

# How To Apply the NIAAA Core Resource on Alcohol in Clinical Practice

Last Revised 09/14/2023

The [Healthcare Professional's Core Resource on Alcohol](#) consists of 14 concise, practical articles created to help you deliver high-quality, high-impact alcohol healthcare. NIH's National Institute on Alcohol Abuse and Alcoholism (NIAAA) developed this resource with input from [70 contributors](#), most of whom are practicing healthcare professionals, esteemed researchers, or both. Our **Roadmap for Applying the Core Resource** is offered below and in an [interactive online format](#). The Roadmap shows how the different articles support an evidence-based patient care workflow and better care through deeper understandings. All articles provide [free CME/CE credit](#).

## 3-Step Workflow for Evidence-Based Alcohol Healthcare

### Step 1: Screen for Heavy Drinking

**Screen** — Use a brief, validated alcohol screening tool. **Then go to step 2.**

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### Step 2: Advise or Assess

If **NO** to heavy drinking

**Advise** — stay within U.S. Dietary Guidelines or abstain. **No further steps.**

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If **YES** to heavy drinking

**Assess** — for alcohol use disorder (AUD) with quick patient form. **Then go to step 3.**

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### Step 3: Brief Intervention

If **NO** to AUD (0-1 symptom)

**Advise and assist** — brief intervention for heavy drinking.

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If **YES** to AUD (2+ symptoms)

**Advise and assist** — “beefed up” brief intervention for AUD.

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### At Next Visit, Continue Follow-Up

**Continue support.**

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# Steps 1 and 2: Expanded Workflow with Related Core Resource Content

This 3-step workflow uses a self-report checklist for alcohol use disorder symptoms as an assessment tool. Your health system may use different tools for screening and assessment.

## Step 1: Screen for Heavy Drinking

**Screen** — Use a brief, validated alcohol screening tool. **Then go to step 2.**

- **Use one of the following** brief tools recommended by the [U.S. Preventive Services Task Force](#)
  - [NIAAA Single Alcohol Screening Question](#)

How many times in the past year have you had ...  
4 or more drinks in a day? (for women)  
5 or more drinks in a day? (for men)

A positive score for **heavy drinking** is 1 or more times in the past year.
  - [The AUDIT-C](#)
- **Do NOT use:** The CAGE, which does not identify all patients who could benefit from a brief intervention

### Related Core Resource Content

- > [The Basics: Defining How Much Alcohol is Too Much \(Topic 1\)](#)
- > [Screen and Assess: Use Quick, Effective Methods \(Topic 9\)](#)
- > [Promote Practice Change: Take Manageable Steps Toward Better Care \(Topic 14\)](#)
- > [Drink Sizes and Drinking Levels Patient Handout \[PDF\] \(1.48MB\)](#)

## Step 2: Advise or Assess

If **NO** to heavy drinking

**Advise** — stay within U.S. Dietary Guidelines or abstain. **No further steps.**

- Single-day drink limit = 1 for women, 2 for men
- Recommend abstinence when warranted.

### Related Core Resource Content

- > [The Basics: Defining How Much Alcohol is Too Much \(Topic 1\)](#)
- > [Drink Sizes and Drinking Levels Patient Handout \[PDF\] \(1.48MB\)](#)

If **YES** to heavy drinking

**Assess** — for alcohol use disorder (AUD) with quick patient form. **Then go to step 3.**

- **Get the typical weekly drinking pattern** for a fuller picture, then **assess for AUD.**
- **Have the patient fill out an AUD symptom checklist [PDF] (148KB)** that can identify a diagnosis of AUD and the level of severity.

