

What is Alcohol Use Disorder?

Alcohol use disorder (AUD) is a spectrum disorder characterized by the inability to stop or control alcohol consumption despite negative health and social consequences.¹



Defined by the DSM-5, AUD is the presence of **2 out of 11 symptoms** during a **12-month period**. The severity of the disorder is based on the number of symptoms met - mild (2 or 3), moderate (4 or 5), or severe (6-11).¹

The Table Below Reviews the Complete DSM-5 Criteria for AUD¹

#	Symptom
1	Alcohol is consumed in larger amounts over a longer period than intended
2	Unsuccessful efforts to cut down or control alcohol consumption
3	A great deal of time is spent to obtain, use, or recover from alcohol consumption
4	Cravings/urges to consume alcohol
5	Role impairment – failure to fulfill work, home, or school responsibilities
6	Ongoing persistent or recurrent social or interpersonal problems caused by alcohol consumption
7	Important activities are given up due to alcohol consumption
8	Participating in dangerous or risky activities (e.g., driving)
9	Continuing to consume alcohol despite knowledge of having a persistent or recurrent physical/psychological problem
10	Tolerance – need an increased amount of alcohol to feel similar effect
11	Withdrawal syndrome or alcohol consumption to relieve symptoms

The Social Worker's Role in AUD Treatment

<10%

of adults aged 18+ diagnosed with alcohol use disorder receive treatment.²

<2%

of adults aged 18+ diagnosed with alcohol use disorder receive a medication to treat their AUD.³

It is important to realize that no matter the severity, most people benefit from treatment with medications and behavioral health therapies.⁴

- **Key role:** Social workers play a key role in acute care for patients with alcohol use disorder.
- **Unexpected opportunity:** Many patients hospitalized with alcohol-related complications are not seeking help for their drinking. Still, these moments can be an opening to discuss unhealthy patterns and share treatment options that fit their needs and motivations.
- **Patient goals vary:** Not all patients aim for complete abstinence, and many lack the skills or resources to reach recovery goals.
- **Core contributions:** As part of a multidisciplinary team, social workers listen, show empathy, assess needs, advocate, and educate—helping patients make informed decisions about their care.

Psychosocial Assessments



Purpose: Open conversations with patients about drinking patterns.



Assess social determinants of health:

- Living situation
- Employment status
- Support systems
- Emotional state
- Mental health history
- Substance use history
- Medical history



Substance use details collected:

- Type, quantity, and frequency
- Withdrawal symptoms, tolerance, and cravings
- Treatment history and recovery goals



Outcomes of comprehensive assessment:

- Identify barriers to care
- Address stigma and emotions related to diagnoses

Psychoeducation

Those who do not meet DSM-5 criteria for alcohol use disorder, but exhibit unhealthy drinking patterns, such as binge drinking, can be counseled on the National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines for lower risk drinking, which are:⁵

- **Men:** 2 drinks or less a day for men.
- **Women:** 1 drink or less a day for women.
- **People 65+:** 1 drink or less a day for older adults.

A standard drink contains about **14 grams of pure alcohol** (i.e., 12oz of 5% alcohol by volume (ABV) beer; 5oz of 12% ABV wine; 1.5oz of 40% ABV liquor).



Having this conversation allows patients to reflect on how alcohol fits into their lives and provides an opportunity to self-assess their drinking risk level and discuss positive changes before any significant negative consequences.



For patients diagnosed with AUD, social workers also provide psychoeducation around NIAAA guidelines for drinking and discuss medications that assist with cravings and urges to drink.



reduction in all-cause hospital readmission or death is associated with ensuring patients leave the hospital with medication for alcohol use disorder (MAUD).⁶

FDA-approved MAUD⁷

Medication	Mechanism of Action	Dosage	Effectiveness	Considerations
Naltrexone (oral)	Opioid Receptor Antagonist	50 mgs once a day	Reduces heavy drinking days	Contraindicated for liver disease and opioid use
Naltrexone (XR)	Opioid Receptor Antagonist	380mgs (IM) every 28 days	Reduces heavy drinking days	Same as oral considerations
Acamprosate	Restores neurotransmitter balance	333-666mgs 3x a day	Works best when already abstinent	May not be best suited for individuals with difficulty taking pills
Disulfiram	Causes an adverse reaction to alcohol	250-500 mgs a day	Works best when already abstinent	Avoid if there is cognitive impairment, severe liver or cardiac disease

For more information on the FDA-approved MAUD, check out this [factsheet](#) and this [online module](#).

