

Alcohol Use Disorder: Closing the Treatment Gap

George F. Koob, Ph.D.

Director

National Institute on Alcohol Abuse and Alcoholism

Collaborative Research on Addictions National Institutes of Health
Joint National Advisory Council

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Overview

- **Scope of alcohol-related problems in the United States – update during the COVID-19 pandemic:**
 - **Alcohol misuse and mental health**
 - **Drinking to cope during the pandemic**
 - **Alcohol-related harms during the pandemic**
- **NIAAA's efforts to close the treatment gap:**
 - **Too few people who need help get help**
 - **Advancing medications, SBIRT, NIAAA resources (including the new HPCR), recovery, telehealth, stigma, and diversity**

Scope of Alcohol Related Problems: Update during the Pandemic

Alcohol by the Numbers: Scope of the Problem

Alcohol	
Past-year use	179,144,000
% of population	65.1%
AUD	14,504,000
% of population	5.3%
ED visits	1,714,757 <i>Primary reason</i>
	4,936,690 <i>All alcohol-related</i>
Deaths	140,557 <i>Annual deaths</i>
	58,277 <i>Acute (e.g., injury)</i>
	82,279 <i>Chronic (e.g., liver disease)</i>

Deaths Involving Alcohol Are Increasing

Death certificates listing alcohol increased 25.5% from 78,927 in 2019 to 99,017 in 2020, the first year of the pandemic.

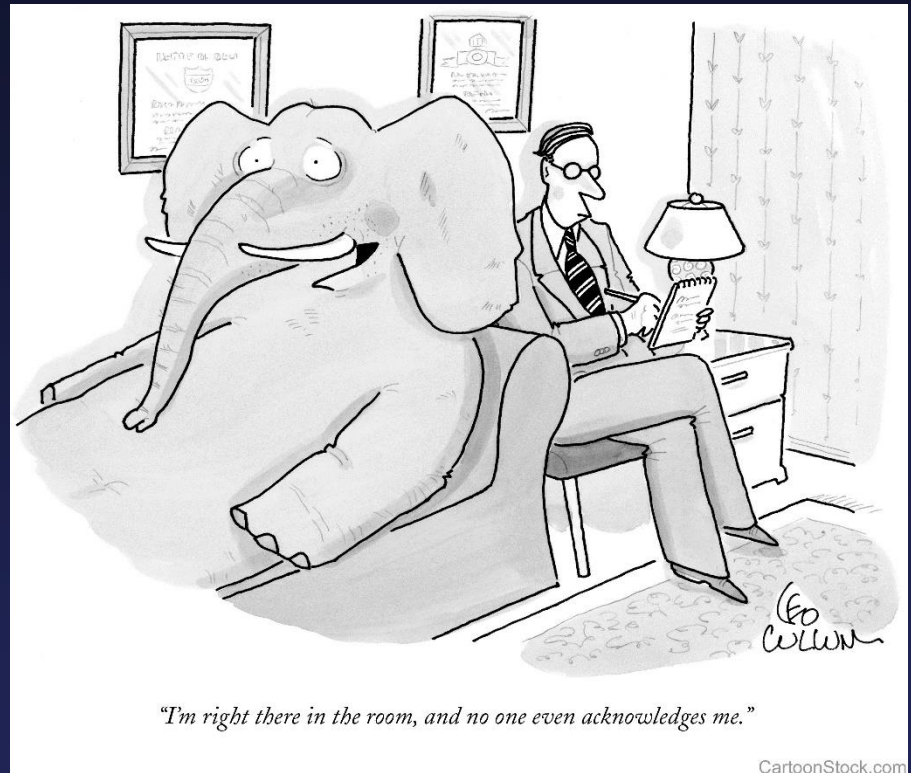
Alcohol was listed in 1 in 6 (16%) drug overdose deaths in 2019 and 2020.

Alcohol-related traffic fatalities increased by 14% to 11,654 in 2020 – highest since 2008

Alcohol and Mental Health – The Elephant in the Room

Alcohol misuse correlates with poor mental health

- Often precedes diagnoses of mental health conditions
- Commonly used in an effort to cope with symptoms
- In the end it makes the prognoses worse
- Similarly, mental health conditions complicate treatment for AUD



"I'm right here in the room and no one even acknowledges me."

