



Treatment for Alcohol Problems: Finding and Getting Help



National Institute
on Alcohol Abuse
and Alcoholism

This guide is written for individuals, and their family and friends, who are looking for options to address alcohol problems. It is intended as a resource to understand what treatment choices are available and what to consider when selecting among them.

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When Is It Time for Treatment?



Alcohol-related problems—which result from drinking too much, too fast, or too often—are among the most significant public health issues in the United States.

Many people struggle with controlling their drinking at some time in their lives. More than **14 million adults ages 18 and older have alcohol use disorder (AUD)**, and 1 in 10 children live in a home with a parent who has a drinking problem.

Does Treatment Work?

The good news is that no matter how severe the problem may seem, most people with AUD can benefit from some form of treatment.

Research shows that about one-third of people who are treated for alcohol problems have no further symptoms 1 year later. Many others substantially reduce their drinking and report fewer alcohol-related problems.

Signs of an Alcohol Problem

Alcohol use disorder (AUD) is a medical condition that doctors diagnose when a patient's drinking causes distress or harm. The condition can range from mild to severe and is diagnosed when a patient answers "yes" to two or more of the following questions.

In the past year, have you:

- Had times when you ended up drinking **more, or longer** than you intended?
- More than once wanted to **cut down or stop drinking**, or tried to, but couldn't?
- Spent a **lot of time** drinking? Or being sick or getting over the aftereffects?
- Experienced **craving**—a strong need, or urge, to drink?
- Found that drinking—or being sick from drinking—often **interfered with taking care** of your **home** or **family**? Or caused **job** troubles? Or **school** problems?
- Continued to drink even though it was causing **trouble** with your **family** or **friends**?
- Given up** or **cut back** on **activities** that were important or interesting to you, or gave you pleasure, in order to drink?
- More than once gotten into situations while or after drinking that **increased your chances of getting hurt** (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
- Continued to drink even though it was making you feel **depressed or anxious** or adding to **another health problem**? Or after having had a **memory blackout**?
- Had to **drink much more** than you once did to **get the effect** you want? Or found that your **usual number** of drinks had **much less effect** than before?
- Found that when the effects of alcohol were wearing off, you **had withdrawal symptoms**, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating? Or sensed things that were not there?

If you have any of these symptoms, your drinking may already be a cause for concern. The more symptoms you have, the more urgent the need for change. A health professional can conduct a formal assessment of your symptoms to see if AUD is present. For an online assessment of your drinking pattern, go to <https://RethinkingDrinking.niaaa.nih.gov>.

Options for Treatment

When asked how alcohol problems are treated, people commonly think of 12-step programs or 28-day inpatient rehab but may have difficulty naming other options. In fact, there are a variety of treatment methods currently available, thanks to significant advances in the field over the past 60 years.

Ultimately, there is no one-size-fits-all solution, and what may work for one person may not be a good fit for someone else. Simply understanding the different options can be an important first step.

Types of Treatment

Behavioral Treatments

Behavioral treatments are aimed at changing drinking behavior through counseling. They are led by health professionals and supported by studies showing they can be beneficial.

Medications

Three medications are currently approved in the United States to help people stop or reduce their drinking and prevent relapse. They are prescribed by a primary care physician or other health professional and may be used alone or in combination with counseling.

Mutual-Support Groups

Alcoholics Anonymous (AA) and other 12-step programs provide peer support for people quitting or cutting back on their drinking. Combined with treatment led by health professionals, mutual-support groups can offer a valuable added layer of support.

Due to the anonymous nature of mutual-support groups, it is difficult for researchers to determine their success rates compared with those led by health professionals.

Starting With a Primary Care Doctor

For anyone thinking about treatment, talking to a primary care physician is an important first step—he or she can be a good source for treatment referrals and medications. A primary care physician can also:

- Evaluate a patient’s drinking pattern
- Help craft a treatment plan
- Evaluate overall health
- Assess if medications for alcohol may be appropriate

Types of Professionals Involved in Care

Many health professionals can play a role in treatment. Below is a list of providers and the type of care they may offer.

Provider Type	Degrees & Credentials	Treatment Type
Primary Care Provider	M.D., D.O. (Doctor of Osteopathic Medicine); additionally you may see a Nurse Practitioner or Physician’s Assistant	Medications, Brief Behavioral Treatment, Referral to Specialist
Psychiatrist	M.D., D.O.	Medications, Behavioral Treatment
Psychologist	Ph.D., Psy.D., M.A.	Behavioral Treatment
Social Worker	M.S.W. (Master of Social Work), L.C.S.W. (Licensed Clinical Social Worker)	Behavioral Treatment
Alcohol Counselor	Varies—most States require some form of certification	Behavioral Treatment

Individuals are advised to talk to their doctors about the best form of primary treatment.

