

# Alcohol Use Disorders

## A Guide for Patients

### I. About Alcohol Use Disorders

#### 1. *Why can't I stop drinking?*

You have been diagnosed with an **alcohol use disorder** (AUD). AUDs are to a large extent related to **difficult things** that happened to you in childhood and adulthood, your **family history of alcohol problems**, your **biochemistry**, and your **mental state**.

**Traumatic things** that happen to us in childhood, such as abuse or neglect, stay with us if we don't get help dealing with them. Many people who have had difficult childhoods start using alcohol as a way of coping with these early traumatic events. People also use alcohol to cope with difficult things that happen in adulthood, such as divorce, the death of a family member, or losing a job.

People with a **strong family history of alcohol problems** react to alcohol differently than others. They are more tolerant to alcohol, which means that they can drink more than most people but experience **fewer deterrents** to drinking, like sleepiness and headaches, and **more positive reinforcers**, like heightened pleasure.

All humans have a **reward centre** in the mid-part of the brain. Whenever we do an activity essential for survival, like eating, sex, and nurturing, the chemical **dopamine** is released in the brain, which makes us feel good. This dopamine spike is also associated with two other parts of the brain: the **memory**, which allows us to recall the pleasure associated with an activity (such as remembering a delicious meal), and the **executive function**, the part of the brain that acts like the captain, directing you to go out and do a pleasurable activity again. This combination of brain activities makes sure we survive as a species.

Like survival activities, alcohol and drugs also work on this reward centre. Drinking and using drugs cause the level of dopamine to increase more and last longer than the spike from non-drug activities. The result is a hijacking of the survival mechanism, so that the person is not thinking "How do I survive?" but "How do I get more drugs?"

Other parts of your brain may try and resist the executive function, telling you that drinking is a bad idea. **Addiction** is the conflict between these two parts of the brain, where the executive function is saying "Get me a drink" and other parts of the brain are saying "Drinking is harmful to me." Many people with addiction describe this struggle.

Mental state also plays a role in developing an AUD. People who are very anxious, bored, sad, or angry often find that alcohol can relieve these feelings. If you have an underlying psychiatric issue, such as depression or an anxiety disorder, you may be more likely to drink in order to control your mood. It is important that when getting treatment for alcohol use that you get treatment for these other issues as well.

## 2. *What is an AUD?*

People with AUDs often have the following four traits:

- (a) They cannot control their drinking.
- (b) They continue to drink despite knowing it is harmful.
- (c) They spend a lot of time drinking.
- (d) They have powerful urges or cravings to drink.

AUDs have nothing to do with character, will power, or morals. Many good and strong people have an alcohol or drug problem. People with AUDs find that once they start drinking, it is no longer about choice.

## 3. *Why have I been diagnosed with an AUD?*

You have been diagnosed with this disorder because you have repeatedly tried but have been unable to cut down or stop your alcohol use. People with AUDs have lost control over their drinking, and drink more than they intend to despite knowing that it's harmful to them. This happens to certain people because of the biological, social, and psychological reasons discussed above.

## 4. *I've tried to stop drinking, but it makes me feel sick. Why?*

Alcohol is a sedative. If you drink a lot of alcohol every day for several weeks or more, your nervous system compensates by speeding itself up. This increases your **tolerance**, allowing you to resist the sedating effects of alcohol. People who drink a lot are often able to talk and walk after consuming amounts of alcohol that would put other people to sleep. When a heavy drinker stops alcohol suddenly, the nervous system is still sped up, and it takes several days for it to normalize. During this time period, people experience **withdrawal**, which is simply a hyper-active nervous system. When someone stops drinking, they first go through **acute withdrawal**. Tremor is the most common symptom of acute withdrawal, when you feel shaky while walking or reaching for something. Other symptoms include sweating, vomiting, and anxiety. Acute withdrawal can sometimes be medically dangerous. Some people experience seizures, irregular heart rhythms, or delirium tremens (DTs), which is severe delusions and hallucinations. Symptoms of withdrawal begin as early as twelve hours after the last drink and they generally start to resolve by day three, but they can last up to seven days.

