

NIAAA SPECTRUM

Volume 15, Issue 2 | Spring 2023 | <https://www.spectrum.niaaa.nih.gov>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • National Institutes of Health • National Institute on Alcohol Abuse and Alcoholism

FEATURE

THE IMPORTANCE OF ALCOHOL SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT IN CLOSING THE ALCOHOL USE DISORDER TREATMENT GAP



Decades of research have firmly established the importance of asking primary care patients about their alcohol use, providing brief advice about reducing alcohol misuse, and referring them to appropriate alcohol treatments, as necessary. Studies consistently find that these practices, known collectively as alcohol screening, brief

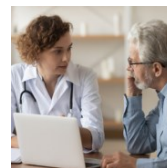
intervention, and referral to treatment (SBIRT), can be used effectively by providers across the health care spectrum to prevent or reduce alcohol misuse among their patients. Studies show that most patients do not object to being screened, that they are open to hearing advice, and that those who screen positive for heavy drinking or alcohol use disorder (AUD) show some motivational readiness to change.

“Nearly 30 million people in the U.S. reach criteria for AUD, but less than 1 in 10 receive treatment of any kind each year,” said National Institute on Alcohol Abuse and Alcoholism (NIAAA) Director George F. Koob, Ph.D. “These statistics emphasize the importance of widespread implementation of and access to alcohol SBIRT across health care and community settings.”

NIAAA-supported researchers and other scientists recently [analyzed several years of data](#) from the National Survey on Drug Use and Health to examine basic screening, advice, and referral to treatment for people with AUD.¹ They found that from 2015 to 2019,

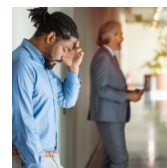
IN THIS ISSUE

FEATURE



- 1 The Importance of Alcohol Screening, Brief Intervention, and Referral to Treatment in Closing the Alcohol Use Disorder Treatment Gap

NEWS FROM THE FIELD



- 3 Alcohol and Other Substance Use To Cope With Social Anxiety

NOTEWORTHY



- 4 Major Update to Popular Facts and Statistics Resource

A CLOSER LOOK



- 5 Enhancing Diversity in the Alcohol Research Workforce: NIAAA-Supported MOSAIC Scholars

5 QUESTIONS WITH...



- 6 Bridget Williams-Simmons, Ph.D., Associate Director for Basic Research and Director of the Office of Science Policy and Communications, NIAAA

81.4% of people with AUD saw a clinician in the past year and 69.9% were asked at least one question about their alcohol consumption, most likely on an intake form (screening). Among the people with AUD who were screened, only 11.6% were offered advice or information (brief intervention) and 5.1% were advised about treatment options or given other resources (referral to treatment). Although people with severe AUD were more likely to receive brief intervention or referral to treatment, these data clearly indicate that routine health care visits represent missed opportunities to help close the AUD treatment gap.

Tools and techniques that providers need for conducting alcohol SBIRT with their patients can be found in the [Healthcare Professional's Core Resource on Alcohol \(HPCR\)](#). Released in 2022, the HPCR provides health care professionals with helpful information for addressing alcohol consumption among their patients. The HPCR carefully describes the steps of alcohol SBIRT, why they are important, and how health care providers can support patients in recovery.

The HPCR encourages the routine integration of an [Alcohol Symptom Checklist](#) to make it easier for clinicians to hold comfortable, patient-centered, nonjudgmental conversations about alcohol that help destigmatize AUD and its treatment. The Alcohol Symptom Checklist is a questionnaire that asks patients to self-report whether, within the past year, they have experienced each of the 11 AUD criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5). A team led by NIAAA grantees Dr. Kevin A. Hallgren and Dr. Katharine A. Bradley at the University of Washington recently conducted a series of studies evaluating the Alcohol Symptom Checklist. They found that the checklist had good to excellent reliability when it was completed by patients as part of routine care after screening positive for alcohol misuse.² The checklist [performed well across age, sex, race, and ethnicity subgroups, and could detect AUD symptoms](#) for many patients who reported alcohol misuse but had not been previously diagnosed with AUD.³ Among primary care patients who reported alcohol misuse, [those who screened positive for depression had more than a 40% higher prevalence of probable AUD based on Alcohol Symptom Checklist scores](#), compared to patients who did not screen positive for depression (69.8% vs. 48.0%, respectively).⁴

"Alcohol contributes to more than 200 diseases and adverse health conditions, and often precedes diagnoses of mental health conditions. This means that screening for alcohol misuse can help clinicians address a broad range of health conditions, in addition to AUD, and improve their ability to serve their patients. Health care professionals are in a prime position to make a difference," said Dr. Koob. "We want all providers to know about alcohol SBIRT, and to use it."

