Transcript: Treating Alcohol Use Disorder in an Integrated Care Setting

November 13, 2025

Webinar support: Welcome to the *Behavioral Health Substance Use Disorder Integration Technical Assistanc*e webinar, Treating Alcohol Use Disorder in Integrated Care Setting. Please note our disclosure. This event was produced for the Health Resources and Services Administration, Bureau of Primary Health Care. Participants have entered in a listen-only mode. Submit questions by using the question and answer feature. To open the Q&A, click the Q&A icon at the bottom of your Zoom window. Questions will be submitted to the presenter and technical assistance support staff. You are welcome to submit questions at any time. We offer Behavioral Health Continuing Education units for participation in BHSUD Integration Technical Assistance events.

If you experience any technical issues during the event, please message us through the Q&A feature. This event is being recorded. The slides, recording, and transcript will be available on the TA portal following the webinar. We have more continuing education opportunities coming up for you. Please register for December events or join a Community of Practice. There is a Community of Practice focused on integrating addiction treatment services into primary care that you may be interested in joining if you have not already signed up. We'll add the links to the upcoming events into the chat momentarily and hope you'll consider joining us at one or more of these events.

I am pleased to introduce you to today's presenter. Akiva Mandell is a senior associate of addiction medicine at Bizzell US and a board-certified psychiatrist of more than 30 years with added qualifications in addiction psychiatry. His work experience has included direct clinical treatment at the inpatient partial hospitalization, outpatient, and residential levels of care, as well as an administration. Dr. Mandell served for eight years as the medical director for the Vermont State of drug and alcohol programs. There, he was a key participant in the creation of the Vermont hub and spoke model for the delivery of medication for opioid use disorder. Prior to joining Bizzell US, he served for five years as the chief medical officer for community substance abuse centers in New England. He currently supports training and technical assistance activities for Bizzell US as a subject matter expert.

It is now my pleasure to turn the webinar over to Akiva. Akiva, please go ahead.

Akiva Mandell: Thank you for that grand introduction, and we can move on along. Thank you, everybody for coming. I see there's quite a few people here. This is a very quick half hour, a lot of information to give you a taste of, and to make you more interested in getting more education, information on the topic of alcohol use, treating alcohol use disorder in primary care. We're going to talk about today, very briefly, all of it, describe how to develop a patient-directed treatment plan to manage alcohol use disorder, AUD, is how we're going to say it, in an integrated care setting. Next slide, please.

This is a polling question. It's all of that applied to you. I often hear that I don't know what to do when I have a positive screen. I don't know what to do if I have a positive assessment. How do I know if a person's really using more or less than they tell me? Does it matter? There's a whole lot of questions that come up, and I'm really interested to know what your thoughts are, what your challenges are. Please choose all the ones that are applicable.

[pause 00:04:06]

Akiva Mandell: Kayla, I don't see anything happening. Do I just say stop now?

Webinar support: Yes, go ahead and end the poll now. One moment.

Akiva Mandell: Let's end it, please. Limited knowledge of evidence-based, beautiful, that's what we're going to start with today. Challenging with screening, these are all great. It looks like they pertain to quite a few. Limited provider training specific to integration. Stigma came up pretty strongly there, and lack of provider follow-up on treatment. Quite a broad spectrum of concerns that you all are experiencing. We can close the poll, please. This is a great jumping-off spot for us. Next slide, please.

That's some definitions. Screening, what is screening? It is a yes or no. Is there or is there not a potential problem? Very much like a drug tox screen. Is it yes or is it no? That's the results. There's cocaine or there's not. There's alcohol or there's not. These are yes or no's. That's what we call them, screening. Next slide, please. Assessment is delving deeper, defining the nature of the problem, seeing if there's a diagnostic criteria from this situation today, alcohol use disorder, if the criteria are met, and developing treatment recommendations to address the problem or the diagnosis. The assessment takes the screening several steps more to look at treatment intensity, treatment setting, and supportive services. Next slide, please.

Responding to screening, if we're screening everyone, and we're going to talk about why we do that, because we want to remove stigma and we want to make sure that, because alcohol and substance use disorders are prevalent throughout primary care in all the substances, not just alcohol, but that's what we're focusing on today. If we're screening everyone using an evidence-based tool, it takes the guesswork out of what you're doing. I think by doing that, we can be able to **[unintelligible 00:06:56]** screening and assessment, and then we go on to do an assessment.

Let's not forget that if someone is negative, screens negative for alcohol use disorder **[unintelligible 00:07:16]**. Nice job. Keep it up. You would say that for someone who doesn't smoke cigarettes as well, but again, for this situation with alcohol. If someone screens positive for potential alcohol use disorder problem, we're going to intervene, help us tailor our intervention.

