PCSS Providers Clinical Support System
Medications for Alcohol Use Disorder

What Pharmacists Need to Know: Identification and Treatment of Unhealthy Alcohol Use and Alcohol Use Disorder

There is increasing recognition of pharmacists, particularly those in community and ambulatory care settings, as major stakeholders in public health.[1]

This role of pharmacists has evolved from their historical functions, first as compounders and suppliers of medicines, focused on healthcare products that were accurate and safe, to healthcare providers focusing on patient care via safe and effective use of medications.

In modern practice, this role now includes a more robust involvement in public health initiatives, such as vaccine delivery, sexual health and PrEP services, hormonal contraception, and overdose prevention education and naloxone distribution.

Many states recognize DEA-registered, licensed pharmacists as mid-level practitioners, with various authorities to initiate, administer, procure, and/or dispense medications such as those for alcohol use disorder (MAUD).[2]

Furthermore, as of 2024, all states have enacted policies allowing "collaborative pharmacy practice" (CPP), enabling pharmacists to provide "direct patient care services" under certain conditions with a Collaborative Pharmacy Agreement (CPA).[2]

A CPA is a formal, often legal, agreement where a physician or provider delegates specific patient care functions to a pharmacist. Pharmacists in settings with a CPA can:

- Assess patients
- Order and interpret laboratory tests
- Add, stop, change (dose, form, route, timing, duration, etc.), or combine medication regimens
- Manage chronic conditions (e.g., blood pressure, diabetes)
- Provide counseling and education

Considering that alcohol-related consequences are a public health concern, this same public health–oriented approach can be extended to MAUD. Pharmacists practicing in any setting and with or without a CPA can actively integrate the use of MAUD in patient education, care recommendations, and, where applicable, medication prescribing. Pharmacists can leverage their public accessibility to support MAUD provision and patient education to improve treatment adherence.[3]

Benefits of Pharmacists Identifying, Assessing, and Treating Alcohol Use

MAUD are evidence-based pharmacologic treatments that help reduce alcohol consumption, prevent return to use, and support recovery. Although these medications are safe and effective, they remain underutilized and under-discussed in clinical practice. **In 2024, nearly 28 million people in the U.S. had past-year AUD, yet only a small fraction received any pharmacologic treatment.**[4] Pharmacists are uniquely positioned to help close this gap and improve treatment outcomes by talking with patients and making recommendations to healthcare professionals about MAUD.

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Increased Identification of Patients with Unhealthy Alcohol Use/AUD

Pharmacists are the most accessible healthcare professionals[5] and are well-positioned to identify and engage patients with unhealthy alcohol use in treatment, including individuals who may not regularly access primary care or specialty services or who face barriers to traditional healthcare settings.[1]

Increased and Optimized MAUD Prescribing by Other Providers

The most common barriers for MAUD include provider lack of knowledge, concerns about efficacy, complexity of prescribing, and medication accessibility because of formulary restrictions and geographical and socioeconomic barriers.[6] Pharmacists can support other healthcare professionals in navigating these barriers and prescribing MAUD safely and effectively. Furthermore, pharmacists can optimize patients' treatment plans by helping other providers select the best MAUD option.[7]

Overcoming Barriers to Medication Adherence

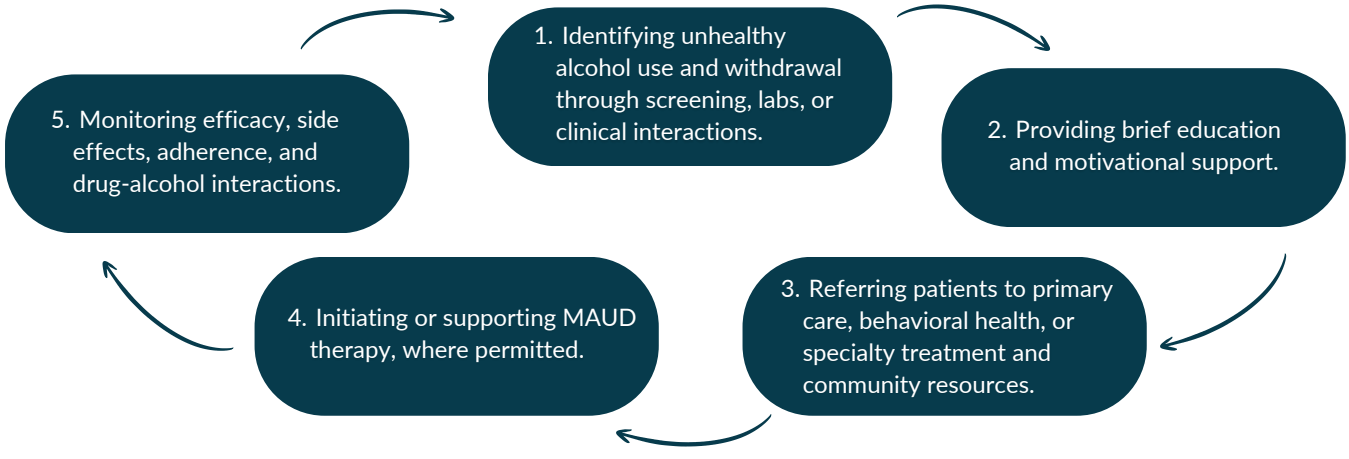
Pharmacists can help patients navigate barriers and challenges to medication adherence as part of routine medication management, including medication reminders, extended-release formulations, costs of medications, and patient education.[8]

