

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoom.us/j/82980742956>(link is external)
- **Phone:** 301-715-8592
 - Enter the Webinar ID: 829 8074 2956#.
 - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2021.htm>.



Alcohol Use Disorder Evaluation and Diagnosis

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March 18th, 2021



Disclosure

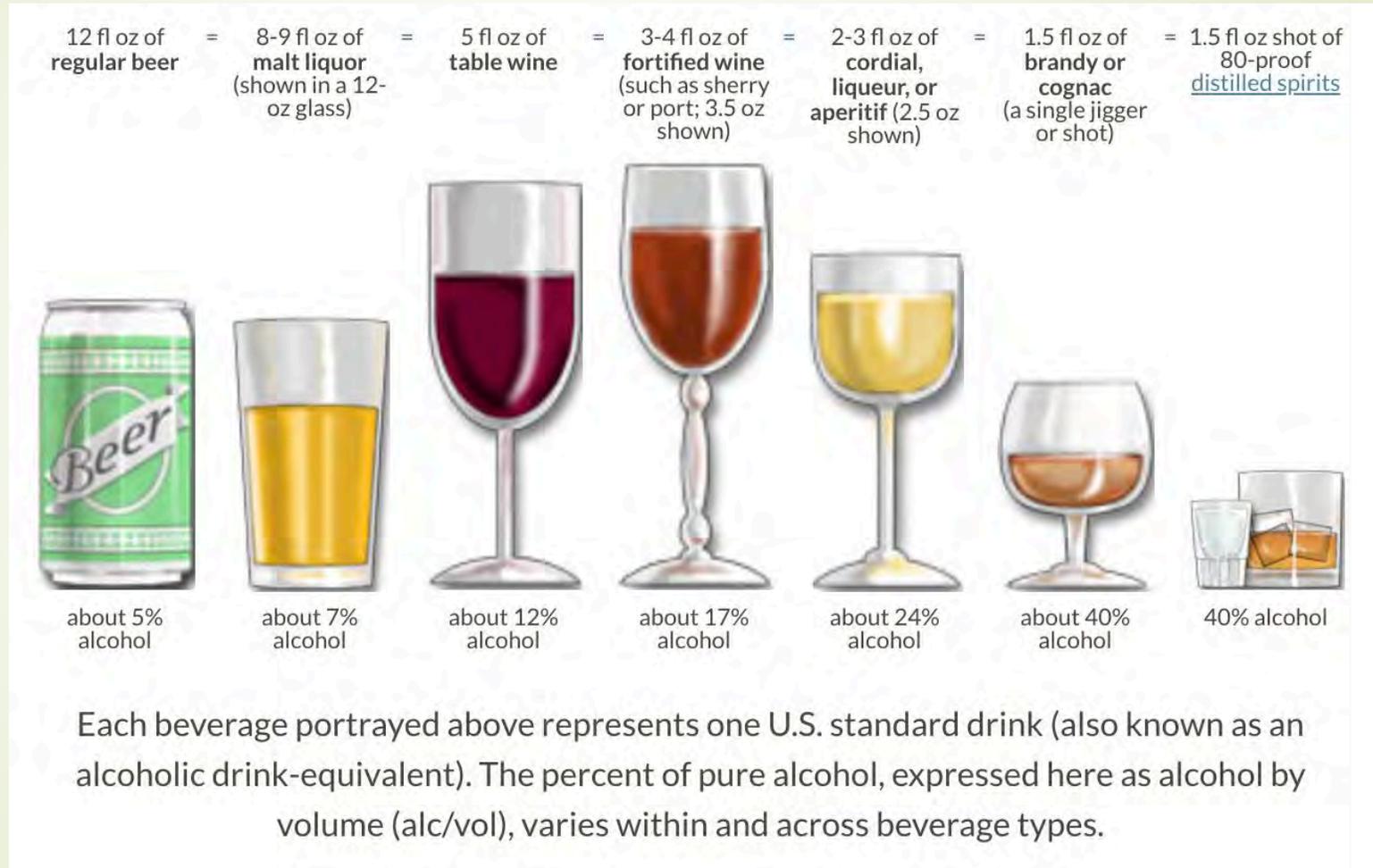
- ▶ No disclosures to report



Objectives

- Understand alcohol use
- Feel comfortable discussing alcohol use
- Becoming aware of the impact of alcohol use
- What is an alcohol use disorder
- The concern of alcohol withdrawal
- Being able to screen for alcohol use
- Knowing the treatment options for alcohol use