Sources: Centanni SW, Bedse G, Patel S, and Winder DG. 2019. Driving the Downward Spiral: Alcohol-Induced Dysregulation of Extended Amygdala Circuits and Negative Affect. *Alcohol Clin Exp Res*; Mäkelä P, Raitasalo K, and Wahlbeck K. 2015. Mental health and alcohol use: a cross-sectional study of the Finnish general population. *European Journal of Public Health*, 25(2): 225–231; Markou A, Kosten TR, and Koob GF. 1998. Neurobiological Similarities in Depression and Drug Dependence: A Self-Medication Hypothesis. *Neuropsychopharmacology*, 18: 135–174.

The COVID-19 Pandemic Contributed to a Global Decline in Mental Health

- World Health Organization estimates the following global changes:
 - 28% increase in cases of major depressive disorder (MDD)
 - 26% increase in cases of anxiety disorders (AD)
- The pandemic worsened already declining mental health in the US
 - We were seeing increases in “deaths of despair” and other indicators of declining mental health prior to the pandemic
 - The pandemic brought increases in anxiety and depression for people of all ages, but particularly adolescents and young adults
 - Among 9-12th graders, 37% reported symptoms of poor mental health, 44% experienced persistent feelings of sadness or hopelessness, 20% seriously considered suicide, 9% attempted suicide (all worse for females)
 - More people reported being in treatment (counseling/meds) but the treatment gap also grew (i.e., more people needed it but did not receive it)
- Given links between poor mental health and alcohol misuse, one might expect more drinking to cope during COVID

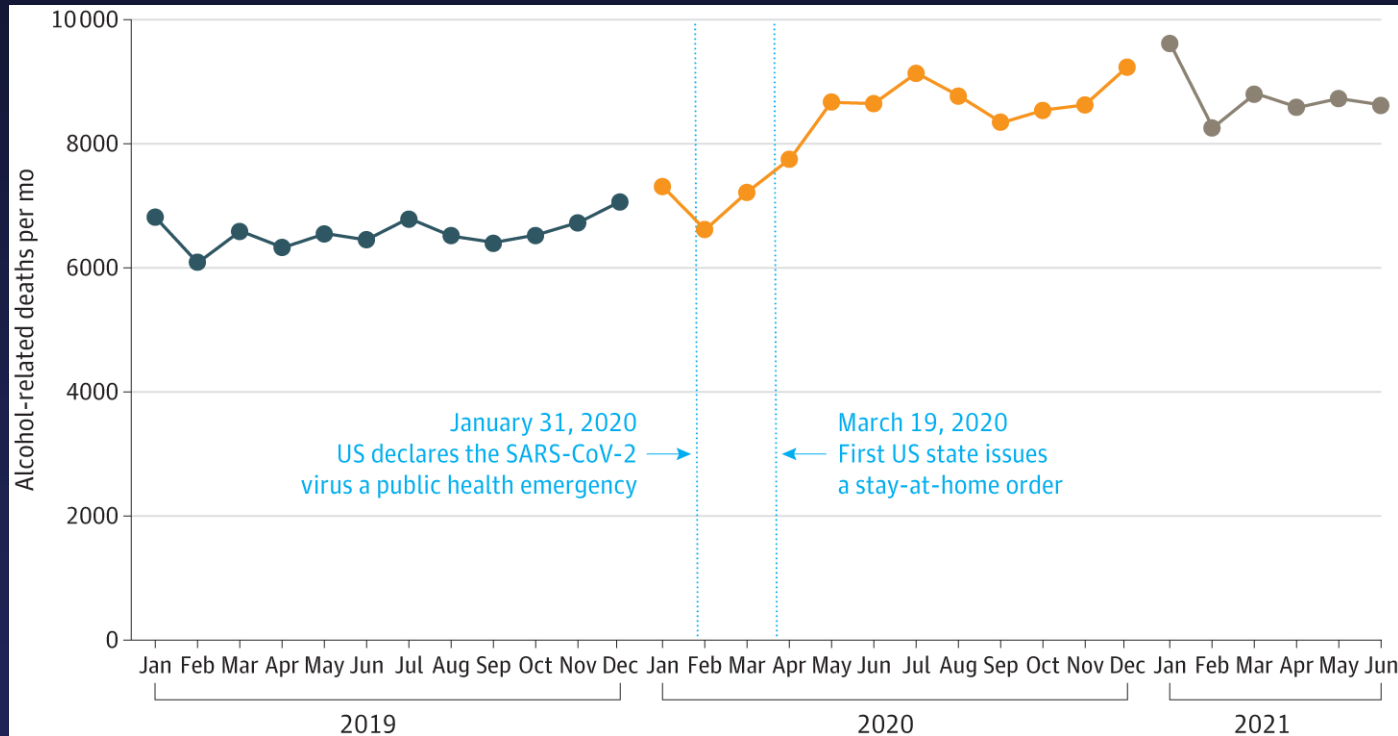
Drinking to Cope During The COVID-19 Pandemic