Increased Care Coordination and Connection to Supports

Because MAUD is most effective when care is coordinated and paired with patient-centered behavioral supports and ongoing monitoring, pharmacists can also play a critical role in care coordination.[9] Furthermore, pharmacists can connect patients to counseling, mutual aid, or community resources, and other healthcare services, such as primary care providers and specialists who can provide more extensive and ongoing care.[10]

Opportunities to Identify and Treat AUD

Regardless of practice setting, pharmacists have unique drug information and patient communication skills that can engage and maintain patients in medication treatment. Although a pharmacist's role in identifying and treating AUD varies by state regulations, practice setting, and CPAs, a pharmacist's role can include:



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1 Identifying Unhealthy Alcohol Use and Withdrawal Through Screening, Labs, or Clinical Interactions

Screening for substance use, including alcohol, provides an opportunity to ask patients questions about their drinking. Screening evaluates the presence and severity of unhealthy alcohol use and alcohol withdrawal. Pharmacists can use quick, validated tools or clinical indicators to identify unhealthy alcohol use and withdrawal. These are modifiable in length and duration based on the time allowance in the setting.

Alcohol Screening Tips:

Patients should be screened at least once per year for unhealthy alcohol use. Depending on the treatment setting, pharmacists may conduct this screening and can refer the patient to other healthcare professionals to formally diagnose the patient:*

Community Setting: Annual screening for unhealthy alcohol use should be conducted by community pharmacists for patients who have active prescriptions for medications that interact with alcohol, including opioids (particularly long-acting formulations), benzodiazepines, barbiturates, other central nervous system depressants (such as antipsychotics and Z-drug sedative-hypnotics), and medications with significant hepatic metabolism, especially in patients with pre-existing liver impairment.

- The NIAAA SASQ (NIAAA Single Alcohol Screening Question) can be used in community settings when time is limited with adults and pregnant women, and the CRAFFT (Car, Relax, Alone, Forget, Family, Friends, Trouble) can be used with adolescents under 18. If time allows, the AUDIT-C (Alcohol Use Disorders Identification Test - Consumption) can provide broader risk information for adults and pregnant women, and the S2BI (Screening to Brief Intervention) can differentiate between mild, moderate, and severe substance use for adolescents.

Ambulatory Setting: A screening for unhealthy alcohol use should be done annually when the patient comes in for any specialty or ambulatory care visit, either by the pharmacist or other members of the care team. Screening tools can include:

- Adults (18+): AUDIT-C, NIAAA SASQ
- Adolescents (12-17 years): CRAFFT, S2BI
- Pregnant women: AUDIT-C, NIAAA SASQ, CRAFFT, 4Ps, T-ACE

Inpatient: A screening for unhealthy alcohol use should be done annually during medication reconciliation for admitted patients in inpatient settings.

- Like community settings, the NIAAA SASQ can be used in inpatient settings when time is limited, and additional screenings can be conducted, such as the AUDIT-C, if time allows, and further risk information is warranted.
- Additional screening should take place when patients are admitted for potential alcohol-related complications (e.g., pancreatitis, trauma such as a motor vehicle accident or fall, encephalopathy).