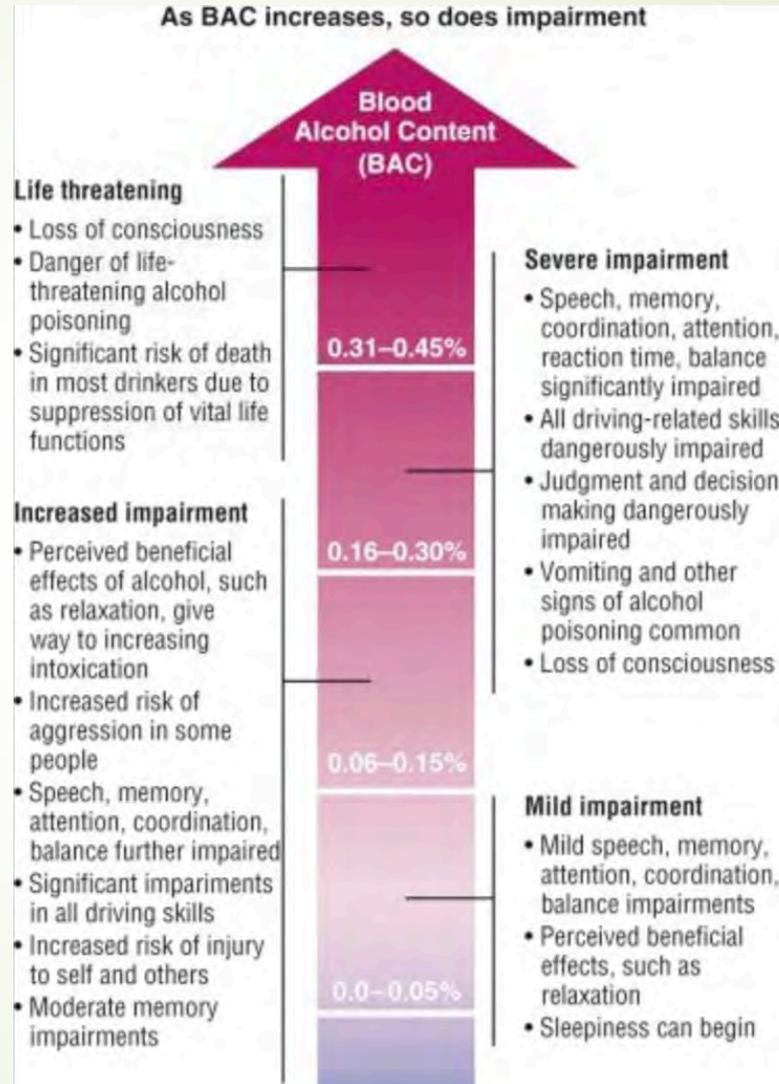
Standard Drink





STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
 12 oz. = 1 16 oz. = 1.3 22 oz. = 2 40 oz. = 3.3 ~5% alcohol	
MALT LIQUOR	
 8-9 oz. = 1 12 oz. = 1.5 16 oz. = 2 22 oz. = 2.5 40 oz. = 4.5 ~7% alcohol	
TABLE WINE	
 5 oz. = 1 a 750 mL (25 oz.) bottle = 5 ~12% alcohol	
80-proof SPIRITS (hard liquor)	
 1.5 oz. = 1 a mixed drink = 1 or more* a pint (16 oz.) = 11 a fifth (25 oz.) = 17 1.75 L (59 oz.) = 39 ~40% alcohol	*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

Intoxication





Unhealthy Alcohol Use

➤ Risky or at-risk use

- Does not meet criteria for an alcohol use disorder, but above the recommended daily, weekly, or binge amount

- Women and men 65 and older:

- No more than 3 drinks per day, and no more than 7 drinks per week

- Men ages up to 64:

- No more than 4 drinks per day, and no more than 14 drinks per week

➤ Binge Drinking

- Drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days



DSM 5 Criteria for Alcohol Use Disorder

At least 2 of the following within a 12 month period:

