



"Psychology Works" Fact Sheet: Alcoholism

What is alcohol use disorder?

Most of us drink alcohol. A large survey showed that about 78% of Canadians drank alcohol in the previous year, 21% exceeded low-risk consumption guidelines and about 6% drank heavily at least once a month (five or more drinks per occasion for men and 4 or more drinks per occasion for women).

Many people who misuse alcohol have occasional problems in their lives because of alcohol such as social/family, health, legal, or financial difficulties. Some people experience so many problems because of their drinking that they can be considered to have an Alcohol Use Disorder.

Alcohol use disorder occurs when there are ongoing negative consequences from drinking. For people with alcohol use disorder their drinking commonly results in significant distress and problems functioning in their daily life. Alcohol use disorder ranges from mild to severe, but anyone who is experiencing problems from their alcohol use should seek help to avoid the problem escalating.

In a recent survey of Canadians, approximately 18 % of the population met the criteria for some level of alcohol use disorder with the prevalence being higher for men than for women.

What are the symptoms of alcohol use disorder?

The number of symptoms a person meets is used to determine the severity of the disorder. Those who experience 6 or more of the symptoms below are considered to have a severe alcohol use disorder. However, a person who is experiencing any of these symptoms may benefit from professional help.

- Alcohol is often taken in larger amounts or over a longer period of time than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- Craving, or a strong desire or urge to use alcohol.
- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Recurrent alcohol use in situations in which it is physically hazardous.
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
- Tolerance, as defined by either of the following: a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect, or b) A markedly diminished effect with continued use of the same amount of alcohol.



- Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for alcohol b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Is alcoholism a disease?

Some experts believe alcohol use disorder is a medical disease that cannot be cured, just like diabetes. This is known as the medical model. They believe that people with alcohol use disorder have no control over their alcohol use and that their disease can only be managed by avoiding alcohol altogether.

Other experts argue that alcohol use disorder is a psychological disorder rather than a disease. They do not believe that alcoholism is an incurable disease. Experts from this perspective believe that people attempting to recover from alcohol disorders can choose to stop drinking altogether or can learn to drink moderately instead.

Who is at risk for developing alcohol use disorder?

If a person has a biological parent with alcohol use disorder, that person is at increased risk. Children may also learn patterns of heavy drinking from their parents.

Those in cultures or social groups where heavy drinking is accepted (e.g., those working in bars) are at increased risk. Also people's attitudes and beliefs are important (e.g., believing alcohol has lots of positive effects). However, it is still very difficult to predict precisely who will develop alcohol use disorder.

What psychological approaches are used to treat alcohol use disorder?

The best known treatment for alcohol use disorder is Alcoholics Anonymous (AA). The AA approach is consistent with the medical model and includes a strong spiritual component. Abstinence (no drinking at all) is the treatment goal. Research has shown AA is effective for those who stick with it. One of its strengths is peer support and encouragement. However, AA has high dropout rates.

Two common psychological treatments have similar effectiveness to AA.

Cognitive Behavioural Therapy (CBT) helps a client change his/her drinking as well as their risky attitudes and beliefs. The goal of CBT can be either no drinking or moderate/controlled drinking (i.e., harm-reduction). CBT helps the client identify his/her own unique high-risk situations for heavy drinking. Then, they develop plans and skills that are alternatives to heavy drinking in these situations.

CBT also increases the client's confidence about his/her ability to resist heavy drinking. Because alcohol abuse/dependence has high rates of return to heavy drinking, CBT often includes relapse-prevention.

Motivational Interviewing (MI) is another effective psychological treatment. MI is based on the fact that people with alcohol problems are at different stages of readiness to change their drinking.





Some are completely ready and simply need help to change. Others are thinking of changing but are not quite ready. Still others are not even considering changing or deny they have a problem.

MI helps clients move to a stage where they are more ready to change their alcohol use. For example, the therapist might encourage the client to really examine the pros and cons of continuing versus changing their current drinking patterns.

Severely dependent clients may be treated in a detoxification program in the initial stages to provide medical supervision of withdrawal from alcohol. Detoxification can precede treatments such as CBT, MI and AA.

There are also medications that may help people quit drinking. However, they only work while people take them, and they can cause side effects. Thus, MI and CBT are seen by some as safer, or as producing longer-lasting benefits than medications. Sometimes psychological interventions are used with medications to maximize benefits. For people who have problems with their alcohol use they should consult with their doctor to find out what the best treatment approach is for them.

Where do I go for more information?

More information regarding alcohol abuse and dependence can be found at the website of the Centre for Addiction and Mental Health at <http://www.camh.net> and the website of the Canadian Centre on Substance Abuse at <http://www.ccsa.ca>.

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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