

NIAAA Update: Changing the Conversation Around Alcohol

Research Society on Alcohol

**June 25, 2023
Bellevue, Washington**

**George F. Koob, Ph.D.
Director**

**National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health**

In Memoriam:

George Fein, PhD and John Littleton, MD, PhD



Dr. George Fein was a long-time faculty member in the Department of Psychiatry at the University of California San Francisco and the San Francisco VA Medical Center and then the President of the Neurobehavioral Research, Inc. He advanced our understanding of the impacts of aging, alcohol and other substance use disorders, and psychiatric disorders on brain structure and function. He made the pivotal finding that treatment for and recovery from alcohol use disorder are associated with compensatory functional network alterations in the brain.



Dr. John Littleton was a long-time Professor at the University of Kentucky and co-founder of Naprogenix. His groundbreaking research contributed to our understanding of the molecular actions of alcohol including high throughput pharmacological screening for compounds that demonstrated preclinical efficacy in reducing alcohol's effects on the central nervous system. Dr. Littleton played a key role in exploring the mechanism of action of acamprosate that led to its approval by the FDA as a treatment for alcohol use disorder.

For further information go to News and Events tab on the NIAAA website

In Memoriam: Enoch Gordis, MD



Dr. Enoch Gordis served as the NIAAA director from 1986 to 2001. Dr. Gordis emphasized science as a way of understanding alcohol use disorder. Trained in internal medicine, he conducted research in the laboratory of Dr. Solomon Berson and Nobel Laureate Dr. Rosalyn Yalow during his residency at Mount Sinai Hospital in New York. Subsequently he worked in Dr. Vincent P. Dole's research laboratory at New York's Rockefeller University, where he began his career in the study

of addiction. He later worked with psychiatric researcher Dr. Ruth Fox, who helped introduce disulfiram in the United States as a medication to treat alcohol problems. In 1971, Dr. Gordis founded and directed a new alcohol treatment program at Elmhurst Hospital in Queens, NY. He remained there until his appointment to NIAAA.

At NIAAA, Dr. Gordis is remembered as a visionary leader. During his tenure as director, he oversaw the launch of several innovative research initiatives, including the Collaborative Study on the Genetics of Alcoholism, the National Longitudinal Alcohol Epidemiologic Survey, the Integrative Neuroscience Initiative on Alcoholism, and the Combined Pharmacotherapies and Behavioral Interventions clinical study.

Dr. Gordis' leadership embodied his love of science, his compassion as a clinician, and his demeanor as a gentleman. He inspired many and left a lasting impact on NIAAA, NIH, and the alcohol research field.

Remembering Enoch Gordis, MD



March 2014
Mark Keller Honorary Lecture
NIH Clinical Center Auditorium

Staff Announcements and Budget

NIAAA Staff Announcements

- Dr. David Lovinger is NIAAA's new **Scientific Director** for the Division of Intramural Clinical and Biological Research. He provides scientific, program, and administrative leadership. He is also responsible for promoting an inclusive environment that values diverse perspectives, encourages collaboration, and facilitates innovative research. Dr. Lovinger was previously NIAAA's Acting Scientific Director.

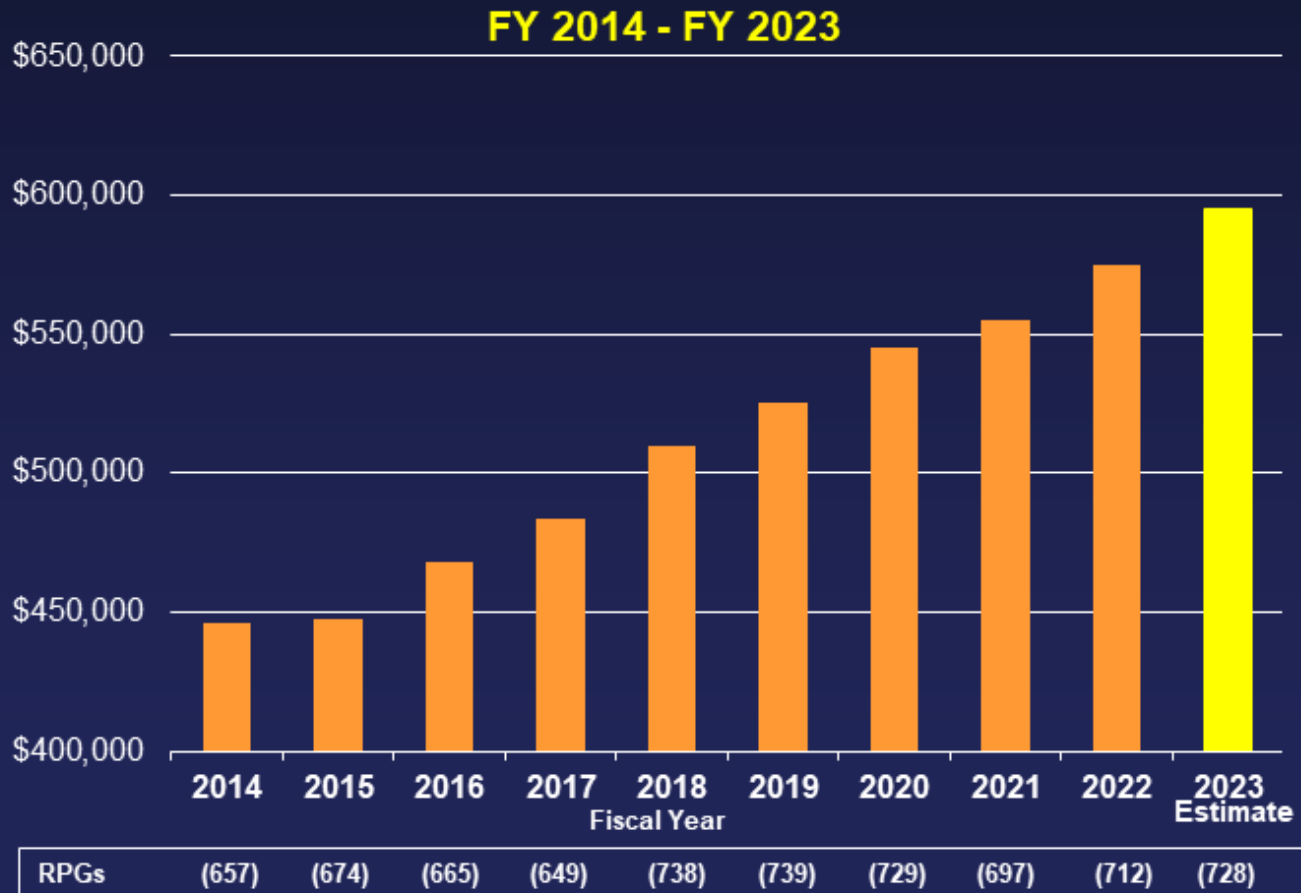


- Ms. Dawn Wayman is NIAAA's new **Scientific Diversity Officer**, helping to catalyze and coordinate NIAAA-specific goals and resolve critical issues that will enhance the diversity and equity of research programs. Ms. Wayman was previously the branch director for Strategic Diversity and Inclusion in NIH's Office of Equity, Diversity, and Inclusion.