For more information about the HPCR, including the opportunity for health care professionals to earn [free continuing education credits](#), visit niaaa.nih.gov.

References:

¹ Mintz CM, Hartz SM, Fisher SL, Ramsey AT, Geng EH, Gruzca RA, Bierut LJ. A cascade of care for alcohol use disorder: using 2015-2019 National Survey on Drug Use and Health data to identify gaps in past 12-month care. *Alcohol Clin Exp Res*. 2021 Jun;45(6):1276-1286. PubMed PMID: [33993541](#)

² Hallgren KA, Matson TE, Oliver M, Caldeiro RM, Kivlahan DR, Bradley KA. Practical assessment of DSM-5 alcohol use disorder criteria in routine care: high test-retest reliability of an Alcohol Symptom Checklist. *Alcohol Clin Exp Res*. 2022 Mar;46(3):458-467. PubMed PMID: [35275415](#)

³ Hallgren KA, Matson TE, Oliver M, Witkiewitz K, Bobb JF, Lee AK, Caldeiro RM, Kivlahan D, Bradley KA. Practical assessment of alcohol use disorder in routine primary care: performance of an Alcohol Symptom Checklist. *J Gen Intern Med*. 2022 Jun;37(8):1885-1893. PubMed PMID: [34398395](#)

⁴ Ryan ED, Chang YM, Oliver M, Bradley KA, Hallgren KA. An Alcohol Symptom Checklist identifies high rates of alcohol use disorder in primary care patients who screen positive for depression and high-risk drinking. *BMC Health Serv Res*. 2022 Sep 5;22(1):1123. PubMed PMID: [36064354](#)

NEWS FROM THE FIELD

ALCOHOL AND OTHER SUBSTANCE USE TO COPE WITH SOCIAL ANXIETY



Using alcohol to cope with social anxiety is associated with increased substance use and more consequences among young adults, according to a study by National Institute on Alcohol Abuse and Alcoholism (NIAAA)-supported researchers.¹ The findings also suggest that young adults who drink to cope with social anxiety experience more negative consequences associated with their alcohol use, on average.

Many people use alcohol and other substances to cope with symptoms of social anxiety. For example, they may use substances to feel more sociable, to lessen their concerns about other people's perceptions of them, or to feel more at ease in uncomfortable social situations. Although young adults with social anxiety may engage in alcohol use to experience what they may

perceive as positive effects, they may also be more vulnerable to negative social and other consequences as a result of their substance use, which in turn can lead to more alcohol use to cope with stress.

To gain a better understanding of the relationship between substance use and coping with social anxiety among young adults, researchers examined daily data from 257 participants aged 18–25 years who were enrolled in a 2-year study of alcohol and cannabis use. For five 2-week periods during the study, participants completed daily online surveys that asked about their substance use, motives for use, and consequences. In the current study, data were analyzed from participants who reported using alcohol and/or cannabis to cope with social anxiety on at least 1 day during the study period.

The researchers found that on days when participants used alcohol alone or with cannabis to cope with social anxiety, the participants reported drinking more and experiencing a greater number of both perceived positive effects and negative alcohol-related consequences broadly, compared to days when social anxiety was not a motive for substance use. From a short-term, daily perspective, the use of alcohol with or without cannabis to cope with social anxiety was more likely to be associated with perceived positive effects such as being in a better mood or more social. However, the researchers found that the more frequently the young adults used substances to cope with social anxiety, the more negative effects they experienced overall, demonstrating that continuing to drink as a coping strategy may lead to more negative consequences in the long term, and the need to drink even more.

Taken together, these findings suggest that using alcohol and cannabis to cope with social anxiety increases the risk for elevated substance use and negative alcohol-related consequences among young adults and consequently a cycle of drinking to ameliorate the negative effects of alcohol misuse. The perceived positive effects, such as forgetting about one's worries or feeling more sociable, ultimately may lead to continued substance use as a coping strategy and, in turn, increase the risk of future adverse consequences such as alcohol use disorder. Social anxiety coping motives may be an important target for intervening with alcohol misuse and preventing future substance use disorders in this population.

