based treatment, then your treatment won't be recorded in your medical or insurance records. This is an important consideration for people who are concerned about privacy.
- Treatment programs usually do not offer medical management of withdrawal. For help with that, you would need to talk to your health care provider.
- People often think inpatient treatment works better than outpatient. But outpatient treatment actually works just as well or better for most people.
- Cost does not reflect how effective a program is.
- Problems with alcohol can be a long-term issue for many people. You will need a long-term approach. A treatment program can help you get started.

What do you like or dislike about group-based treatment?

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Keisha's story

"My problems with alcohol go all the way back to high school. My friends and I would binge drink on the weekends, and it seemed normal because so many people did it. But after I moved out and got my own place, I started drinking more and more often. I had a hard time holding down a job because I was hung over so often. It got so bad that I tried a peer support program, and that really helped for a while. But as soon as I would hit a rough patch, I'd start drinking again. I realized I needed something more, so I tried intensive outpatient treatment. It really helped me get my feet under me. After finishing treatment, I went back to my peer support program to help keep up my momentum. I finally feel like I've made a change for good."

Peer support programs

Peer support options are free and typically anonymous. They are also called “mutual help.” This section describes the following programs.

If you want to cut down:

- Moderation Management

If you want to stop drinking:

- Alcoholics Anonymous (AA)
- LifeRing
- SMART Recovery
- Women for Sobriety

Who can these programs help?

Peer support programs can help anyone who wants to cut down or stop drinking. They are especially helpful for people who want completely confidential or free help with drinking. Many group-based alcohol treatment programs will ask you to attend peer support meetings during treatment.

How do they work?

Peer support programs provide a positive, supportive, and non-judgmental environment to help you make changes and maintain them.

People who use peer support often say how helpful it is to talk with people who have made changes and do not judge them. It helps them stay hopeful, and that is key. Many people who were not enthusiastic about meetings at first, later say that the support made a big difference.

Meetings are a good place to meet other people who also want to cut down or stop drinking. Some programs will help you find new ways to deal with stress and urges to drink. They can also support you getting back on track if you are having a hard time sticking to your goals.

Important things to know about peer support…

- Peer support programs are free and fit different schedules.
- Because most programs are anonymous, peer support can be a good choice for people who are concerned about privacy.
- You can use a program on its own or combine it with counseling, medications, and/or group-based alcohol treatment.
- It also works well for ongoing support after you finish treatment.

Alex’s story

“They say if you don’t like one meeting, try another. That was really true for me. Each group has its own personality, so don’t judge them all after going to one or two. Ask a group-based treatment program or counselor if they know a good program or meeting for you to try. What’s important is that you feel it’s a positive experience for you. If it’s not, try another group until you find one that fits.”

Peer support programs to help you cut down or stop drinking

If you want to cut down:

Moderation Management is a peer support group that helps people trying to reduce drinking to below risky levels (see page 11 for recommended limits).

- Emphasis on self-control and choice.
- Not spiritually based.
- More online-based groups than in-person groups.
- Good for people who want help through online resources and forums.
- Online and in-person meetings can be found on their website: www.moderation.org

If you want to stop drinking:

Alcoholics Anonymous (AA) is the most widely known and has the most meetings: more than 60,000 groups in the U.S. and over 117,000 groups worldwide.

- Helps you connect with other people who have similar goals to stop drinking.
- Emphasis on working through the 12 steps at your own pace.
- Provides hope and support through sponsorship, finding others who have been through similar experiences, and learning from their stories.
- References spirituality (a “higher power”) which is helpful for many but uncomfortable for others.
- Depending on location, there are meetings for different groups: non-smokers, young people, men only, women only, LGBTQ friendly, agnostics, etc.
- Online resources include 24-hour email support, online meetings, and forums in different languages: www.aa.org

LifeRing is based on research-based treatment strategies.

- An alternative to 12-step organizations and spiritually based groups.
- Aligned with cognitive behavioral therapy.
- Focused on self-empowerment and choosing your personal recovery plan.
- More than 100 in-person groups nationwide.
- Online meetings (video/voice and text), email groups, forums, and one-on-one email or letter communication available.
- Learn more online: www.lifering.org

Self-Management and Recovery Training (SMART Recovery) has adapted research-based treatment strategies for a peer support group and has more than 1,000 meetings worldwide.