1. Alcohol taken in larger amounts or over a longer period of time than was intended
2. Persistent desire or unsuccessful efforts to cut down or control alcohol use
3. Great deal of time is spent on activities necessary to obtain alcohol, use, or recover from its effects
4. Craving, strong desire, or urge to use alcohol
5. Recurrent alcohol use resulting in a failure to fulfill obligations (work, school, home)
6. Continued use despite having persistent or recurrent interpersonal or social problems exacerbated by the effects of alcohol
7. Important social, occupational, or recreational activities given up or reduced due to alcohol
8. Recurrent use in situations in which it is physically hazardous
9. Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
10. Tolerance
11. Withdrawal



DSM Severity

- Mild: presence of 2-3 criteria
- Moderate: presence of 4-5 criteria
- Severe: presence of 6 or more criteria

- Remission:
 - Early: none of the criteria for use disorder have been met for at least 3 months, but less than 12 months, with the exception of #4-cravings
 - Sustained: none of the criteria met for a period of 12 months or longer, with the exception of #4- cravings



Alcohol Use in the United States

- ▶ Per the National Survey on Drug Use and Health (NSDUH) in 2019:
 - ▶ Individuals 18 and older 85.6% had alcohol during their lifetime
 - ▶ 25.8% reported engaging in binge drinking over the past month
 - ▶ 6.3% reported engaging in heavy alcohol use in the past month
 - ▶ For people ages 12 and older, 14.5 million had an alcohol use disorder
 - ▶ 9 million men and 5.5 million women
 - ▶ 7.2% of people in this age range received any treatment in the past year for AUD
 - ▶ Less than 4% with AUD were prescribed an FDA approved medication for AUD
- ▶ Alcohol is the third leading preventable cause of death in the United States with an estimated 95,000 deaths annually

Wisconsin Department of Health Services: Alcohol and other drug use statistics

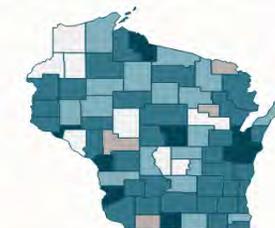
	Alcohol Use in the Past Month	Binge Drinking in the Past Month	Perceive Great Risk from Weekly Binge Drinking
Wisconsin	64.4%	21.9%	38.7%
U.S.	55.6%	16.1%	44.9%

Overview:
This dashboard displays estimates of adult alcohol consumption from two national health surveys, the Behavioral Risk Factor Survey and the National Survey on Drug Use and Health. These surveys present a picture of alcohol consumption in Wisconsin and the nation.

Binge Drinking

22.9%

Statewide Estimate
(2014 - 2019)

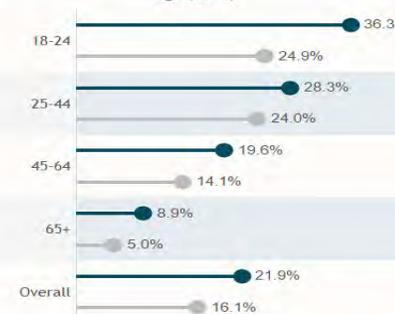


Binge Drinking Rates by County

- 13-16%
- 17-21%
- 22-26%
- 27-31%
- Insufficient data

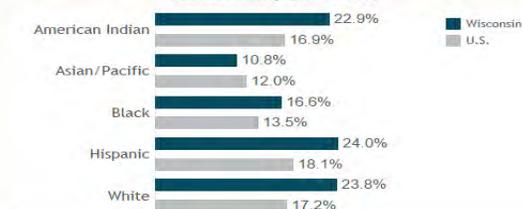
© 2021 Mapbox © OpenStreetMap

Percentage who Engaged in Binge Drinking in the Past Month, by Age (2019)



Wisconsinites in every age group engaged in more binge drinking than the U.S. median for that age group. Wisconsinites ages 18 to 24 had the highest proportion of binge drinkers.

Percentage who Engaged in Binge Drinking in the Past Month, by Race/Ethnicity (2014-2019)



With the exception of Asians, Wisconsinites of all races and ethnicities engaged in binge drinking at higher rates than the U.S. median.

Select a question to see trend over time:
Alcohol Use in the Past Month

Trend Over Time: Percentage who Consumed Alcohol in the Past Month



Recommended Citation: Wisconsin Department of Health Services, DHS Interactive Dashboards, Alcohol Adult Consumption

Filters

Select a Demographic:
Age

Technical Notes

Email Us!

