

# ACT-SAB

Addictions Counseling Today: Substances and Addictive Behaviors

## UPDATE

### Addictions Counseling Today Update Newsletter

Volume 1, Issue 2 (Covering May 2019 through August 2020)

### Alcohol Addictions

Attached is a formatted copy of the update. This is the second issue of the ACT-SAB Update. This issue is focused exclusively on alcohol addiction, or alcohol use disorder (AUD) if you prefer DSM-5 languaging. If you missed the first issue covering addictions in general, email me at [alderson@ucalgary.ca](mailto:alderson@ucalgary.ca), and I will email it to you. The cited references appear on the last page, ensuring your ease of finding the actual reference should this be important to you. The main application for addiction counselors is bolded and *italicized*. Let us begin.

Nearly 2 billion people drink alcohol globally, and about one-fourth of a billion use illegal drugs (Boniface & Strang, 2020). According to death certificates recorded between 1999 and 2017, alcohol-related mortality increased in the United States (White et al., 2020). White et al. (2020) concluded that this means the burden of alcohol on public health and support has also increased.

#### ***Drinkers Should Count Their Drinks***

Drane et al. (2019) found that by counting drinks, drinkers could experience “substantial annual decreases in alcohol consumption at both individual and population levels” (p. 1). Results were based on 1250 drinkers.

#### ***Is Virtual Reality Exposure Therapy (VRET) Effective?***

Trahan et al. (2019) conducted a systematic review of VRET for alcohol and nicotine dependence. Five studies, including 212 participants, provided inconclusive evidence. Methodological flaws and gaps were identified.

#### ***Spiritual Awakening Promotes Recovery***

A lot has been written about this, and McGee (2020) provided a summary of the literature to date. Spiritual experiences in a recent study predicted alcohol and drug use severity (Gutierrez, 2019).

#### ***A Coherent Body of Literature on CBT Mechanisms is Lacking***

This conclusion was reached by Magill et al. (2020), following their systematic review of CBT mechanisms for alcohol and drug use disorders.

### ***Technology-Delivered CBT Interventions for Alcohol Use Are Effective***

Kiluk et al. (2019) conducted a meta-analysis and concluded that while useful, the effect size was small but significant. When added to treatment as usual, the effects were positive and stable over 12 months. A recent pre-pilot study with 8 participants found that a mobile-messaging intervention holds promise in reducing heavy drinking (Chavez & Palfai, 2020).

### ***Alexithymia Makes Matters Worse***

Unsurprisingly, Thorberg et al. (2019) found that alexithymia works in consort with negative mood and alcohol cravings to increase alcohol dependence severity. The importance of emotional states like impulsivity in affecting alcohol consumption cannot be overstated (Herman & Duka, 2019).

### ***Physical Impacts***

- **Oral Cavity.** “Excessive alcohol drinking can seriously affect the oral cavity where, despite easy access via clinical examination, we still lack clinical data and a clear mechanism of development of the described change” (Ivos et al., 2019, p. 61).
- **Dementia.** “A diagnosis of alcohol use disorder is associated with a higher risk of dementia, but a dose-response relationship between alcohol intake consumption and cognitive impairment remains unclear” (Rao & Topiwala, 2020, p. 1580).
- **Heart.** “Although people with established cardiovascular disease show improved outcomes with a reduction to low-volume alcohol consumption, there is no safe amount of alcohol to drink and patients with ACM [alcoholic cardiomyopathy] should aim for abstinence in order to optimize medical treatment” (Day & Rudd, 2019, p. 1670).
- **Sleep.** “Sleep disruption is common in early alcohol recovery” (Kolla et al., 2020, p. 1). “Increasing evidence suggest a bidirectional link between disrupted circadian rhythms and alcohol use disorders (AUD)” (Meyrel et al., 2020, p. 1).
- **Intracerebral Hemorrhage.** Compared to low to moderate use, “chronic heavy drinking increases the incidence of ICH [intracerebral hemorrhage] and exerts worse outcome” (Peng et al., 2020, p. 20).
- **Cognition.** There is a “diffuse rather than a specific compromise of cognition in alcoholism following discontinuation, as measured using standardised neuropsychological tests” (Crowe et al., 2020, p. 31).
- **Cerebral Morphometry.** “Our results show that both smoking and alcohol status are associated with smaller cerebellar structural measurements, with vermal areas more vulnerable to chronic alcohol consumption and less affected by chronic smoking” (Cardenas et al., 2020, p. 102).
- **Cause of Death.** “Malignancy was the most common cause of death in the included AUD cohorts, but the overall quality of the included studies in this review is low” (Abdul et al., 2019, p. 120).

### ***Psychosocial Impact on Spouses***

“Findings indicated high psychosocial impairment among spouses of individuals with alcohol dependence syndrome than normal controls” (Kumari & Prakash, 2020, p. 50). The study compared 50 spouses of individuals with alcohol dependence syndrome and 25 spouses of normal control subjects.

### ***Adolescents and Youth***

“Parents allowing drinking is associated with adolescents' heavy alcohol use” (Staff & Maggs, 2020, p. 188). Another study did not find that parent alcohol use was not a significant predictor of drinking outcomes but found instead that peer substance use was predictive of high volume drinking (Yurasek et al., 2019).

### ***Race/Ethnicity***

“This study found that poorer socioeconomic status (SES) in early adulthood contributes to alcohol dependence, which reciprocally contributes to poorer SES in early midlife. This cycle appears particularly likely to affect Black and US-born Latino men” (Zemore et al., 2020, p. 669).

### ***Noninvasive Brain Stimulation***

Mostafavi et al. (2020) conducted a systematic review and meta-analysis. They concluded that “there is no evidence for a positive effect of tDCS/rTMS on various dimensions of AD. We need more randomized, double blind, sham controlled trials with enough follow-up periods to evaluate the efficacy of tDCS/rTMS for alcohol dependence treatment” (p. 1).

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