Alcohol-related diagnoses

Individuals admitted into the hospital with alcohol use disorder likely have co-occurring health conditions, such as:⁸

- liver disease/cirrhosis
- alcoholic hepatitis
- pancreatitis
- GI inflammation/bleeding
- strokes
- cardiomyopathy
- Gastroesophageal Reflux Disease (GERD)
- diabetes
- kidney injury

Multi-disciplinary team

Social workers collaborate with healthcare providers on a multidisciplinary team to enhance patient care and provide education on best practices when navigating these medical diagnoses. It may be difficult for patients to understand these diagnoses, and social workers create a safe space for patients to process their emotions, as well as consult other service lines that may offer specialized support (e.g., palliative care, hospice care, pain management, chaplaincy) to provide an integrated approach.

Linkage to Care for MAUD

- MAUD are safe and highly effective medications for achieving and maintaining abstinence.⁹
- Once patients agree to start a MAUD in the hospital, social workers play a key role in supporting the next steps.
- It is important to identify an outpatient provider who can continue the prescription.
- MAUD can generally be prescribed through:
 - an outpatient substance use program, or
 - a primary care clinic.
- Social workers help by making new connections or re-establishing patients with previous providers to ensure continuity of care.

Psychosocial Treatment



The length of stay can vary for patients with AUD in the hospital, and, although it may be short, there may be opportunities for social workers to provide evidence-based interventions at bedside.

Below are approaches that can be used for patients diagnosed with AUD. These approaches are often used in combination with each other.

Motivational Interviewing (MI)

This approach meets individuals where they are in terms of readiness to change and explores ambivalence by helping to develop patients' own motivations for wanting to change a particular behavior.¹⁰

For more information on MI, check out this [online module](#).

Motivational Interviewing (MI) Continued



Example of applying MI in patient encounters:



Patient: *"I really don't know what to do about my drinking... I know it's not healthy for me since I'm here in the hospital, but I drink so I can get some sleep at night. I know long-term I shouldn't be doing this."*



Social Worker: *"It sounds like getting sleep is important, and you struggle with falling asleep; however, you can recognize the negative health impact of this pattern. Would you be open to collaborating on non-drinking behaviors you can try?"*

Contingency Management (CM)

A behaviorally-based approach in providing incentives as a reward for participating in recovery-focused activities.¹⁰



Example of applying CM in patient encounters:



Patient: *"I have been in the hospital for a month now, and honestly, this is the longest I've been sober. The recovery meetings you offer have been awesome, and it is nice hearing from other people who have similar experiences."*



Social Worker: *"We designed the meetings for that purpose, and we are so glad you are benefiting from them. Because you are engaged in your care and actively participating in meetings, here is a pre-loaded gift card you can use for all your hard work – keep it up!"*

Cognitive Behavioral Therapy (CBT)

Focuses on individuals recognizing "high-risk" situations and coping effectively with stress and triggers. Skill-building is a part of this approach.¹⁰



Example of applying CBT in patient encounters:



Patient: *"It is hard for me to attend work events and not drink because it makes me more fun and lets me socialize more easily. All my coworkers drink, and if I don't have a drink in my hand, someone will point it out and I'll feel forced to grab one."*



Social Worker: *"So, you feel you need to drink at work events as it calms your nerves and makes you 'more fun'. That is a common feeling people can have. How would you feel about grabbing a non-alcoholic beverage to hold when networking and keeping a positive mindset? You may find that the more you practice being sober at work events, the easier it gets."*

Return to Use Prevention

Completing a return to use prevention plan is a great tool for anyone wanting to make a positive change and maintain wellness, as it can address stressors, warning signs, triggers, and assist in creating a crisis plan specifically for mental health and substance use.



Example of applying return to use prevention planning in patient encounters:



Social Worker: *“Your care team plans to discharge you home today. I see you have been working on your return to use prevention sheet. Would you like to review it together and fill in the missing sections?”*



Patient: *“Yes, I started thinking about trustworthy supports a bit more and my triggers. I called my sober neighbor, who was able to access my apartment and dump out all the alcohol. She also agreed to become my sponsor, so when I am triggered, I can call her. I drink because I’m bored... and she agreed to finding a hobby we can do together since we’re both not working.”*

Strategies to Reduce Risks and Harms

This intervention focuses on minimizing the negative consequences of drinking without requiring complete cessation. It provides practical strategies for patients to manage alcohol consumption that can decrease associated risks.



