How do you know someone needs treatment and decide what's next?

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CHS Mission:
To apply the social and behavioral sciences to enhance the health and well-being of communities and promote health equity
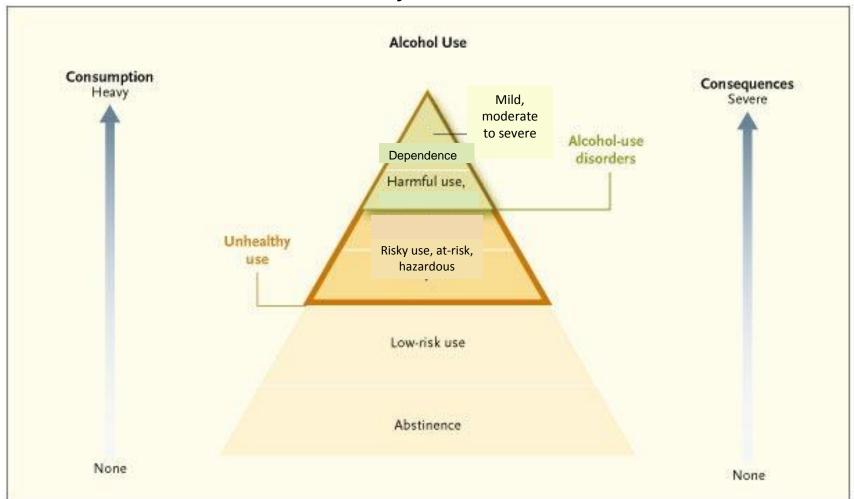
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Not everyone has an alcohol use disorder

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Unhealthy Alcohol Use

Saitz R. New Engl J Med 2005;352:596.

•Men: >14 drinks per week, >4 per occasion (5+)
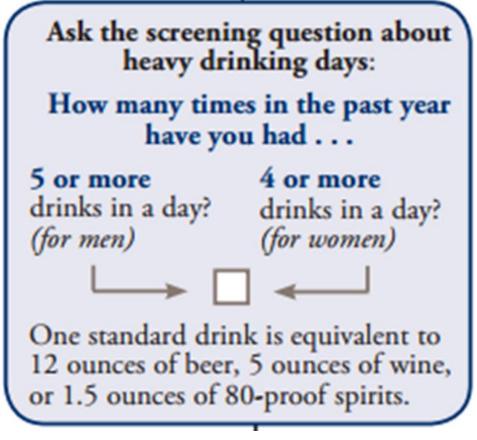•Women, ≥65: >7 drinks per week, >3 per occasion (4+)

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"Do you sometimes drink beer wine or other alcoholic beverages?"

Ask the screening question about heavy drinking days:

How many times in the past year have you had . . .

5 or more drinks in a day? (for men)

4 or more drinks in a day? (for women)

One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

82% sensitive, 79% specific, unhealthy use. More times, more likely moderate to severe disorder
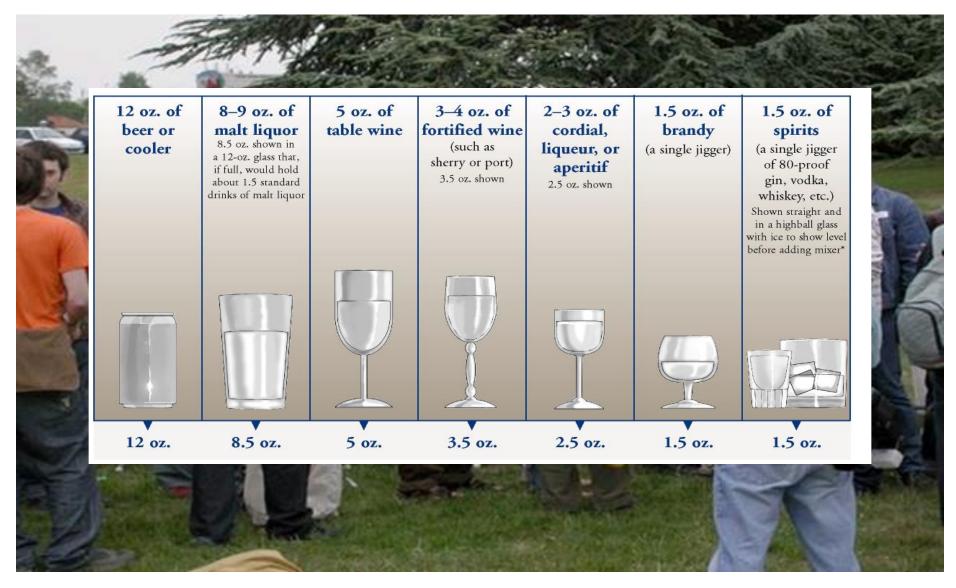
NIAAA. Clinicians Guide to Helping Patients Who Drink Too Much, 2007.
Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. J Gen Intern Med 2009 24:783-8 and erratum. DOI: 1007/s11606-009-0928-6.
Saitz R et al. Journal of Studies on Alcohol and Drugs. 2014;75(1):153-157.
McNeely J et al. Validation for self-administration. J Gen Intern Med. 2015 Dec;30(12):1757-64