- An alternative to 12-step organizations and spiritually based groups.
- Focused on teaching self-empowerment and self-reliance through: 1) building and maintaining motivation, 2) coping with urges, 3) managing thoughts, feelings, and behaviors, and 4) living a balanced life.
- Aligned with cognitive behavioral therapy and motivational enhancement therapy (described on pages 15-16).
- Supports use of medication treatment for alcohol.
- May be led by trained professionals and/or peers.
- Find in-person and online meetings, forums, and chats online: www.smartrecovery.org

Women for Sobriety is dedicated to helping women overcome addiction to alcohol through self-discovery and peer support.

- An alternative to 12-step organizations.
- An organization of women for women.
- Encourages positive thinking, self-esteem, and emotional and spiritual growth.
- 100 in-person groups available nationwide.
- Most women get support completely through chat groups and phone sessions.
- Learn more online: www.womenforsobriety.org

What do you like or dislike about peer support programs?

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Making changes on your own

There are many things you can do on your own to help you monitor, cut down, or stop drinking. These can be used alone or with any of the other options in this booklet. For example, you can work with your health care provider or counselor to set goals and keep track of how you're doing while you make changes.

Consider keeping track of how much you are drinking to measure your progress. This can be done with online tools, a journal, an app, or a calendar like the one on the next page. Some people like to track the money they spend or the calories in the alcohol they drink. Thinking about how you have successfully made other changes in your life may help.

Ways to cut down or stop on your own

- Space out your drinks: Have a beverage that doesn't contain alcohol before or in between drinks with alcohol.
- Eat before drinking to slow the absorption of alcohol.
- Decrease the amount of alcohol in each drink. For example, use a half shot or try beer with lower alcohol content.
- Set a goal for how many drinks you have in a single day or the amount of money you want to spend on alcohol in a day or week.
- Limit the days of the week that you drink.
- Stop having alcohol in your home.
- Make a list of things you enjoy doing that don't involve alcohol. Keep the list in a place where it will remind you to do something else when you feel like having a drink.
- Find people who have made changes who can support you (see the peer support programs section for more information).
- Rethinking Drinking is a free website that provides research-based tools for thinking about change. It will help you do a self-assessment and track your drinks. It also provides support for cutting down and stopping: www.rethinkingdrinking.niaaa.nih.gov

Tips

- Measure your drinks.
- Track your drinking in a drinking diary, calendar, or app.
- Set small goals you know you can achieve.
- Tell a friend you trust.
- Choose a non-drinking reward for when you reach your goal.
- Monitor benefits: money saved, weight lost, goals reached, etc.

What do you like or dislike about making changes on your own?

_____

_____

Tracking your drinks

If it's helpful, you can use the calendar below to keep track of whether and how much you drink each day.

As a starting place, you can track the number and type of drinks without calculating standard drinks (see next page for more information).

For example, you could write down the number of beers or glasses of wine you drink each day. And for mixed drinks or shots, you could write down the number and whether they were singles or doubles.

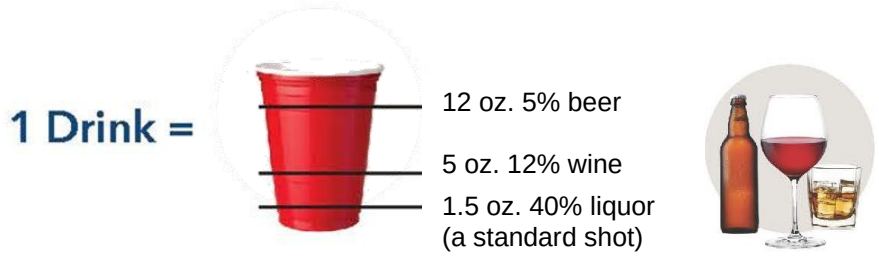
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Calculating standard drinks

Calculating standard drinks is helpful for knowing whether you are drinking below the recommended limits, and if you are decreasing or increasing your drinking over time.

As mentioned earlier, standard drinks are calculated based on the size of each drink in ounces (oz.) and the percent alcohol content, also called percent Alcohol By Volume (or ABV).