For example, high risk is someone who's in your office who is in acute alcohol withdrawal or at risk for being in alcohol withdrawal or acutely intoxicated. The kind of person that you want to be sending to potentially an emergency room. Moderate risk and lower risk, we're going to show you how you can look at those. Then any intervention, you're needing to review it and to revisit it. Next slide, please.

In terms of looking at alcohol use disorder, there are a variety of ways of approaching it. We're going to look at the behavioral health interventions, and we call screening, brief intervention, referral to treatment. That's SBIRT. You may have heard of that before. Motivational interviewing, cognitive behavioral therapy, mindfulness-based, contingency management, 12-step facilitation, couples, and I'm going quickly because this is just to, again, provide you with the introduction, the ideas of these, which you may want to look at more. There are medications for alcohol use disorder treatment, acamprosate, naltrexone, and disulfiram. Disulfiram is used much less these days, but certainly can be helpful. Acamprosate doesn't have a lot of drug interactions, whereas disulfiram can cause other problems. Next slide, please,

SBIRT, the reason we're talking a little bit more about SBIRT today is because it does require coordination between clinical and operation staff to be effectively implemented. There are two aspects, and this is why we brought it up. The risk stratification is really important, again, we said low, medium, or high risk. Then once you've established that, the level of risk for this person, and we're talking about risk of negative consequences of their substance use, of their alcohol use. What are the potential problems? Are you seeing abnormal labs? Are you seeing other indications that someone may be struggling with alcohol use disorder? Stratifying the risk is really important. Then motivational interviewing, which, again, this is a taste to think about. Some of you may be familiar with motivational interviewing. That's the two key aspects of SBIRT. Next slide, please.

To be a little more concrete for a moment, people do say to me, "Tell me more about evidence-based tools that I can use in my office. The TAPS (Tobacco, Alcohol, Prescription Medication, and Other Substance Use) tool is a double protocol that starts with assessment. If the person's screening, it starts with the screening, if there is a positive in the screening, it goes on to do an assessment in the same interview. We're going to demonstrate this.

It looks at the frequency of substance use in the last 12 months with the screening, and it's positive or negative. The assessment follows - it's a double algorithm, was the word I was looking for. The second algorithm is if someone tested positive in the screening, we're following up and delving more deeply, and it reviews the alcohol use in the past three months. I'm going to do a quick demo of this and we're going to do some shenanigans with the screens. I'm going to move this away.

This is a NIDA (National Institute on Drug Abuse)-published, evidence-based tool, and you're welcome to follow along with this. The information that is showing here on the opening page is more information could be about where this came from and frequently asked questions about screening. I'm going to be the clinician and so please hit that. Now, what I want you to remember is it's not that important to see every screen or every part of the assessment that I'm going to do. It's to give you an idea that this exists for you. What the tabs does is gives you a report at the end of your going through it to assign a level of risk and so that in the level of acuity. If we start, please.

In the past 12 months, how often have you used tobacco? The screening in the tobacco. Today, we're going to say monthly because I want to give you a pretty broad spectrum in terms of what the report looks like, but we're going to give the

person who's using alcohol. Because that's the focus of today's session, we're going to be having them use daily or almost daily. Have you used any prescription medications just for the feeling? We're going to say never for this one. Never is a negative screen. That will not be followed up on in the second half of the algorithm. We're going to say less than monthly on marijuana, crack/cocaine, et cetera, so there's going to be a follow-up on that one.

We're back to smoking cigarettes. Did you smoke in the last three months? We're going to say yes. Then two more questions about their use in the last three months, and so we're going to say yes, no. Then did you have a drink containing alcohol? Yes, because we're going to make this pretty acute. We're going to say yes, yes, yes because the first, in the last three months, five or more drinks for men or four or more drinks containing alcohol on a date, that's the top limit. The standards that have been set, have you tried and failed to stop or control your use? Has anyone expressed annoyance or concern about your drinking? We're going to say yes for all of those. Next, finish that one. Did you use marijuana? We're going to say no. The past three months, no. Did you use heroin? No. Illegal recreational drugs? No.

This is the ending, the results that are generated for you. The tobacco risk level shows high here, but let's go down to the alcohol risk. What I want you to see is that the red is the high-risk level, and for cannabis, it's yellow or gold. That's a lower undetermined risk they may have used, but for the alcohol, patients with this result are at a high risk for adverse outcomes related to alcohol use, and are likely to meet DSM (Diagnostic and Statistical Manual) criteria. Could you show the actions, please?

This is some ideas as to where to go, and people said that they don't know what to do. Often, they'll say to me they don't know what to do after someone screens positive or a positive assessment. What do I do now? Well, this is part of the TAPS tool, was designed to not leave you just hanging with a positive result. The suggested intervention at this risk level is to confirm the diagnosis. Any result here or any kind of screening and assessment means that it's a springboard for you to jump into a further assessment.