**States usually prevent pharmacists from making patient diagnoses or performing differential diagnoses through scope of practice limitations.*[2]

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- Consider ordering baseline and confirmatory tests as clinically indicated to support diagnosis, risk stratification, and ongoing monitoring alongside clinical assessment:

Test	Purpose
Urine Drug Screen (UDS)	Assess polysubstance use for diagnosis and risk
Blood Alcohol Level (BAL)	Identify recent alcohol exposure
Gamma-glutamyl Transferase (GGT)	Indicate chronic alcohol use and liver effects
Phosphatidyl Ethanol (PEth)	Confirm recent or chronic alcohol use

- Screen for potentially dangerous, clinically significant alcohol interactions with the patient's current medications.
- Monitor medication refill patterns, alcohol-related conditions, or safety concerns such as withdrawal symptoms.

Learn more about screening for unhealthy alcohol use with the PCSS-MAUD Factsheet: Screening for Alcohol Use Disorder.

Assess for Alcohol Withdrawal:

It is also important to assess risk by asking the patient about their withdrawal history, when pertinent.

- If the patient is at risk for alcohol withdrawal, they may need medical management of withdrawal before starting MAUD.
- All healthcare professionals, including pharmacists, should be aware of and able to recognize alcohol withdrawal symptoms and explain the symptoms to patients. If a patient presents with symptoms of withdrawal, screening should be administered.[11]

Alcohol Withdrawal Signs and Symptoms

Medical Terminology	Patient Education
Tremor	Shaking or trembling, especially in the hands
Insomnia	Difficulty falling asleep and/or staying asleep
Restlessness, agitation, anxiety	Feeling restless, irritable, or easily upset
Hyperhidrosis	Excessive sweating, even when it's not hot
Hypertension	High blood pressure
Tachycardia, palpitations	A fast or racing heartbeat
Seizures	Sudden, uncontrolled movements or loss of consciousness

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If the patient presents with symptoms of alcohol withdrawal, ask the patient:

Are any of the following present?

- *Alcohol consumption of 4+ drinks daily for >4 weeks*
- *Pattern of binge drinking (4+ drinks in one sitting) >3 times per week*
- *Recent symptoms of alcohol withdrawal, particularly severe symptoms such as tremors, confusion, hallucinations, seizures, and/or delirium*

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2 Providing Brief Education and Motivational Support

Talking about alcohol use can be brief but should be respectful and impactful. Even short conversations can increase awareness and open the door to treatment. Pharmacists are uniquely equipped with patient communication skills that are emphasized throughout all years of professional schooling, regardless of the setting a pharmacist chooses upon graduation.

Tips for Having Initial Conversations about Unhealthy Alcohol Use with Patients[12]:

Example Openings for Conversations about Alcohol

"To make sure all of your medications are giving you the most benefit, I was wondering if we could briefly discuss your alcohol use to see if there are any factors impacting the effectiveness and safety of your medications."

"There are some medications that can be more sensitive if you are also drinking alcohol. Do you mind if I ask you a few questions to get an idea of your current alcohol intake?"

- **Discussing Safety and Effectiveness:** Framing conversations about alcohol use around patient safety and medication effectiveness can provide a comfortable and effective entry point into what can otherwise be a difficult discussion.
- **Use Open-ended Questions:** Let the patient tell their story by asking open-ended questions about their life story and alcohol use. Listen for clues that the patient is ready to change.
- **Normalize and Use Non-stigmatizing Language:** Normalize discussions about the patients' drinking and frame them as part of routine care. Convey respect by using non-stigmatizing language and adopting a collaborative approach to treatment planning and referral to services. Learn more about non-stigmatizing language with the PCSS-MAUD Infographic: Understanding Stigmatizing Language.
- **Introduce MAUD:** Emphasize that medications to help reduce drinking and cravings are available, effective, and safe. As medication experts and trusted healthcare providers specifically surrounding medication use, pharmacists discussing MAUD may be more acceptable than if discussed by another provider. Share PCSS-MAUD's patient handout: Should I Start a Medication to Help With My Drinking?
- **Drug-alcohol Interactions[13]:** Pharmacists play an important role in monitoring and informing patients and healthcare professionals about potentially harmful interactions between alcohol and medications. Prescribing information and drug interaction checkers can help identify how alcohol may affect a medication's safety and effectiveness. Since pharmacists already review medication profiles, incorporating alcohol use discussions into this process can enhance patient education, encourage open dialogue, and improve safety outcomes.
  on their current medications opens the conversation and can improve safety outcomes.