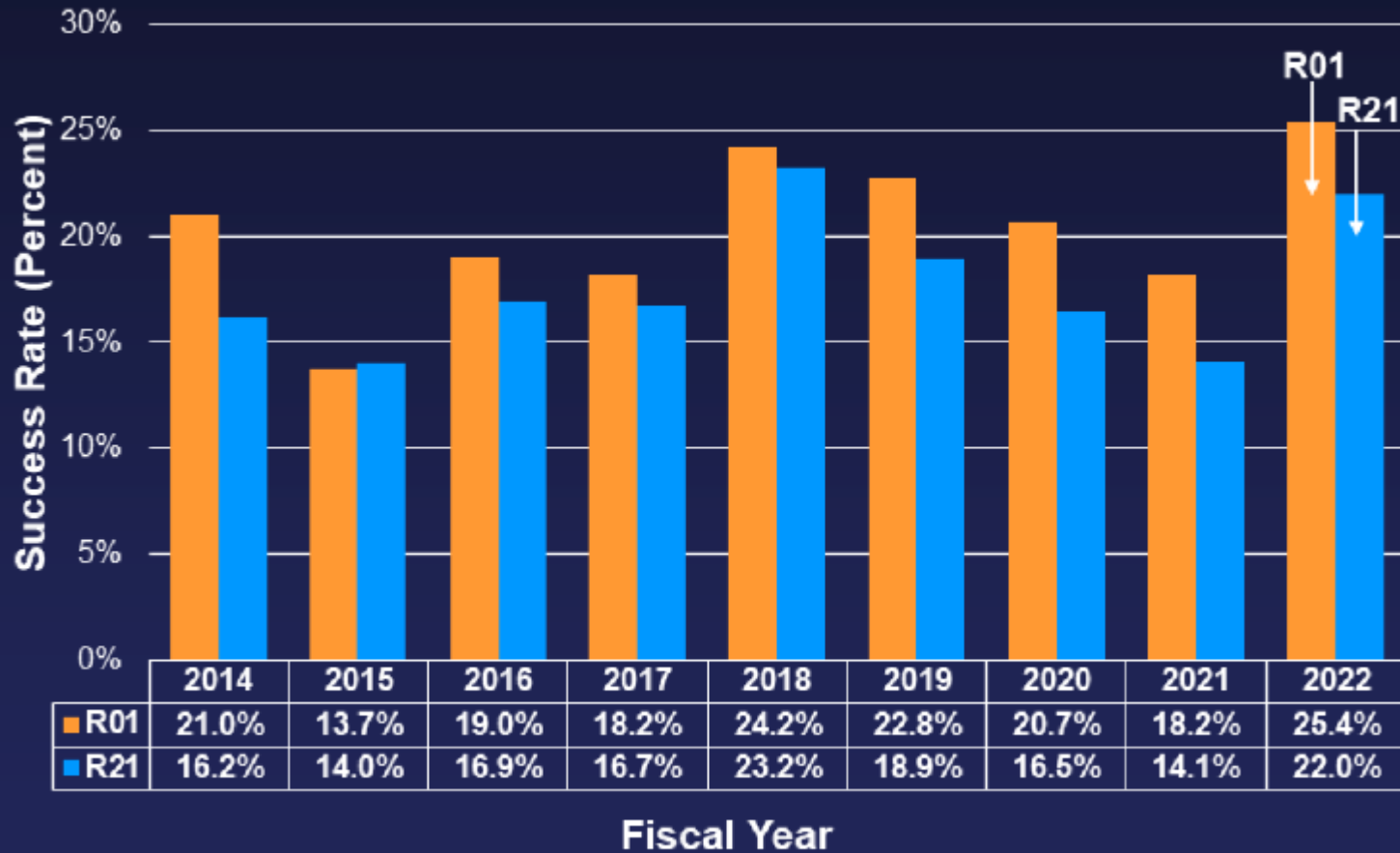
NIAAA Budget

For fiscal year 2023, NIAAA received \$596.6 million, including a \$1.3 million AIDS transfer. This represents a \$21.7 million (or 3.8%) increase over fiscal year 2022.



Success Rates for R01s and R21s

FY 2014 – FY 2022



NIAAA Efforts to Change the Conversation Around Alcohol

- **Raising awareness about the scope of the problem**
- **Embracing the changing culture around alcohol in society**
- **Advancing Alcohol Screening, Brief intervention, and Referral to treatment (SBIRT) as part of routine healthcare**
- **Assessing and implementing the Addictions Neuroclinical Assessment framework: Window on individualized etiology, prevention and treatment**
- **Enhancing recovery research**
- **Integrating AUD Treatments for Comorbidities: Hepatologists are leading the way**
- **Combating stigma**
- **Advancing diversity, equity, inclusion and accessibility in alcohol research**
- **Disseminating NIAAA resources**

Raising Awareness About the Scope of the Problem

Alcohol by the Numbers

Alcohol

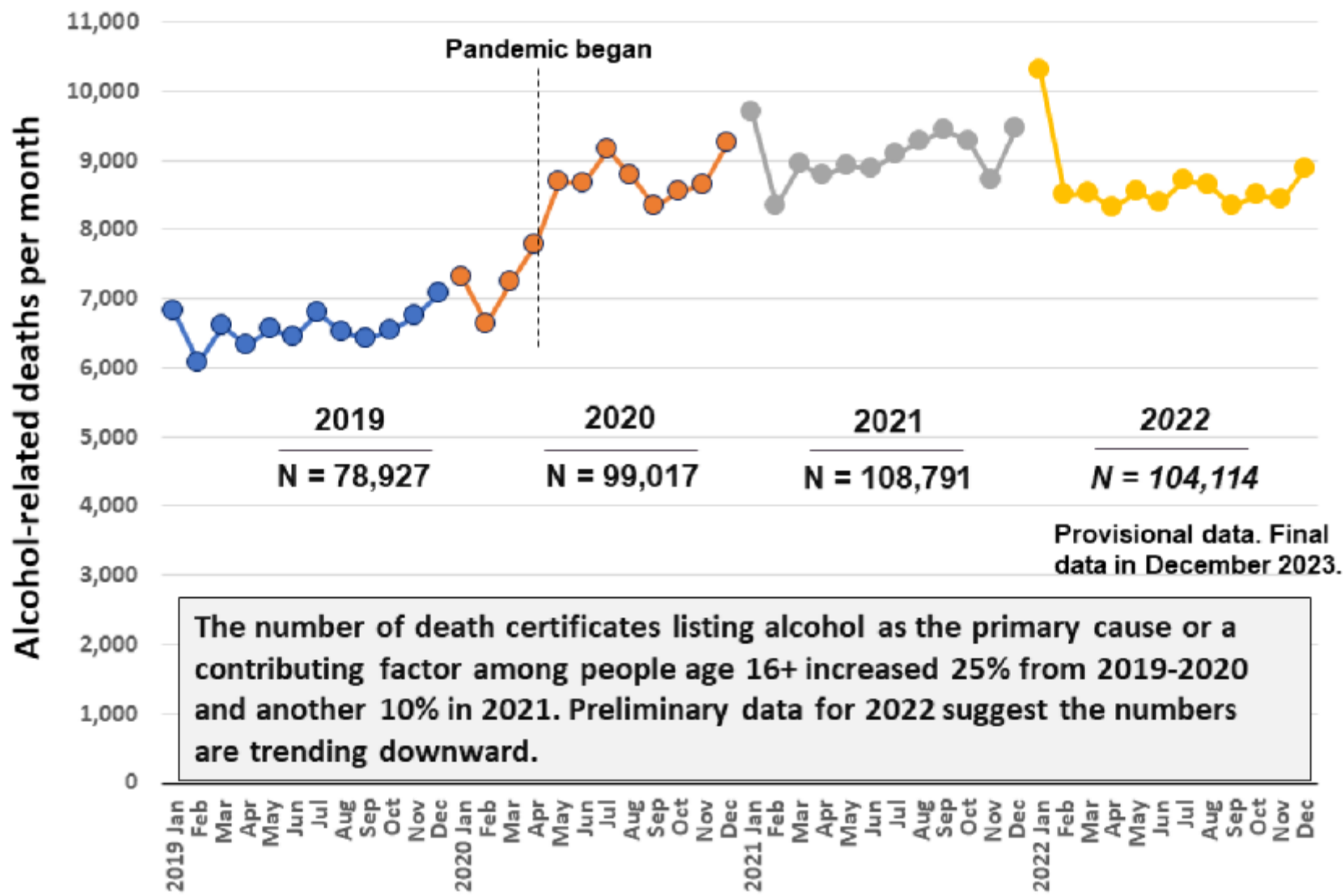
Past-year use	174,339,000
% of population	62.3%
DSM-5 AUD	29,544,000
% of population	10.6%
ED visits	1,714,757 <i>Primary reason</i>
	4,936,690 <i>All alcohol-related</i>
Deaths	140,557 <i>Annual deaths</i>
	58,277 <i>Acute (e.g., injury)</i>
	82,279 <i>Chronic (e.g., liver disease)</i>

NIAAA launched a major update to its **Alcohol Facts and Statistics** information resource.

Find it in the *Alcohol's Effects on Health* section of the NIAAA website.