To count standard drinks use these measurements:



For example, one standard drink is equal to one 12 oz. can or bottle of beer that is 5% ABV. So it will count as more than one standard drink if:

- You drink 12 oz. of a stronger beer, like an IPA that is 7% ABV
- Your serving of beer is larger than 12 oz., for example if you order a pint (16 oz.) of beer at a restaurtant.

Other examples:

- A standard size 750 ml bottle of wine that is 12% ABV is about 5 standard drinks.
- A standard size 750 ml bottle of hard liquor (also called a “fifth”) that is 40% ABV is about 17 standard drinks.

If you want to figure out how many standard drinks you are drinking each day, you can use this website at the National Institutes of Health (NIH):

https://www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/drink-size-calculator.aspx

What we know about how well the different options work

Thanks to scientific research, we have information about how effective some options are at helping people change their drinking. But we don't have research results for every scenario. This section summarizes what we know—and what we don't know—about how well these different options work.

What we know from research

- Most people with serious drinking problems get better—but they take different paths to get there.
- No one treatment works best for everyone.
- People do not need to hit "rock bottom" before changing.
- Counseling proven to work by research (see pages 15-16) helps about 2 out of 3 people. Each of these proven approaches work equally well for people in general.
- Among people who take medications to help them stop drinking, naltrexone and acamprosate work equally well, and topiramate is also very effective.
- Among people who try group-based treatments, outpatient programs tend to work as well as or better than inpatient programs for most people.
- Extensive research has shown that Alcoholics Anonymous helps people who want to stop drinking. Other peer support programs have not yet been studied as much, but many people report that they are helpful.
- Programs that make you drink a lot until you get sick have not been shown to work as well as other approaches.
- Stopping drinking is the surest way to prevent future problems. Here is what research from the National Epidemiologic Survey on Alcohol and Related Conditions has shown about people who have a serious drinking problem:
    - Out of 100 people who had gotten better from a serious drinking problem by **stopping drinking**, 94 of the 100 report no drinking problems 3 years later.
    - Out of 100 people who had gotten better from a serious drinking problem by **cutting down below recommended limits** (defined on page 11), 78 of the 100 report no drinking problems 3 years later.
    - Out of 100 people who had gotten better from a serious drinking problem by **cutting down but still drink above recommended limits** (defined on page 11), 60 of the 100 report no drinking problems 3 years later.

What we don't know because it hasn't been studied yet

- Group-based treatments and peer support programs like Alcoholics Anonymous have not been studied in comparison to counseling or medications. So it's not possible to say which approach works better.
- No research has looked at how well medications work on their own without frequent medical check-ins. These check-ins help make sure patients are doing well with their medications and achieving their goals.
- No research has looked at how well other medications work in comparison to naltrexone and acamprosate.

What questions do you still have?

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_____

_____

_____

_____

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_____

Part 3: What do you want to do?

Do you want to make a change?

Your choice	Your reasons for making this choice
☐ I want to stop drinking.	_____
☐ I want to cut down.	_____
☐ I'm not sure yet.	_____
☐ I don't want to make any changes right now.	_____

If you want to change, what do you want to try?

After going through Parts 1 and 2 of this booklet, you might already have a clear idea of what you want to try first. If so, you can skip to page 37 to fill out a brief plan for your next steps.

If you're not yet sure which option(s) you want to try, the next few pages will help you make that choice.

The most important thing to remember about changing your drinking is that you have other options if the first thing you try does not work for you. What matters most is that you find an approach that works well for your life.

Decide who—if anyone—you want to talk with to help you decide

An important next step is to think about who you are comfortable talking to about your drinking, so you can find support. Talking with someone who you trust can help you sort things out. It should be someone who is optimistic and has faith in you. It could be someone you know, like a family member, a friend, your health care provider or nurse, or your pastor, rabbi, or other spiritual leader. Or it might be someone you don't know, like a counselor, a peer at a support meeting, or a clinician at an employee assistance program (EAP).

Look back at your ideas for who to talk with on page 10. Then write down notes from your conversation(s) here:

_____

_____

_____

Think about your values and priorities

If you're not yet sure what type of treatment or support you want to try, the questions below will help you think about what options might be right for you.

Social support

Change is easier with supportive people and activities in your life. Do you have the support you want or need to make a change? What activities could you do that don't involve drinking?