Chronic Alcohol Hospitalizations

Emergency Room Visits	Emergency Room Rate per 100,000 residents	Inpatient Visits	Inpatient Visits Rate per 100,000 residents
36,925	635.7	34,534	594.6

Chronic alcohol-related hospitalizations include those that are directly related to long term use of alcohol, such as liver cirrhosis and alcohol dependence. Acute alcohol hospitalizations (such as alcohol poisoning) are not included in this dashboard. The Technical Notes page contains the full list of included causes of death that are directly due to long term use of alcohol.

Inpatient care means the patient has been admitted to the hospital on a doctor's order. The emergency room is a treatment facility that specializes in the acute care of patients without prior appointments.

Filters

Select Rate or Count
Count

Year(s)

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019

Age

All

Ethnicity

All

Sex

All

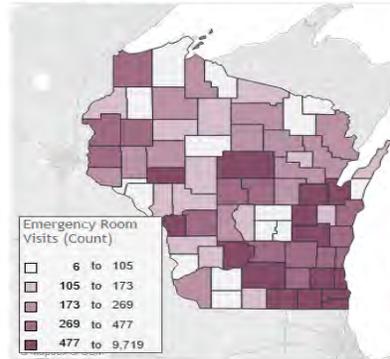
Race

All

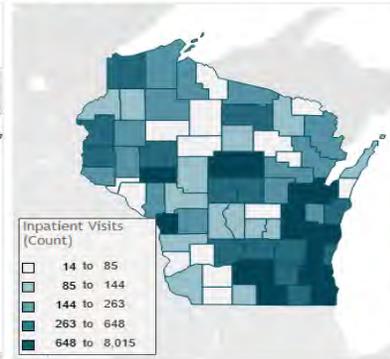
Patient Type

Inpatient

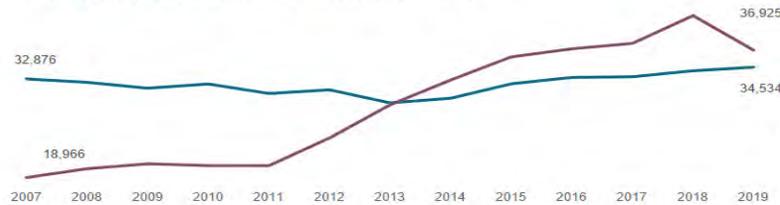
Emergency Room Select county to filter



Inpatient Select county to filter

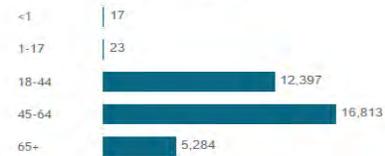


Emergency Room and Inpatient Over Time



Click on the bars below to filter by that demographic group for the entire dashboard (example: click on female in the "visits by sex" bar chart). Click on whitespace in the dashboard to unfilter.

Inpatient visits by Age



Inpatient visits by Race



Inpatient visits by Sex



Inpatient visits by Ethnicity



Patient Type

Inpatient

Technical Notes

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Wisconsin's Estimated Alcohol-Attributable Deaths ?

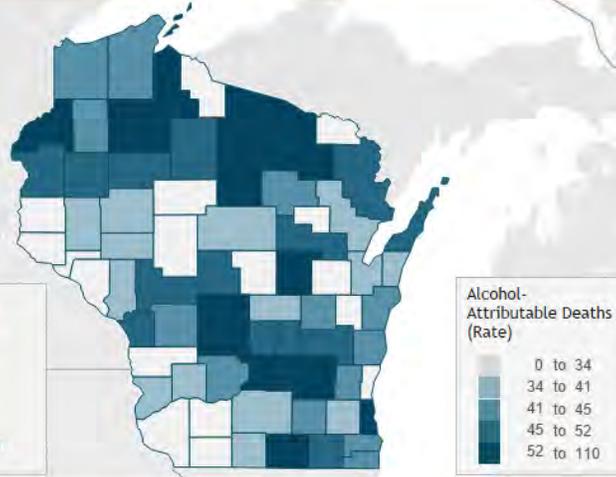
All Alcohol Deaths
43
per 100,000 residents

Chronic Deaths
19
per 100,000 residents

Acute Deaths
25
per 100,000 residents

Click on a county to filter the dashboard. Ctrl-click to select multiple counties.

