

What Primary Care Clinicians Need to Know: Identification and Treatment of Unhealthy Alcohol Use and Alcohol Use Disorder



Primary care clinicians are uniquely positioned to identify unhealthy alcohol use and alcohol use disorder (AUD) early, provide brief interventions, and start effective medications that reduce cravings, prevent return to use, and support long-term recovery. Initiating medications for alcohol use disorder (MAUD) in primary care offers a powerful opportunity to improve patient outcomes by integrating evidence-based treatment into a setting where many individuals already receive trusted, ongoing care.

Benefits of Implementing MAUD into Primary Care

Improved Access:

Screening and treating AUD in primary healthcare settings leads to earlier identification of the disease and may also contribute to early identification of return to use¹ and, in many places, is the only accessible treatment option. Furthermore, early identification of AUD in primary care shortens the time it takes for patients to begin treatment.³

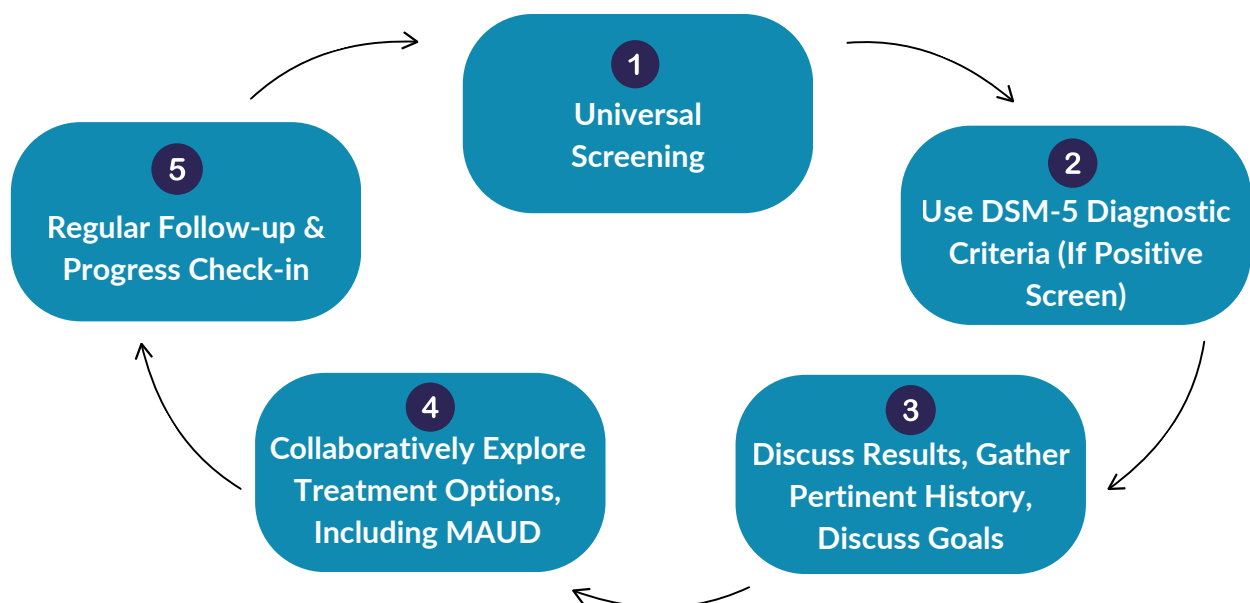
It Works:

Primary care interventions are as successful as specialty care in reducing heavy drinking.⁴ Offering medications in primary care can be an effective “foot in the door” and catalyze change for patients reluctant to accept specialty treatment because of stigma or other barriers.⁵ Not everyone with AUD needs or wants specialty care,⁶ and some may prefer treatment in a familiar setting.

Cost-effective:

Treatment in primary care reduces progression to complications leading to hospitalization, which is more cost-effective.⁷

Process for Implementing MAUD in Primary Care



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1 Incorporate Universal Screening

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. It is a quick medical assessment that identifies individuals who may have unhealthy drinking behaviors or AUD. Screening all patients at every primary care visit—regardless of the reason for their appointment—helps identify unhealthy drinking and AUD early.¹

Alcohol Screening Tips:

- Universal screening (“we ask everyone”) is preferred.
- Screening can occur as part of routine care during patient intake or when conducting a comprehensive assessment or health history.
- Patients should be screened at least once per year.
- Different screening tools should be used with different populations:
 - Adults (18+): AUDIT, NIAAA SASQ
 - Adolescents (12-17 Years): CRAFFT, S2BI
 - Pregnant Women: AUDIT, NIAAA SASQ, CRAFFT, 4Ps, T-ACE

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

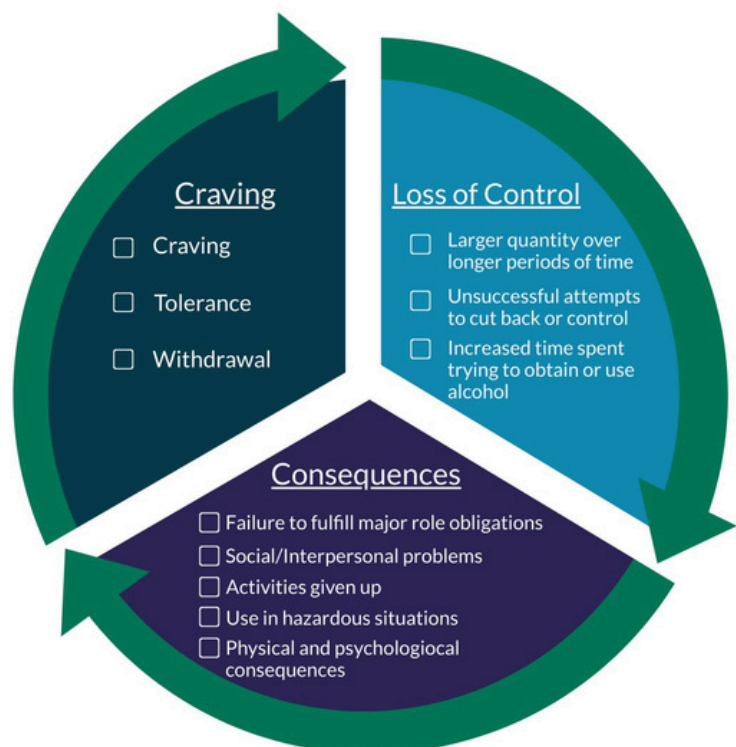
2 Use DSM Diagnostic Criteria if Screening is Positive

If a patient screens positive for unhealthy alcohol use, use a diagnostic tool (e.g., DSM-5 criteria) to assess the severity of the patient's condition by asking patients about the three C's: Cravings, Loss of Control, and Consequences related to their drinking.

The Three Cs

Diagnosis:
2 or more criterion
in the prior 12
months

2-3 = mild
4-5 = moderate
6 or more = severe



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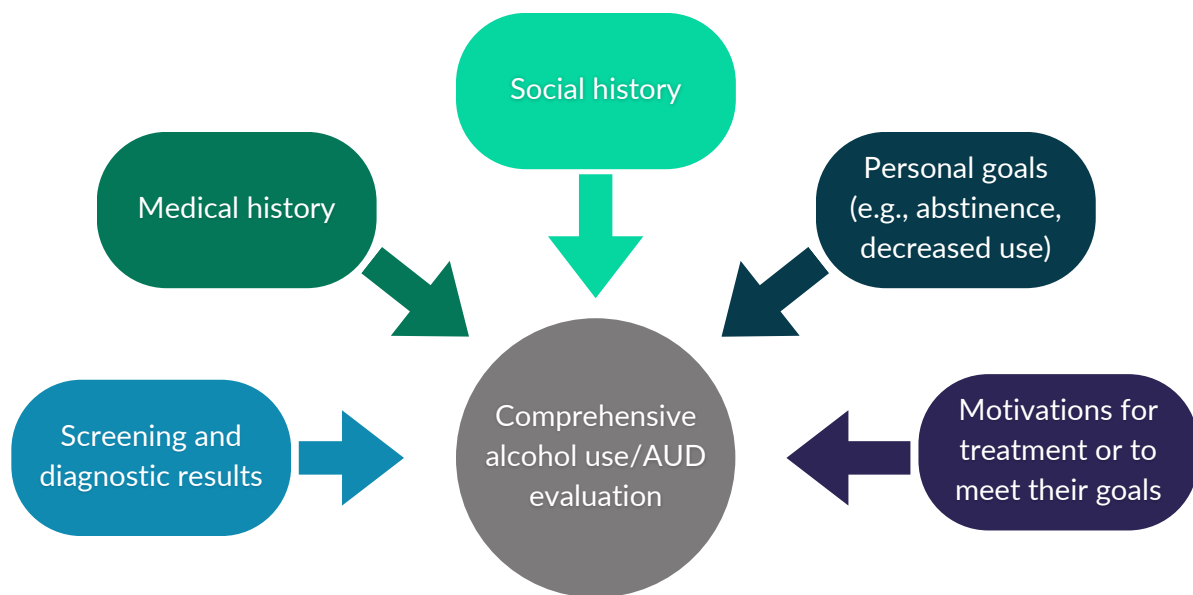
3 Discuss Screening Results and/or Diagnosis, Gather Pertinent Patient History, and Discuss the Patient’s Goals

Once screening and diagnosis are complete, discuss the results with the patient in a non-stigmatizing and non-judgmental way.

Additionally, an effective evaluation goes beyond standard screenings and diagnoses. Ask the patient about their pertinent medical and social history, as well as their personal goals and motivations for treatment or to meet their goals. This may occur over multiple visits to ensure trust is established and that the treatment plan is personalized and addresses the full spectrum of the patient's health and life circumstances.

Medical history includes:

- Other substance use
- Mental health conditions
- Physical health conditions or symptoms
- Withdrawal history
- Medications (to assess for contraindications)



Assess for Alcohol Withdrawal:

It is also important to assess risk by asking the patient about their withdrawal history. If the patient is at risk for alcohol withdrawal, they may need medical management of withdrawal before starting treatment, particularly MAUD.



Ask the patient: “Are any of the following present?”

- Alcohol consumption of 4+ drinks daily for >4 weeks.
- Patterns 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.

Learn more with the [PCSS-MAUD Infographic: Outpatient Management of Alcohol Withdrawal](#).

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Tips for Having Initial Conversations about Unhealthy Alcohol Use with Patients⁸:



Use Open-ended Questions: Let the patient tell their story by asking open-ended questions about their life story and alcohol use.



Understand the Patient's "Why": Understanding why the patient uses alcohol will allow you to address not only their immediate use but also the root causes of their use.



Use Non-stigmatizing Language: Convey respect by using non-stigmatizing language and adopting a collaborative approach to treatment planning. *Learn more about non-stigmatizing language with the [PCSS-MAUD Infographic: Understanding Stigmatizing Language](#).*

4 Collaboratively Explore Treatment Options, including FDA-approved MAUD

Once you have a detailed understanding of the patient's drinking behavior, diagnosis, medical and social history, goals, and motivations for treatment, discuss treatment options with the patient. While not every patient will achieve success on their first attempt, the goal is to meet patients where they are, set realistic goals, and provide continuous support through all stages of recovery.



Tips for Treatment Planning:

- Utilize Patient-centered Treatment Planning:** Use open-ended questions to uncover the patient's concerns and desired outcomes, and practice shared decision making to create a tailored treatment plan that supports long-term success.
- Combine Medications with Behavioral Therapies:** Combining behavioral therapies with MAUD is highly effective.⁹ Discuss behavioral therapy options with the patient, such as brief interventions, family-based therapy, psychological interventions, and Cognitive Behavioral Therapy (CBT), in addition to MAUD.
- Offer Additional Resources and Referrals:** Discuss community resources, such as mutual aid groups (e.g., Alcoholics Anonymous, SMART Recovery) and other resources available to the patient to support their recovery. Evidence shows that warm handoffs to other providers and resources are the most effective referral strategy.¹⁰ *Learn more with PCSS-MAUD's resource on [Recovery Groups](#) and a short, 9-minute video on [Warm Handoffs](#).*
- Discuss MAUD options:** Medications such as naltrexone, acamprosate, and disulfiram can significantly aid in reducing alcohol consumption and support long-term recovery, particularly in patients with moderate to severe AUD.¹¹ If the patient is open to medication, discuss the different options and treatment effects. *Share [PCSS-MAUD's patient handout on MAUD: Should I Start a Medication to Help With My Drinking?](#)*

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FDA-approved MAUD Options¹¹:

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

Learn more with the [PCSS-MAUD Factsheet: FDA-approved Medications for Alcohol Use Disorder \(MAUD\)](#).

Examples of Potential Treatment Plans Based on Diagnosis:

	Risky/Heavy Alcohol Use	Moderate/Severe AUD
Utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT)	✓	✓
Assess risk for withdrawal	✓	✓
Engage the patient in shared goal setting and decision making	✓	✓
Discuss strategies to reduce risks and harms associated with drinking	✓	✓
Provide information on MAUD, behavioral treatment options, and available community resources	✓	✓
Consider referrals for the ongoing care term and refer to the ASAM Criteria to determine the appropriate level of care	✗	✓

5 Regular Follow-up and Progress Check-in

AUD is a chronic condition that requires ongoing support. Regular follow-ups by primary care providers are essential for the long-term management of AUD, allowing healthcare professionals to monitor progress, adjust treatment plans, and address emerging challenges. This consistent care enables timely modifications to treatment strategies, reinforces positive changes, and ensures patients receive personalized support throughout their recovery journey, ultimately improving outcomes.



Tips for Follow-Ups:

- ✓ Generally, more **frequent check-ins, such as weekly**, are beneficial early in treatment, with a gradual decrease in frequency as the patient stabilizes and develops better management of symptoms.
- ✓ Healthcare professionals should also **encourage patients to reach out** between scheduled check-ins if they're experiencing difficulties or need additional support.
- ✓ Assess the patient's adherence to the **treatment plan, risk of recurrence** (actual and perceived), review **exam and screening findings**, and **vitamin deficiencies**. Note that no biomarkers are sensitive to unhealthy alcohol use.
- ✓ Ensure the patient is up to date with **immunizations** and **screenings** such as cancer, hepatitis, and HIV.
- ✓ If the patient shows signs of returning to alcohol use, **increase the frequency of check-in appointments** to reassess treatment goals and consider additional interventions, including referral to specialty care.

Primary Care Limitations

Primary care settings play a crucial role in identifying and addressing alcohol use, yet several structural and resource-related limitations make it challenging for clinicians to effectively assess and manage unhealthy alcohol use and AUD.

These limitations include¹²:



Short visit duration limits the depth of assessment:

Primary care encounters often last only 15-20 minutes, making it difficult to adequately screen for unhealthy alcohol use, assess severity, and provide counseling or follow-up support. Busy clinics frequently struggle to implement recommended screening and intervention workflows due to time constraints.

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Multiple competing health concerns in a single visit:

Patients commonly present with several medical needs, meaning alcohol use often becomes a lower priority. Providers must balance acute medical concerns, chronic disease management, preventive care, and behavioral health in the same limited visit window, reducing opportunities for AUD-focused intervention.



Limited access to behavioral health or addiction services:

Many primary care settings, especially small or low-resource clinics, do not have integrated behavioral health professionals or addiction specialists on-site. Referral pathways are often fragmented or unsuccessful due to long wait times, insurance barriers, and behavioral health provider shortages.



Lack of training and experience in AUD management:

Primary care clinicians may feel underprepared to diagnose AUD, provide brief interventions, or prescribe and manage MAUD. Low adoption of evidence-based approaches such as SBIRT and MAUD is frequently linked to insufficient training, limited confidence, and a lack of support systems.²

Team-based Workflows



A collaborative, team-based approach is essential for effectively managing AUD in primary care settings and can help overcome the time constraints and competing health concerns that are often limitations for treating unhealthy alcohol use and AUD in primary care.¹²



Tips for building effective, collaborative teams:

- Define roles
- Set up processes for efficient decision-making
- Encourage inclusive collaboration and project planning
- Have open communication and processes for fostering transparency
- Have a shared vision

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How different team members can work together to treat alcohol use:



Clinicians (physicians, nurse practitioners, and physician assistants/associates)

- Review screening information
- Diagnose and assess the severity of alcohol use disorder
- Formulate treatment plans
- Spend time discussing alcohol use with patients
- Prescribe medications
- Refer patients to appropriate resources, such as specialized treatment or community resources



Nurses or master's-level licensed counselors

- Brief intervention and motivational interviewing
- Cognitive behavioral therapy
- Support patients in their readiness to change



Support staff (staff who room and take vitals)

- Administer alcohol screening questions
- Update electronic medical records

Further Learning



Learn more with PCSS-MAUD's free, 1.5-hour interactive module: [Integrating Medications for Alcohol Use Disorder and Alcohol Use Services into Primary Care.](#)

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