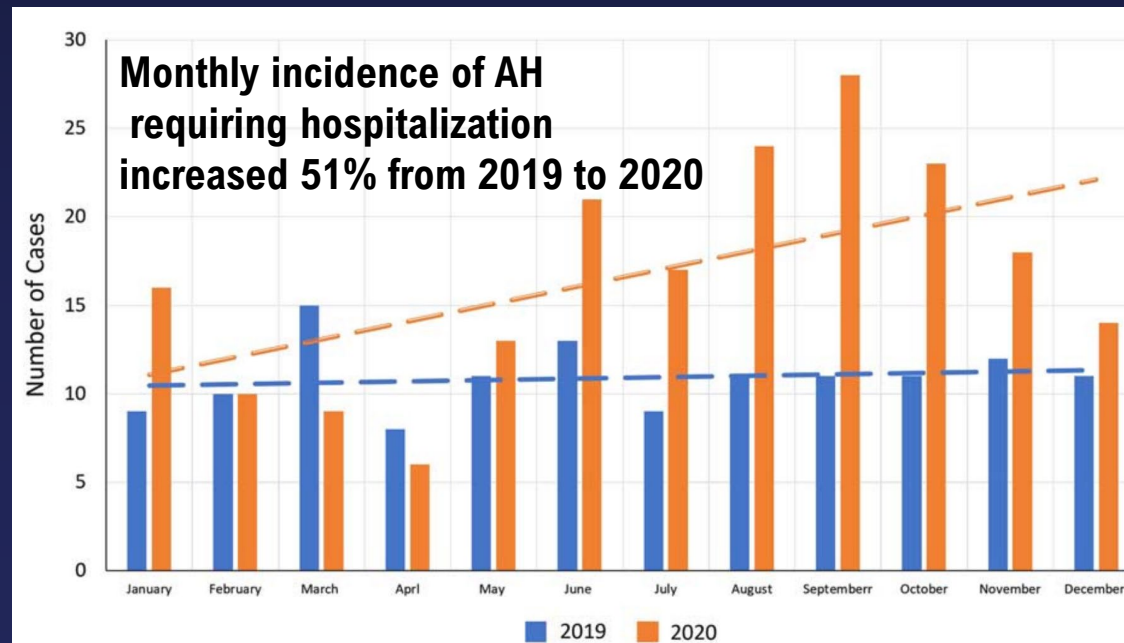


Alcohol-Related Deaths Increased During the Pandemic



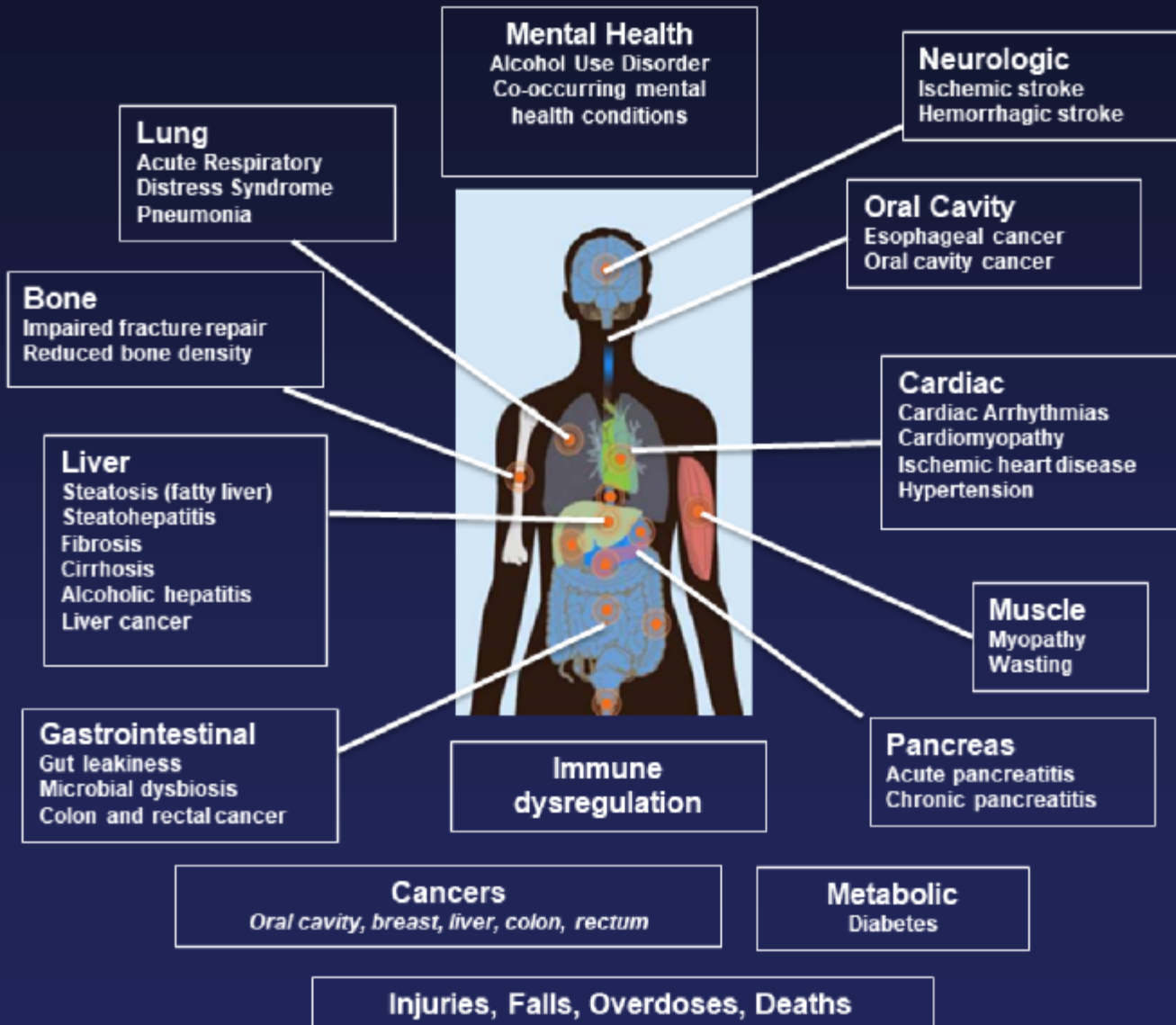
Increase in a Variety of Alcohol-Related Harms During the COVID 19 Pandemic

- Increase in the percentage of emergency department visits that involve acute excessive alcohol consumption ([Esser et al., 2022](#))
- Increase in the incidence of alcohol withdrawal in hospitalized patients ([Schimmel et al., 2021](#); [Sharma et al., 2021](#))
- Increase in deaths from alcohol-associated liver disease that was bigger than increases in prior years ([Deutsch-Link et al., 2022](#))
- 14% increase in alcohol-impaired driving fatalities ([NHTSA, 2022](#))
- **Increase in hospitalizations for alcohol-associated hepatitis (AH) between 2019 and 2020 – particularly among women and people < age 40** ([Sohal et al., 2022](#))



Health Risk at All Levels

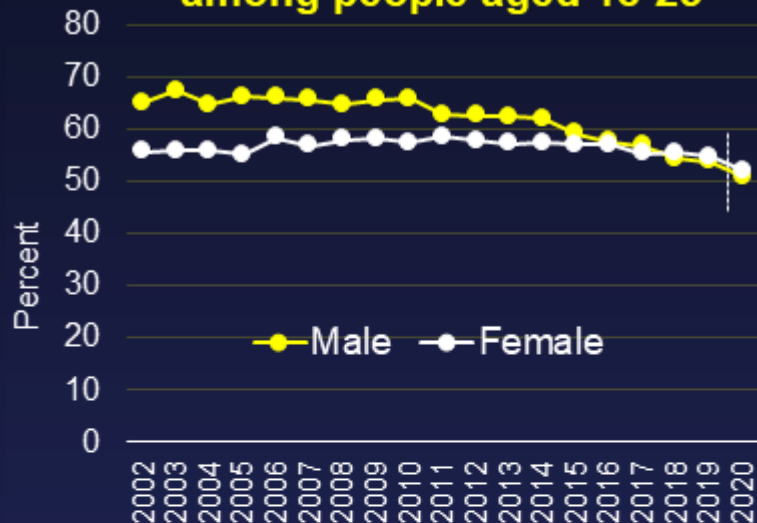
Alcohol Misuse is Associated with More Than 200 Diseases and Injury-Related Conditions