While we're on this page, I'd like people to remember that using an evidence-based tool, again, takes the guesswork out of how much someone is really using. Doing it across your entire practice is really key because that way you're looking at how prevalent alcohol use disorder is in your practice. There are some pretty basic things that they suggest to use to express concern and recommended cessation using motivational interviewing techniques. Again, that's a much larger topic, but here are the ideas: on-site counseling or referral to an off-site counseling or potentially for detox.

It's important to remember that assess and manage any co-occurring problems, such as pain, depression, which may be impacting the alcohol use. You're taking the person as a whole and not trying to split them into different components. One of the important things at the bottom there is advice not to use alcohol and drive. If someone is in your office appearing intoxicated, it's important that you discuss how you're going to let them leave your office. Are you going to call them a cab? Are you going to have someone come pick them up? You don't want them leaving your office

intoxicated, too much of a risk. Jenny, if you hit the additional resources button, please.

Additional resources for you here, and the motivational interviewing skills practice by NIDA is in there. SBIRT from Yale, principles of drug use, treatment, et cetera. More information about alcohol's effects on health and facts, and statistics. If you scroll down the larger, again for a minute, the cannabis use was gold, stimulant use, undetermined. They may have used in the last 12 months. They still may be at risk for further problems. I like to use this as part of the treatment plan and that you push across the table and say, "This is red. I'm really concerned about this. I'd like to follow up on your cannabis use." Is there anything below this one?

Opiate use, they're all undetermined. I did that on purpose. I wanted you to see that the different drug categories and families may be problematic. They had not used in the last 12 months. They still may be at risk for resuming use, even if they haven't used. Providing positive reinforcement for their not using is a real key part of this. Again, very fast through TAPS. Don't worry, hold, this sedative hypnotic was at minimal risk. It was a little bit higher in terms of not just minimal, but are undetermined. We can come out of this now. Back to our slides.

A brief look at motivational interviewing (MI). Part of this is engagement, focus, empower, and negotiate a plan. Now, engagement can be a squishy term. How do you know someone's engaged with you? Just because they say that, it's actually behavioral, and how are you going to make that determination. The motivational interviewing spirit has to do with compassion, acceptance, empowerment, and collaboration. The diagram and the title there for the role of MI after a positive screening is to make you more curious about it. For myself, I use pieces of MI, I use pieces of DBT (dialectical behavior therapy), pieces of other evidence-based tools for cognitive behavioral that I find helpful to meet the person where they are. Next slide, please.

Again, we're moving very, very quickly. Universal screening helps reduce stigma and normalize talking about alcohol use. We don't want someone to think we're picking on them. We just want to make sure we screen everyone now. Treatment interventions may include a combination of behavioral health and medication, depending on the acuity of the problems and the patient's readiness to change. A whole other topic, but another one to think about. Follow-up on screening and assessment interventions is key.

When you intervene for someone with high blood pressure, with high cholesterol, you always do a follow-up. Part of that is built in here, is what are we returning to and providing positive feedback for people who are making changes in the positive direction. Next slide, please. Here are resources for you. We didn't want you to come away empty-handed. It's nice to get something to take back with you, in addition to the TAPS tool. These are things that are available to you for no cost anytime you want to use them. There is a question. We do have time for a question.

Webinar support: We do have a question. Go ahead, Jenny.

Jenny Twesten: Yes, we do have a question about specifically the TAPS tool, and clarifying whether that is free and in the public domain.

Akiva Mandell: Yes. All of what we're showing you is in public domain. The TAPS is available as TAPS tool, and I believe it was put into the chat box. You can use this anytime, as often as you want. If you want it to be your double algorithm that you use for everybody, when they come in for their intake, when they come in back for their yearly physical, however frequently some of these to have follow-up if you've identified a problem, yes, it is free and public domain. Please use it.

Webinar support: It appears there are no further questions at this time.

Akiva Mandell: I would encourage you to attend some of the Communities of Practice. That's what it's called, right? The next series of webinars that we're doing to cover some more of the issues that we've been discussing here in a little bit more depth. We do get a whole hour for those, whereas the half hour for this one is just to give you a sprinkle.

Webinar support: We'd love your feedback on today's session. Please take a few moments to tell us about your experience and TA needs. In order to obtain behavioral health continuing education units for participation in today's event, you must attend the event and complete the Online Health Center TA satisfaction assessment form after the event. CE (continuing education) certificates will be sent within five weeks of the event from the Health Center BH/SUD TA team via Smartsheet.

Access more behavioral health substance use disorder integration technical assistance opportunities by emailing the team, visiting the TA portal, and subscribing to the Hub and Focus. Don't forget to check out the chat and register for upcoming events or joining the community of practice focused on addiction to further the lessons we discussed today. Thank you all for your attendance. This does conclude today's webinar, and you may now disconnect.