

## A Comprehensive Treatment Plan for Alcohol Dependence Should Consist of Three Major Components

**Medical** – Professional healthcare that may include medication, in order to address physical issues.

**Psychosocial** – Counseling/therapy to help the person effectively realize an alcohol-free lifestyle and to learn relapse prevention techniques. Counseling can help to meet immediate short-term goals with coping skills and tools that can also be used throughout the patient's life.

**Support** – Peer support offers help, understanding and encouragement from people who have shared similar experiences with alcohol dependence. Friend and Family Support offers non-addiction-related support as a reminder of what life is all about and what is preserved by treating alcohol dependence.

No single component should take the place of another but rather all used in concert for the best opportunity of a favorable treatment outcome. Loved ones of an alcohol-dependent person should also consider psychosocial care and peer support for themselves.

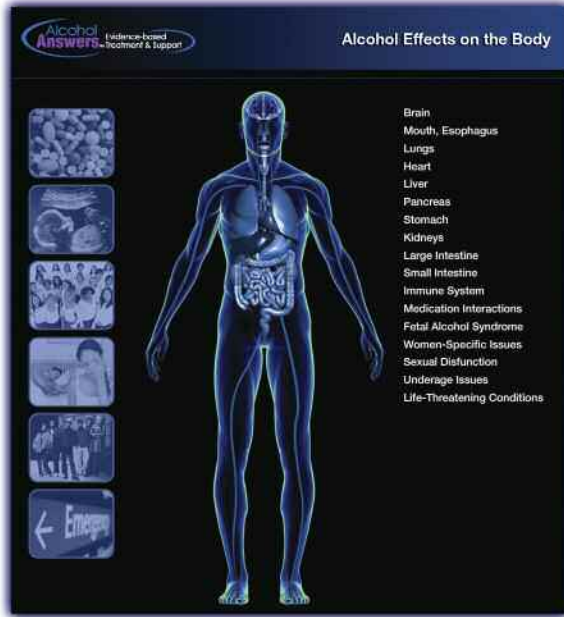
## AlcoholAnswers.org

AlcoholAnswers.org is dedicated to educating both the alcohol-dependent person and his/her loved ones on the disease of Alcohol Dependence.

Focused on evidence-based treatments, this comprehensive website brings together pertinent information in easy-to-understand articles and resource links.



The main sections of the site focus on the Alcohol-Dependent Person; Friends and Families; and the physical and psychological health implications of alcohol on a the body.



For convenience, there is a zip code-driven locator that lists the closest physicians, counselor/therapists, treatment centers, and other resources useful in the treatment of Alcohol Dependence.

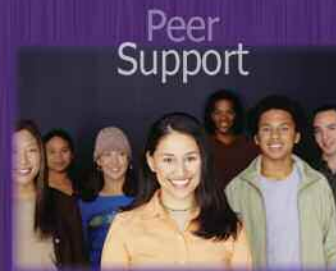


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# Treatment Options for Alcohol Dependence

AlcoholAnswers.org is a website by NAABT, Inc. (a 501(c)3 non-profit organization) We strive to provide evidence-based material for those seeking information on Alcohol Dependence (Alcoholism).



## Medical Treatment for Alcohol Dependence

Alcohol dependence affects many aspects of a person's life. Although behavior and emotional distress are the most outwardly noticeable, a patient's health can be deeply impacted in many ways. Alcohol is a poison and each system in the body can be negatively affected by alcohol misuse.



Oftentimes when seeking help for an alcohol-related problem, family physicians are overlooked as a starting point. Primary care physicians are now armed with very effective office-based treatments for alcohol dependence. A qualified physician will not only be able to diagnose physical problems caused by

alcohol dependence but also ensure proper treatment. Finding a physician is as easy as talking with your own family physician or entering your zip code in the Alcohol Dependence physician locator at [www.AlcoholAnswers.org/local/](http://www.AlcoholAnswers.org/local/)

### Medications

A relatively new tool for physicians are medications specifically created for alcohol dependence.

FDA-approved medications for alcohol dependence are Naltrexone (ReVia®, Depade®), Naltrexone for Extended-Release Injectable Suspension (VIVITROL®), Disulfiram (Antabuse®) and Acamprosate Calcium (Campral®).