### Related Core Resource Content

- > [Screen and Assess: Use Quick, Effective Methods \(Topic 9\)](#)



## Step 3: Expanded Workflow with Related Core Resource Content

### Step 3: Brief Intervention

If NO to AUD (0-1 symptom)

#### Advise and assist — brief intervention for heavy drinking. —

- **Ask permission:** Start by setting the agenda to discuss alcohol use.
- **Give feedback and advice:** Discuss the patient's current drinking, related risks, and goals.
  - **Link your concern** about alcohol use with the patient's relevant physical and mental health conditions and emphasize the benefits of cutting back.
  - **Advise cutting down** by staying within the U.S. Dietary Guidelines or abstaining as warranted.
  - **Negotiate** individualized drinking goals to include "no heavy drinking days" as needed.
- **Check in:** Ask what the patient thinks of this information.
- **Build motivation:** Briefly explore reasons for making a change, listening for the patient's *own* reasons.
- **Offer support:** Express empathy and encourage autonomy.
- **Identify next steps:** Work together to develop a plan for change.

#### Related Core Resource Content

- > [Conduct a Brief Intervention: Build Motivation and a Plan for Change \(Topic 10\)](#)
- > [Drink Sizes and Drinking Levels Patient Handout \[PDF\] \(1.48MB\)](#)

If YES to AUD (2+ symptoms)

#### Advise and assist — "beefed up" brief intervention for AUD. —

- **Ask permission:** Start by setting the agenda to discuss alcohol use.
- **Give feedback and advice:** Discuss the patient's current drinking, related risks, and goals.
  - **Inform** them that you believe they have alcohol use disorder, that they can get better, and that you're willing to help.
  - **Link your concern** about alcohol use with the patient's other relevant physical and mental health conditions and emphasize the benefits of quitting.
  - **Advise quitting** by cutting down gradually. If the patient is hesitant to abstain, then negotiate individualized drinking goals.
  - **Discuss treatment options.** Consider prescribing an FDA-approved medication for AUD, providing a referral to specialty behavioral healthcare, and suggesting they try different mutual support groups.
- **Check in:** Ask what the patient thinks of this information.
- **Build motivation:** Briefly explore reasons for making a change, listening for the patient's *own* reasons. Use their responses to the AUD symptom checklist (see Step 2) as an opener, if applicable.
- **Offer support:** Express empathy and encourage autonomy.
- **Identify next steps:** Work together to develop a plan for change.

#### Related Core Resource Content

- > [Alcohol Use Disorder: From Risk to Diagnosis to Recovery \(Topic 8\)](#)
- > [Conduct a Brief Intervention: Build Motivation and a Plan for Change \(Topic 10\)](#)
- > [Recommend Evidence-Based Treatment: Know the Options \(Topic 11\)](#)
- > [Make Referrals: Connect Patients to Alcohol Treatment That Meets Their Needs \(Topic 12\)](#)



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## Follow-Up: Expanded Workflow with Related Core Resource Content

### At Next Visit, Continue Follow-Up

#### Continue support.

- **Revisit** drinking goals.
- **Acknowledge** change is difficult.
- **Affirm** progress.
- **Explore** challenges and strategies to surmount them.

#### Related Core Resource Content

- > [Conduct a Brief Intervention: Build Motivation and a Plan for Change \(Topic 10\)](#)
- > [Support Recovery: It's a Marathon, Not a Sprint \(Topic 13\)](#)

## Core Articles That Support Better Care Through Deeper Understandings

- **Connect alcohol use with health conditions and medication interactions.** When pertinent, noting these connections during brief interventions can help build patients' motivation to change.
  - [Medical Complications: Common Alcohol-Related Concerns \(Topic 5\)](#)
  - [Alcohol-Medication Interactions: Potentially Dangerous Mixes \(Topic 6\)](#)
  - [Mental Health Issues: Alcohol Use Disorder and Common Co-occurring Conditions \(Topic 7\)](#)
- **Gain insights about your patients who are at risk for, now have, or are recovering from alcohol-related problems.** These articles can strengthen your ability to advise and assist these patients.
  - [Risk Factors: Varied Vulnerability to Alcohol-Related Harm \(Topic 2\)](#)
  - [Neuroscience: The Brain in Addiction and Recovery \(Topic 3\)](#)
  - [Stigma: Overcoming a Pervasive Barrier to Optimal Care \(Topic 4\)](#)
  - [Alcohol Use Disorder: From Risk to Diagnosis to Recovery \(Topic 8\)](#)
  - [Support Recovery: It's a Marathon, Not a Sprint \(Topic 13\)](#)



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