If you want more social support, consider:

- **group-based treatments**
- **peer support**
- **trying new activities or hobbies**

Write your thoughts here:

_____

_____

_____

Privacy preferences

If privacy is important to you and you do not want your treatment documented in your medical record, you can get help outside a medical system. Consider:

- **peer support**
- **employee assistance programs**
- **making changes on your own**

With counseling and group-based treatment, the level of privacy can vary depending on who provides the treatment, where it is provided, and who pays for it (for instance, insurance vs. self pay).

Write your thoughts here:

_____

_____

_____

Related problems

Do you drink to help with worry, depression, pain, or sleep problems? Do you have other drug use concerns? These problems may contribute to drinking and vice versa.

If you are concerned about these or other problems, consider **counseling** because it will help you address these problems at the same time as your drinking.

Write your thoughts here:

_____

_____

_____

Practical matters

Do you have work or home demands that make it hard to have appointments? Will travel take a long time or cost a lot? Are there financial concerns that limit your options?

If cost, time demands, scheduling, and travel are concerns for you, consider low-cost, flexible options, such as:

- **online or in-person peer support**
- **employee assistance programs**
- **making changes on your own**

Medications can also be practical if you can get telephone support from a nurse or counselor for the changes you are making.

Write your thoughts here:

_____

_____

_____

Past efforts or treatment

Have you ever cut down or stopped in the past? If so, what helped and what didn't? If you've had treatment or tried something else before, what did you like and what do you wish had been different? Try to build on past success and learn from things that didn't work.

If you have tried to cut down without success, consider stopping drinking with the help of formal treatment, such as:

- **counseling**
- **medication**
- **group-based programs**

Or, if one type of treatment hasn't helped, **try another or combine two**.

Write your thoughts here:

_____

_____

_____

Health concerns

Do you have diabetes, high blood pressure, or other health problems that are made worse by your drinking? Do you feel like your drinking might be hurting your health in other ways?

If you have health concerns:

- Consider getting alcohol treatment from the **same provider who treats your other health problems**—so you can address all the problems at the same time.
- You can be prescribed **medications** by your health care provider or you may be able to get **counseling** from a social worker or psychologist in your health care provider's office.

Write your thoughts here:

_____

_____

_____

What matters most to you?

Here is a snapshot of your different options for taking the next step. You can use it to compare your options based on the things that matter to you most.

I want…	Counseling	Medications	Group-based treatment	Peer support	Changes on my own
To cut down	√	All except disulfuram		Moderation Management	√
To stop drinking	√	√	√	√	√
To keep thinking about it	√			√	√
Options that are easy to find	In some places	√	√	√	√
Low-cost or free options	If Employee Assistance Program (EAP)			√	√
Options covered by health insurance	Typically	√	Typically		
Not to have to go to meetings or appointments		Fewer in-person appointments		Some available online	√
Options that won't go in my medical record	Some, including EAP		Sometimes	√	√
Options that my insurance company wouldn't know about	If self pay or EAP		If self pay	√	√
To meet others with similar experiences			√	√	
Options led by someone with personal experience	Sometimes	Sometimes	Often	√	
Options led by a health professional	√	√	Sometimes		
Options shown to work by research	√	√	Not yet certain	AA (others not yet certain)	Not yet certain

Summarize your thoughts and plan your next steps

Are you ready to decide what steps you'd like to take to get help with your drinking? If so, use this page to make notes about your plan. If you want, you can share it with a family member, your doctor, or another person you trust.

Remember your reasons for considering change (check all that apply):

- ☐ I want to improve my relationships with friends and family.
- ☐ I want to improve my health.
- ☐ People that I trust are concerned about my drinking.
- ☐ My drinking feels out of control.
- ☐ Other (for example, save money, increase energy): _____

_____

I want to:

- ☐ Cut down
- ☐ Stop drinking
- ☐ I'm not sure yet: I want to think more about my options and decide later.
- ☐ Make no change at this time

I am most interested in (check all that apply):

- ☐ Counseling: Which type(s)? _____
- ☐ Medications: Which one(s)? _____
- ☐ Group-based treatment: Which type(s)?_____
- ☐ Peer support programs: Which one(s)? _____
- ☐ Making changes on my own

Someone I want to talk to about this is: _____

My next step will be: _____

Questions I still have:

_____

_____

_____

_____

Write other thoughts or questions here: