

ALCOHOL USE DISORDER

The Role of Medications in Treatment

Medications for alcohol use disorder (MAUD) are proven to help people reduce or even completely stop drinking, yet these medications remain underused. Read on to learn the basics of the different MAUD options and how to appropriately pair these medications with behavioral treatments.

The Scope and Impact of Alcohol Use Disorder

According to the most recently available data:

84.9% of adults reported using alcohol at some point during their lifetime.¹

28.1 million adults met criteria for alcohol use disorder (AUD) within the past year.³




Only 2.2% of adults with past-year AUD reported receiving MAUD.⁴

23.5% of adults reported binge drinking within the past month.¹

By age group, binge drinking within the past month was most prevalent among young adults ages 18 to 25, at 28.7%.²

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Medications approved to treat AUD*^{5,6}

Medication	How It Works	Benefits
 <p>Acamprosate (oral tablet)</p>	<p>Acamprosate’s mechanism of action has not been fully established. Research suggests that this medication may modulate alcohol-related changes in brain chemistry, lessening the intensity of alcohol withdrawal symptoms.</p>	<p>In patients who have achieved abstinence, and in combination with behavioral treatment and support, acamprosate can:</p> <ul style="list-style-type: none"> • Reduce the number of drinking days • Increase abstinence rates • Increase abstinence duration • Lengthen the time to relapse
 <p>Disulfiram (oral tablet)</p>	<p>Disulfiram blocks a step in the body’s metabolism of alcohol. Patients taking disulfiram experience uncomfortable physical symptoms soon after consuming alcohol, known as the “disulfiram-alcohol reaction.” This reaction can motivate patients to avoid alcohol.</p>	<p>In motivated patients who aim to maintain sobriety, and in combination with behavioral treatment and support, disulfiram can:</p> <ul style="list-style-type: none"> • Reduce number of drinking days • Increase rates of short-term abstinence
 <p>Naltrexone (oral tablet or extended-release injectable)</p>	<p>Oral naltrexone blocks opioid receptors, reducing the release of dopamine in the brain’s “reward” system. This may reduce the positive feelings associated with drinking.</p>	<p>In combination with behavioral treatment and support, naltrexone can:</p> <ul style="list-style-type: none"> • Reduce cravings** • Improve short-term relapse rates** • Reduce short-term alcohol consumption** • Reduce heavy drinking days***


*Table does not include safety and side effect information. Patients should consult with a health care provider before starting any MAUD. **Outcomes from studies of oral naltrexone. ***Outcomes from studies of extended-release injectable naltrexone.

Medications in Combination with Other Behavioral Treatment and Support


MAUD is most effective in combination with psychosocial treatment and support. ^{5,7} Consider this approach for incorporating medications into treatment:⁶



Conduct a thorough assessment for the presence of moderate to severe AUD, including leveraging evidence-based screening tools (AUDIT, SBIRT), ⁸ taking a comprehensive medical history and conducting laboratory tests.



Collaborate with the patient to develop a comprehensive treatment plan.



Use psychosocial treatments and supports in combination with medications. Interventions to consider include: ^{6,7}

- *Brief counseling*
- *Mutual-help groups*
- *Referral for evidence-based psychotherapy*

Most effective behavioral therapies for treating AUD

Therapy	Description	Source for additional information
Cognitive-Behavioral Therapy	Helps people recognize and change maladaptive thought patterns and behaviors related to alcohol use. Focuses on developing coping strategies.	Substance Abuse and Mental Health Services Administration (SAMHSA)
Motivational Enhancement Therapy	Client-centered counseling approach that helps resolve ambivalence about treatment and develop motivation to change drinking behavior.	SAMHSA
12-step Facilitation Therapy	Engages people in 12-step programs like Alcoholics Anonymous (AA), emphasizing acceptance, surrender to a higher power and group involvement.	AA
Contingency Management	Uses positive reinforcement to encourage sobriety, providing tangible rewards for meeting treatment goals like maintaining abstinence from alcohol.	Project MIMIC

Most effective behavioral therapies for treating AUD (*continued*)

Therapy	Description	Source for additional information
Behavioral Couples Therapy	Involves the patient's partner in treatment to improve relationship functioning and support recovery, enhancing both relationship satisfaction and drinking outcomes.	SAMHSA
Mindfulness-based Relapse Prevention	Combines mindfulness meditation with cognitive-behavioral strategies to increase awareness of triggers and develop nonreactive responses to stress and cravings.	SAMHSA
Dialectical Behavior Therapy	Combines cognitive-behavioral techniques with mindfulness practices to help manage emotions and reduce self-destructive behaviors.	American Psychological Association (APA)

Impact of Harm Reduction on AUD

Recent studies have highlighted the effectiveness of harm reduction strategies in the treatment of AUD, demonstrating significant benefits beyond traditional abstinence-based approaches. These strategies emphasize the importance of the person's autonomy in deciding their treatment path, including treatment paths that don't focus on abstinence.

Harm reduction strategies can include:



Providing medications like naltrexone that reduce alcohol cravings.



Using behavioral interventions such as contingency management, which offers incentives for positive behaviors like attending treatment sessions.



Allowing patients to set their own goals for reducing alcohol use, which can lead to greater personal investment and sustained engagement in treatment.^{9 10}

Disparities in AUD Treatment

While evidence-based treatments for AUD and, more broadly, substance use disorders (SUDs), do exist, there are clear disparities in who is offered or has access to high-quality treatment. The following factors have been shown to be linked to disparities in access to AUD treatment. These factors often intersect and exacerbate each other, and they tend to persist across socioeconomic status.



1. Race and ethnicity: Research shows that Black and Hispanic people are less likely to receive treatment for SUDs compared to white people. Among those who do receive treatment, Black patients are more likely to have their treatment prematurely terminated, often being asked to leave before completing it. This is partly attributed to a lack of culturally competent care and implicit biases within the health care system. Additionally, Medicaid expansion has been associated with increased treatment admissions, but several states with large Black populations have not adopted the expansion, worsening existing access issues.^{11 12}



2. Gender: A study examining 600,000 discharge records found that women, especially women of color, complete alcohol treatment at significantly lower rates than men. This disparity is more pronounced when considering the intersection of gender, race and ethnicity. Black, Latina and American Indian/Alaska Native women have lower treatment completion rates compared to white men, reflecting broader social inequities, including limitations around access to childcare, transportation and job flexibility.^{11 13 14}



3. Geography: Rural areas face significant challenges in providing adequate substance use treatment services. Despite having similar rates of alcohol use, rural populations have fewer treatment facilities, and the available services often lack the comprehensiveness found in urban centers. This geographic disparity limits access to necessary care for those living in remote areas.^{11 13}



4. Insurance: Insurance coverage plays a critical role in accessing treatment for AUD. Medicaid is a major payer for mental health and SUD services, helping many who otherwise might not be able to afford treatment, but gaps in coverage persist for people not covered under Medicaid. States that have expanded Medicaid show higher rates of treatment admissions, but many states with significant minority populations have not expanded Medicaid, further compounding inequities in treatment access.^{11 12}

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