

A large survey showed that about 75% of Canadians drank alcohol in the previous year, 25% exceeded low-risk consumption guidelines and about 6% drank heavily every week (5 or more drinks per occasion). Many people who misuse alcohol have occasional problems in their lives because of alcohol such as social/family, legal, health, or financial difficulties. Some people experience so many problems because of their drinking that they can be considered to have an Alcohol Disorder.

*Alcohol abuse occurs when there are ongoing negative consequences from drinking. Alcohol dependence, or alcoholism, is more severe & occurs when people have problems stopping drinking. About 20% of men and 8% of women are alcohol dependent.*

## Symptoms of Alcohol Disorders

- Abuse (less severe)
- Dependence (more severe)
- Alcohol use interferes with responsibilities (at work, home, school)
- Dangerous patterns of alcohol use (while driving a car or operating machinery)
- Alcohol use causes legal problems (arrests for disorderly conduct)
- Alcohol use continues despite negative effects on relationships (physical fights)
- Tolerance to alcohol (need more and more alcohol to achieve desired effect)
- Withdrawal when regular drinking is stopped or reduced (sweating, insomnia, nausea)
- Often drink more or drink longer than intended
- Difficulty limiting or quitting drinking
- Great deal of time spent in obtaining, using, recovering from alcohol
- Previously valued / Important activities (e.g., recreational) are given up or reduced
- Alcohol use continues despite awareness that drinking is causing physical or emotional problems

## Is Alcoholism a Disease?

Some experts believe alcohol dependence is a disease that cannot be cured. This is known as the medical model. They believe that alcohol dependent people have no control over their alcohol use and that their disease can only be managed by avoiding alcohol altogether. Other experts argue that alcohol dependence is a psychological disorder rather than a 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 Abuse/Dependence?

If a person has a biological parent with alcohol dependence, 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 abuse/dependence.

## What Psychological Approaches are Used

The best-known treatment for alcohol abuse/dependence is Alcoholics Anonymous (AA). The AA approach is consistent with the medical model and includes a strong spiritual component. Abstinence 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 (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, e.g., the therapist might encourage the client to really examine the pros and cons of continuing vs. 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. MI and CBT are seen by some as safer, or as producing longer-lasting benefits, than medications. Sometimes psychological interventions are used with medications in an effort to maximize benefits.