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Examples of commonly prescribed medications that may cause negative side effects when a patient drinks alcohol include:

- Benzodiazepines*
- Opioids*
- "Z-drugs" for insomnia
- Antidepressants, including those that lower the seizure threshold, like bupropion and tricyclic antidepressants like amitriptyline
- Over-the-counter pain relievers (acetaminophen and NSAIDs)
- Anticoagulants (warfarin, direct oral anticoagulants, antiplatelets) and cardiovascular agents (antihypertensives, antiarrhythmics, nitrates) (not direct interaction, but risk of internal bleeding with falls while drinking)
- Antimicrobials
- Insulin and diabetes medications that cause hypoglycemia
- Antipsychotics, particularly clozapine
- High-dose antimicrobials, such as cefepime and ciprofloxacin

***CAUTION: Benzodiazepines and opioids can have life-threatening consequences when/ combined with alcohol.**

It is essential for all healthcare professionals, including pharmacists, to **educate patients about the risks** of combining benzodiazepines and opioids with alcohol.

Explain to patients and other healthcare professionals that alcohol and medications have the potential to interact in four main ways:

1. **Alcohol can alter the absorption and metabolism of a medication,** speeding or slowing the clearance of the medication from the body and thus lowering or raising the blood levels of the medication. Alcohol-related metabolic induction of CYP450 2E1 can also facilitate conversion from a nontoxic medication to a toxic metabolite (e.g., acetaminophen to NAPQI). It can cause "dose dumping" with long-acting opioids like oxycodone ER, resulting in conversion from long-acting to immediate-release absorption pharmacokinetics and possible opioid overdose.

2. **Medication can influence the absorption and metabolism of alcohol,** potentially resulting in higher blood alcohol concentrations (BACs) and other adverse effects.

3. **Alcohol can alter the pharmacological effects of the medication,** which can increase or decrease the effect of the medication on the body, resulting in either medication toxicity or increased adverse effects, or loss of medication effectiveness, respectively.

4. Alcohol withdrawal symptoms can be exacerbated by the effects of medications, such as those that increase the risk of seizures.

Learn more about these interactions with NIAAA's Article: Alcohol-Medication Interactions: Potentially Dangerous Mixes.

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What's Next and What's Within My Scope as a Pharmacist?

Next steps depend on state regulations, practice setting, and CPAs.[2] In general, pharmacists may:

3 Refer Patients to Treatment and/or Community Resources

Pharmacists can assist with care coordination by referring patients to other treatments, such as their primary care provider, behavioral health providers, and/or other specialty addiction treatment. Use *the ASAM Criteria*® to determine the appropriate level of care and where to refer patients. When possible, pharmacists should conduct a warm handoff to other providers, which is the most effective referral strategy.[14] Learn more with PCSS-MAUD's short videos on *referral pathways* and *warm handoffs* for treating AUD.

Pharmacists can also refer to community resources, such as mutual aid groups (e.g., Alcoholics Anonymous, SMART Recovery) and other social and community resources available to the patient to support their recovery. Learn more with PCSS-MAUD's resource on *Recovery Groups.*

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4 Prescribe or Recommend MAUD

If the patient is open to medication and your practice setting, protocols, and CPAs allow, discuss the different MAUD options and treatment effects. Pharmacists can also play a vital role in consulting with other prescribers about the best MAUD, particularly in complex cases where a patient has comorbid conditions, barriers to adherence, or there are safety concerns.

Learn more with the PCSS-MAUD Factsheet: FDA-approved MAUD and PCSS-MAUD Infographic: Medications for Alcohol Use Disorder: Considerations for Patients with Comorbid Conditions.

FDA-approved MAUD Options[15]:

Medication Treatment Effects	Naltrexone	Acamprosate	Disulfiram
Reduces heavy drinking	✕	✕	
Manages cravings	✕	✕	
Supports abstinence	✕	✕	✕
Blocks breakdown of alcohol, causes unpleasant symptoms			✕

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5 Monitor Efficacy, Side Effects, Adherence, and Drug-alcohol Interactions

Pharmacists can help monitor side effects, efficacy, drug-alcohol interactions, and tolerability of the MAUD. Depending on the setting or CPA, when there are issues with the MAUD, the pharmacist can adjust or communicate with the prescriber to change the prescription.

If a patient reports issues accessing their MAUD, learn more about ways to support them with ASAM's resource page: *Pharmacy Access to Medications to Treat a Substance Use Disorder.*

How Do I Integrate AUD Services into Different Treatment Settings?

Unhealthy alcohol use and AUD screening and treatment can be successfully integrated across a wide range of care settings. Below are examples of how pharmacists can incorporate screening and treatment into routine practice across common care settings.

