



DMHAS
Division of Mental Health
and Addiction Services

DMHAS Alcohol Use Disorder(AUD) Workgroup Overview

March 13, 2025

Thomas Czeizinger, Jr., DMHAS
tom.czeizinger@dhs.nj.gov



www.cdc.gov/alcohol

Deaths on the rise in the US from excessive alcohol use*

2016-2017

2020-2021



***178,000 deaths each year in the US during 2020-2021, compared to 138,000 deaths each year during 2016-2017.**



Current Alcohol Trends

- Excessive alcohol use cause approximately 178,000 deaths each year. -Center for Disease Control (n.d.)
- “Deaths from excessive alcohol use are also rising, as are deaths where the underlying cause of death was alcohol-related.” -Cueto & Parker (2024)
- “Heavy drinking among adult Americans increased more than 20% during the peak of the COVID-19 pandemic and continued for the following two years.” -Keck Medicine of USC (2024)



Alcohol's On-going Influence

- "When people went back to the streets, there were even more drinks to be found, thanks to alcohol regulations that had been rolled back in many states during the pandemic. A bottle of [alcohol] could be delivered to the front door. Alcohol sales per capita went up more from 2019 to 2021 than in any two-year period since 1969..."
- "Anywhere from 20% to 40% of people with anxiety and mood disorders have an alcohol use disorder (AUD), and up to 60% of people who seek out AUD treatment have post-traumatic stress disorder..."
- "Studies consistently report that alcohol accounts for over 75,000 U.S. cancer cases and 20,000 cancer deaths each year."

Source: Cueto & Parker (2024)

Alcohol's On-going Influence



- A 2025 Reinsurance Group whitepaper reported a slowing of alcohol-induced mortality rates from 2017-2019, with a significant increase coinciding with COVID-19 pandemic.

-Henly & Fleigle (2025)

- Several countries (e.g. England, Wales, South Africa, and Japan) have also shown an increase in drinking episodes among heavy drinkers suggesting that the pandemic's negative influence is not limited to only the US, but is a wider trend.



Alcohol's On-going Influence

“According to the National Cancer Institute (NCI): ‘There is a strong scientific consensus that alcohol drinking can cause several types of cancer. In its Report on Carcinogens, the National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen.’

“Even those who have no more than one drink per day...have a modestly increased risk of some cancers.”

Source: U.S. Department of Health and Human Services. (n.d.)



New Jersey's Impact

- Problem-drinking and diagnosed cases of AUD within New Jersey have followed the national trend.
- In 2021, alcohol overtook heroin as primary substance in treatment admissions.
- Public health surveillance marker for responding to evolving alcohol misuse patterns within our consumer populations.
- Age-related differences and aging-health effects.



DMHAS Alcohol Use Disorder (AUD) Workgroup

- Division staff from multiple offices convened to develop an internal strategic outline that would identify and prioritize areas of concern and objectives in addressing current trends.
- Focus across the recovery continuum of care.
- On-going data review and needs assessment to anticipate future areas of concern.
- Wide range of constantly evolving variables requires a heuristic approach.



