

# Alcohol Use Disorder

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## DESCRIPTION OF ALCOHOL USE DISORDER

### Definition

Alcohol use disorder occurs, “when the recurrent use of alcohol...causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home” (Substance Use and Mental Health Disorders, 4th ed., p. 123). Considering or unsuccessfully attempting to cut down on alcohol use; or recovering from alcohol’s effects; experiencing cravings; experiencing negative impacts on work, family, or school functioning; continuing alcohol use despite conflict with friends or family stemming from use; cutting back or ending participation in activities that were once important to spend more time drinking; experiencing risk of harm due to alcohol use (e.g., driving while intoxicated,

or recovering from alcohol’s effects; experiencing cravings; experiencing negative impacts on work, family, or school functioning; continuing alcohol use despite conflict with friends or family stemming from use; cutting back or ending participation in activities that were once important to spend more time drinking; experiencing risk of harm due to alcohol use (e.g., driving while intoxicated,

criteria, moderate alcohol use disorder is diagnosed when four or five criteria are endorsed, and severe alcohol use disorder is indicated by the presence of six or more of the diagnostic criteria.

### Prevalence

According to data obtained from the 2014 National Survey on Drug Use and Health (NSDUH), 6.4% of the American population age 12 and older—or 17 million Americans—met the criteria for alcohol use disorder based upon criteria identified in the Diagnostic and Statistical Manual of Men-

National Institute on Alcohol Abuse and Alcoholism. (2015).

5. Retrieved from <http://pubs.niaaa.nih.gov/publications/dsmfactsheet/dsmfact.htm>

SAMHSA. (2015).

2014

Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

## **IDENTIFICATION / ASSESSMENT STRATEGIES**

### **National Institute of Alcohol Abuse and Alcoholism (NIAAA) Alcohol Screening Questions**

The NIAAA (NIAAA, 2015) identified three screening questions for problematic alcohol use: frequency of alcohol use in the past 12 months, quantity of alcohol use on a typical drinking day, and history of binge drinking within the previous 12 months. This third question regarding binge alcohol use is recommended by the United States Preventive Services Task Force as a reliable screening tool for assessing alcohol misuse (Moyer, 2013). The NIAAA Alcohol screening questions are intended to provide the practitioner with more information on the client's alcohol consumption patterns and are not intended to diagnose alcohol use disorder (NIAAA, 2015). As a result, additional assessment is recommended if an individual endorses problematic alcohol use when responding to the screening tool.

### **Alcohol Use Disorders Identification Test**

The Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001) is used to screen for alcohol use patterns that may put individuals at risk of negative alcohol-related consequences and alcohol-related health risks. The AUDIT contains 10 questions that address three issues salient to problematic alcohol use: hazardous alcohol use, harmful alcohol use, and dependence symptoms. AUDIT questions focus on frequency and quantity of use, loss of control over use, increased use, guilt, blackouts and injuries, and concern from others related to the individual's alcohol use patterns (Babor et al., 2001). The AUDIT is a recommended screening tool identified by the United States Preventive Services Task Force (Moyer, 2013). Strengths of the AUDIT include ease of administration and scoring, adequate reliability and validity for screening purposes, and item content congruent with symptoms of alcohol use disorder. In addition, the AUDIT is freely available to practitioners from the World Health Organization. Because the AUDIT is a screening tool, it is not sufficient or appropriate for use as a stand-alone diagnostic tool for alcohol use disorder.

### **Alcohol Dependence Scale**

The Alcohol Dependence Scale (ADS; Skinner & Horn, 1984) measures alcohol dependence described by the World Health Organization's criteria for alcoholism when the instrument was initially developed (Skinner & Allen, 1982). The ADS contains 25 items that measure elements associated

## Form 90

Form 90 (Miller, 1996) is a structured interview protocol that was initially developed for use with Project MATCH, a study measuring the effectiveness of three separate treatment interventions for alcohol use disorder. Form 90 uses a time span of 90 days prior to the assessment date as a reference point for considering alcohol use patterns and employs a calendar tracking tool to collect data related to alcohol use throughout the 90-day period. Form 90 is a complex instrument that yields a variety of data relevant to assessing and diagnosing alcohol use disorder. Data collected include frequency and quantity of alcohol use, frequency of abstinence from alcohol, degree of intoxication, and trends in these areas over a 90-day time span. Other elements contained in the Form 90 instrument include medical and substance use disorder treatment use, 12-step meeting attendance, employment/academic attendance, other drug use, and medication use (Miller, 1996). Strengths of the Form 90 include its cost effectiveness, utility as a diagnostic tool, and strong empirical support. The major limitation of the Form 90 is the complex administration and scoring procedure required.

## Clinical Institute of Withdrawal Assessment of Alcohol Scale, Revised

The Clinical Institute of Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar; Sullivan, Sykora, Schneiderman, Naranjo, & Sellers, 1989) is a 10-item scale used to assess the severity of alcohol withdrawal symptoms. The CIWA-Ar includes items on physical and psychological symptoms typically associated with alcohol withdrawal, and provides clinicians with data reflective of the severity of withdrawal symptoms. Strengths of this assessment include its brevity, the reliability and utility of assessment data, and availability of versions online in both printable and online fillable form formats. The major limitations of this assessment are the need for practitioners to measure pulse and blood pressure and to administer the CIWA-Ar on a regular schedule, both which are better suited to inpatient settings who have medically-trained staff who are able to fully and regularly assess clients.

## Resources:

Alcohol Dependence Scale. Retrieved from: [http://www.emcdda.europa.eu/attachements.cfm/att\\_4075\\_TJETEMC](http://www.emcdda.europa.eu/attachements.cfm/att_4075_TJETEMC) /Span

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Society of Addiction Medicine (ASAM), and these placement guidelines take into account these multidimensional factors in considering the best setting for treatment given the limitations and strengths of each individual client (ASAM, 2013).

### **Cognitive-Behavioral Therapy**

Cognitive-behavioral therapy (CBT) is an evidence-based practice for treating alcohol use disorders and preventing relapse (Hendershot, Witkiewitz, George, & Marlatt, 2011; McGovern & Carroll, 2003; Miller & Wilbourne, 2002). CBT during active alcohol use focuses upon supporting development of cognitive and behavioral processes and skills that can be used to address problematic drinking patterns. Specific attention is paid to building and reinforcing coping skills and managing stressors to reduce problematic alcohol use in response to stress (McGovern & Carroll, 2003). CBT for relapse prevention addresses thoughts and behaviors that predispose individuals to relapse and encourages development of coping skills that support sobriety (Hendershot et al., 2011).

### **Motivational Enhancement Interventions**

Motivational enhancement interventions, which typically are brief interventions that use motivational interviewing to support clients in resolving ambivalence and raising awareness of the nega-



University of Washington Evidence-Based Treatment Matrix for Substance Use Disorders: <http://adai.washington.edu/ebp/matrix.pdf>

National Institute on Alcohol Abuse and Alcoholism: Treatment for Alcohol Problems: Finding and Getting Help  
<http://pubs.niaaa.nih.gov/publications/treatment/treatment.htm>

Motivational Interviewing Network

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