- Studies suggest around 1 in 4 people (23%) began drinking more during the pandemic while 1 in 4 (23%) drank less ([Acuff et al., 2022](#))
- Drinking to cope was a common reason for increasing consumption
- A longitudinal NIAAA-funded study found that, compared to right before the pandemic, people were 48% more likely to indicate they drank to forget their worries early in the pandemic ([Martinez et al., 2022](#))
 - The odds of drinking to cope were far higher when respondents also reported symptoms of depression and anxiety
- In another survey, 29% of respondents reported drinking more and the odds of increasing were higher for those with symptoms of anxiety or depression ([Capasso et al, 2021](#))
- Other studies suggest having psychological well-being impacted negatively by the pandemic is associated with more drinking ([Rodriguez et. al. 2020](#); [Grossman et al., 2020](#))
- Such findings are concerning given that drinking to cope increases the likelihood of developing AUD and related harms

Increase in Alcohol-Related Deaths During the Pandemic

Alcohol-related deaths increased in the spring of 2020 as the pandemic unfolded, and the number of deaths remained elevated in the first half of 2021.

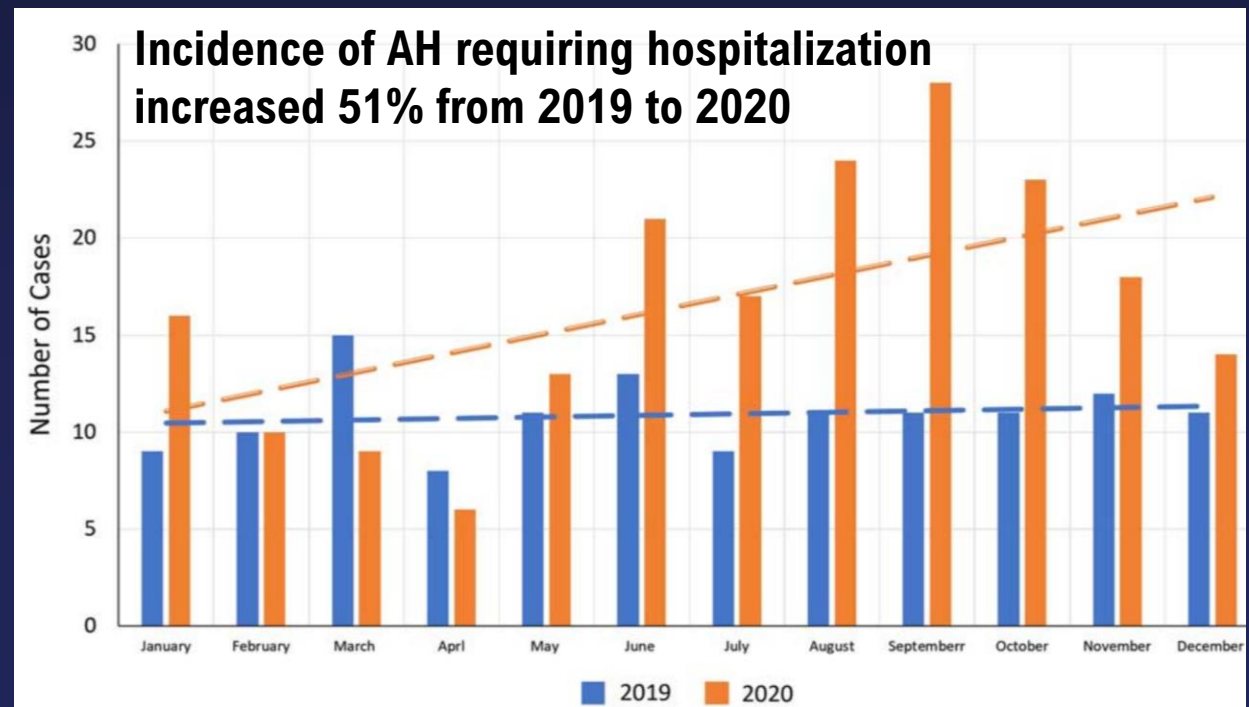
Monthly Alcohol-Related Deaths Among People 16 Years and Older