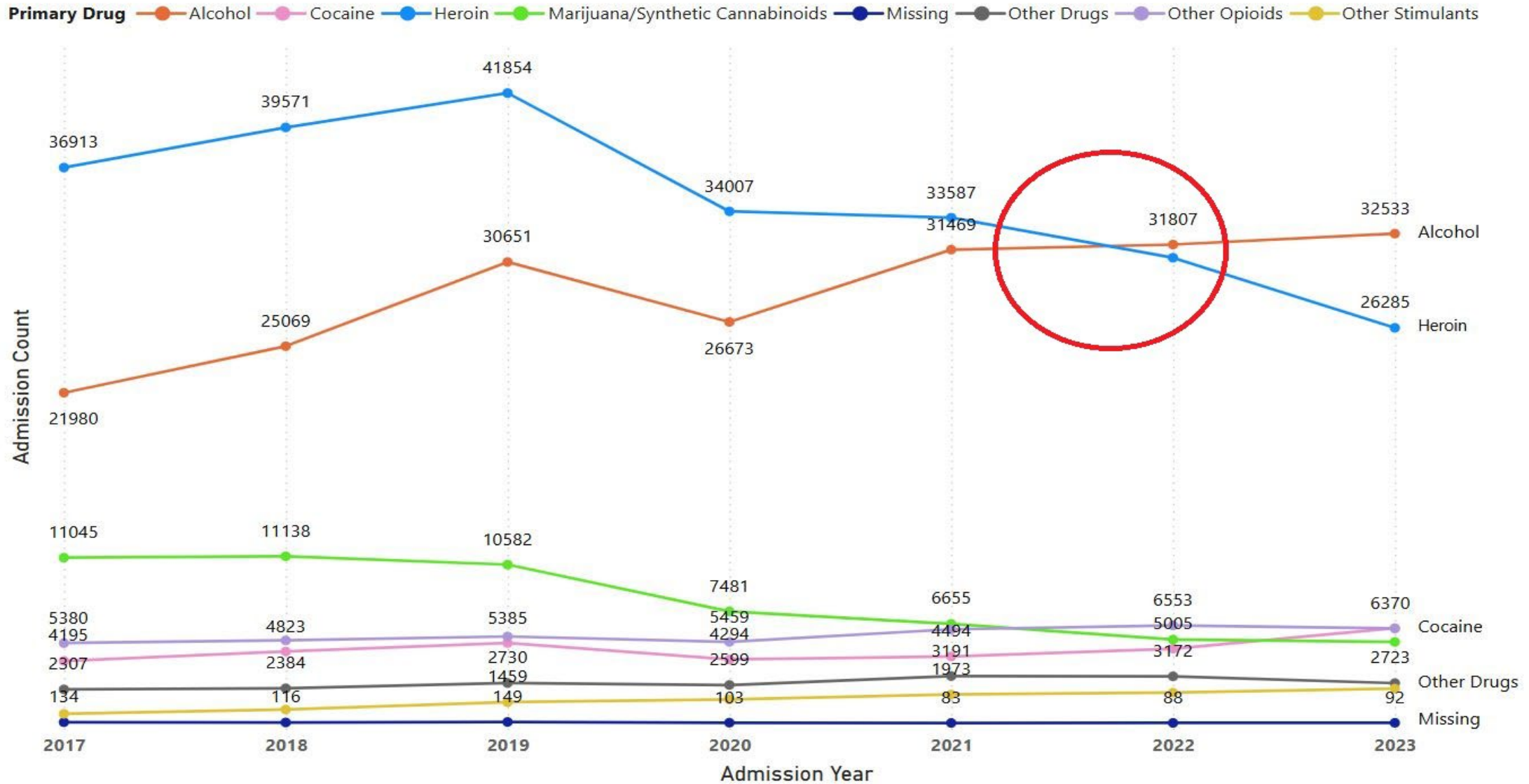
Substance Use Overview Dashboard

A visual display of key metrics and data points designed to provide an on-demand reference of trend data.