Treatments Led by Health Professionals

Professionally led treatments include:

Medications

Some are surprised to learn that there are medications on the market approved to treat alcohol dependence. The newer types of these medications work by offsetting changes in the brain caused by AUD.

All approved medications are non-addictive and can be used alone or in combination with other forms of treatment. Learn more about these approved treatments on p. 8.



Behavioral Treatments

Also known as alcohol counseling, behavioral treatments involve working with a health professional to identify and help change the behaviors that lead to heavy drinking. Behavioral treatments share certain features, which can include:



- Developing the skills needed to stop or reduce drinking
- Helping to build a strong social support system
- Working to set reachable goals
- Coping with or avoiding the triggers that might cause relapse

Types of Behavioral Treatments

- **Cognitive–Behavioral Therapy** can take place one-on-one with a therapist or in small groups. This form of therapy is focused on identifying the feelings and situations (called “cues”) that lead to heavy drinking and managing stress that can lead to relapse. The goal is to change the thought processes that lead to alcohol misuse and to develop the skills necessary to cope with everyday situations that might trigger problem drinking.
- **Motivational Enhancement Therapy** is conducted over a short period of time to build and strengthen motivation to change drinking behavior. The therapy focuses on identifying the pros and cons of seeking treatment, forming a plan for making changes in one’s drinking, building confidence, and developing the skills needed to stick to the plan.
- **Marital and Family Counseling** incorporates spouses and other family members in the treatment process and can play an important role in repairing and improving family relationships. Studies show that strong family support through family therapy increases the chances of maintaining abstinence (stopping drinking), compared with patients undergoing individual counseling.
- **Brief Interventions** are short, one-on-one or small-group counseling sessions that are time limited. The counselor provides information about the individual’s drinking pattern and potential risks. After the client receives personalized feedback, the counselor will work with him or her to set goals and provide ideas for helping to make a change.

Ultimately, choosing to get treatment may be more important than the approach used, as long as the approach avoids heavy confrontation and incorporates empathy, motivational support, and a focus on changing drinking behavior.

What FDA-Approved Medications Are Available?

Certain medications have been shown to effectively help people stop or reduce their drinking and avoid relapse.

Current Medications

The U.S. Food and Drug Administration (FDA) has approved three medications for treating alcohol dependence, and others are being tested to determine whether they are effective.

- **Naltrexone** can help people reduce heavy drinking.
- **Acamprosate** makes it easier to maintain abstinence.
- **Disulfiram** blocks the breakdown (metabolism) of alcohol by the body, causing unpleasant symptoms such as nausea and flushing of the skin. Those unpleasant effects can help some people avoid drinking while taking disulfiram.



It is important to remember that not all people will respond to medications, but for a subset of individuals, they can be an important tool in overcoming alcohol dependence.

Scientists are working to develop a larger menu of pharmaceutical treatments that could be tailored to individual needs. As more medications become available, people may be able to try multiple medications to find which they respond to best.

“Isn’t taking medications just trading one addiction for another?”

This is not an uncommon concern, but the short answer is “no.” All medications approved for treating alcohol dependence are non-addictive. These medicines are designed to help manage a chronic disease, just as someone might take drugs to keep their asthma or diabetes in check.

Looking Ahead: The Future of Treatment

Progress continues to be made as researchers seek out new and better treatments for alcohol problems. By studying the underlying causes of AUD in the brain and body, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is working to identify key cellular or molecular structures—called “targets”—that could lead to the development of new medications.

Personalized Medicine

Ideally, health professionals would be able to identify which AUD treatment is most effective for each person. NIAAA and other organizations are conducting research to identify genes and other factors that can predict how well someone will respond to a particular treatment. These advances could optimize how treatment decisions are made in the future.

Current NIAAA Research—Leading to Future Breakthroughs

Certain medications already approved for other uses have shown promise for treating alcohol dependence and problem drinking:

- The anti-smoking drug varenicline (marketed under the name Chantix) significantly reduced alcohol consumption and craving among people with AUD.
- Gabapentin, a medication used to treat pain conditions and epilepsy, was shown to increase abstinence and reduce heavy drinking. Those taking the medication also reported fewer alcohol cravings and improved mood and sleep.
- The anti-epileptic medication topiramate was shown to help people curb problem drinking, particularly among those with a certain genetic makeup that appears to be linked to the treatment’s effectiveness.

Tips for Selecting Treatment

Professionals in the alcohol treatment field offer advice on what to consider when choosing a treatment program.

