

Understanding Alcohol Use Disorders and Their Treatment

For many people, drinking alcohol is nothing more than a pleasant way to relax. However, people with alcohol use disorders drink to excess, endangering both themselves and others. This question-and-answer fact sheet explains alcohol problems and how psychologists can help people recover.

When does drinking become a problem?

For most adults, moderate alcohol use--no more than two drinks a day for men and one for women and older people--is relatively harmless. (A "drink" means 1.5 ounces of spirits, 5 ounces of wine, or 12 ounces of beer, all of which contain 0.5 ounces of alcohol.)

Moderate use, however, lies at one end of a range that moves through alcohol abuse to alcohol dependence:

- Alcohol abuse is a drinking pattern that results in significant and recurrent adverse consequences. Alcohol abusers may fail to fulfill major school, work or family obligations. They may have drinking-related legal problems, such as repeated arrests for driving while intoxicated. They may have relationship problems related to their drinking.
- People with alcoholism--technically known as alcohol dependence--have lost reliable control of their alcohol use. It doesn't matter what kind of alcohol someone drinks or even how much: alcohol-dependent people are often unable to stop drinking once they start. Alcohol dependence is characterized by tolerance (the need to drink more to achieve the same "high") and withdrawal symptoms if drinking is suddenly stopped. Withdrawal symptoms may include nausea, sweating, restlessness, irritability, tremors, hallucinations, and convulsions.

Although severe alcohol problems get the most public attention, even mild to moderate problems cause substantial damage to individuals, their families, and the community.

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), 1 in 13 American adults is an alcohol abuser or alcoholic at any given time. A 1997 government survey revealed that drinking problems are also common among younger Americans. For example, almost 5 million youths aged 12 to 20 engage in binge drinking, which involves females consuming at least four drinks on a single occasion and males at least five.

What causes alcohol-related disorders?

Problem drinking has multiple causes, with genetic, physiological, psychological and social factors all playing a role. Not every individual is equally affected by each cause. For some alcohol abusers, psychological traits such as impulsiveness, low self-esteem, and a need for approval prompt inappropriate drinking. Some individuals drink to cope with or "medicate" emotional problems. Social and environmental

factors such as peer pressure and the easy availability of alcohol can play key roles. Poverty and physical or sexual abuse increase the odds of developing alcohol dependence.

Genetic factors make some people especially vulnerable to alcohol dependence. Contrary to myth, being able to "hold your liquor" means you're probably more at risk--not less--for alcohol problems. Yet a family history of alcohol problems doesn't mean that the children of those with alcohol problems will automatically grow up to have the same problems--nor does the absence of family drinking problems necessarily protect children from developing these problems.

Once people begin drinking excessively, the problem can perpetuate itself. Heavy drinking can cause physiological changes that make more drinking the only way to avoid discomfort. Individuals with alcohol dependence may drink partly to reduce or avoid withdrawal symptoms.

How do alcohol use disorders affect people?

While some research suggests that small amounts of alcohol may have beneficial cardiovascular effects, there is widespread agreement that heavier drinking can lead to health problems. In fact, 100,000 Americans die from alcohol-related causes each year. Short-term effects include memory loss, hangovers, and blackouts. Long-term problems associated with heavy drinking include stomach ailments, heart problems, cancer, brain damage, serious memory loss, and liver cirrhosis. Heavy drinkers also markedly increase their chances of dying from automobile accidents, homicide, and suicide. Although men are much more likely than women to develop alcoholism, women's health suffers more, even at lower levels of consumption.

Drinking problems also have a very negative impact on mental health. Alcohol abuse and alcoholism can worsen existing conditions such as depression or induce new problems such as serious memory loss, depression, or anxiety.

Alcohol problems don't just hurt the drinker. According to NIAAA, more than half of Americans have at least one close relative with a drinking problem. Spouses and children of heavy drinkers are more likely to face family violence; children are more likely to suffer physical and sexual abuse and neglect and to develop psychological problems. Women who drink during pregnancy run a serious risk of damaging their fetuses. Relatives and friends can be killed or injured in alcohol-related accidents and assaults.

When should someone seek help?