From 2019-2020, the number and rate of alcohol-related deaths increased about 25%. Rates increased for all age groups, with the largest increases for people aged 35-44 (39.7%) and 25-34 (37.0%)

Increase in a Variety of Alcohol-Related Harms

- Increase in the percentage of Emergency Department visits that involve acute excessive alcohol consumption ([Esser et al., 2022](#))
- Increase in the incidence of alcohol withdrawal in hospitalized patients ([Schimmel et al., 2021](#); [Sharma et al., 2021](#))
- Increase in deaths from alcohol-associated liver diseases that was bigger than increases in prior years ([Deutsch-Link et al., 2022](#))
- 14% increase in alcohol-impaired driving fatalities ([NHTSA, 2022](#))
- **Increase in hospitalizations for alcohol-related hepatitis (AH) between 2019 and 2020 – particularly for women and people <40** ([Sohal et al., 2022](#))



Closing the Treatment Gap: Medications, Resources, Recovery Definition, SBIRT, Telehealth, Stigma, Diversity, and Equity

The **treatment gap** refers to the difference between the number of people who need alcohol treatment and the number who receive it.

Priority: Advancing Treatment for AUD

- There are effective evidence-based behavioral treatments such as:
 - Cognitive behavioral therapy (CBT)
 - Motivational interviewing
- Three FDA-approved medications for treatment of AUD:
 - Disulfiram (Antabuse)
 - Naltrexone (Vivitrol, ReVia)
 - Acamprosate (Campral)

...BUT fewer than 10% of people with AUD receive any treatment!

NIAAA Goals:

- Development and refinement of behavioral treatments
- Identify novel targets and support medications development
- Explore alternative clinical trial endpoints
- Support research to define recovery
- Health services: Integrate prevention, early detection, intervention, and treatment into routine health care
- Disseminate NIAAA's Health Professional Core Resource

Closing the Treatment Gap: The Importance of Screening, Brief Intervention and Referral to Treatment (SBIRT)

- Mintz et al ([2021](#)) used NSDUH data to examine very basic screening, advice and referral for people with AUD
 - 81.4% of people with AUD saw a clinician in the past year
 - 69.9% were asked at least one question about their alcohol consumption, most likely on an intake form (**screening**)
 - Among people who were screened, 11.6% were offered advice/information (**brief intervention**) but only 5.1% were advised about treatment options or other resources (**referral to treatment**)
 - People with severe AUD more likely to receive advice (23%) and/or referral (12.5%), but the numbers are still far too low
- Importantly, **screening for alcohol misuse can also help clinicians spot other health-related issues**
- Adults who binge drink are more likely than drinkers who do not binge to report past-year suicidal ideation (6.3% vs 3.8%), episodes of major depression (9.2% vs 6.5%) and prescription pain medication misuse (6.2% vs 2.7%)

Closing the Treatment Gap: Resources for the Public and Healthcare Professionals

Rethinking Drinking

A website and print publication for a general audience to help individuals assess their drinking habits and find ways to make a change

