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

Last Revised 09/14/2023

The <u>Healthcare Professional's Core Resource on Alcohol</u> 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 <u>70 contributors</u>, most of whom are practicing healthcare professionals, esteemed researchers, or both. Our **Roadmap for Applying the Core Resource** is offered below and in an <u>interactive online format</u>. The Roadmap shows how the different articles support an evidence-based patient care workflow and better care through deeper understandings. All articles provide <u>free CME/CE credit</u>.

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.**

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.

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)
- > <u>Drink Sizes and Drinking Levels Patient Handout [PDF] (1.48MB)</u>

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

> <u>Screen and Assess: Use Quick, Effective Methods</u> (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)
- > <u>Drink Sizes and Drinking Levels Patient Handout</u> [PDF] (1.48MB)

If YES to AUD (2+ symptoms)

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

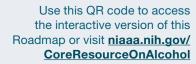
- Ask permission: Start by setting the agenda to discuss alcohol use.
- **Give feedback and advice:** Discuss the patient's current drinking, related risks, and goals.
 - Inform them that you believe they have alcohol use disorder, that they can get better, and that you're willing to help.
 - Link your 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)









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)





