

Screening for alcohol use disorder in high-prevalence demographics

High-prevalence demographics

The lifetime prevalence of AUD in the U.S. population is approximately 29.1%. However, only 19.8% of people with AUD receive treatment. Prevalence of AUD is high in white and Indigenous people, younger men (age < 65), unmarried people, and those with low incomes.¹

22.8 million people over the age of 12 reported having a substance use disorder (SUD) in 2019; AUD accounted for 63% of this population. An additional 12% presented with AUD and another SUD (excluding nicotine) according to the National Survey on Drug Use and Health (NSDUH).²

AUD and COVID-19

Evidence suggests that alcohol consumption increased during the COVID-19 pandemic. One study found that 60% of respondents reported increased alcohol-intake.³ In 2020, alcohol sales increased by 262% online and 21% in stores, which participants reported was due to increased stress, alcohol availability, and lockdown boredom.⁴ This increase was most substantial between March to April 2020. The study suggests those most affected by COVID-19 (job loss, friend loss, family loss, and isolation) may be more at risk of AUD.³

AUD co-occurring with mental health conditions

People with a variety of mental health conditions are at increased risk of developing an AUD or have an existing co-occurring AUD.⁵ While the rates are higher for co-occurring disorders with mental health conditions, there is also a higher risk of greater severity and a worse prognosis for both the mental condition and AUD.

Trauma, including adverse childhood events (ACEs) and post-traumatic stress disorder (PTSD), are often precursors for AUD.⁶ Traumatic brain injuries (TBI) are also associated with AUD. Alcohol intoxication is one of the strongest predictors of a TBI. In addition, people with a TBI are more likely to abuse alcohol.⁷

In most co-occurring disorders, the mental health condition preceded the AUD. This indicates that people diagnosed with a mental health condition should be screened for AUD. Preventive work should begin at the onset of symptoms of a mental health condition.⁵

What if I need assistance?

If you have difficulty connecting patients with AUD to treatment, please contact Healthy Blue. If you have questions about this communication or need assistance with any other item, call Provider Services at **833-405-9086**.

1 Recovery Research Institute, 2019

<https://www.recoveryanswers.org/addiction-101/epidemiology>

2 Substance Abuse and Mental Health Services Administration, 2020

[Results from the 2019 National Survey on Drug Use and Health](#)

3 Pollard, Tucker, and Green (2020) <https://doi.org/10.1001/jamanetworkopen.2020.22942>

4 The Nielsen Company (2020) <https://www.nielsen.com/us/en/insights/article/2020/rebalancing-the-covid-19-effect-on-alcohol-sales>

5 Glantz et al., (2020) <https://doi.org/10.1016/j.addbeh.2019.106128>

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

BMO-NL-0103-22 March 2022

6 Brady and Back (2012) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860395>
7 Weil, Corrigan, and Karelina (2018) <https://pubmed.ncbi.nlm.nih.gov/31198656>



Email is the quickest and most direct way to receive important information from Healthy Blue.



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3pFDnV5>).