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12 oz. of beer or cooler	8–9 oz. of malt liquor	5 oz. of table wine	3–4 oz. of fortified wine	2–3 oz. of cordial, liqueur, or aperitif	1.5 oz. of brandy	1.5 oz. of spirits
	8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor		(such as sherry or port) 3.5 oz. shown	2.5 oz. shown	(a single jigger)	(a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer*
12 oz.	8.5 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

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Alcohol use disorder (DSM 5)
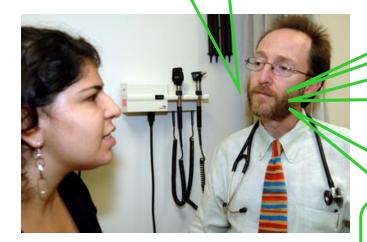2 or more; 2-3=mild, 4-5=moderate, 6 or more=severe

In the past year…

1. recurrent use resulting in a <u>failure to fulfill major role obligations</u> at work, school, or home
2. recurrent use in <u>situations</u> in which it is physically <u>hazardous</u>
3. continued use despite having persistent or recurrent <u>social or interpersonal problems</u>
4. <u>tolerance</u>
5. <u>withdrawal</u>
6. use in <u>larger amounts</u> or over a <u>longer period</u> than intended
7. persistent <u>desire or unsuccessful efforts</u> to cut down
8. <u>a great deal of time</u> is spent obtaining alcohol, using it, recovering from it
9. important social, occupational, or recreational <u>activities given up</u> or reduced
10. use despite knowledge of <u>related physical or psychological problem</u>
11. <u>craving</u>

Brief counseling:
3 THINGS

1. Feedback*
2. Advice
3. Goal-setting/follow-up

*drinking, screening results, GGT, risky behaviors, consequences

Treatment

- Primary care
  - Prevention
  - Medications
  - Repeated brief counseling
  - Integrated, coordinated, longitudinal care
- Self and mutual help
- Specialists (addiction medicine, addiction psychiatry)
- Specialty treatment programs
  - Referrals: self, criminal justice, other addiction care providers, doctors/hospitals programs (<7%)

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Effectiveness

- Brief counseling reduces self-reported risky use by about 12% and may reduce consequences

- Treatment reduces consumption and consequences in 2/3rds of those with a disorder and 1/3rd are abstinent or drinking low risk amounts without consequences

At one year

Jonas 2012; Bertholet; Beich BMJ.
Miller WR et al. J Stud Alcohol 2001;62:211-20
Anon. Journal of Studies on Alcohol 1997;58:7-29,
O'Brien CP, McLellan AT. Lancet 1996;347:237-240 and JAMA 2000:284:1689-95.

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SUMMARY

Unhealthy alcohol use includes risky use and disorder

It can be identified by amounts; severity is determined by behaviors and consequences

Brief counseling, especially repeated, can help reduce use

Self/mutual help and attention to comorbidity help

Treatment with medications, behavioral therapies and other specialized services can be effective

All of the above are "needed" or helpful when unhealthy use continues

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