<https://nj.gov/humanservices/dmhas/home/>

- > Publications/Research/Reports
- > Dashboards

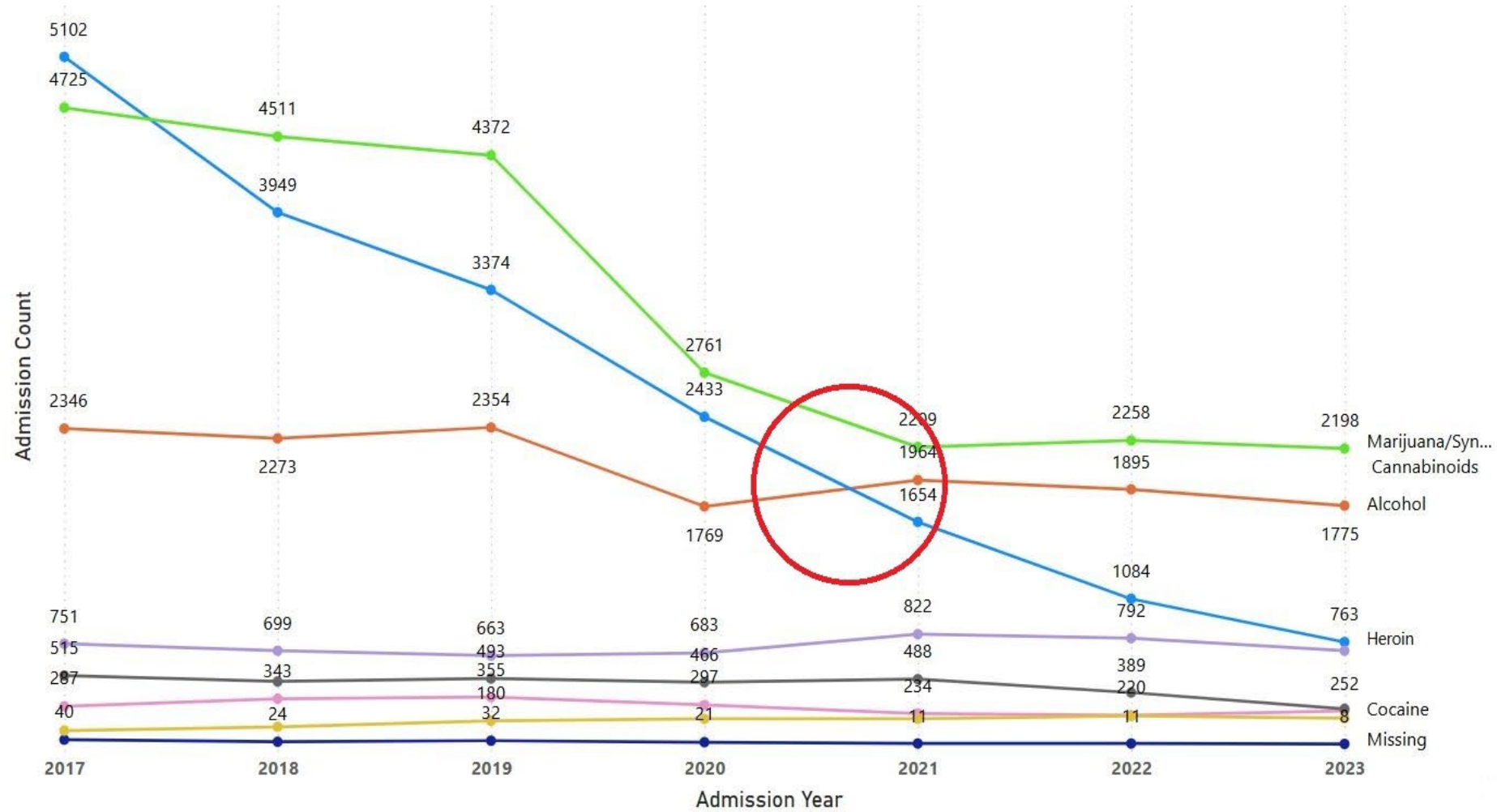
Admissions by Primary Drug and Admission Year





Admissions by Primary Drug and Admission Year

Primary Drug — Alcohol — Cocaine — Heroin — Marijuana/Synthetic Cannabinoids — Missing — Other Drugs — Other Opioids — Other Stimulants



