

Alcohol use disorder: A guide for patients

A. About alcohol use disorder

1. Why can't I stop drinking?

You have been diagnosed with **alcohol use disorder** (AUD). AUD is often related to **difficult things** that happened to someone in childhood and adulthood, their **family history** of alcohol problems, their **biochemistry**, and their **mental state**.

Traumatic things that happen to us in childhood, such as abuse or neglect, can stay with us for many years. 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 also registers in the **memory**, which causes us to recall the pleasure associated with the activity (such as remembering a delicious meal), and the **executive function**, the command centre of the brain, which directs us to go out and do the activity again. This combination of brain activities makes sure we survive as a species. Like survival activities, alcohol also works on this reward centre. Drinking causes an even bigger and longer-lasting release of dopamine than other activities do. Over time, this results in a hijacking of the survival mechanism; the executive function starts telling us that drinking is more important than survival activities. Other parts of the brain may try and resist the executive function, telling us 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 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 anxiety, you may be more likely to drink in order to control your mood. It is important to get treatment for these other issues as well.

2. What is AUD?

People with AUD often have the following four traits:

1. They cannot control their drinking.
2. They continue to drink despite knowing it is harmful.
3. They spend a lot of time drinking.
4. They have powerful urges or cravings to drink.

Having AUD has nothing to do with character, willpower, or morals, and does not say anything about what kind of person you are.

3. 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.

4. What should I tell my family?

You can tell your family that you have AUD, a chronic illness that, like many illnesses, has a biological, social, and psychological component. You can explain that it is not your fault that you have 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 AUD 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 (<https://al-anon.org/>) to be supported by other people going through similar experiences, and to access information on how to support loved ones going through treatment.

B. Treatment

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

Successful recovery from 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 AUD involves 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.

6. 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.

Withdrawal management services (WMS) offer people a supervised, residential setting where they can stay for several days or weeks. This can be useful for people going through severe withdrawal who may not have adequate housing or support. In addition to monitoring clients through withdrawal, addiction workers help people access housing and other social supports, develop a treatment plan, and initiate counselling. WMS sites often offer day programs, which people can enroll in immediately after discharge from the residential program.

Anti-alcohol medications, like naltrexone and acamprosate, are an effective way for people to stop or reduce their drinking. These medications work 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.

Counselling for addiction can take several different forms. 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. 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.

Self-help groups are another type of counselling for people with addictions. Mutual support groups like Alcoholics Anonymous (<https://www.aa.org/>) and the Secular Organization for Sobriety (<http://www.sossobriety.org/>) 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 are now in recovery. Finding a sponsor in such a group can also help you stay sober.

Starting a new treatment program can feel overwhelming. You will be meeting with strangers and discussing things that are probably difficult to talk about, and many people feel uncertain, anxious, or scared at the start. However, you might find it comforting to talk to people who understand what you're going through. Your fear and anxiety about going to treatment will probably diminish within the first few days, and you'll feel proud of yourself for sticking to it.

7. Are anti-alcohol medications safe?

All AUD medications 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 the options to determine the appropriate one for you.

8. 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.

9. What should I do to get through withdrawal?

Acute alcohol withdrawal should be supervised by a medical professional. The most important reason is so that any complications that arise can be treated right away, but it's also so that they can manage your withdrawal symptoms to make the process easier. Because symptoms of acute alcohol withdrawal are very uncomfortable, people who try to withdraw on their own without support are at risk of drinking in order to relieve their symptoms. Withdrawing under medical supervision means that your discomfort will be managed and you won't have to drink to feel better.

Acute withdrawal is treated with a medication that helps the nervous system slow down to its usual rate. Most often, that medication is a **benzodiazepine**, a kind of sedative. Most benzodiazepines used to treat withdrawal are **long-acting**, meaning that they work in your system for a long time. By the time they leave your body, the nervous system should be close to its usual state.

People are usually told to have their last drink about twelve hours before coming in to have their withdrawal medically supervised; symptoms are usually starting to appear at that time. When you arrive, a doctor or nurse will probably **assess your withdrawal** by asking you some questions about how you're feeling (for example, if you're nauseated, anxious, or headachy) and checking to see if you have a tremor. Once the doctor or nurse is sure that you're in withdrawal, they will start the medication. They will keep checking your level of withdrawal and giving you more medication every hour or two until you're feeling better and the risk of complications is low. You should be able to leave within three to six hours, and you may be given a few tablets to take with you in case your symptoms come back over the next couple of days.

After the acute withdrawal stage is over, most people experience **sub-acute withdrawal**, which can last for several weeks. During this period, you may struggle with **anxiety, fatigue, insomnia, and urges to drink** as the nervous system continues to readjust to the absence of alcohol. 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**. It's also a good idea to have an AUD **treatment plan** in place, which could include **medication, counselling, and/or a mutual support group** like Alcoholics Anonymous, to help you get through this period.

C. Action

10. How do I get treatment?

There are lots of ways to connect to treatment. If you have a good relationship with your primary care provider, that's an excellent place to start. Your PCP can prescribe anti-craving medications, treat withdrawal, refer you to a counselling program, monitor your mental and physical health during recovery, and provide ongoing support during and after your treatment.

If you don't have a primary care provider, or if you don't feel comfortable talking to them about your alcohol use, consider attending a **rapid access addiction medicine (RAAM) clinic**. A RAAM clinic is a low-barrier, walk-in clinic that patients can attend to get help for a substance use disorder without needing an appointment or a referral note from a doctor. RAAM clinics provide medication, brief counselling, and referrals to community services. You can find a list of Ontario clinics online at <http://metaphi.ca/raam-clinics/>.

If neither of these options feels right to you, you might have to do some looking online to find out what's available in your area. ConnexOntario (<https://www.connexontario.ca>) is a directory of mental health and addiction services in Ontario. You can enter in specific criteria, like geographical area, type of service, or services targeted to a particular ethnocultural group, in order to find exactly what you're looking for.

11. 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 help you avoid alcohol. Here are some examples of structured activities:
 - **Self-help groups** like Alcoholics Anonymous or the Secular Organization for Sobriety, which provide structure and social support.
 - **Exercise**, such as daily walks or trips to the gym.
 - Regular **sleeping and eating** routines.
 - Spending time with **supportive family and friends who do not drink**.
 - **Appointments with addiction care providers**, including doctors, nurses, case managers, and therapists. 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.

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

Mood disorders and AUD 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 twenty 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.