Review Article

Non-Pharmacological Treatment of Alcohol Dependence

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Alcohol dependence is a psychiatric disorder characterized by maladaptive compulsive use of alcohol associated with significant impairment in occupational functioning, interpersonal relations and physical health. There is tolerance to alcohol and experience of withdrawal symptoms when alcohol is either stopped or reduced in consumption. Persons with alcohol dependence often consume greater quantities of alcohol than planned, spend more time over alcohol, and continue to consume alcohol despite being aware of the adverse physical and psychological consequences of its use.

Pharmacological interventions are often key components of treatment in alcohol dependence to ease withdrawal symptoms, decrease craving, and to block the effects of alcohol. Medications also help to improve co-morbid psychiatric conditions such as depression and anxiety. Non-pharmacological interventions are also essential components to recovery which can be used alone or in conjunction with medication. Combination of pharmacological and non-pharmacological interventions is generally more effective in the management of alcohol dependence.

Following are the non-pharmacological techniques generally employed to help alcohol dependence patients:

Motivation for Treatment

Very few persons with alcohol dependence disorder seek treatment on their own. Only 5-15% individuals with alcohol dependence seek treatment voluntarily. They are often brought to the clinic by family members or friends and thus are not motivated to undergo treatment. Some of them do not feel the need for treatment while others simply refuse. One of the most important ways to help a person with alcohol dependence disorder is to motivate him to seek treatment. Benefits and harms of alcohol intake should be discussed and the possibility of reducing or stopping its consumption should be talked. Motivational interview can make patients get ready to get patients internally motivated to change and resolve ambivalence.

Compliance with Treatment

Once a patient enters into treatment for alcohol dependence, non-pharmacological interventions can help keep the patient in treatment and remain compliant with the treatment regime. After remaining abstinent from alcohol for sometime, some patients do not consider the need for continuing the treatment and some patients just stop the medication. Non-adherence to medication regime occurs in a substantial proportion of patients with some studies reporting up to 73% noncompliance. Adherence to both medication and non-pharmacological methods leads to a better outcome.

Psychotherapy

Psychotherapy is the verbal interaction between the patient and the therapist aimed at changing the behaviour and feelings of the patient. Various forms of psychotherapy have been used in alcohol dependence. Individual and/or group psychotherapy can help patients decrease the frequency and the amount of alcohol consumed when they drink. It also provides better understanding of the negative consequences of alcohol consumption.

Individual Psychotherapy

Individual psychotherapy can be administered both in OPD and indoors settings. It provides privacy to discuss personal problems more freely and allows more one-to-one time. In addition, individual therapy can also address the co-morbid
conditions such as depression. Typically, individual psychotherapy is focused on working toward and achieving concrete, behaviourally defined goals (abstinence). In addition, individual psychotherapy is also helpful in solving occupational problems and interpersonal difficulties.

**Group therapy**

It is one of the most common non-pharmacological interventions used to treat alcohol dependence. It is economical and allows one health care professional to conduct the session. Group therapy affords patients the opportunity to hear from others dealing with the same issue, and acceptance received from peers in group therapy can help combat the social stigma associated with alcohol dependence. Moreover, peer modeling allows them to learn from other peers who have succeeded in achieving abstinence and maintaining sobriety. In a group, an individual behaves more accountable and responsible.

**Alcoholic Anonymous**

Alcoholic Anonymous (AA) is a peer based organization led by nonprofessionals and free of charge. It is structured around 12 steps that focus on: acceptance of the disease of addiction, and loss of control over it, surrender to a greater power, a better understanding of the negative consequences of use and how it affects others, and fellowship. AA provides a component of social support through a unique “sponsor” system. Individuals who are new to AA get matched up with a person who has been in AA and been abstinent for a while. This person becomes their “sponsor” and is available to them all the times if they need assistance (e.g. during the phase of craving). The verbal process of Alcoholic Anonymous (AA) is also a form of psychotherapy.

The data suggests that a strong affiliation with AA can be effective in decreasing or stopping alcohol intake.

**Behaviour therapy**

**Aversive therapy**

These therapies are designed to create an aversion to alcohol, to reduce the reinforcing properties of drinking from positive to negative through an aversive unconditioned stimulus that is paired with a reinforcing conditioned stimulus. The goal is to make the client experience an aversive conditioned response to alcohol and avoid drinking after a conditioning has occurred. Two forms of aversive stimuli are generally used: electric shock and nausea inducing such as disulfiram. A more cognitive behavioural version of aversive therapy involves imaginable pairing of unpleasant events with alcohol rather than in actual in vivo pairing. It is called covert sensitization and includes three phases. In the first phase the client is guided through positive imagery of drinking and then aversive response such as vomiting or severe headache. In the second phase, the aversive image is paired with suggestions of non-drinking alternatives, allowing the client to escape the negative consequences if he/she chooses not to continue drinking. Finally, non-drinking alternatives are given prior to the experience of any aversive consequences if he/she chooses not to continue drinking. Aversion therapy is useful only for initial abstinence and other intervention strategies are needed for maintenance of abstinence.