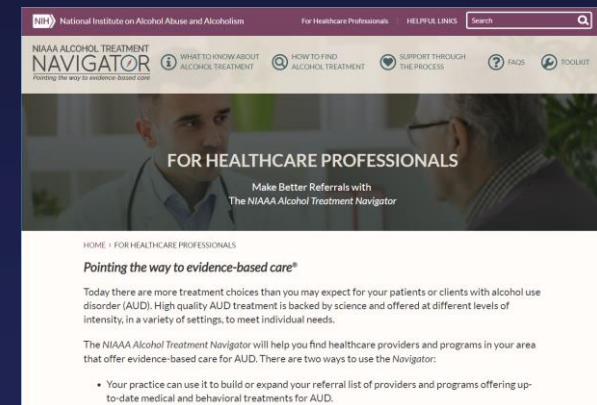
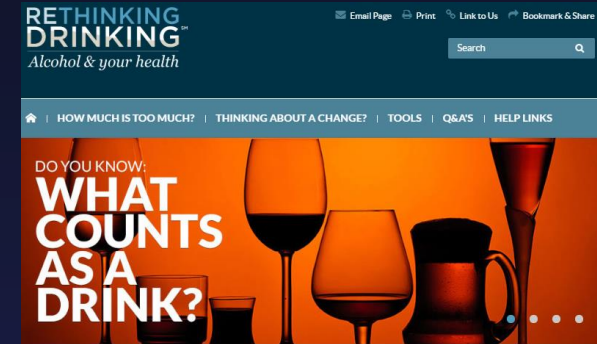
NIAAA Alcohol Treatment Navigator

An online resource to help people understand treatment options and locate nearby treatment, including **telehealth options**

Now includes a **portal for healthcare professionals** to build or expand their referral lists to include providers offering science-backed AUD treatments to meet the varied needs of their patients

The Healthcare Professional's Core Resource on Alcohol

An educational tool that includes modules on presentation in primary care, diagnostic criteria, addressing stigma, medication interactions, and more



From NIAAA

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Launched May 10, 2022!



What is the Healthcare Professional's Core Resource (HPCR) on Alcohol?

The HPCR consists of 14 interconnected articles covering the basics of what every healthcare professional needs to know about alcohol.

It was developed by NIAAA with guidance from practicing physicians and clinical psychologists with busy clinicians in mind.

The HPCR articles provide user-friendly, practical overviews of:

- **Foundational knowledge for understanding alcohol-related problems (4 articles)**
- **Clinical impacts of alcohol (4 articles)**
- **Strategies for prevention and treatment of alcohol problems (5 articles)**
- **How to “put it all together” to promote practice change (1 article)**

HPCR articles are living documents that will be updated regularly.

Who can receive continuing education credit?

Free continuing education credit — 0.75 to 1 credit hour for each of 14 articles (10.75 credit hours total) — Is offered for physicians, physician assistants, nurses, pharmacists, and clinical psychologists.

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The Basics: Defining How Much Alcohol is Too Much

Step 1 - Read the Article

- What counts as a drink?
- How many drinks are in common containers?
- When is having any alcohol too much?
- What are the U.S. Dietary Guidelines on alcohol consumption?
- What is heavy drinking?
- What is the clinical utility of the "heavy drinking day" metric?
- Resources
- References

Step 2 - Complete the CME/CE Post-Test

- Earn CME/CE Credit

Last Revised 04/01/2022

Takeaways

- Show your patients a standard drink chart when asking about their alcohol consumption. Drinks often contain more alcohol than people think, and patients often underestimate their consumption.
- Advise some patients **not** to drink at all, including those who are managing health conditions, are taking medications that could interact with alcohol, are pregnant or planning to get pregnant, or are on any other medication that could interact with alcohol.
- Otherwise, advise patients who choose to drink to follow the U.S. Dietary Guidelines: less for women and 2 drinks or less for men—on any single day, not on average. Drinking more than these limits increases the risk of health problems, and drinking less than these limits does not eliminate risks.
- Don't advise non-drinking patients to start drinking alcohol for their health. Past research suggests that moderate drinking, while current research points to added risks, such as for breast cancer.

How much, how fast, and how often a person drinks alcohol all factor into the risk for alcohol-related problems. The faster a person drinks influences how much alcohol enters the bloodstream, how impaired he or she becomes, and what the acute risks will be. Over time, *how much* and *how often* a person drinks influences not only acute risks but also chronic health problems, including liver disease and alcohol use disorder (AUD), and social harms such as relationship problems.¹ (See Core articles on medical complications and AUD.)

It can be hard for patients to gauge and accurately report their alcohol intake to clinicians, in part because labels on alcohol containers typically list only the percent of alcohol by volume (ABV) and not serving sizes or the number of servings per container. Whether served in a bar or restaurant or poured at home, drinks often contain more alcohol than people think. It's easy and common for patients to underestimate their consumption.^{2,3}

While there is no guaranteed safe amount of alcohol for anyone, general guidelines can help clinicians advise their patients and minimize the risks. Here, we will provide basic information about drink sizes, drinking patterns, and alcohol metabolism to help answer the question "how much is too much?" In short, the answer from current research is, the less alcohol, the better.