Individuals often hide their drinking or deny they have a problem. How can you tell if you or someone you know is in trouble? Signs of a possible problem include having friends or relatives express concern, being annoyed when people criticize your drinking, feeling guilty about your drinking and thinking that you should cut down but finding yourself unable to do so, and/or needing a morning drink to steady your nerves or relieve a hangover.

Some people with drinking problems work hard to resolve them, and often, with the support of family members and/or friends, these individuals are able to recover on their own. However, those with alcohol dependence usually can't stop drinking through willpower alone. Many need outside help. They may need medically supervised detoxification to avoid potentially life-threatening withdrawal symptoms such as seizures. Once people are stabilized, they may need help resolving psychological issues associated with

problem drinking.

There are several approaches available for treating alcohol problems. No one approach is best for all individuals.

How can a psychologist help?

Psychologists who are trained and experienced in treating alcohol problems can be helpful in many ways. Before the drinker seeks assistance, a psychologist can guide the family or others in helping to increase the drinker's motivation to change.

A psychologist can begin with the drinker by assessing the types and degrees of problems the drinker has experienced. The results of the assessment can offer initial guidance to the drinker about what treatment to seek and help motivate the problem drinker to get treatment. Individuals with drinking problems definitely improve their chances of recovery by seeking help early.

Using one or more of several types of psychological therapies, psychologists can help people address psychological issues involved in their problem drinking. A number of these therapies, including cognitive-behavioral coping skills treatment and motivational enhancement therapy, were developed by psychologists. Additional therapies include 12-Step facilitation approaches that assist those with drinking problems in using self-help programs such as Alcoholics Anonymous (AA). All three of these therapies--cognitive-behavioral coping skills treatment, motivational enhancement therapy, and 12-Step facilitation approaches--have demonstrated their effectiveness through well-designed, large-scale treatment trials. These therapies can help people boost their motivation to stop drinking, identify circumstances that trigger drinking, learn new methods to cope with high-risk drinking situations, and develop social support systems within their own communities.

Many individuals with alcohol problems suffer from other mental health conditions, such as severe anxiety and depression, at the same time. Psychologists can be very helpful for diagnosing and treating these "co-occurring" psychological conditions when they begin to create impairment. Further, a drinker in treatment may receive services from many health professionals, and a psychologist may play an important role in coordinating these services.

Psychologists can also provide marital, family, and group therapies, which often are helpful for repairing interpersonal relationships and for long-term success in resolving problem drinking. Family relationships influence drinking behavior, and these relationships often change during an individual's recovery. The psychologist can help the drinker and significant others navigate these complex transitions, help families understand problem drinking and learn how to support family members in recovery, and refer family members to self-help groups such as Al-Anon and Alateen.

Because a person may experience one or more relapses and return to problem drinking, it can be crucial to have an appropriate health professional such as a trusted psychologist with whom that person can discuss and learn from these events. If the drinker is unable to resolve alcohol problems fully, a psychologist can help with reducing alcohol use and minimizing problems.

Psychologists can also provide referrals to self-help groups. Even after formal treatment ends, many people

seek additional support through continued involvement in such groups.

Alcohol-related disorders severely impair functioning and health. But the prospects for successful long-term problem resolution are good for people who seek help from appropriate sources. Psychologists are applying the substantial knowledge they have to help people resolve alcohol problems, and they are working to make treatment services available wherever needed.

The American Psychological Association Practice Directorate and the APA Practice Organization College of Professional Psychology gratefully acknowledge the assistance of Peter E. Nathan, Ph.D.; John Wallace, Ph.D.; Joan Zweben, Ph.D.; and A. Thomas Horvath, Ph.D., in developing this fact sheet.

For referral information, call 800-964-2000.

(c) Copyright 2004 American Psychological Association

Documents from apahelpcenter.org may be reprinted in their entirety with credit given to the American Psychological Association. Any exceptions to this, including requests to excerpt or paraphrase documents from apahelpcenter.org, must be presented in writing to helping@apa.org and will be considered on a case-by-case basis. Permission for exceptions will be given on a one-time-only basis and must be sought for each additional use of the document.