Reference:

¹ Walukevich-Dienst K, Calhoun BH, Fairlie AM, Cadigan JM, Patrick ME, Lee CM. Using substances to cope with social anxiety: associations with use and consequences in daily life. *Psychol Addict Behav*. 2022 Nov 28. PubMed PMID [36442020](https://pubmed.ncbi.nlm.nih.gov/36442020/)

NOTEWORTHY

MAJOR UPDATE TO POPULAR FACTS AND STATISTICS RESOURCE

REVISED AND UPDATED

**Now Available:
The latest "Alcohol Facts
and Statistics"**

NIH National Institute
on Alcohol Abuse
and Alcoholism

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has released a major update to the [Alcohol Facts and Statistics webpage](#). The content of this popular online resource has been expanded with demographic and other data and is now reorganized for improved readability and easier navigability.

The webpage can be found on the [main NIAAA website](#) in the Alcohol's Effects on Health drop-down menu or by searching for "facts and stats" in the search box.

A CLOSER LOOK

ENHANCING DIVERSITY IN THE ALCOHOL RESEARCH WORKFORCE:
NIAAA-SUPPORTED MOSAIC SCHOLARS

Enhancing diversity in the alcohol research workforce is an important priority of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). One way that NIAAA pursues this objective is through support of the Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) program, established and led by the National Institute of General Medical Sciences (NIGMS).

The MOSAIC program facilitates the transition of promising postdoctoral researchers from diverse backgrounds into independent faculty careers. MOSAIC scholars receive access to additional mentoring, networking, and professional development activities coordinated by scientific societies in collaboration with NIH.

In 2022, three NIAAA-supported MOSAIC scholars were announced:

- **Josiah Hardesty, Ph.D.**, at the University of Louisville, who leads a project titled "Restoration and Preservation of Hepatic Cardioplipin Levels Promotes Liver Regeneration in Alcohol-associated Hepatitis."

- **Gabriela López, Ph.D.**, at Brown University’s Center for Alcohol and Addiction Studies, who heads a project on “Event-level Antecedents of Heavy Drinking Among Bisexual and Heterosexual Women with and without Histories of Sexual Assault.”
- **Laura C. Ornelas, Ph.D.**, with the Bowles Center for Alcohol Studies at the University of North Carolina, who directs a project titled “Corticolimbic Circuitry in Adaptive Stress Coping Behavior and Subsequent Alcohol Drinking.”

MOSAIC Program Manager Kenneth Gibbs, Ph.D., of NIGMS, said, “We have been so thankful for our partners at NIAAA who have joined this NIH-wide effort to support promising postdoctoral researchers from diverse backgrounds as they transition to independence.” NIGMS maintains a [webpage](#) with details about the MOSAIC program, including webinars, slides, and frequently asked questions.

5 QUESTIONS WITH...

BRIDGET WILLIAMS-SIMMONS, PH.D.

Associate Director for Basic Research and Director of the Office of Science Policy and Communications, National Institute on Alcohol Abuse and Alcoholism



1 *Your title is Director of the Office of Science Policy and Communications and Associate Director for Basic Research—What does this involve?*

My role entails a broad range of responsibilities. I provide leadership in strategic planning for the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and overall oversight of the Institute’s legislative, science policy, information sharing, resource development, and outreach programs. This work includes responsibility for publication of the Institute’s review journal, [Alcohol Research: Current Reviews](#). It also involves serving as an advisor to the NIAAA Director on basic research and other areas, partnering with the scientific and alcohol stakeholder communities, and collaborating across the Institute to enhance visibility of NIAAA-supported basic, translational, and clinical

research and initiatives. Basic research is the foundation for improving evidence-based diagnosis, prevention, and treatment of alcohol-related conditions, and in my role, I work to help Congress and the public appreciate its value and importance. Enhancing diversity, equity, inclusion, and accessibility, in terms of improving our work culture, shaping our research priorities, and cultivating a robust and sustainable biomedical workforce, is a major priority of the Institute. NIAAA has given me the opportunity to lead several of our efforts in this domain. I feel that my role at NIAAA allows me to make positive contributions to the Institute and have a positive impact on those around me. What I value most in my work is the relationships that I have built over the years, and I am grateful to my colleagues for their camaraderie and what we have been able to accomplish together.