**Sub-acute withdrawal** usually begins after your first week of sobriety. The risk of seizures or DTs is gone at this point, but people can experience several weeks or more of anxiety, fatigue, insomnia, and urges to drink as the nervous system continues to readjust to the absence of alcohol.

5. *What should I tell my family?*

You can tell your family that a health care provider has diagnosed you with an AUD. This illness, like many illnesses, is recognized by medical and mental health professionals as having a biological, social, and psychological component. You can explain to your family that it is not your fault that you have an AUD, but it is your responsibility to now get treatment. You should also tell them that their support is very important to your recovery.

Beyond the medical treatments that you'll discuss with your health care team, social support can be incredibly important in recovery. People who have recovered from AUDs often say that their family played a big part in their success.

Even if your family is angry with you right now, they will begin to trust you again when they see that you are committed to your recovery. This can often take time, but eventually you will be able to rebuild relationships. Family members can also benefit from being included in your recovery. They may feel more involved in the process if you invite them to medical appointments and keep them updated on your progress. Some families also find it helpful to attend Al-Anon meetings to be supported by other people going through similar experiences, and to access information on how to support loved ones going through treatment.

## II. Treatment

6. *Do I need treatment? Shouldn't I be able to do this on my own?*

Successful recovery from an AUD **requires** treatment. Like other illnesses such as diabetes and depression, AUD is caused by biological, psychological, and social factors, and just like these other illnesses, it is very hard to manage on your own.

Unfortunately, people cannot talk themselves out of an illness. If you could, you would have done so already. Because AUDs involve your brain, your body, and other outside factors, getting better is not as simple as just "deciding." However, the good news is that **effective treatment is available**. Medical treatment for addiction has been shown to work extremely well, better than treatments for many other medical problems.

Your chances of recovery are greatly improved if you have had **long periods of sobriety** in the past, you have **social supports**, such as family and friends, and you are **only addicted to alcohol** and not other drugs.

7. *What kind of treatment do I need?*

There is no one right treatment path for everyone. You and your health care team should discuss which treatment or combination of treatments would be helpful in your recovery.

There are three main types of treatment:

**(a) Withdrawal Management Services (WMS)**

Hospital-affiliated WMS sites offer patients a supervised, inpatient setting for several days to several weeks. This can be useful for people going through severe withdrawal who may not have adequate housing or support. WMS sites are staffed by people with addictions training, who monitor you through your withdrawal. Staff will also initiate counseling and assist you with your treatment plan, as well as with accessing housing and other social services. Many people use a WMS as a first step in their treatment. WMS sites often offer day programs, which people can enroll in immediately after discharge from the inpatient program.

**(b) Medication**

Anti-alcohol medication works directly on the reward centre of the brain to reduce the pleasurable effects of alcohol, cravings, and the withdrawal symptoms that accompany your first few days and weeks of sobriety (like anxiety and insomnia). Medication usually makes other types of treatment, like counselling, much more effective by removing the distraction of cravings and reducing the risk of relapse.

**(c) Counselling**

Counselling for addiction can take several different forms. The type of counselling that is best for you depends on what makes the most sense for your life. For people who lack housing and social support or are in severe withdrawal, an **inpatient residential program** may make the most sense. These live-in programs usually last for about three weeks and often include follow-up programming lasting for up to two years. Some residential programs offer anti-craving medications, but others prohibit them. If you are taking anti-craving medication that is working well for you, it is extremely important to enter a program that will allow you to continue taking it. For people who have work or family obligations, an **outpatient program** might be the best option. In these programs, you continue to live at home and attend day or evening therapy sessions anywhere from one to five times a week. Outpatient counseling usually lasts for several weeks and typically doesn't involve anti-craving medication.

Both types of programs employ a variety of counselling techniques, including education on alcohol and healthy lifestyle choices, group and individual therapy sessions, coping skills, and cognitive behavioural therapy. There is strong evidence that both types of programs are helpful for people struggling with addiction. Many people feel scared or anxious about starting counselling, but most of them are glad to have gone and often find they make supportive friendships there.