Overall, gather as much information as you can about the program or provider before making a decision on treatment. If you know someone who has first-hand knowledge of the program, it may help to ask about his or her personal experience.

Here are some questions you can ask that may help guide your choice:

What kind of treatment does the program or provider offer?

It is important to gauge whether the facility provides all the currently available methods or relies on one approach. You may want to learn if the program or provider offers medication and if mental health issues are addressed together with addiction treatment.

Is treatment tailored to the individual?

Matching the right therapy to the individual is important to its success. No single treatment will benefit everyone. It may also be helpful to determine whether treatment will be adapted to meet changing needs as they arise.

What is expected of the patient?

You will want to understand what will be asked of you in order to decide what treatment best suits your needs.

Is treatment success measured?

By assessing whether and how the program or provider measures success, you may be able to better compare your options.

How does the program or provider handle relapse?

Relapse is common, and you will want to know how it is addressed. For more information on relapse, see p. 12.

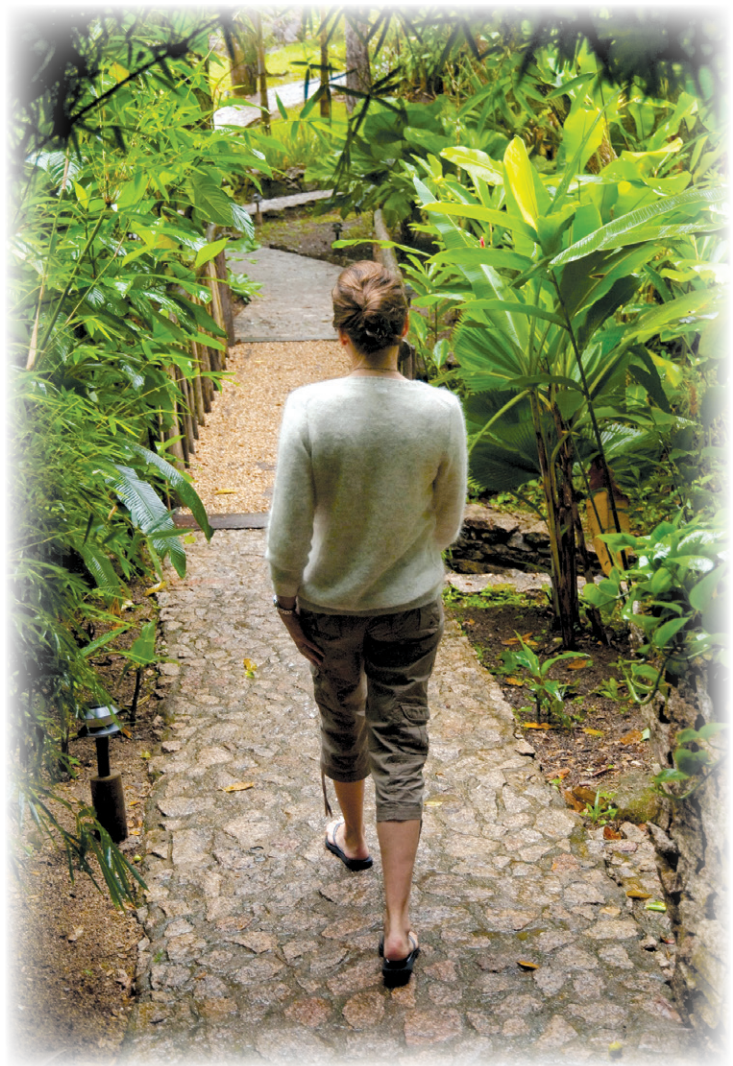
When seeking professional help, it is important that you feel respected and understood and that you have a feeling of trust that this person, group, or organization can help you. Remember, though, that relationships with doctors, therapists, and other health professionals can take time to develop.

Additional Considerations

Treatment Setting—Inpatient or Outpatient?

In addition to choosing the type of treatment that’s best for you, you’ll also have to decide if that treatment is inpatient (you would stay at a facility) or outpatient (you stay in your home during treatment). Inpatient facilities tend to be more intensive and costly. Your healthcare provider can help you evaluate the pros and cons of each.

Cost may be a factor when selecting a treatment approach. Evaluate the coverage in your health insurance plan to determine how much of the costs your insurance will cover and how much you will have to pay. Ask different programs if they offer sliding scale fees—some programs may offer lower prices or payment plans for individuals without health insurance.



An Ongoing Process

Overcoming alcohol use disorder is an ongoing process, one which can include setbacks.