Age

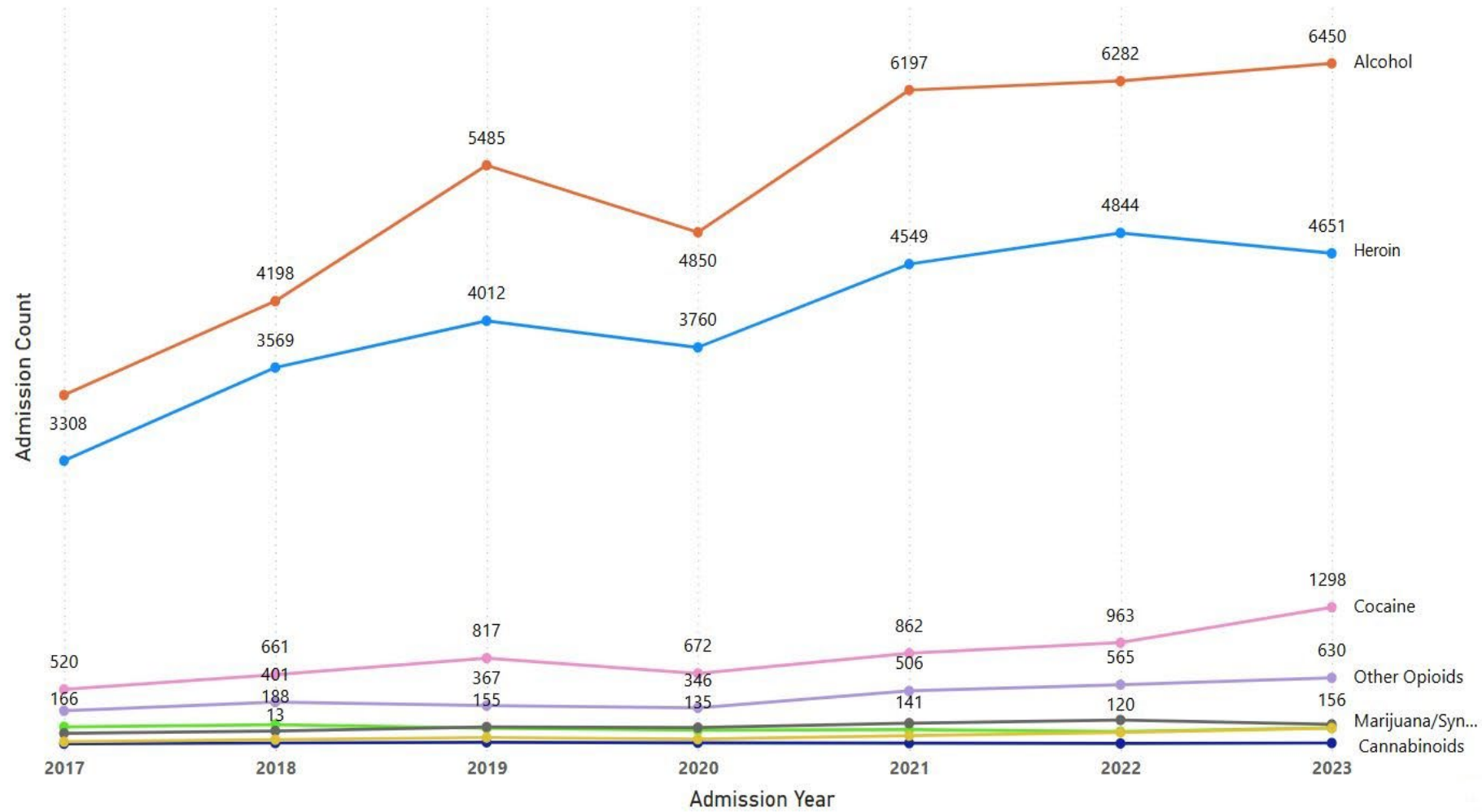
Multiple selections

- Under 18
- 18-21
- 22-24
- 25-29
- 30-34
- 35-44
- 45-54



Admissions by Primary Drug and Admission Year

Primary Drug — Alcohol — Cocaine — Heroin — Marijuana/Synthetic Cannabinoids — Missing — Other Drugs — Other Opioids — Other Stimulants



Age

Multiple selections

- 25-29
- 30-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and over



Highlighted Workgroup Discussions

- Opportunity for meaningful intervention is before clinical needs arise.
- Alcohol misuse vs AUD.
- Continual focus on prevention.
- Primary care & emergency room settings as “vital gateways” for engagement.
- Provider training and education.
- Medications for AUD (i.e. MAT).



