

# Options for People Who are Thinking About Their Drinking

## Decision Aid Booklet Overview for Providers



The purpose of the decision aid is to help patients who may be drinking at a level of concern decide whether they want to:

- Cut down
- Stop
- Make no changes at this time

For patients who are considering changing their drinking, the decision aid provides information on 5 types of treatments that help patients:

- Counseling
- Medications
- Group-based treatment
- Peer support
- Changing on their own

Here are some things your patient will learn from the decision aid:

### General:

- The definition of alcohol use disorder is having  $\geq 2$  of 11 symptoms due to drinking (for DSM-5).
- Many patients recover from alcohol use disorder while continuing to drink below recommended limits.

### Treatments shown effective in randomized controlled trials:

- Naltrexone and acamprosate are effective FDA-approved medications for treating alcohol use disorder.
- Both help patients who are cutting down or stopping, but most trials focused on stopping.
- Effective approaches to 1:1 counseling are: cognitive behavioral therapy, motivational enhancement therapy, 12-step facilitation, community reinforcement approach.

### What we know from other research:

- Disulfiram is effective for stopping drinking if adherence is monitored.
- Outpatient treatment is as effective, or more effective, than inpatient treatment.
- Engagement with Alcoholics Anonymous (AA) is associated with improved outcomes.
- Peer support options other than AA include: Moderation Management (for patients who want to cut down) and SMART Recovery (CBT-based, non-spiritual), and 2 others; less research has been done on these programs.
- The typical group-based, 12-step treatment that is available in most communities has never been evaluated in a randomized controlled trial (but many people report benefitting).

### What we know is NOT effective:

- Confrontational approaches have been shown to be ineffective.
- Programs that make you drink a lot until you get sick do not work.
- Patients don't need to hit "rock bottom"; changing earlier may be easier.
- "Detox"—medical management of alcohol withdrawal—is important for many patients but if used alone it is not effective treatment and needs to be followed by effective treatment.

### Other information that might be helpful to your discussion:

- Naltrexone (the medication for treating alcohol use disorders) and naloxone (used to treat overdose) are two different medications.
- For patients who are in at least 1 year of recovery from alcohol use disorders the chance of relapse 3 years later is:
  - For patients who abstain: 6% relapse
  - For patients who drink below recommended limits: 22% relapse
  - For patients who drink above recommended limits: 40% relapse