**Cue Exposure**

Drinkers may develop conditioned craving responses to drinking-related antecedent stimuli such as sight of a bottle of alcohol, seeing others drinking alcohol etc. Exposure to these stimuli paired with response prevention and coping skills training may be very effective to prepare the client for the temptations they encounter daily. It improves the effectiveness of the treatment outcome.

**Relaxation Training**

Stress causes unpleasant physical sensations and associated dysphoric moods. It could be a high risk for excessive alcohol use. To cope with the physical and emotional distress due to stress, the client is taught to try something else rather than alcohol. Relaxation training is a fundamental coping skill in the repertoire of a person trying to avoid excessive drinking. It helps in reducing anxiety and tension when facing stressful situation and minimizing their typical levels of motor and psychological tension. Relaxation training helps the person to stay calm and think clearly.

**Contingency Management**

It helps the clients to restructure their environment to decrease the rewards associated with
alcohol use. The principles of contingency management are based on operant or instrumental learning approaches to human behaviour. The techniques include providing incentives for compliance with alcohol treatment and positive reinforcement from spouse or friends for sobriety. The Community Reinforcement Approach to alcohol treatment is a contingency management intervention strategy that has demonstrated its effectiveness in both inpatients and outpatients. The programme involves a functional analysis of drinking behaviour, basic skills training, problem-solving training, drinking refusal training, and social, recreational and vocational counseling, including marital therapy.

Skills Training

Heavy drinkers may be deficient in coping skills such as rational thinking, problem solving, assertiveness or effective conflict resolution. The client needs to learn and practice in order to regain abstinence. Certain behavioural skills such as drinking refusal have been used in behavioural self-control training.

Cognitive Behaviour Therapy

Cognitive Behaviour Therapy (CBT) is one of the most studied non-pharmacological interventions for patients with alcohol dependence. Miller and Willbourne (2002) examined the treatment efficacy of both pharmaco-therapy and non-pharmacological treatment. CBT was found to be one of the most effective tools. CBT focuses on identifying and changing maladaptive thoughts (i.e. cognitions) and behaviours that contribute to compulsive alcohol intake.

Following are the examples of common high-risk cognitions:
- I need a drink to relax.
- Just one drink won’t hurt.

Following are the examples of common high-risk behaviours:
- Keeping alcohol in the house “just in case friends come over and want a drink”.
- Going out to bars with friends who are drinking just to show that you can control yourself.
- Driving by a familiar bar on the way home when other routes can be taken.

CBT helps patients identify triggers for use such as people (i.e. Drinking friends, co-workers), places (i.e. particular bars, clubs) or emotions (i.e. sadness, anger). Patients are advised to avoid high-risk situations or triggers that can be avoided, and to cope effectively with situations that are unavoidable.

Alcohol dependence patients generally feel uncomfortable saying “no” when offered drink. Through modeling and role playing, CTB teaches patients effective drink-refusal skills.

Family and Couple Therapy

Alcoholic behaviour of an individual not only affects the consumer, it affects the family, workplace and other related areas. Family members, particularly the spouse and the children are the worst sufferers. Therefore, family and couple therapy is of great help. By including family members and partners in the treatment process, education about factors that are important to the patient’s recovery, such as establishing a alcohol-free environment, can be conveyed. Family members and partners can provide social support to the patient and can motivate him to continue in the treatment. Behavioural couple therapy was found to be superior to individual therapy.

Relapse Prevention

Alcohol dependence is a chronic problem and relapse rates are high. Non-pharmacological interventions can play a major role in preventing relapse. After achieving abstinence or significant improvement in alcohol consumption, non-pharmacological management can help in other related areas such as vocational rehabilitation, marriage counseling, or nutritional guidance.

Conclusion

Alcohol dependence is a chronic debilitating condition wherein non-pharmacological approach is an effective way of intervention in the form of motivating the patient to seek treatment, educating family members and partner about the condition, teaching coping skills and achieving abstinence and maintaining it. It also helps improve the areas of functioning and interpersonal relations.

Reference

1. American Psychiatric Association. Diagnostic


