

## Increased Awareness and Screening – First Steps Toward Addressing Alcohol Use Disorder

Alcohol consumption is the third leading cause of preventable death in the US.<sup>1</sup> In 2015, \$32.5 billion was spent on alcohol-related hospitalizations.<sup>2</sup> Research has found that drinking alcohol weakens the body's ability to fight infections, increasing the risk of complications from disease. Heavy use of alcohol increases the risk of acute respiratory distress syndrome (ARDS), one of the most severe complications of COVID-19.<sup>3</sup> According to the director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), "excessive alcohol consumption may not only influence COVID-19 susceptibility and severity, but the broad effects of the pandemic are also likely to lead to excessive alcohol consumption."<sup>4</sup>

Alcohol Use Disorder, or AUD, is a chronic brain disorder that is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. AUD affects every community and the statistics are staggering:

- Alcohol use disorder is undertreated and follow-up care following diagnosis is often lacking
  - ~14.4 million US adults had AUD in 2018<sup>5</sup>
  - Only ~7% of adults with AUD receive treatment<sup>6</sup>
  - 92% of patients with AUD in a large hospital system did not receive an inpatient addiction consultation, including linkage to follow-up services<sup>7</sup>

Research has demonstrated that FDA-approved medication-assisted treatment (MAT) for alcohol dependence, coupled with psychosocial therapy, can be effective at helping people on their recovery journey. In order to help people take the first, or next, step in their recovery, it is important that states and municipalities support improved screening and greater awareness of and access to evidenced-based treatments for alcohol use disorders that combine counseling with FDA-approved MATs and other services. Specifically:

- **Increase screening across the healthcare spectrum** –Primary care patients who might benefit from alcohol-related interventions or referral are often unrecognized until serious consequences or complications of drinking have developed. Expanded use of existing, validated screening tools can provide clinicians with an opportunity to discuss and educate people about the risks of problematic drinking, and consumer information and educational tools can empower people to address the issue, obtain important information about treatment options and discuss their questions and condition and with a healthcare provider.<sup>8</sup>
- **Support continuity of care by increasing awareness of treatment options** – Hospital discharge planning with guidance on psychosocial support in conjunction with MATs can help to improve treatment outcomes, including reduced ED visits and readmissions.<sup>9</sup> Connecting people with alcohol dependence to appropriate care resources such as outpatient services, community-based care, and ongoing psychiatric treatment may help them maintain a consistent treatment regime on their path to recovery.

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<sup>1</sup> National Institute on Alcohol Abuse and Alcoholism. Alcohol Facts and Statistics. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>.

<sup>2</sup> National Institute on Alcohol Abuse and Alcoholism. Surveillance Report #112. <https://pubs.niaaa.nih.gov/publications/surveillance112/HDS15.pdf>. Published August 2018.

<sup>3</sup> WHO – "Alcohol and COVID-19: what you need to know": [http://www.euro.who.int/\\_data/assets/pdf\\_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf?ua=1)

<sup>4</sup> Director's Blog: "Alcohol poses different challenges during the COVID-19 pandemic". <https://www.niaaa.nih.gov/directors-blog-alcohol-poses-different-challenges-during-covid-19-pandemic>

<sup>5</sup> SAMHSA. Key substance use and mental health indicators in the United States: results from the 2018 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

<sup>6</sup> Bandara SN, Samples H, Crum RM, Saloner B. Is screening and intervention associated with treatment receipt among individuals with alcohol use disorder? Evidence from a national survey. *J Subst Abuse Treat.* 2018;92:85-90

<sup>7</sup> D'Amico MJ, Walley AY, Cheng DM, et al. Which patients receive an addiction consult? A preliminary analysis of the INREACH (Inpatient REadmission post-Addiction Consult Help) study. *J Subst Abuse Treat.* 2019;106:35-42.

<sup>8</sup> NIAAA - "Rethinking Drinking." <https://www.rethinkingdrinking.niaaa.nih.gov/tools/>

<sup>9</sup> Wei J, Defries T, Lozada M, Young N, Huen W, Tulskey J. An inpatient treatment and discharge planning protocol for alcohol dependence: efficacy in reducing 30-day readmissions and emergency department visits. *J Gen Intern Med.* 2015;30(3):365–370