Problem-Solution Example

“Primary care settings provide an opportunity for AUD treatment because of primary care providers’ ability to diagnose AUD both through screening and through detecting medical conditions or symptoms caused or exacerbated by alcohol use.”

-Joudrey, Kladney, Cunningham, & Bachhuber (2019)

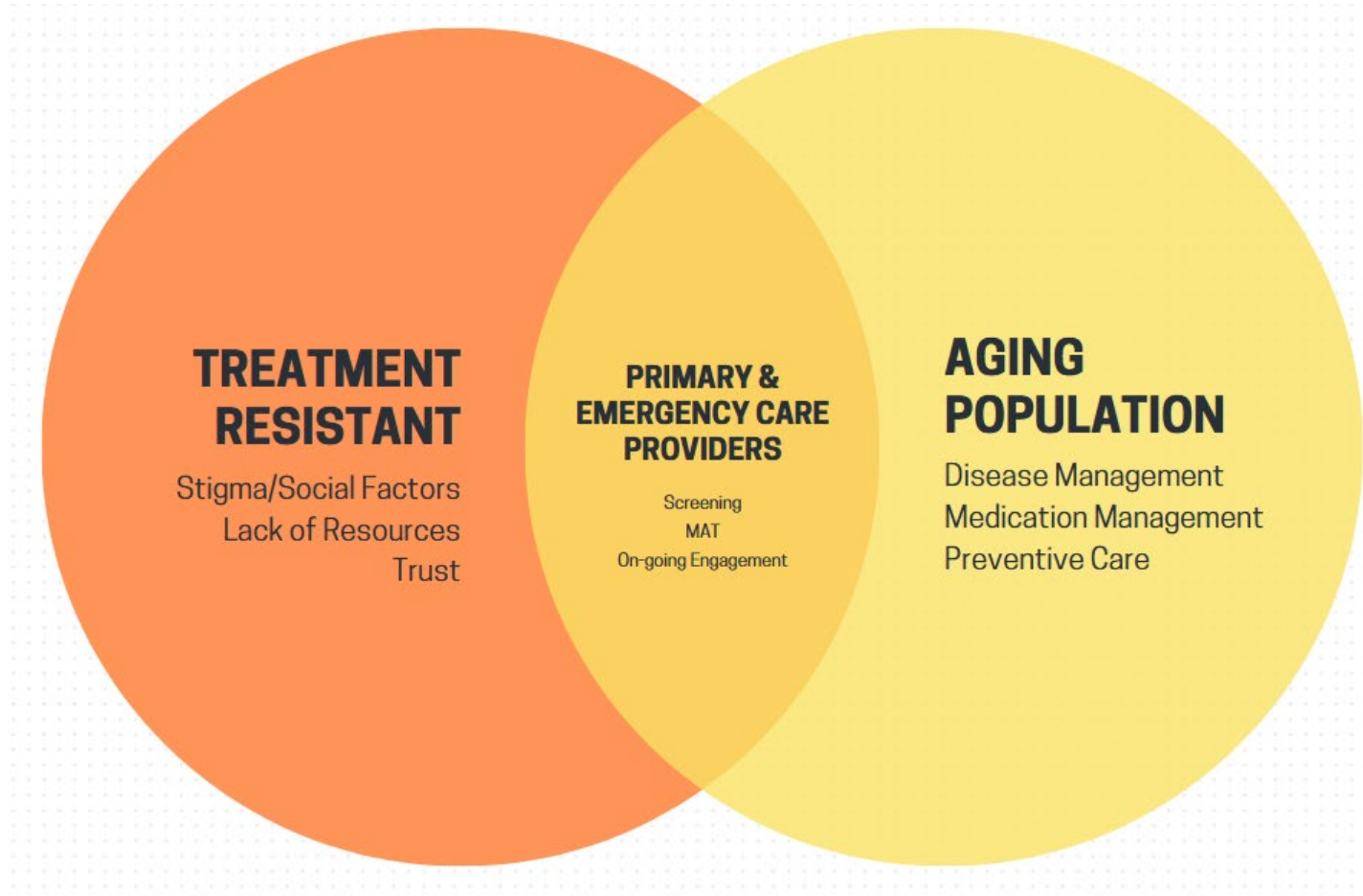
However...