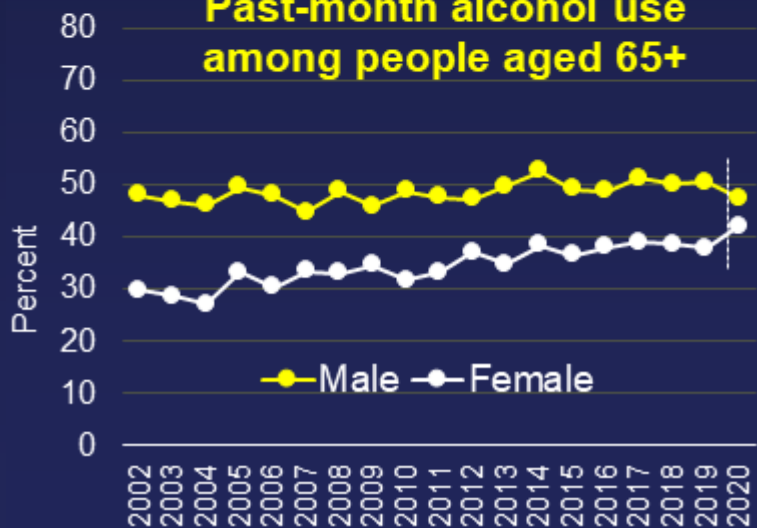
Male and Female Drinking Patterns Are Converging

- **Adolescents (12-17) and young adults (18-25)**
 - Alcohol use is decreasing but faster for males than females
- **Young adults (26-29)**
 - Alcohol use is increasing but faster for females than males
- **Middle adults (30-65)**
 - Alcohol use is increasing for females but not for males
- **Older adults (65+)**
 - Alcohol use increasing more in females than male

Past-month alcohol use among people aged 18-25



Past-month alcohol use among people aged 65+



Alcohol and Women's Health

Studies suggest that women are **more likely than men to experience a variety of alcohol-related harms** at comparable doses, including:

- **Hangovers** (Vatsalya et al. 2018)
- **Blackouts** (Hingson et al., 2016)
- **Liver disease** (Guy and Peters, 2013)
- **Brain atrophy** (Ceylan-Isik et al., 2010)
- **Cognitive deficits** (Flannery et al., 2007)
- **Cardiomyopathy** (Fernández-Solà and Nicolás-Arfelis, 2002)
- **Faster progression of AUD** (Diehl et al., 2007)
- **Certain cancers** (Liu et al, 2015)
- **Larger increases in alcohol-related ED visits, hospitalizations and death for women than men over past 20 years** (White et al. 2020)

- **Women are less likely than men to receive AUD treatment** (Gilbert et al., 2019)
- **Only 26% of 230 structural neuroimaging studies on substance use over 23 years evaluated sex differences** (Lind et al., 2017)
- **More research is needed to better understand sex differences in alcohol use and consequences**

Concerns About Alcohol Use By Adults Aged 65+

- **Alcohol affects behavior and health differently as we age.**
Health consequences of alcohol tend to shift from acute causes (injuries) to chronic causes (e.g., cancer, heart disease) with age.
- **Older adults:**
 - Are more sensitive to the sedative effects of alcohol, as well as to the effects of alcohol on reaction time, balance, attention, and driving skills
 - Experience reductions in body weight and body water leading to higher BACs
 - Take more medications that may interact with alcohol
 - Have an increased risk of injury from falls that is compounded by alcohol
- **Both alcohol and aging:**
 - Involve widespread inflammation that can contribute to cardiovascular diseases and cancer
 - Disrupt sleep

Alcohol and Mental Health are Intertwined

- AUD is highly co-morbid with mental health disorders:
 - The prevalence of AUD among people with anxiety and mood disorders ranges from about 20% - 40%
 - Between 30% - 60% of people who seek AUD treatment have PTSD
- Alcohol misuse often precedes diagnoses of mental health conditions
- Alcohol misuse is commonly used to cope with symptoms
- The COVID-19 pandemic worsened already declining mental health, and one quarter of the U.S. population increased drinking during the pandemic
- **In the end:**
 - **Alcohol misuse makes the prognosis worse for mental health conditions**
 - **Mental health conditions complicate treatment for AUD**

Centanni SW, Bedse G, Patel S, and Winder DG. 2019. Driving the Downward Spiral: Alcohol-Induced Dysregulation of Extended Amygdala Circuits and Negative Affect. *Alcohol Clin Exp Res*; Mäkelä P, Raitasalo K, and Wahlbeck K. 2015. Mental health and alcohol use: a cross-sectional study of the Finnish general population. *European Journal of Public Health*, 25(2): 225–231; Markou A, Kosten TR, and Koob GF. 1998. Neurobiological Similarities in Depression and Drug Dependence: A Self-Medication Hypothesis. *Neuropsychopharmacology*, 18: 135–174; Acuff SF, Strickland JC, Tucker JA, Murphy JG. Changes in alcohol use during COVID-19 and associations with contextual and individual difference variables: A systematic review and meta-analysis. *Psychol Addict Behav*. 2022;36(1):1-19. [NIAAA Healthcare Professional's Core Resource on Alcohol \("Mental Health Issues"\)](#)

Alcohol, Pain, and Opioids are Intertwined

- The opioid crisis overlaps with other public health challenges, such as undertreated chronic pain, mental illness, and alcohol use disorder.
- Alcohol misuse contributes to both physical and emotional pain, and pain contributes to alcohol misuse through drinking to cope.
- There are overlapping brain mechanisms in chronic pain, alcohol use disorder, and opioid use disorder. A detailed understanding of this relationship provides an opportunity for preventing and treating these problems.
- Alcohol was listed in 1 in 6 (16%) drug overdose deaths in 2020 and 2021.
- Addressing alcohol misuse in individuals with chronic pain and opioid use disorder may help improve patient outcomes.

Dr. Koob at the Rx and Illicit Drug Summit in April during a session with Drs. Larry Tabak and Nora Volkow.



Alcohol Can Reduce Physical Pain

- In a meta-analysis of 18 studies, a mean blood alcohol content (BAC) of ~0.08% produced a small elevation in pain threshold and a significant reduction in pain intensity
- Higher BAC = Lower pain sensitivity
- Could explain why people in chronic pain often misuse alcohol despite potential consequences to health



"I don't prescribe opioids anymore, so have your bartender fill this prescription."

Embracing the Changing Culture Around Alcohol in Society

The Sober Curious Movement highlights a cultural shift

The New York Times

Even a Little Alcohol Can Harm Your Health

Recent research makes it clear that any amount of drinking can be detrimental. Here's why you may want to cut down on your consumption beyond Dry January.

health

Drinking Alcohol Increases Cancer Risk—But Very Few Americans Are Aware of the Link

yahoo/life

Jennifer Garner says she is cutting back on alcohol: 'The older I get, the more I want to protect my brain'

health Life, But Better Fitness Food Sleep Mindfulness Relationships

life but better
Mindfulness

You may need a Sober October more than you think. Experts explain how to do it right

Dry January has health benefits

Taking a Break from Alcohol During Dry January



“Dry January helps us evaluate our relationship with alcohol... If you stop drinking in the month of January, and suddenly you feel better... then your body is trying to tell you something. You should listen to your body.”

Alcohol-free options are becoming more available

The Washington Post

Do mocktails really help you drink less alcohol?

Nonalcoholic drinks may help those staying sober for Dry January, but they could be a trigger for anyone with alcohol use disorder



The New York Times



St. Patrick's Day Is Sobering Up

Those celebrating a holiday often associated with booze can now raise a glass of nonalcoholic whiskey or Guinness.

KCBS Radio: On-Demand

Do mocktails help you stay sober?



Do mocktails help you stay sober?