Example of applying these strategies in patient encounters:



Patient: *“One of my biggest challenges is binge drinking. I can probably consume five seltzers in an hour, which leads to feeling drunk quickly, especially on an empty stomach. I’m just not ready to be entirely sober.”*



Social Worker: *“Binge drinking can be common for young people. A way to mitigate this risk is to pace yourself by drinking a glass of water or perhaps a non-alcoholic seltzer between drinks and ensuring you have eaten before consuming alcohol. Do you think that is something you may be open to?”*

Seeking Safety

A present-focused approach to assist individuals in attaining safety from their trauma history and substance use by incorporating topics that specialize in interpersonal, cognitive, behavioral, and case management skills.¹¹



Example of applying seeking safety in patient encounters:



Patient: *“I drink to cope with being homeless. It is so difficult to stay sober when everyone around you is also drinking or using drugs. I want to be sober, but it’s so hard.”*



Social Worker: *“It sounds like finding safe housing is your top priority right now, which in turn doesn’t put you around others who may be drinking. What are your thoughts on a residential substance use program or recovery/substance-free housing? It may benefit you to be around others who have similar goals with a stable roof over your head.”*

Referrals to Treatment

Social Workers are skilled in level of care assessments by utilizing the [American Society of Addiction Medicine \(ASAM\) Criteria](#), which are criteria for placement into drug and alcohol treatment programs for patients with addiction and co-occurring disorders.



Social workers use ASAM assessments to match patients with the most appropriate treatment option, such as inpatient, residential, partial hospitalization, intensive outpatient, or recovery housing.



This multidimensional assessment considers patients' needs, barriers, strengths, resources, and structure to determine the level of care.

For more information on the ASAM Criteria, check out this [mini video](#).

Mutual Support Groups

There are instances where patients are not ready to commit to treatment, nor think it is necessary to engage in counseling once discharged.

Role of Social Workers

Provide resources that patients can reference later, including:

- Outpatient or inpatient treatment options
- Medication for alcohol use disorder
- Mutual aid or recovery support groups

Check out [this list](#) of different recovery groups available across the country.

Importance of Support Groups

- A positive support system is often key to sobriety and recovery.
- Recovery groups help patients:
 - Better understand their addiction
 - Hear stories from others with similar experiences
 - Stay motivated and encouraged



Online meetings can be of particular interest to patients who have physical or social barriers to attending in-person meetings. Hospitalized patients can attend meetings from the comfort of their beds by using a smart device to log onto the meeting.

Disposition Planning

Social workers collaborate with unit discharge planners/case managers to coordinate aftercare and ensure safe disposition for patients.

Common Post-acute Facility Needs

- Skilled Nursing Facility (SNF)
- Inpatient Physical Rehabilitation (IPR)
- Long-Term Acute Care Hospital (LTACH)
- Social workers assist patients with these care transitions

Disposition Planning Continued

Special Considerations for Substance Use Treatment

- Direct transfer from acute care to a substance use program is not always recommended.
- Patients may first require a post-acute skilled facility.

Supporting Patients & Families

- Social workers ensure patients and families have the information and resources needed.
- This support helps them connect to substance use treatment programs at the appropriate time in the future.

Family Meetings

Family Impact

- Addiction affects the entire family system.
- Social workers assess positive supports in a patient's life and involve them in discharge planning.

Family Involvement

- Facilitate family meetings with patients, loved ones, and care teams.
- Meetings help everyone understand the diagnosis, treatment options, and care coordination.

Family Support

- Crucial for loved ones to grasp the scope of addiction and prepare for discharge.
- Resources include:
 - Al-Anon and Alateen – spiritual fellowships where families share experiences, gain skills, and support one another.

Role of Social Workers

- Support both patients and their loved ones.
- Address concerns about well-being and aftercare plans for the entire family.

Summary

Role in Acute Care

- Social workers are part of the multidisciplinary team caring for patients with alcohol use disorder.
- Responsibilities include:
 - Conducting substance use assessments
 - Educating patients on treatment options
 - Linking to community support programs
 - Assisting with care coordination
 - Addressing barriers to care

Impact on Recovery

- Social workers can make an enormous impact on patients, addressing not just alcohol use but also the underlying triggers to drink, including co-morbid mental health and trauma.
- Their support helps promote sustainable recovery.

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