2 *What are some recent NIAAA accomplishments that make you proud?*

Over the years, I have been particularly proud of NIAAA’s innovative research and our ability to use state-of-the-art methods to communicate our science advances and health messages. We consistently

try to reach people where they are, whether through social media, our website, or the press. I am proud that we have developed effective strategies to produce evidence-based information and disseminate it to a wide array of audiences in multiple ways. One important part of accomplishing this is to work with partners and nonprofit stakeholders and professional organizations. Our collaborations with liaison groups have proven integral to getting resources into the hands of the people who need them.

A recent example of NIAAA's comprehensive outreach strategy is the launch of the [Healthcare Professional's Core Resource on Alcohol \(HPCR\)](#). Development of this comprehensive, web-based resource was led by colleagues in the NIAAA Division of Treatment and Recovery (DTR) and involved the input of dozens of representatives from health sciences and clinical research. DTR staff, NIAAA leadership, staff within the NIAAA Office of Science Policy and Communications, and our stakeholders helped spread the word about the HPCR and the free continuing education credits offered to clinicians, nurses, pharmacists, and other health care professionals. These efforts complemented our ongoing press and social media efforts to promote this valuable resource.

We are always exploring innovative ways to bring scientific discoveries to light and translate scientific findings into information that our stakeholders can use. My hope is that the impact of our efforts

- Provide the public with evidence-based information to make informed choices.
- Increase awareness that alcohol use disorder (AUD) is treatable and recovery is possible.
- Reduce stigma associated with alcohol-related problems.
- Empower professionals with tools and resources for addressing alcohol-related challenges.
- Foster appreciation of the relevance of NIAAA's work in improving public health.

3 *Looking ahead, what are some things on the horizon about which you are excited?*

There are many wonderful efforts that are ongoing across the Institute, and it is difficult to name just a few. Some that come to mind are:

- Strengthening diversity, equity, inclusion, and accessibility in the alcohol scientific research enterprise.
- Continuing efforts to close the AUD treatment gap and promote recovery.
- Integrating treatment for AUD and alcohol-associated liver disease (ALD).
- Translating basic science discoveries into improvements for diagnosis, prevention, and treatment of AUD, fetal alcohol spectrum disorders, ALD and other alcohol-related organ damage, and co-occurring conditions such as pain and mental health disorder.

I am a fan of technology and am optimistic about the future of NIAAA-supported research in developing biosensors for use in clinical research and real-world applications.

4 *NIAAA continues to work on its next 5-year strategic plan. What can you tell us about the process?*

Many factors go into developing the strategic plan. One of the key components in the process has involved reaching out and seeking input from researchers and stakeholders. Without their insights, an effective strategic plan would be impossible. It is not easy for a field as broad as alcohol research, and I am grateful for the many staff and colleagues who have helped assemble a coherent framework.

I think one thing that is striking is the “living document” nature that remains a critical aspect of NIAAA’s strategic plan. We remain committed to revisiting emerging opportunities to augment our research portfolio in coming years, while also remaining flexible to address urgent public health needs that arise. It is challenging but also incredibly rewarding to lead the development of a road map to help guide NIAAA’s efforts.

5 *Outside the office, how do you like to spend your time?*

I love to garden. My parents, grandparents, and elders of my community always maintained gardens, so it was a very normal part of life. While my green thumb could use improvement, I find growing my own food to be a rewarding experience. Nothing beats running out to the garden to grab a handful of kale, parsley, or basil to use as a last-minute addition to a recipe. I also find being outside in nature to be very relaxing and helpful in resetting mentally. Just the act of observing bees in action or taking a walk with my family fosters a deeper connection with nature. My dog, Kobe, takes advantage of our time outside and ensures that the birds and squirrels do not attack our harvest, at least when he’s watching.

ABOUT US

NIAAA Spectrum is NIAAA’s webzine. With engaging feature articles, short news updates, and colorful graphics, *NIAAA Spectrum* offers accessible and relevant information on NIAAA and the alcohol research field.

CONTACT US

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Publications Distribution Center
P.O. Box 10686, Rockville, MD 20849-0686
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