

## **New Approaches to Understanding and Treating Problem Drinking**

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This just in: nearly a third of Americans have had a drinking problem at some point in their lives - and fewer than 20% of them were ever treated for it. These are among the surprising findings from the National Epidemiologic Survey on Alcohol and Related Conditions, viaa face-to-face interviews of 36,000 non-institutionalized civilian adults in the US between 2012 and 2013. What do these data tell us?

First, drinking problems may be more common than previously thought (10-15% of the adult population was the accepted estimate for many decades). A partial explanation is that the criteria for how problem drinking is defined have changed, from the more narrow “alcohol dependence” to a new, broader “alcohol use disorder” under the DSM-5. However, there is evidence that heavy drinking has been increasing, with most of the increase coming from women, who have caught up to their male peers. In particular, binge drinking has increased in both men and women (defined as 4 or more drinks on one occasion for women, 5 or more for men), but at a greater rate for women.

A second conclusion we can draw from the survey results is that some people seem to resolve or recover from their drinking problems on their own, without seeking treatment. This has not been the commonly accepted wisdom, but it does fit with my observations over the years. Again, this survey looked at whether people had ever met the criteria for “alcohol use disorder,” not “alcohol dependence,” so it included heavy drinkers or alcohol abusers who had not necessarily become addicted.

For example, some people who drink heavily during high school or college may just “grow out of” problem drinking behavior as they transition into the responsibilities of adulthood, becoming social drinkers or non-drinkers. Others may have become problem drinkers as a result of some crisis or trauma in their life (a death, a divorce, the loss of a job) and when the crisis eventually resolves, the drinking behavior goes away too. So it is true that not every problem drinker needs rehab and AA.

But it also true that these two traditional approaches have not been as effective in treating problem drinking or alcohol dependence as many people, including many doctors, would like to believe. The treatment industry claims a 30% success rate, but that only counts people who complete the program, and many drop out. A recent article in *The Atlantic* magazine argued that there is simply no data to show that AA works, and noted that many treatment programs rely too heavily on AA’s 12-step model, failing to offer evidence-based therapies, like Cognitive Behavioral Therapy and medication to reduce cravings.

Data or no, there’s plenty of anecdotal evidence that AA has helped many, many people get and stay sober over the last sixty years. But it’s no longer the only option: there are other support groups for problem drinkers, like LifeRing and Rational Recovery, that don’t emphasize total abstinence so much as reducing use and the negative consequences of abuse. And there are increasing numbers of people in recovery who are breaking their own anonymity to talk about their recovery and help destigmatize addiction, e.g. the 2013 feature documentary “The Anonymous People,” directed by Greg Williams.

In my opinion, best practices for treating drinking problems include 1) an individualized treatment plan, offering a range of options; 2) focusing less on abstinence and more on “harm reduction,” i.e. teaching strategies to reduce use; 3) using medication to help reduce cravings and support healthy recovery; 4) promoting mind-body practices to reduce reactivity, like meditation and yoga; and 5) individual therapy to address any unresolved trauma or other personal stressors. That’s my approach at any rate!

For more information about these studies and treatments, contact me at [www.rebeccastanwyck.com](http://www.rebeccastanwyck.com)