Resources

- Alcohol Metabolism - Video (20 minutes), Vjay Ramchandani, Ph.D., NIAAA, 2021
- Resources to Share with Patients Related to this Article
 - Rethinking Drinking, website and booklet [PDF - 1.93 MB], NIAAA
 - Patient handout - Drink Sizes and Drinking Levels [PDF - 184 KB], NIAAA Core Resource on Alcohol
 - Fact Sheets on Excessive Alcohol Use and Men's Health[®] and Excessive Alcohol Use and Women's Health[®], CDC
 - Fact Sheets on Moderate Drinking[®] and Binge Drinking[®], CDC

[Read More](#)

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Learning Objectives

After completing this activity, the participant should be better able to:

- Assist patients in accurately estimating their alcohol intake.
- Identify the categories of patients who need advice to avoid alcohol altogether.
- Counsel patients on guideline-concordant limits for alcohol consumption.

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Support Recovery: It's a Marathon, Not a Sprint

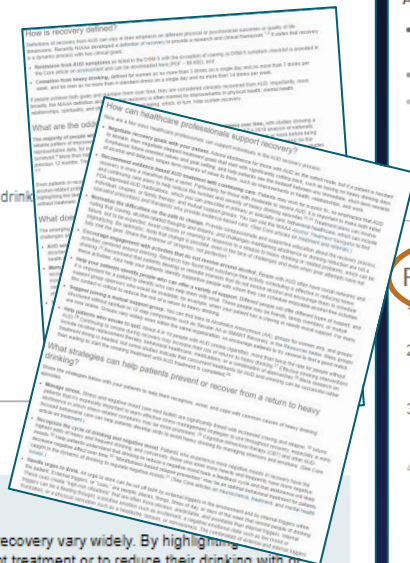
Step 1 - Read the Article

- How is recovery defined?
- What are the odds for recovery?
- What does the change process for AUD recovery look like?
- How can healthcare professionals support recovery?
- What strategies can help patients prevent or recover from a return to heavy drinking?
- Resources
- References

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Takeaways

- **Most people with AUD can and do recover**, and their individual paths to recovery vary widely. By highlighting the likelihood of recovery, you may encourage more patients with AUD to accept treatment or to reduce their drinking with or without treatment.
- **Recovery is a long-term change process** that may be characterized by occasional returns to heavy drinking. Especially in the bumpy first year, patients will benefit from ongoing support to help maintain the changes they are making.
- **Healthcare professionals can support recovery** by offering AUD medications in primary care, referring to specialists as needed, encouraging engagement with supportive people and activities that do not involve alcohol, and offering ways to help prevent or recover from drinking episodes.
- **It helps to apply compassion and awareness of the difficulty of behavior change** when encouraging patients to get back on track after a drinking episode. Avoid criticizing the patient for the episode, which can stigmatize rather than normalize an expected part of the recovery process.
- **Online resources from NIAAA can help you support your patients** by providing modules on building drink refusal skills and handling urges to drink as well as a treatment navigator to help locate healthcare professionals who offer evidence-based care.

For different patients, both alcohol use disorder (AUD) and its recovery will play out differently. Here, we provide tips to help you understand and support your patients with AUD as they forge their individual paths to recovery.

A note on a drinking level term used in this Core article: Heavy drinking has been defined for women as 4 or more drinks on any day or 8 or more per week, and for men as 5 or more drinks on any day or 15 or more per week.

Resources

Further Reading in the NIAAA Journal, *Alcohol Research Current Reviews*

- Topic Series: Recovery from Alcohol Use Disorder, NIAAA, 2021

Alcohol Use Disorder Medication Guides

- Medication for the Treatment of Alcohol Use Disorder: A Brief Guide⁺ [PDF – 508 KB], NIAAA and the Substance Abuse and Mental Health Services Administration, 2015
- COMBINE Monograph Series Volume 2: Medication Management Treatment Manual, NIAAA, 2004
- Medications for Adults with Alcohol Use Disorder(Provider-facing⁺ and Patient-facing⁺), Agency for Healthcare Research and Quality, 2016

Read More ↓

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The NIAAA Core Resource on Alcohol was developed with the help of more than 70 contributors, including physicians, clinical psychologists, and basic and clinical alcohol researchers, who served as writers for full articles, content contributors to subsections, reviewers, and editorial staff. These contributors included both experts external to NIAAA as well as NIAAA staff.