[View description](#) [Share](#)

Published Jan 17, 2023, 8:07 PM

Forget 'Dry January': Alcohol-free beer, wine, cocktails are available year round and are gaining popularity



Morgan Hines
USA TODAY

Baltimore Sun

FOOD & DRINK

Not just 'Dry January': More Baltimore bars are offering alcohol-free drinks year-round

This Cultural Shift Provides Opportunities for Prevention

- **NIAAA supports a broad research portfolio on interventions to prevent and reduce alcohol misuse and related harms across the lifespan, such as:**
 - **Alcohol screening and brief intervention and other interventions at the individual level**
 - **Family, school, and community interventions**
 - **Policy research**
- **NIAAA is also interested in emerging areas such as:**
 - **How social determinants of health interact with biological and behavioral pathways to contribute to alcohol health disparities**
 - **The influence of social media and other digital technologies on alcohol use and related consequences, including how social media can be used to prevent and reduce alcohol misuse**
 - **How to enhance the scalability of effective prevention interventions for women and other groups**

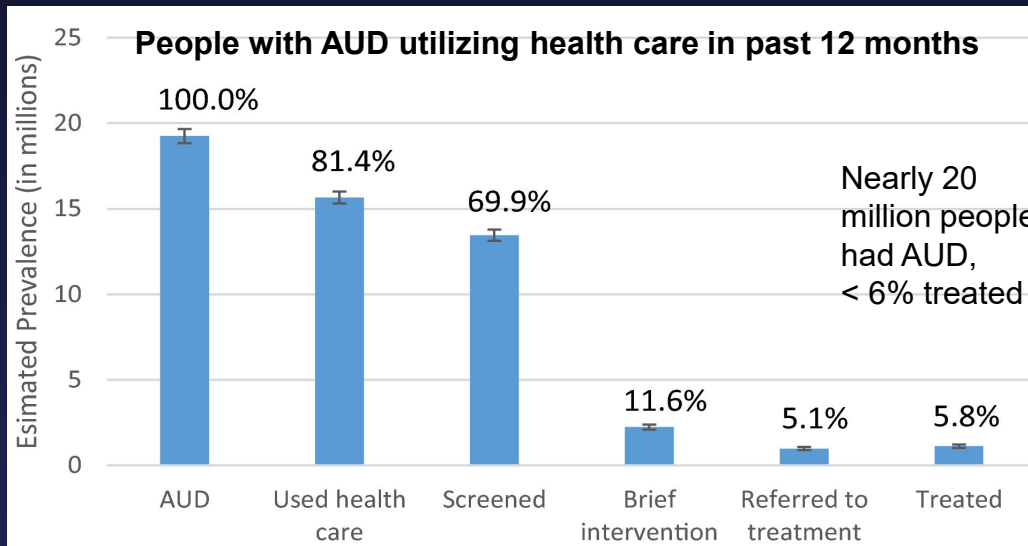
Advancing Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) as part of routine healthcare

The Value of Screening

- The U.S. Preventive Services Task Force recommends alcohol screening and brief intervention or counseling in primary care settings for adults age 18 and older
- A growing body of evidence indicates that alcohol screening and brief intervention is also effective among adolescents
- **NIAAA is promoting the use of screening, brief intervention, and referral to treatment as part of routine healthcare**
- **Screening for alcohol misuse can also help clinicians spot other physical and mental health-related issues**
 - Adults who binge drink are more likely than drinkers who do not binge to report past-year suicidal ideation (6.3% vs 3.8%), episodes of major depression (9.2% vs 6.5%) and prescription pain medication misuse (6.2% vs 2.7%)

Moving Beyond Screening

- While alcohol screening is common, there is still little Brief Intervention and Referral to Treatment (SBIRT)

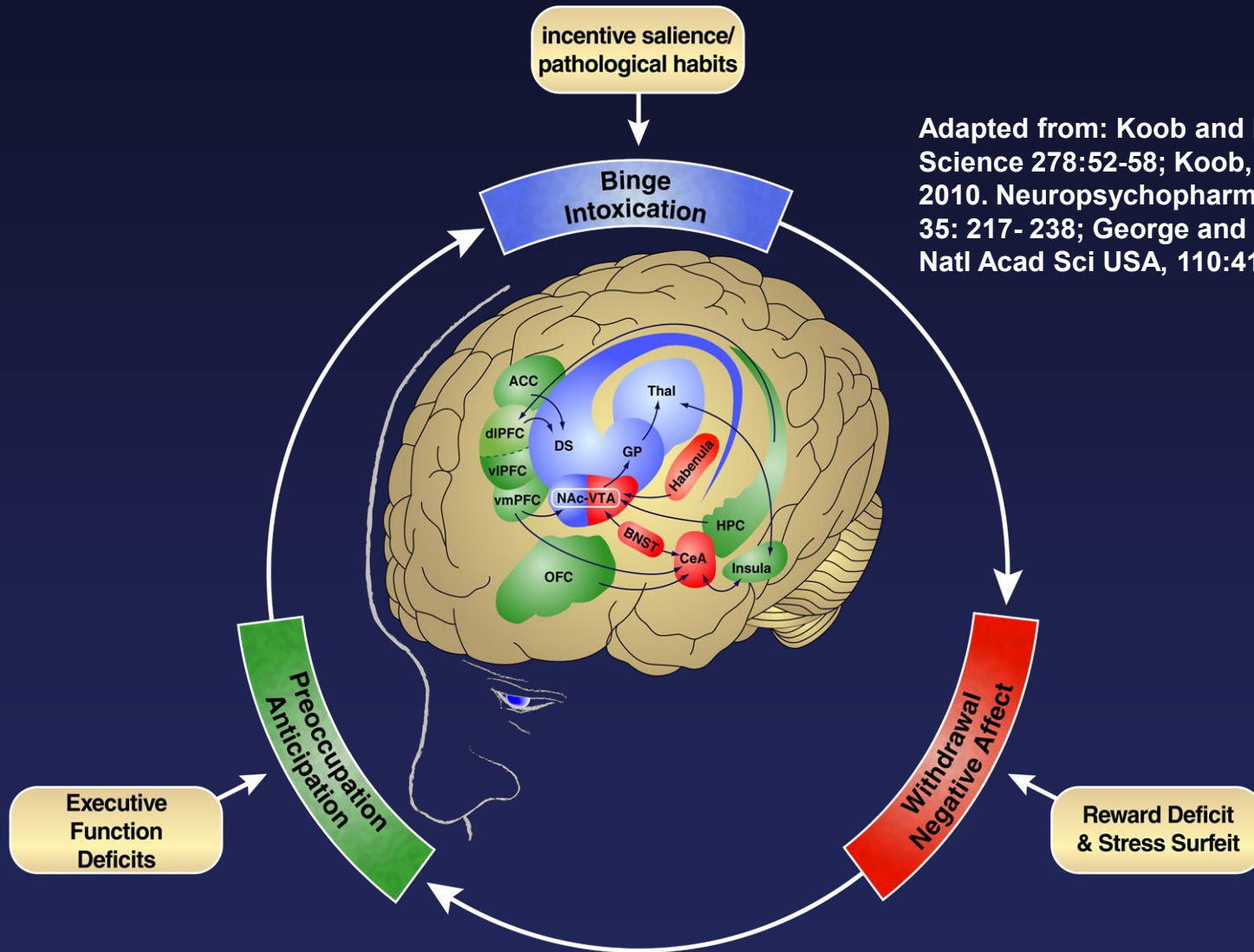


Using NSDUH data, Mintz et al (2021) showed screening, but little advice and referral for people with alcohol use disorder.

- In the U.S., women appear to have lower odds of receiving brief intervention for unhealthy alcohol use across all age groups, particularly during middle age. Black women and Latina/Hispanic women appear to be less likely to receive brief intervention than women in other race/ethnicity groups. Parthasarathy S, et al.(2023)

**Assessing and implementing a
Addictions Neuroclinical Assessment
framework: Window on individualized
etiology, prevention and treatment**