The Importance of Persistence

Because AUD can be a chronic relapsing disease, persistence is key. It is rare that someone would go to treatment once and then never drink again. More often, people must repeatedly try to quit or cut back, experience recurrences, learn from them, and then keep trying. For many, continued followup with a treatment provider is critical to overcoming problem drinking.

Relapse Is Part of the Process

Relapse is common among people who overcome alcohol problems. People with drinking problems are most likely to relapse during periods of stress or when exposed to people or places associated with past drinking.

Just as some people with diabetes or asthma may have flare-ups of their disease, a relapse to drinking can be seen as a temporary setback to full recovery and not a complete failure. Seeking professional help can prevent relapse—behavioral therapies can help people develop skills to avoid and overcome triggers, such as stress, that might lead to drinking. Most people benefit from regular checkups with a treatment provider. Medications also can deter drinking during times when individuals may be at greater risk of relapse (e.g., divorce, death of a family member).

Mental Health Issues and Alcohol Use Disorder

Depression and anxiety often go hand in hand with heavy drinking. Studies show that people who are alcohol dependent are two to three times as likely to suffer from major depression or anxiety over their lifetime. When addressing drinking problems, it's important to also seek treatment for any accompanying medical and mental health issues.

Advice For Friends and Family Members

Caring for a person who has problems with alcohol can be very stressful. It is important that as you try to help your loved one, you find a way to take care of yourself as well. It may help to seek support from others, including friends, family, community, and support groups. If you are developing your own symptoms of depression or anxiety, think about seeking professional help for yourself. Remember that your loved one is ultimately responsible for managing his or her illness.

However, your participation can make a big difference. Based on clinical experience, many health providers believe that support from friends and family members is important in overcoming alcohol problems. But friends and family may feel unsure about how best to provide the support needed. The groups for family and friends listed on p. 14 may be a good starting point.

Remember that changing deep habits is hard, takes time, and requires repeated efforts. We usually experience failures along the way, learn from them, and then keep going. AUD is no different. Try to be patient with your loved one. Overcoming this disorder is not easy or quick.

Pay attention to your loved one when he or she is doing better or simply making an effort. Too often we are so angry or discouraged that we take it for granted when things are going better. A word of appreciation or acknowledgement of a success can go a long way.



Resources

Professional help

Your doctor. Primary care and mental health practitioners can provide effective AUD treatment by combining new medications with brief counseling visits. To aid clinicians, NIAAA has developed a guide for younger patients, *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*. This guide and other resources are available at <https://www.niaaa.nih.gov/health-professionals-communities>.

Specialists in AUD. For specialty addiction treatment options, contact your doctor, health insurance plan, local health department, or employee assistance program. Other resources include:

Medical and non-medical addiction specialists

American Academy of Addiction Psychiatry
<https://www.aaap.org>
401-524-3076

American Psychological Association
<https://www.apa.org>
1-800-964-2000 (ask for your state's referral number to find psychologists with addiction specialties)

American Society of Addiction Medicine
<https://www.asam.org>
301-656-3920 (ask for the phone number of your state's chapter)

NAADAC, the Association for Addiction Professionals
<https://www.naadac.org>
1-800-548-0497

National Association of Social Workers
<http://www.helpstartshere.org>
(search for social workers with addiction specialties)

Treatment facilities

Substance Use Treatment Facility Locator
<https://www.samhsa.gov/find-treatment>
1-800-662-HELP

Mutual-support groups

Alcoholics Anonymous (AA)
<https://www.aa.org>
212-870-3400

Moderation Management
<https://www.moderation.org>
212-871-0974

Secular AA
<https://aasecular.org>
323-693-1633

SMART Recovery
<https://www.smartrecovery.org>
440-951-5357

Women for Sobriety
<https://www.womenforsobriety.org>
215-536-8026

Groups for family and friends

Al-Anon Family Groups
<https://www.al-anon.alateen.org>
1-888-425-2666 for meetings

Adult Children of Alcoholics
<https://www.adultchildren.org>
310-534-1815

Information resources

National Institute on Alcohol Abuse and Alcoholism
<https://www.niaaa.nih.gov>
301-443-3860

National Institute on Drug Abuse
<https://www.nida.nih.gov>
301-443-1124

National Institute of Mental Health
<https://www.nimh.nih.gov>
1-866-615-6464

Research shows that most people who have alcohol problems are able to reduce their drinking or quit entirely.

There are many roads to getting better. What is important is finding yours.

Understanding the available treatment options—from behavioral therapies and medications to mutual-support groups—is the first step. The important thing is to remain engaged in whatever method you choose.

Ultimately, receiving treatment can improve your chances of success.

Notes

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