Smart Patients

DECERA CLINICAL Education

TALKING ABOUT ALCOHOL USE

A Communication Support Resource

For healthcare professionals (HCPs) across primary care, emergency medicine, psychiatry, and the wider care team.

This resource follows the natural sequence of a conversation about alcohol. Use only the sections you need. Each section explains its purpose, offers a few example prompts, and notes what patients and families told us.

A note on language: Words affect whether patients stay in care. Use person-first, medically precise terms: "person with alcohol use disorder (AUD)," and mild, moderate, or severe AUD. Avoid "alcoholic," "abuse," and "clean" or "dirty," which can imply blame. Let patients describe themselves however they choose; the guidance here is for how the care team speaks. People can and do recover from AUD, and it is a common medical condition that responds to treatment. Saying so plainly is one of the most effective things an HCP can do to lower the shame that keeps people from care.

1 Open the conversation

Set a nonjudgmental tone and make it safe to be honest.

- "Would it be okay if we talked a bit about alcohol as part of your overall health?"
- "A lot of people drink more than they let on, and that's understandable. Whatever you tell me stays between us and helps me help you."
- "Alcohol affects a lot of parts of health, so I ask everyone about it."

What patients told us: Shame and concealment were common. Many people hid or downplayed their drinking until a crisis. What helped was honesty that was both direct and free of judgment. Several patients said they saw through vague or tentative language and respected an HCP who was straightforward with them. Normalizing the question and treating it as a routine part of health does more than saying "I'm not judging you."

2 Ask what the patient wants

Elicit the patient's own goals and concerns before offering direction.

- "What would you want to be different about your drinking, if anything?"
- "What matters most to you right now: your health, your family, how you feel day to day?"
- "Some people aim to stop completely, and others want to cut back. Where are you, and has that changed over time?"

What patients told us: Patients and families were often never asked what they wanted from care. Their goals were usually about quality of life rather than a clinical definition. Be ready for a firm answer in either direction. Some patients, especially those with time in recovery, hold strongly that stopping completely is the only thing that works for them and may not want to talk about cutting back. Ask the question genuinely and let the patient answer it.

3 Explore readiness for change

Understand where the patient is without pushing.

- "On a scale where 1 is 'not ready' and 10 is 'ready today,' where are you? What makes it that number and not lower?"
- "Has anything happened lately that made you think about your drinking?"
- "What would have to change for you to feel ready?"

What patients told us: The most widely shared belief was that change begins with the person, and that outside pressure rarely created readiness on its own. Real openings did appear, though: a health scare or diagnosis, a firm boundary from someone close, or not wanting to repeat a parent's pattern. Listen for those openings and follow them.

4 Talk through options together

Support an informed conversation about care. This resource does not recommend or compare specific treatments. See NIAAA and current guidelines for clinical content.

- "People do recover from this, and there are a few different ways to get there. Would it help to talk through what's available, including counseling, peer support, and medications?"
- "What have you heard about the options for cutting back or stopping? What's your sense of what's out there?"
- "What's worked for you before, and what hasn't?"

What patients told us: Awareness of options was low and often limited to what patients had heard secondhand. Medication in particular was rarely discussed with them. Many credited peer and mutual support programs with working. Asking what a patient already believes, including any doubts about whether medication can help, tends to open the conversation more than leading with a recommendation. Saying clearly that recovery is possible matters: many patients have been told, or have come to believe, that nothing works.

5 Surface the barriers

Name what could get in the way of following through, including at home.

- "What might make it hard to take the next step?"
- "Who at home knows what you're dealing with? Is there someone who could support you, or someone this is hard around?"
- "Last time, what got in the way of care continuing?"

What patients told us: Follow-up often faded after the first encounter, and continuity frequently depended on programs outside the medical system. Families were often left out of the conversation and did not know how to help or when support became enabling. Naming who is and is not part of the plan brings out a barrier that usually goes unspoken.

6 Confirm the next step

Close with 1 concrete, shared next action.

- "Let's agree on 1 thing to do before we talk again. What feels doable?"
- "When should we check back in, and what will we look at then?"
- "Would it help to include a family member or a specific resource in the next step?"

What patients told us: Where care held together, it was because someone built continuity on purpose: a concrete next step, a time to check back, and often the family brought in rather than left out. Patients' own advice to HCPs came back to the same points. Dig deeper, keep at it, treat alcohol use as a serious condition that affects the whole family, and know the local resources you can point to.

Prepared by Smart Patients for Decera Clinical Education · Program 102503 · Educational communication aid · Draft for review · Not for distribution

Grounding source: Smart Patients community analysis of patient-reported experiences in alcohol use disorder. Unpublished data. Conducted July 2026. For clinical guidance: NIAAA, Healthcare Professionals' Core Resource on Alcohol.

DECERA CLINICAL Education

Smart Patients