Conceptual Framework for Neurobiological Bases Driving Substance Use Disorders

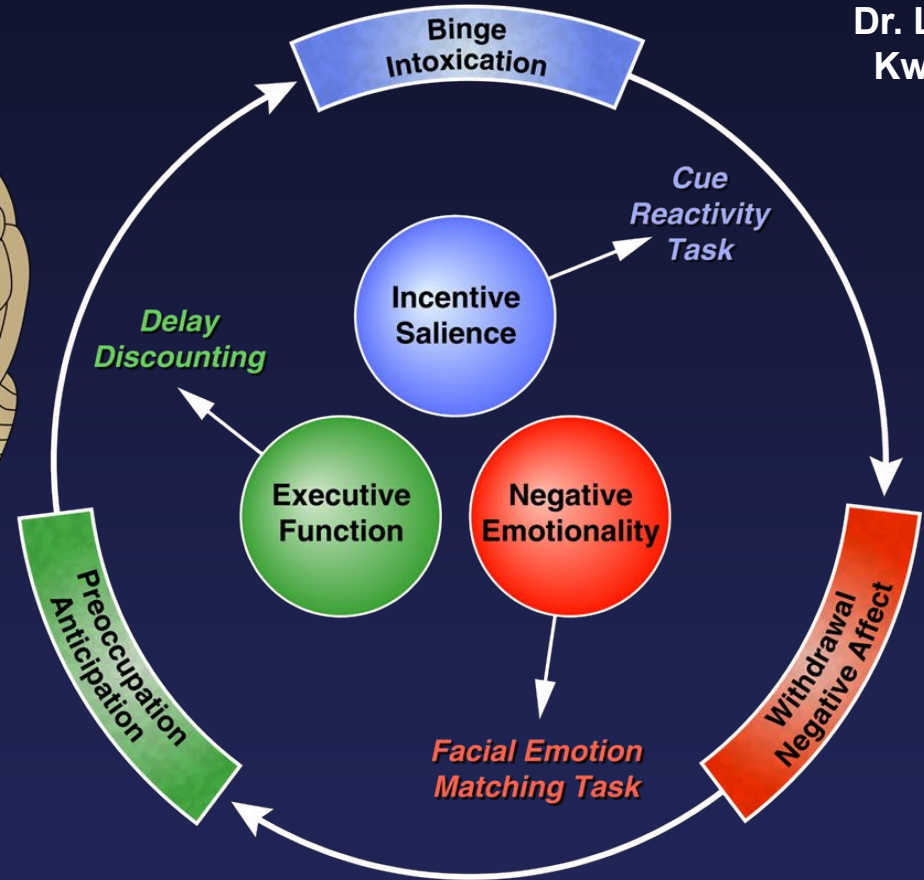
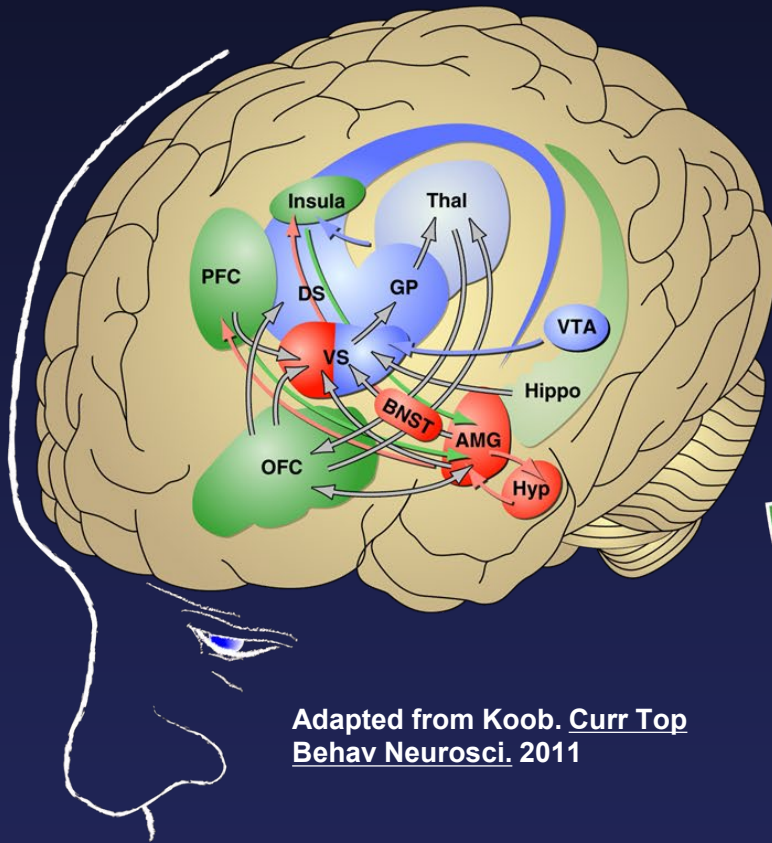


Adapted from: Koob and Le Moal, 1997 Science 278:52-58; Koob, and Volkow, 2010. Neuropsychopharmacology Reviews 35: 217- 238; George and Koob, 2013 Proc Natl Acad Sci USA, 110:4165-4166

Addictions Neuroclinical Assessment: A Framework for Improved Diagnosis, Prevention, and Treatment



Dr. Laura Kwako

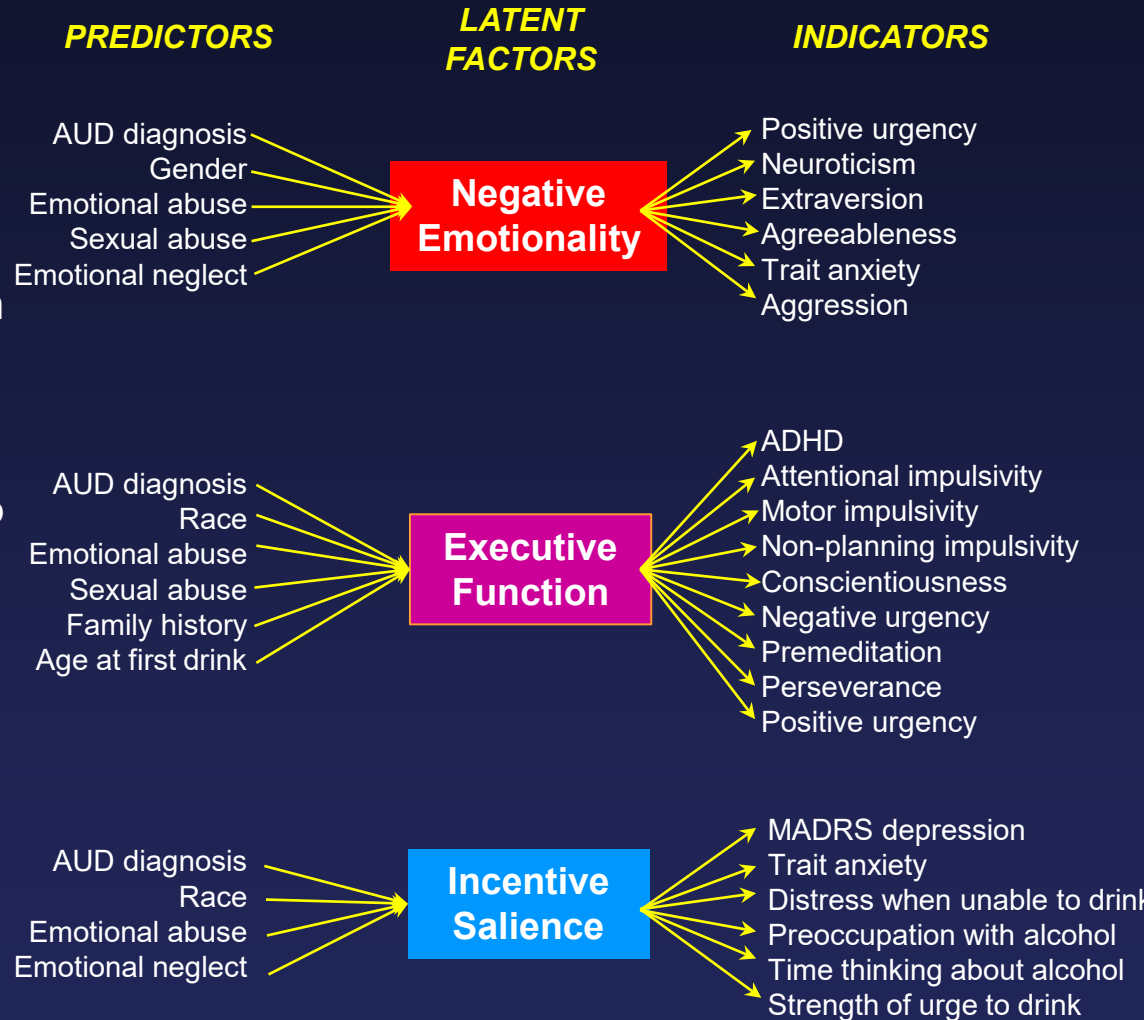


The goals of the ANA are to identify how the three domains influence differences between people diagnosed with AUD, which can then be used to guide treatment decisions, and to better understand the differences between individuals with and without AUD.

Validation of Three Neurofunctional Domains in AUD by Deep Behavioral Phenotyping

In a large, diverse clinical sample representing the spectrum of AUD, the three neurobiological domains hypothesized to be critical to the addiction cycle (**incentive salience, negative emotionality, and executive function**) could be identified through factor analysis.

Measures of addiction, personality, cognition, behavior, and exposure to early-life stress were collected in 454 patients. The study confirmed the relevance of the three neurofunctional domains to AUD. Using a multiple indicators-multiple causes (MIMIC) approach, early life stress and sociodemographic predictors were identified.