**Self-help groups** are another type of counseling for people with addictions. Groups like Alcoholics Anonymous (AA) and the Secular Organization for Sobriety (SOS) meet every day in cities and towns across Canada and worldwide. Access to meetings is immediate and there are no entry requirements. Anyone can attend meetings without assessment, going on a waiting list, or maintaining a period of abstinence; the only requirement is an interest in stopping drinking. Groups provide structure to the day; it can be helpful to know you have something to do and a place to meet other people going through the same struggle.

Attendees often find it inspiring to meet people who have gone through difficult times and are now in recovery. Finding a sponsor in such a group can also help you stay sober.

*8. Is anti-alcohol medication safe?*

All medications prescribed to help with alcohol addiction are safer for your liver than alcohol is. You will not need to take them for the rest of your life; most are taken for the first six months of treatment, as that is how long it takes most people to establish an abstinent lifestyle. They are non-addictive and can be stopped if you find them ineffective or if they give you side effects. You and your health care team will go over each medication to determine the appropriate one for you.

*9. How long does it take to start treatment?*

Medication can be started at your first medical appointment, and most options will start to reduce alcohol cravings in just a few days. Some medications require you to be sober for a few days before you start taking them. You and your health care team will determine the right time to begin.

Treatment programs have various waiting periods and assessment procedures. It is important to have **a plan for staying sober** until your program begins.

You can start attending self-help groups right away. You can try several different groups to figure out which one works best for you.

*10. What can I expect when I go through treatment?*

Starting a new treatment program can sometimes be overwhelming. You will be meeting with strangers and discussing things that are probably difficult to talk about. However, most people find that it is comforting to talk to people who understand what they are going through. Once you start your treatment, your fear and anxiety about attending will probably diminish within the first few days, and you'll be happy and proud of yourself for sticking to it.

*11. What should I do to get through withdrawal?*

The best predictor of how severe your withdrawal will be is how severe it has been in the past. **If you have a history of severe withdrawal symptoms including seizures and DTs, you should go to the emergency department at the first sign of withdrawal.** An even better way to get through withdrawal is to do a **planned withdrawal** with your physician (if he or she is familiar and comfortable with this procedure). For planned withdrawal, you see your health care provider the day after you have your last drink and you are given benzodiazepines (such as Valium) to help you through withdrawal safely and comfortably. It's a good idea to start on anti-alcohol medication during this procedure and to have a plan in place to begin counselling (such as an AA meeting).

During sub-acute withdrawal (described on page 2), the most important things are to keep yourself out of situations where you might be tempted to drink, and to remind yourself that **things will get better.**

### III. Action

#### 12. How do I get treatment?

If you do not already have a treatment plan in place, you will have to make a few phone calls. Once you are involved in one group or program, you will likely find it easier to get support in developing a treatment plan. It is important that you ask for help in getting connected to services that meet your specific needs (counselling, housing, medical treatment, etc.).

#### 13. Who is involved in my treatment?

Your **primary care provider (PCP)**, usually a family doctor or nurse practitioner, can play a central role in your recovery. PCPs can prescribe anti-craving medications, treat withdrawal, monitor and intervene with your mental and physical health during recovery, and give you ongoing support during and after your treatment. Your PCP can also refer you back to treatment if you relapse.

If you do not have a PCP, there are some resources you can explore:

- **Health Care Connect** (1-800-445-1822) will connect you to family doctors and nurse practitioners accepting new patients: <https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner>
- **Community Health Centres (CHCs)** sometimes have openings for patients within their region. Locate your local CHC: <http://www.health.gov.on.ca/en/common/system/services/chc/locations.aspx>

**Self-help groups** can provide valuable emotional support, as well as information about programs and services.

**Therapists and workers** that you meet in treatment programs are great sources of knowledge to help you get connected to long-term treatment for substance use and other supports, like housing and employment help. They can also provide counseling for substance use and other important issues.