External Writers and Content Contributors

Douglas Berger MD, MLitt
Michael E. Charness, MD
Felicia W. Chi, MPH
Joao P. De Aquino, MD

Deborah Hasin, MD
Ismene L. Petrakis, MD
Derek D. Satre, PhD
Stacy A. Sterling, DrPH, MSW, MPH

Constance M. Weisner, DrPH, MSW
Katie Witkiewitz, PhD

External Reviewers

Majid Afshar, MD, MSCR
Anika A. Alvanzo, MD, MS, FACP, DFASAM
Sudie Back, PhD
Louis E. Baxter Sr., MD, DFASAM
Douglas Berger MD, MLitt
Katharine A. Bradley, MD, MPH
Mary F. Brolin, PhD
Randall Brown MD, PhD
Kathleen M. Carroll, PhD (Deceased)
R. Colin Carter, MD, MMSc
Geetanjali Chander, MD, MPH
Michael E. Charness, MD
H. Westley Clark, MD, JD, MPH
Hector Colon-Rivera MD, MRO
Kenneth R. Conner, PsyD, MPH
Margot Trotter Davis, PhD

Carlo C. DiClemente, PhD, ABPP
Anne C. Fernandez, PhD
Julianne Flanagan, PhD
Olivier George, PhD
Joseph Edwin Glass, PhD, MSW
Shelly F. Greenfield, MD, MPH
Constance M. Horgan, ScD
Kenneth Lyons Jones, MD
John F. Kelly, PhD, ABPP
Leonard Koda, PhD
John H. Krystal, MD
Lewei (Allison) Lin MD, MS
Evette J. Ludman, PhD
Chitra D. Mandyam, PhD
Renata C. N. Marchette, PhD, PharmD
Barbara J. Mason, PhD

Barbara S. McCrady, PhD
Jessica L. Mellinger, MD MSc
William R. Miller, PhD
Mack C. Mitchell, MD
Patricia E. Molina, MD, PhD
Richard Saitz, MD, MPH (Deceased)
Arun J. Sanyal, MD
Alan F. Schatzberg, MD
Vijay H. Shah, MD
Kenneth J. Sher, PhD
Kimberly Tallian, PharmD, APh, BCPP,
FASHP, FCCP, FCSHP
Jalie A. Tucker, PhD, MPH
Constance M. Weisner, DrPH, MSW
Emily C. Williams, PhD, MPH
Katie Witkiewitz, PhD

Contributors – NIAAA

NIAAA Writers and Reviewers

George F. Koob, PhD

Patricia Powell, PhD

Rachel I. Anderson, PhD

Nancy Diazgranados, MD, MS,
DFAPA

Bill Dunty, PhD

Mark Egli, PhD

Zhigang (Peter) Gao, MD

Brett T. Hagman, PhD

M. Katherine Jung, PhD

Lorenzo Leggio, MD, PhD

Falk W. Lohoff, MD

András Orosz, PhD

Svetlana Radaeva, PhD

Aaron White, PhD

--and--

The NIAAA/DTR Core Editorial
Team

Project Development Team

NIAAA/DTR Core Editorial Team:

Raye Z. Litten, PhD, Editor and Content Advisor

Laura E. Kwako, PhD, Editor and Content Advisor

Maureen B. Gardner, Project Manager, Co-Lead
Technical Editor, and Writer

Contract Editorial Team Members (Ripple Effect):

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Daria Turner, MPH, Reference and Resource Analyst

Kevin Callahan, PhD, Technical Writer/Editor

NIAAA Administrative Support:

Julie Simonds, Administrative Support

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Closing the Treatment Gap: Development of an NIAAA Research Definition of Recovery

- Most people who need treatment receive no treatment of any kind, and little is known about what sustains longer-term recovery.
- To enhance health, NIAAA is expanding focus on longer-term recovery.
- NIAAA has defined recovery from Alcohol Use Disorder (AUD) based on qualitative feedback from key recovery stakeholders (e.g., researchers, clinicians, and recovery specialists).
- Recovery is viewed as **both a process** of behavioral change **and an outcome** that incorporates time periods for two key components:
 - **Remission from DSM-5 AUD and**
 - **Cessation from heavy drinking (a non-abstinent recovery outcome)**
- The NIAAA definition of recovery also emphasizes the importance of biopsychosocial functioning and quality of life in enhancing recovery outcomes.