- Fewer than 1 in 3 patients with an AUD receive treatment
- Fewer than 1 in 10 patients receive pharmacotherapy

Yet...

- Medications for AUD lead to reduced heavy drinking and increased days of abstinence. –Mullen & Jackman (2020)

Problem-Solution Example: Addressing Multiple Groups



Problem-Solution: Promote Provider Training Opportunities



- Enhance confidence and fill knowledge gaps
- Example:
 - National Institute of Health's National Institute on Alcohol Abuse and Alcoholism's *Core Resource on Alcohol*
 - “What to know, ask, and offer”
 - Series of 14 online educational articles on alcohol and health covering basic principles, clinical impacts, and patient care.
 - CME/CE credit available for physicians, physician assistants, nurses, pharmacists, psychologists, and social workers
 - <https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol>



Looking Ahead

- The AUD workgroup is an on-going collaborative effort.
- Near to mid-range focus over long-term trends.
- Future Outlook...
 - 2024 leveling off from pandemic highs
 - Spending levels between generations
 - Impact of cannabis on younger demographics



References

- Ayyala-Somayajula, D., Dodge, J. L., Leventhal, A. M., Terrault, N. A., & Lee, B. P. (2025). Trends in Alcohol Use After the COVID-19 Pandemic: A National Cross-Sectional Study. In *Annals of Internal Medicine* (Vol. 178, Issue 1, pp. 139–142). American College of Physicians. <https://doi.org/10.7326/annals-24-02157>
- Center for Disease Control. (n.d.). Facts About U.S. Deaths from Excessive Alcohol Use (2020-2021). <https://www.cdc.gov/alcohol/facts-stats/index.html>
- Cueto, I. & Parker, J. E. (2024). By the numbers: America's alcohol-related health problems are rising fast. Stat. Boston, MA. <https://www.statnews.com/2024/06/27/alcohol-related-health-problems-rise/>
- Henly, H. & Fleigle, K. (2025). A post-pandemic view of alcohol consumption: Insights on rising alcohol-induced mortality and liver disease. *The Actuary*. Society of Actuaries, Chicago, IL. <https://www.theactuarymagazine.org/a-post-pandemic-view-of-alcohol-consumption/>
- Joudrey, P. J., Kladney, M., Cunningham, C. O., & Bachhuber, M. A. (2019). Primary care engagement is associated with increased pharmacotherapy prescribing for alcohol use disorder (AUD). *Addiction science & clinical practice*, 14(1), 19. <https://doi.org/10.1186/s13722-019-0147-3>
- Keck Medicine of USC. (2024). Pandemic-era increase in alcohol use persists. <https://news.keckmedicine.org/pandemic-era-increase-in-alcohol-use-persists/#>
- Mullen, B. & Jackman, R. (2020). Medication assisted treatment for alcohol use disorder: An overview [PowerPoint slides]. Department of Family Medicine, University of Colorado. https://medschool.cuanschutz.edu/docs/librariesprovider294/default-document-library/mat-overview-10-28-2020.pdf?sfvrsn=5b388db9_0
- U.S. Department of Health and Human Services. (n.d.). Alcohol's effects on the body. <https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body?form=MG0AV3>



Questions/Comments