Minnesota



Statewide Rate of All Alcohol-Attributable Deaths

43
per 100,000 residents

Filters

Cause of Death
All Alcohol-Attributable Deaths

Rate or Count
Rate

Year
 2014
 2015
 2016
 2017
 2018
 2019

Age
All

Ethnicity
All

Race
All

Sex
All

Click on a demographic group in the bar chart (e.g., "Female") to filter the rest of the dashboard.

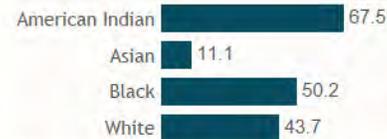
All Alcohol-Attributable Deaths by Sex (2017, 2018, 2019)



All Alcohol-Attributable Deaths by Age (2017, 2018, 2019)



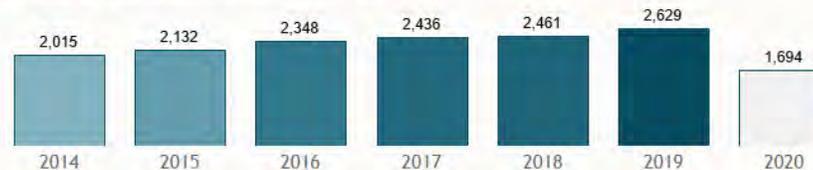
All Alcohol-Attributable Deaths by Race (2017, 2018, 2019)



All Alcohol-Attributable Deaths by Ethnicity (2017, 2018, 2019)



All Alcohol-Attributable Deaths Over Time



Technical Notes

Email Us!

Recommended Citation:

Wisconsin Department of Health Services. DHS Interactive Dashboards: Alcohol Death Module. Last Updated: 2/9/2021 8:00:29 PM.

Withdrawal

Timing of alcohol withdrawal syndromes

Syndrome	Clinical findings	Onset after last drink
Minor withdrawal	Tremulousness, mild anxiety, headache, diaphoresis, palpitations, anorexia, gastrointestinal upset; normal mental status	6 to 36 hours
Seizures	Single or brief flurry of generalized tonic-clonic seizures, short postictal period; status epilepticus rare	6 to 48 hours
Alcoholic hallucinosis	Visual, auditory, and/or tactile hallucinations with intact orientation and normal vital signs	12 to 48 hours
Delirium tremens	Delirium, agitation, tachycardia, hypertension, fever, diaphoresis	48 to 96 hours



Monitoring Withdrawal

- ▶ Clinical Institute Withdrawal Assessment for Alcohol (CIWA)
 - ▶ 10 question evaluation with severity rating
 - ▶ Nausea/vomiting, tremor, paroxysmal sweats, anxiety, agitation, tactile disturbances, auditory disturbances, visual disturbances, headache, orientation
 - ▶ Will provide a total point count that can provide an interpretation of very mild, mild, modest, and severe withdrawal
- ▶ Can provide the severity of withdrawal, but does not predict which patients are at risk of withdrawal



Withdrawal Risk

- ▶ Those with alcohol dependence that require pharmacological treatment for withdrawal ranges between 5-20%
- ▶ However, moderate to severe withdrawal can increase in hospital morbidity and mortality, prolong hospital stays, and increase cost of care
- ▶ Best predictor of withdrawal severity is previous withdrawal severity
- ▶ Other risk factors include withdrawal symptoms even with an elevated blood alcohol content (BAC), high BAC on admission, increased time since last drink, withdrawal seizure, medical illness, mental status changes, other substance use
- ▶ Utilization of a Prediction of Alcohol Withdrawal Severity Scale (PAWSS):
 - ▶ 10 question scale
 - ▶ Alcohol consumed over last 30 days, history of withdrawal, seizures, delirium tremens, undergone alcohol rehabilitation, history of blackouts, combined with other downers (benzos or barbs) in the past 90 days, combined with any other substance over the past 90 days, current BAL over 200 (.2%), evidence of increased autonomic activity
 - ▶ Maximum score is 10, a score >4 suggests a high risk for moderate to severe withdrawal



Screening

- ▶ The US Preventive Services (USPSTF) recommends screening for unhealthy alcohol use in primary care settings in adults 18 and older, including pregnant women
 - ▶ Provide those engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use
- ▶ Utilize a Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach
- ▶ USPSTF determined that 1-item to 3-item screening instruments have the best accuracy for assessing unhealthy alcohol use in individuals over 18
 - ▶ Abbreviated Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)
 - ▶ AUDIT 10 question tool can be used for follow up or initial screen, correctly identifies 95% of individuals as having or not having AUD
 - ▶ Single Alcohol Screening Question (SASQ)
 - ▶ Cut down, Annoyed, Guilty, Eye-opener (CAGE) tool detects dependence but not unhealthy alcohol use
 - ▶ Screening tools for pregnant women: TWEAK, T-ACE, 4P's Plus, NET



NIDA Quick Screen

- ▶ Single alcohol screening question (SASQ)
- ▶ “How many times in the past year have you had...
 - ▶ For men: 5 or more drinks in a day?
 - ▶ For women: 4 or more drinks in a day?



AUDIT-C

1. How often do you have a drink containing alcohol?
 - a) Never
 - b) Monthly or less
 - c) 2-3 times per month
 - d) 2-3 times per week
 - e) 4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?
 - a) 1-2
 - b) 3-4
 - c) 5-6
 - d) 7-9
 - e) 10 or more
3. How often do you have six or more drinks on one occasion?
 - a) Never
 - b) Less than monthly
 - c) Monthly
 - d) Weekly
 - e) Daily or almost daily

- Scoring: a= 0 points, b= 1 point, c= 2 points, d= 3 points, e= 4 points
- For men 4 points or more is a positive screen
- For women 3 points or more is a positive screen
- Unless if all the points are from #1 alone, and 2 and 3 are 0

AUDIT

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <input type="checkbox"/>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <input type="checkbox"/>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <input type="checkbox"/>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="checkbox"/>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="checkbox"/>
<p>Record total of specific items here <input type="checkbox"/></p> <p><i>If total is greater than recommended cut-off, consult User's Manual.</i></p>	

Positive Score:

- 8 or greater = harmful or hazardous use
- 13 or greater for women is consistent with AUD
- 15 or greater for men is consistent with AUD



Motivational Interviewing

- Stages of change:
 - Precontemplation (unaware), contemplation (recognize), preparation, action, maintenance
- MI:
 - A collaborative form of communication
 - Focus on change for a specific goal
 - Exploring an individual's own reason for change
- Helpful for those who have high ambivalence, low confidence, low desire
- Core skills of open questions, affirmation, reflections, summarizing

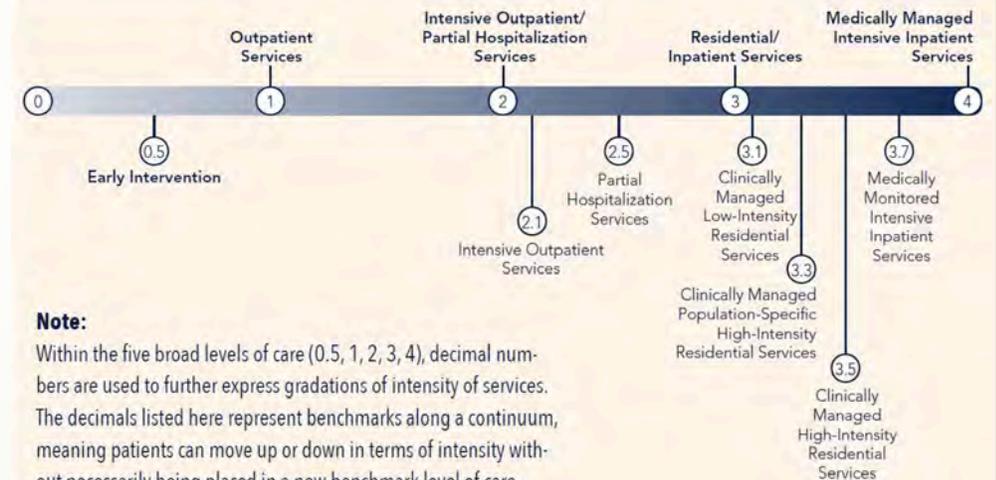
ASAM Criteria

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.



Treatment Consideration

- Mild disorder:
 - Psychotherapy, groups
- Moderate and severe disorder:
 - Combination of medications, psychotherapy, groups

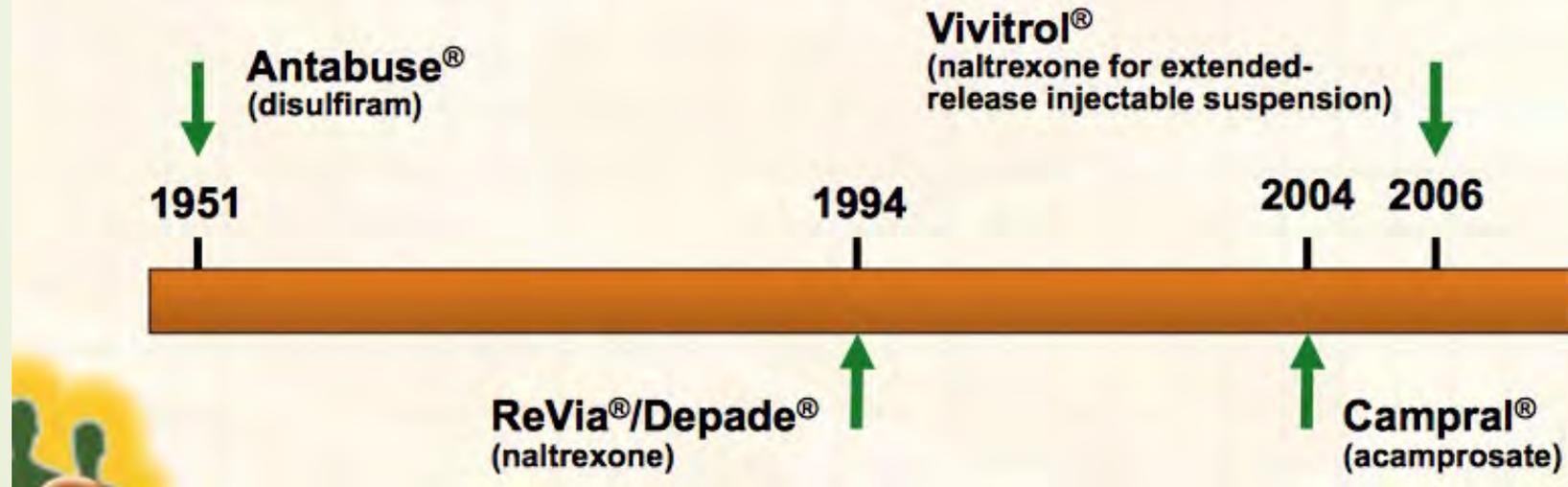
- Forms of treatment:
 - 12 step facilitation, Alcohol Anonymous:
 - Peer-to-peer support organization
 - Cognitive behavioral therapy
 - Combination of treatment

Project MATCH (Matching Alcoholism Treatment to Client Heterogeneity): rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcohol Clin Exp Res*. 1993 Dec;17(6):1130-45. doi: 10.1111/j.1530-0277.1993.tb05219.x. PMID: 8116822.

John F Kelly, Alexandra Abry, Marica Ferri, Keith Humphreys, Alcoholics Anonymous and 12-Step Facilitation Treatments for Alcohol Use Disorder: A Distillation of a 2020 Cochrane Review for Clinicians and Policy Makers, *Alcohol and Alcoholism*, Volume 55, Issue 6, November 2020, Pages 641–651, <https://doi.org/10.1093/alcalc/agua050>

Medications

There are currently four FDA-approved pharmacotherapies for alcohol dependence.





Medication Assisted Treatment:

▶ FDA Approved:

▶ Disulfiram (Antabuse) 1951: inhibits aldehyde dehydrogenase

- ▶ If alcohol is consumed: flushing, palpitations, nausea, vomiting headache
- ▶ Those wanting complete abstinence
- ▶ Reaction occurs about 10-30 minutes after drinking
- ▶ Reaction can be triggered by small amounts of ethanol in household products

▶ Naltrexone (Revia) 1994: opioid receptor antagonist

- ▶ Reduces the reinforcement/euphoria produced by alcohol
- ▶ Must be opioid free for at least 1 week
- ▶ Focus on relapse prevention
- ▶ Long acting-(vivitrol) 2006

▶ Acamprosate (Campral) 2004: antagonist at glutamatergic NMDA receptors, and agonist at GABA

- ▶ Reduces cravings, diminishing arousal, anxiety and insomnia
- ▶ Relapse prevention
- ▶ Three time a day dosing

▶ Off-label:

- ▶ Gabapentin, topiramate, baclofen



Online resources

- ▶ Virtual meeting resources:

- ▶ aa.org
- ▶ aa-intergroup.org
- ▶ intherooms.com
- ▶ smartrecovery.org
- ▶ al-anon.org



Thank you!