**Family and friends** are often key social supports. Reconnecting to people you may not have spoken to in a while can help reduce feelings of loneliness. You do not need to talk about your AUD, but they can offer company and activities away from drinking.

#### 14. What should I do during early recovery?

Some people find the early stages of recovery to be an overwhelming time. The best thing you can do for yourself is to keep recovery as your main priority, shaping your life around this goal.

- **Keep busy**

Scheduling your time can be a helpful way to avoid alcohol. Here are some examples of structured activities:

- Self-help groups like AA or SOS, which provide structure and social support. If you're having urges to drink, a sponsor can be someone to contact for support.
- Exercise, such as daily walks or trips to the gym.
- Regular sleeping and eating routines.
- Spending as much time as possible with supportive family and friends who do not drink.
- Appointments with addiction care providers. If you have a slip while waiting for treatment, interrupt the slip immediately by seeking out help and keeping follow-up appointments.

- **Keep focused**

Staying sober requires paying close attention to how you're feeling every day. Here are some things you can do to take care of yourself in early recovery:

- Take your prescribed medications.
- Avoid HALT states: Hungry, Angry, Lonely, Tired.
- When feeling the urge to drink, always pause and call a support first.
- Don't focus on other issues you may be worried about. They can be dealt with later as long as you remain sober.
- Know your **triggers** and do your best to avoid them. Triggers may be certain people or places, thinking about certain situations, feeling stressed, angry, or sad, or thinking self-critical thoughts.
- **Don't give up.** Remember that sub-acute withdrawal can last for several weeks, and that the anxiety, insomnia, fatigue, and cravings that you may be experiencing are all **temporary**. The longer you remain sober, the easier it will get.

*15. I feel too anxious and depressed when I'm not drinking. What should I do?*

Mood disorders and AUDs often go together. If you have problems with your mood as well as with drinking, it is important that you seek treatment for both issues. The good news is that treating one often helps with the other: if you stop or reduce your drinking, your mood will almost certainly improve, and if you receive treatment for anxiety or depression, you are also less likely to drink.

Here are some coping strategies you can try if you feel an urge to drink:

- Focus on mindful breathing.
  - Sit comfortably with your eyes closed and your spine straight.
  - Direct your attention to your breathing.
  - When thoughts, emotions, physical feelings, or sounds occur, simply accept them, without getting involved with them.
  - When you notice that your attention has drifted off and you're becoming caught up in thoughts or feelings, simply note that the attention has drifted, and then gently bring the attention back to your breathing.
- Remind yourself that cravings only last about 20 minutes. Encourage yourself with positive thoughts: "This will pass, it's only temporary." "I've gotten through this before, so I know I can do it now."
- Drink a large glass of water or juice, and **pause**.
- Try relaxation and breathing exercises. When you're feeling tense, try breathing out a little bit more slowly and more deeply, noticing a short pause before the in-breath takes over. You might find it useful to count slowly or prolong a word such as "one" or "peace" to help elongate the out-breath a little (to yourself or out loud).
- Put on some music – sing and dance along, or just listen attentively (use music that is likely to help you feel your desired emotion – avoid sad songs if you're depressed).
- Try meditation or prayer.
- Call a friend or sponsor and visit them if possible.
- Ground yourself in the moment. Look around you – what do you see, hear, smell, sense? Hold a comforting object.
- Engage in a hobby or other interest. If you don't have one, find one! What have you enjoyed in the past? What have you always wanted to try but haven't gotten around to yet?
- Write down your thoughts and feelings. This helps to get them out of your head.
- Pamper yourself! Do something you really enjoy or do something relaxing.
- Find an affirmation that you can repeat to yourself when you need encouragement (even if you don't believe it at first!), like "I can do this."
- Visualize a drink-free positive future, seeing yourself doing the things you want to be doing.
- If you have a setback, **don't beat yourself up**. Tell yourself that it's okay and that you can start over. Be aware of what triggered it so that you can avoid being triggered again.
- Just take it **one step at a time**. Don't plan too far ahead or focus on worries that are not related to your recovery.