Additional Validation of the Three Neurofunctional Domains in Addiction

Among heavy drinkers

- Three factors (executive function, incentive salience, and emotionality) were all associated with current AUD. Significant predictors included history of AUD, positive family history of alcohol dependence, earlier age of first drink, and history of childhood emotional abuse and physical neglect (DeMartini et al., 2021)

Among problem drinkers

- Four core constructs were identified: incentive salience, negative emotionality, executive function, and negative alcohol-related consequences (Nieto et al., 2021)

Additional Validation of the Three Neurofunctional Domains in Addiction (cont'd)

In nontreatment seekers

- Deep phenotyping combined with factor analytic techniques implicated three intercorrelated neurofunctional domains that mapped on to the proposed ANA domains with methamphetamine use (Nieto and Ray, 2022).
- In individuals who were undergoing functional MRI after exposure to alcohol cues and negative cues, functional changes in the nucleus accumbens and amygdala were associated with incentive salience and negative emotionality domains (Al-Khalil et al., 2020).

Among treatment seekers with AUD

- The incentive salience domain showed construct validity and greater predictive validity for drinking outcomes compared to preexisting scales (Stein et al., 2021).
- The negative emotionality domain showed construct validity and demonstrated concurrent associations with more frequent and heavier drinking and drinking to regulate negative affect (Votaw et al., 2021).

Enhancing Recovery Research

Changing the Conversation Around Recovery

- Little is known about what sustains longer-term recovery.
- To address limitations associated with prior AUD recovery definitions and lay the groundwork for future recovery-related research, NIAAA defined recovery from alcohol use disorder (AUD) based on qualitative feedback from key recovery stakeholders (e.g., researchers, clinicians, and recovery specialists).
- The new definition defines recovery as **both a process** of behavioral change **and an outcome** that incorporates time periods for:
 - **Remission from DSM-5 AUD**
 - **Cessation from heavy drinking** (a non-abstinent recovery outcome)
- The NIAAA definition of recovery also emphasizes the **importance of biopsychosocial functioning and quality of life** in enhancing recovery outcomes.

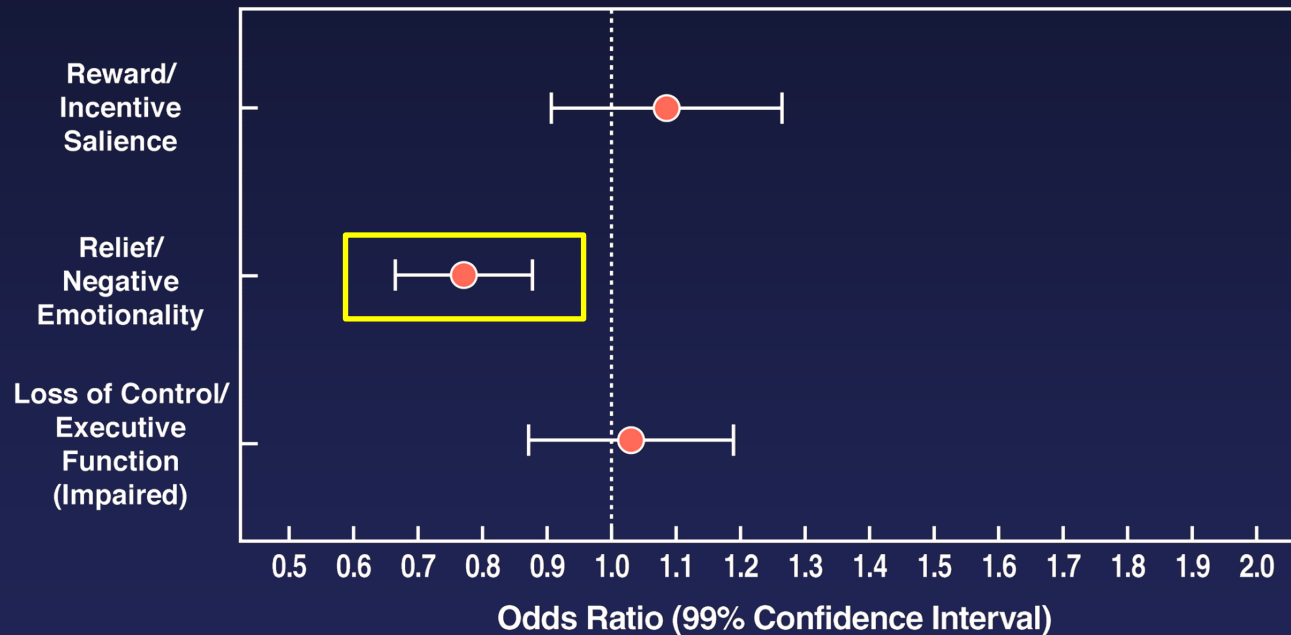
Greater Relief/Negative Emotionality at Baseline Predicted Greater Drinking Intensity and More Frequent Heavy Drinking During Recovery

Alcohol Consumption Outcomes at 1 Year Following Treatment	% Heavy Drinking Days (PHDD)	
	β	<i>B (SE), p value</i>
Reward / incentive salience	.01	0.35 (0.87), <i>p</i> = 0.690
Relief / negative emotionality	.09	2.69 (0.53) <i>p</i> < 0.001
Loss of control / executive functioning	.001	0.02 (1.17), <i>p</i> = 0.988

- This study validated the 3 domains of the 3-stage addiction cycle. Addiction cycle domains were more strongly associated with outcomes than AUD symptoms.
- Using measures from Project MATCH and COMBINE, the results of this study supported the utility of the domains of the 3-stage addiction cycle in predicting AUD treatment outcomes and recovery one year post treatment.
- At one year follow-up, relief/ negative emotion scores were associated with drinks per day and percent heavy drinking days.

...While Lower Relief/Negative Emotionality Predicted High Functioning Infrequent Drinking During Recovery

Four latent recovery profiles reflecting differing levels of drinking and functioning were derived based on indicators of alcohol use. Addiction cycle domains were used to predict membership in the **High Functioning Infrequent Drinking Profile vs. Nonrecovery Profile**.

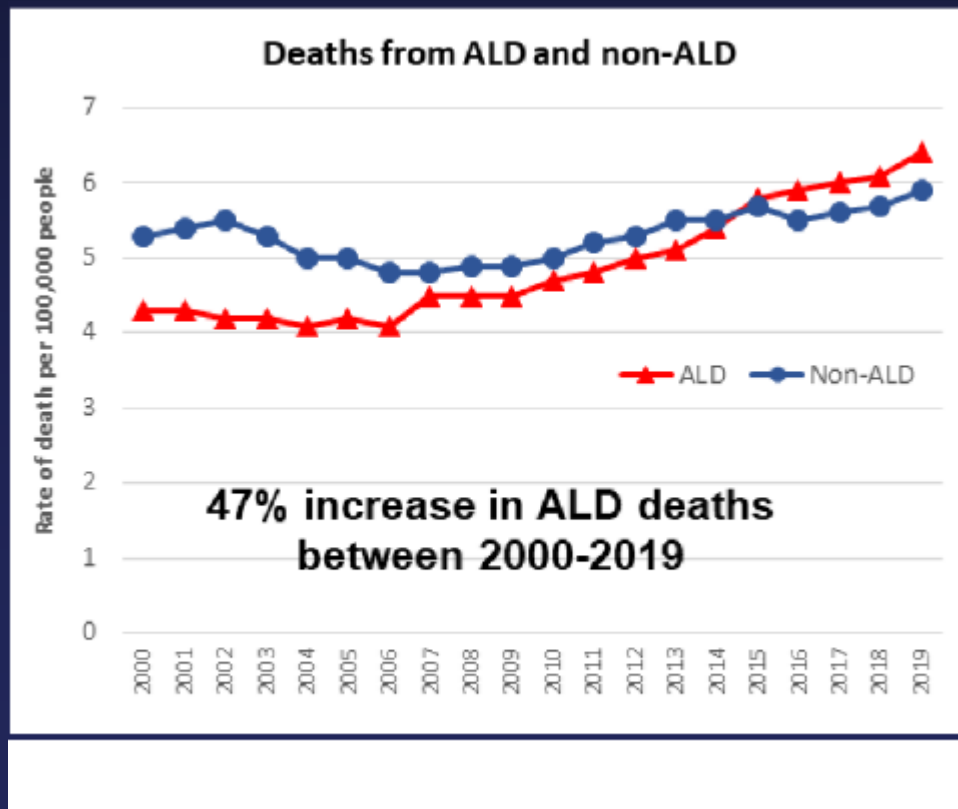


Lower Relief/Negative Emotionality Predicted Membership in **the High Functioning Infrequent Drinking Profile vs. the Nonrecovery Profile (Profile 4)**