Closing the Treatment Gap: Role of Telehealth in AUD Treatment in the Post-Pandemic Era

- The COVID-19 pandemic caused a rapid expansion in the use of telehealth
- Evidence suggests telehealth can be effective for addressing alcohol misuse and can reach people who might not otherwise get support
(e.g., Kiluk et al., 2018; Oesterle et al., 2020)
- NIAAA supports a variety of telehealth projects (pre-pandemic and pandemic related):
 - SBIRT with clinicians by phone or video chat
 - CBT with a clinician or self-guided (CBT4CBT)
 - Telehealth to address PTSD and alcohol use following sexual assault
 - Video-conferencing based MI for alcohol misuse and medication adherence in patients living with HIV
- The NIAAA Treatment Navigator links to effective options
 - see <https://alcoholtreatment.niaaa.nih.gov/>
- We anticipate a larger role for telehealth for alcohol prevention, treatment, and recovery going forward



Closing the Treatment Gap: Words Matter

NIAAA Terminology Recommendations

We can help alleviate the stigma associated with alcohol-related conditions by consistently using non-pejorative, non-stigmatizing language to describe these concerns and the people who are affected by them. Some words that are commonly used in society, such as “alcoholic” and “alcohol abuse,” are stigmatizing.

- Use **alcohol use disorder** instead of *alcohol abuse*, *alcohol dependence*, and *alcoholism*
- Use **alcohol misuse** instead of *alcohol abuse* when referring broadly to drinking in a manner that could cause harm
- Use **person-first language** to describe people with alcohol-related problems (e.g., **person with alcohol use disorder** instead of *alcoholic*, **person in recovery** instead of *recovering alcoholic*)
- Use **alcohol-associated liver disease** instead of *alcoholic liver disease*

Volkow ND, Gordon JA, Koob GF. Choosing appropriate language to reduce the stigma around mental illness and substance use disorders. *Neuropsychopharmacology*. 2021 Dec;46(13):2230-2232.

How Can We More Effectively Address Diversity and Health Disparities in the Alcohol Field?

- NIAAA fully supports and is committed to the **NIH UNITE initiative**, a coordinated effort to address structural racism and promote racial equity and inclusion at NIH and within the larger biomedical research enterprise
 - see www.nih.gov/ending-structural-racism
- NIAAA is also focusing on 3 primary areas: improving the NIAAA **workplace and culture**, increasing diversity and equity in the NIAAA scientific and administrative **workforce**, and enhancing the NIAAA scientific **research portfolio**



Improving Health Disparities in Alcohol Health Services

Examples of **new health services projects** to address health disparities:

- One project is assessing the effectiveness of a **culturally adapted, personalized feedback intervention** among Latinx individuals with alcohol misuse and anxiety within community-based health clinics
- Another study is exploring the impact of various combinations of **follow-up engagement after alcohol-related hospitalization** and assessing alcohol-related outcomes across racial and ethnic groups, including analysis of social determinants of health.
- A third study is examining barriers to AUD care by surveying **Medicaid health plan policies** related to delivery and management of AUD treatment and their relationship with access to and outcomes of care for racial/ethnic minorities, women, and rural Americans

In Summary

- **The pandemic had dramatic impacts on global mental health**
 - **Especially among females and younger people**
- **Nearly a quarter of people increased drinking during the pandemic**
 - **More increases reported among women and some minority groups**
 - **Individuals who increased their drinking were more likely to drink to cope with stress**
- **There is evidence for increased harms (particularly related to liver damage) and death related to alcohol use during the pandemic**
- **Closing the treatment gap is critical for addressing the challenges of alcohol misuse**
- **Multiple strategies are engaged to close the treatment gap including advancing medications, SBIRT, NIAAA resources (including the new HPCR), recovery, telehealth, stigma, and diversity**

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Aaron White
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