Community Pharmacy:

Community pharmacists are often the most frequent point of contact patients have with the healthcare system, uniquely positioning them to identify unhealthy alcohol use and support treatment initiation and continuation. Pharmacists can help normalize MAUD as a standard part of medication care, similar to treatment for diabetes or hypertension, helping to reduce stigma, and increase patient acceptance.

Opportunities for integration in community pharmacy include:

- Conducting routine alcohol screening and brief interventions during medication reviews, immunization visits, or counseling encounters.
- Identifying patients at risk for alcohol–medication interactions or alcohol-exacerbated chronic conditions.
- Educating patients about MAUD options, alcohol withdrawal symptoms, expected benefits, side effects, and adherence strategies.
- Facilitating a non-judgmental, stigma-free, and safe care environment.
- Supporting ongoing MAUD therapy through refills, injection administration (e.g., extended-release naltrexone), and adherence tools such as reminders or synchronization.
- Facilitating referrals to prescribers, behavioral health providers, or community resources when additional care is needed.

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Ambulatory or Outpatient Care Settings:

In ambulatory clinics, primary care practices, and specialty outpatient settings, pharmacists often work as part of an interprofessional care team, enabling more direct involvement in medication management. In these settings, pharmacists can help ensure that MAUD is not treated as a one-time intervention, but as part of longitudinal, patient-centered care.

Opportunities for integration in ambulatory or outpatient care settings include:

- Participating in CPAs that allow pharmacists to recommend, initiate, or adjust MAUD.
- Supporting safe and effective MAUD selection by consulting with other members of the treatment team by taking into account the patient's comorbidities, contraindications, patient goals, and prior treatment history.
- Monitoring treatment efficacy, adverse effects, and adherence over time.
- Consulting on complex and severe presentations of alcohol withdrawal.
- Providing patient education on how MAUD fits into overall disease state management (e.g., liver disease, diabetes, cardiovascular conditions), alcohol-drug interactions, and symptoms of alcohol withdrawal for safety planning.
- Coordinating referrals to behavioral health or addiction specialty services.

Inpatient and Transitions-of-care Settings:

Hospitalization and inpatient treatment present a critical opportunity to identify AUD, initiate treatment, and plan for continuity of care after discharge. Pharmacist involvement during transitions of care can reduce gaps in treatment, prevent unintended discontinuation of MAUD, and improve engagement after hospitalization.

Opportunities for integration in inpatient and transitions-of-care settings include:

- Identifying AUD during medication reconciliation, reason for hospitalization (e.g., pancreatitis, trauma, etc.), or withdrawal management (CIWA protocol).
- Supporting initiation of MAUD once medically appropriate.
- Educating patients about MAUD prior to discharge, including what to expect and how to continue treatment.
- Coordinating transitions of care by ensuring MAUD prescriptions, follow-up appointments, and referral pathways are in place.
- Communicating treatment plans to outpatient pharmacists, primary care providers, or addiction specialists.

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Community-based Organizations & Programs:

Low-barrier community settings play an important role in reaching individuals who may not access traditional healthcare. These settings can help pharmacists engage patients earlier, offer flexible pathways into treatment, and support drinking-reduction goals aligned with patient readiness.

Opportunities for integration in community-based organizations and programs include:

- Providing education on MAUD as a tool to reduce the risks of heavy drinking and alcohol-related harms.
- Supporting linkage to prescribing clinicians or outpatient services.
- Reinforcing adherence and monitoring for side effects in informal or community-based follow-up.
- Collaborating with outreach teams, peer support specialists, and community organizations.

Key Takeaways

As the most accessible healthcare professionals, pharmacists are essential partners in identifying unhealthy alcohol use and expanding access to evidence-based treatment for AUD. In addition to directly supporting patients, pharmacists can play a vital role in supporting other healthcare providers by consulting on complex cases and helping ensure MAUD is prescribed safely and effectively. Across all practice settings, pharmacists can implement strategies to increase screening, normalize conversations about unhealthy drinking to reduce stigma, strengthen continuity of care, help patients navigate barriers to adherence, and ultimately expand access to effective AUD treatment throughout the healthcare system.

Learn more about pharmacists' role in the prevention and treatment of substance use disorders with [The American Society of Health-System Pharmacists' (ASHP) Statement on the Pharmacist's Role in Substance Use Disorder Prevention, Treatment, and Recovery] and [The American Association of Psychiatric Pharmacists' (AAPP) Pharmacist Toolkit: Alcohol Use Disorder.]

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