▸ Questions?



Resources

- ▶ <https://www.niaaa.nih.gov/alcohols-effects-health/overview-alcohol-consumption/what-standard-drink>
- ▶ https://pubs.niaaa.nih.gov/publications/practitioner/pocketguide/pocket_guide2.htm
- ▶ <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose>
- ▶ <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose>
- ▶ US Preventive Services Task Force, Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, Doubeni CA, Epling JW Jr, Kemper AR, Kubik M, Landefeld CS, Mangione CM, Silverstein M, Simon MA, Tseng CW, Wong JB. Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2018 Nov 13;320(18):1899-1909. doi: 10.1001/jama.2018.16789. PMID: 30422199.
- ▶ Alcohol-related disorders. In: *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Arlington, VA: American Psychiatric Association; 2017. <https://dsm-psychoiatryonline-org.ezproxy.library.wisc.edu/doi/full/10.1176/appi.books.9780890425596.dsm16#CHDIBCJD>. Accessed February 27, 2021.
- ▶ <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>
- ▶ <https://www.dhs.wisconsin.gov/aoda/adult-use.htm>
- ▶ https://www.uptodate.com/contents/management-of-moderate-and-severe-alcohol-withdrawal-syndromes?search=alcohol%20withdrawal&source=search_result&selectedTitle=1-150&usage_type=default&display_rank=1
- ▶ Maldonado JR, Sher Y, Das S, Hills-Evans K, Frenklach A, Lolak S, Talley R, Neri E. Prospective Validation Study of the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) in Medically Ill Inpatients: A New Scale for the Prediction of Complicated Alcohol Withdrawal Syndrome. *Alcohol Alcohol*. 2015 Sep;50(5):509-18. doi: 10.1093/alcalc/agg043. Epub 2015 May 21. PMID: 25999438.
- ▶ Uppeck CH, Barnas C, Falk M, Guenther V, Hummer M, Oberbauer H, Pycha R, Whitworth AB, Fleischhacker WW. Assessment of the alcohol withdrawal syndrome-- validity and reliability of the translated and modified Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-A). *Addiction*. 1994 Oct;89(10):1287-92. doi: 10.1111/j.1360-0443.1994.tb03307.x. PMID: 7804089.
- ▶ US Preventive Services Task Force, Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, Doubeni CA, Epling JW Jr, Kemper AR, Kubik M, Landefeld CS, Mangione CM, Silverstein M, Simon MA, Tseng CW, Wong JB. Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2018 Nov 13;320(18):1899-1909. doi: 10.1001/jama.2018.16789. PMID: 30422199.
- ▶ https://cde.drugabuse.gov/sites/nida_cde/files/Audit-C_2014Mar24.pdf
- ▶ <https://www.drugabuse.gov/sites/default/files/audit.pdf>
- ▶ Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. New York: Guilford Publ.; 2012.
- ▶ <https://www.asam.org/asam-criteria/about>
- ▶ Project MATCH (Matching Alcoholism Treatment to Client Heterogeneity): rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcohol Clin Exp Res*. 1993 Dec;17(6):1130-45. doi: 10.1111/j.1530-0277.1993.tb05219.x. PMID: 8116822.
- ▶ John F Kelly, Alexandra Abry, Marica Ferri, Keith Humphreys, Alcoholics Anonymous and 12-Step Facilitation Treatments for Alcohol Use Disorder: A Distillation of a 2020 Cochrane Review for Clinicians and Policy Makers, *Alcohol and Alcoholism*, Volume 55, Issue 6, November 2020, Pages 641-651, <https://doi.org/10.1093/alcalc/aqaa050>
- ▶ Jonas, DE, Amick, HR, Feltner, C et al. Pharmacotherapy for adults with alcohol use disorders in outpatient settings: a systematic review and meta-analysis. *JAMA*. 2014; **311**: 1889-1900