**Integrating AUD Treatments for
Comorbidities: Hepatologists are Leading
the Way**

Hepatologists are Changing the Conversation Around Alcohol and Liver Disease

- Alcohol misuse accounts for nearly half of liver disease deaths each year
- Alcohol associated liver disease (ALD) is the most common alcohol-related cause of death and the leading cause of liver transplantation
- ALD-related deaths increased 47% between 2000-2019 ([Chen and Yoon, 2022](#))
- **Rates increasing faster for women and among young adults ages 25-34** ([Tapper and Parikh, 2018](#); [Chen and Yoon, 2022](#))



Paradigm shift: Integrated treatment

- **Integrated treatment** of ALD and AUD can improve patient outcomes ([Leggio and Jung, 2022](#))
- Treating AUD with medications reduces the likelihood of developing ALD and the progression of existing ALD ([Vannier et al., 2022](#))
- Behavioral or pharmacotherapy for AUD after discharge from hospitalization for ALD reduces readmission and death ([Peeraphatdit et al., 2019](#); [Winters et al., 2021](#))

Early Liver Transplant for ALD

- Currently, many U.S. transplant centers typically require a 6-month period of alcohol abstinence prior to liver transplantation
- Yet, it is not realistic in severe alcohol-associated hepatitis, where a majority (75-90%) of patient deaths occur within 2 months of diagnosis
- Data suggests that patients who receive a liver transplant without the 6-month waiting period (called early liver transplant) have similar survival outcomes and alcohol relapse rates as patients who receive a transplant after the 6-month waiting period
- To build on this research, NIAAA recently issued a Request for Applications to encourage studies on factors that influence the selection, management, and outcomes of patients who receive early liver transplantation

Combating Stigma

Combating Stigma: Words Matter

We can help alleviate the stigma associated with alcohol-related conditions by consistently using non-pejorative, non-stigmatizing language to describe these concerns and the people who are affected by them. Some words that are commonly used in society, such as “alcoholic” and “alcohol abuse,” are stigmatizing.

- Use **alcohol use disorder** instead of *alcohol abuse*, *alcohol dependence*, and *alcoholism*
- Use **alcohol misuse** instead of *alcohol abuse* when referring broadly to drinking in a manner that could cause harm
- Use **person-first language** to describe people with alcohol-related problems (e.g., **person with alcohol use disorder** instead of *alcoholic*, **person in recovery** instead of *recovering alcoholic*)
- Use **alcohol-associated liver disease** instead of *alcoholic liver disease*

<https://www.niaaa.nih.gov/alcohols-effects-health/reducing-alcohol-related-stigma>

Advancing Diversity, Equity, Inclusion, and Accessibility in Alcohol Research

How Can We More Effectively Address Diversity and Health Disparities in the Alcohol Field?

- NIAAA fully supports and is committed to the **NIH UNITE initiative**, a coordinated effort to address structural racism and promote racial equity and inclusion at NIH and within the larger biomedical research enterprise

www.nih.gov/ending-structural-racism



- NIAAA is also focusing on 3 primary areas to advance diversity, equity, and inclusion:
 - Improving the NIAAA **workplace and culture**
 - Increasing diversity and equity in the NIAAA scientific and administrative **workforce**
 - Enhancing the NIAAA scientific **research portfolio**

Advancing Diversity, Equity, Inclusion, and Accessibility in the Alcohol Field

Recent NIAAA-supported opportunities to enhance diversity in the alcohol research enterprise include:

- **Plan for Enhancing Diverse Perspectives** requirement for Specialized Alcohol Research Centers (P50) and Comprehensive Alcohol Research Centers (P60), RFA-AA-23-001/002
- **BRAIN Initiative Plan for Enhancing Diverse Perspectives**, [NOT-MH-21-310](#)
- **Research Opportunities for New and "At-Risk" Investigators** to Promote Workforce Diversity (R01), [PAR-22-181](#)
- **Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC)** Postdoctoral Career Transition Award to Promote Diversity (K99/R00), [PAR-21-271/272/273](#)
- **Ruth L. Kirschstein National Research Service Award** Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research (F31), [PA-21-052](#)
- **Small Businesses Administrative Supplements** to Promote Diversity in Research and Development (SBIR/STTR), [PA-21-345](#)
- **Research With Activities Related to Diversity (ReWARD)** (R01), [PAR-23-122](#)
- **NIH Institutional Excellence in DEIA Prize Competition**: Register by Sept. 12 (<https://www.nihdeiaprize.org/>)

Disseminating NIAAA Resources

Healthcare Professional's Core Resource (HPCR) on Alcohol

- Launched in May 2022, this **online educational resource** covers the basics of what every healthcare professional needs to know about alcohol, including the many ways that alcohol can impact a patient's health, and provides strategies for alcohol screening and interventions
- For health care providers who are not addiction specialists, it can help overcome barriers to care for patients with alcohol problems including ways to counteract stigma in their practice
- It was developed by NIAAA with input from 70 contributors including practicing physicians and clinical psychologists with busy clinicians in mind



Healthcare Professional's Core Resource (HPCR)

What Every Healthcare Professional Should Know about Alcohol

HPCR was designed to help address common barriers to optimum alcohol-related healthcare by providing:

- **Knowledge to fill common gaps in training about addiction**, including the neuroscience of addiction, evidence-based AUD therapy and medications, and the varied paths to recovery
- **Quick, validated alcohol screening and assessment tools** that address time constraints while providing a definitive picture of drinking levels and AUD symptoms
- **Clarity about what constitutes heavy drinking, AUD severity levels, and recovery** to build confidence in providing brief advice and collaborating on recovery plans
- **Steps to reduce stigma** surrounding alcohol-related problems and encourage greater patient acceptance of alcohol treatment when needed

Resources for the Public and Healthcare Professionals

Rethinking Drinking

A website and print publication for a general audience to help individuals assess their drinking habits and find ways to make a change.



CollegeAIM

Comprehensive information on prevention approaches found to be effective in college environments.



Alcohol Treatment Navigator

Helps individuals understand treatment options and search for nearby treatment, including telehealth services. It also includes a portal to assist health care providers in making referrals for their patients.



niaaa.nih.gov

NIAAA's Open-Access Peer-Reviewed Journal

ALCOHOL RESEARCH *Current Reviews*

- Published online on a continuous, rolling basis
- Covers a wide variety of research topics and disciplines through invited reviews
- 2021 Impact Factor: 7.7
- Visit the journal's website or LinkedIn page for more information

arcr.niaaa.nih.gov/

linkedin.com/company/alcohol-research-current-reviews



NIH STRIDES Initiative

Science and Technology Research Infrastructure
for Discovery, Experimentation, and Sustainability

- **Aims to reduce economic and process barriers to using cloud services for NIH-funded researchers and promote data access across NIH and NIH-funded institutions**
- STRIDES provides:
 - Consultation and technical support
 - Training and certification
 - Discounts and favorable pricing on services from Amazon Web Services (AWS), Google Cloud Platform, and Microsoft Azure
- **NIAAA-Data Archive** is supported by the STRIDES Initiative

Enroll at cloud.nih.gov

For more information contact Dan Falk (falkde@nih.gov) and Elizabeth Powell (elizabeth.powell3@nih.gov)

New Strategic Plan Underway

NIAAA plans to release the next NIAAA Strategic Plan by the end of 2023, which will include the following Priority Areas:

Research Goals

- Elucidate the biological mechanisms and consequences of alcohol consumption
- Identify patterns, trends, and public health impact of alcohol misuse
- Prevent and reduce alcohol misuse, alcohol use disorder, and associated consequences
- Improve diagnosis and expand treatment of alcohol use disorder and alcohol-related conditions

Cross-cutting Themes

- Advance diversity, equity, and inclusion in the alcohol biomedical research enterprise
- Apply a life course approach to alcohol research
- Integrate care for alcohol-related problems
- Innovate alcohol research and care through technology and data science

THANK YOU!

Visit our website
niaaa.nih.gov

Special thanks to

Laura Lunardi
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Devin Plote
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