**Oral Naltrexone (ReVia, Depade)** – It blocks brain opiate receptors, attenuates euphoria associated with alcohol use, makes alcohol use less rewarding, and reduces craving. In studies, the daily medication significantly reduced alcohol craving, alcohol consumption, and relapse.<sup>1,2</sup>

**VIVITROL®** – The newest medication option, is a long-acting naltrexone formulation administered as a once-monthly injection. Monthly administration overcomes problems of poor patient compliance with daily oral naltrexone therapy, which results in the patient staying in treatment.



**Acamprosate Calcium (Campral)** – This medication reduces the physical and emotional distress that may occur in the weeks or months after alcohol consumption is stopped.<sup>3</sup> Patients must be abstinent before beginning treatment.<sup>4</sup>

**Disulfiram (Antabuse)** – The first medication approved for alcohol dependence, Antabuse is the only one that is aversive. If alcohol is consumed by patients in disulfiram therapy, the results can be flushing, nausea, chest pain, etc.<sup>5,6</sup>

When medication is part of a comprehensive treatment program, patient results have shown to include Improved outcomes; Increased retention in treatment; and Improved birth outcomes.<sup>7</sup>

### Other Treatment Modalities

Because office-based treatment is not appropriate for all patients there are alternatives that include:

**Inpatient Programs** – The patient lives at a treatment facility where the 'standard' stay is 28 days, but can vary, depending on patient needs. It is a highly structured environment which includes group therapy, individual therapy and education. Some facilities have medical staff available 24/7, which is helpful during the first phases of treatment, especially if there is a medical detoxification unit on the premises.

**Intensive Outpatient Treatment (IOP)** – These programs vary in length and intensity and are offered at hospitals or rehabilitation centers. The sessions are generally three or more days a week for up to nine hours each day.

Less intensive outpatient programs consist of individual, group and/or family/couples therapy. These programs meet only once or twice a week and are considered maintenance therapy after either inpatient or intensive outpatient therapy.

## Psychosocial Care for Alcohol Dependence

Professionally conducted talk therapy is an important component of a recovery plan. Through one-on-one meetings with a therapist the patient can explore ways to effectively deal with triggers and cravings; learn techniques to handle the stress, anxiety, etc. that may have been a source of alcohol misuse; modify behavior to prevent a return to old patterns exhibited while alcohol dependent.

There are different modalities of psychosocial therapy, commonly used for alcohol dependence.

**Brief Motivational Intervention** – One to four, 10- to 60-minute sessions offering information and advice on the negative consequences of alcohol abuse. The goal is to motivate a person to reduce alcohol intake. This non-confrontational method is done by a treatment provider.

**Motivational Interviewing** – This technique is based on motivational psychology and the stages-of-change model. It is non-confrontational and assumes that the patient is responsible for changing his or her addictive behavior by exploring and resolving ambivalence to achieve a positive change in behavior.<sup>8,9</sup>

**Behavioral Couples Therapy (BCT)** – This treatment is for cohabitating alcohol-dependent persons and their partners. By working together, BCT has three primary goals: Abstinence; Family support of the loved one's effort to change; and Restructuring the dysfunction that often fuels the addictive behavior.



**Cognitive-Behavioral Coping-Skills Therapy (CBST)** – CBST is a group of approaches aimed at improving a patient's behavioral and cognitive skills in order to change problem-drinking behaviors. Primary objectives are to identify what need alcohol is filling and to learn alternative ways to meet those needs without alcohol.

## Peer Support and Family & Friend Support

Peer support is non-healthcare-provider groups such as Alcoholics Anonymous, SMART Recovery, Alanon, etc. and online discussion communities. Online peer support such as AddictionSurvivors.org gives the patient the convenience of 24/7 access and anonymity. In-person groups provide a sense of community and oftentimes social aspects that the patient may not have been exposed to during active addiction. Peer, family, and friends support, again, is non-healthcare-provider support and not a substitute for therapy but fills a different and important role.

For in-depth education and useful resources, please visit us at [www.AlcoholAnswers.org](http://www.AlcoholAnswers.org)



### References:

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- 2 SAMHSA Advisory, *News from the treatment field* Spring 2007 Volume 6 Issue 1; <http://download.ncadi.samhsa.gov/prevline/pdfs/SMA07-4267.pdf>
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- 9 *Motivational Interviewing* (resources for clinicians, researchers, and trainers) [www.motivationalinterviewing.org/](http://www.motivationalinterviewing.org/)