

Alcohol Fact Sheet



A leader in providing behavioral health services

Alcohol and Craving

Craving has been described as a powerful urge to drink or sometimes as intense thoughts about alcohol or other drugs. Today, many clinicians consider craving an important contributor to the ongoing development and maintenance of alcoholism.

The International Classification of Diseases includes craving as an optional

diagnostic criterion for addiction to alcohol or other drugs. It defines the term as a “strong desire or sense of compulsion to take a drug”.

While understanding the exact nature of craving has often been difficult, a large amount of data have been gathered on its mechanisms.



Models of Craving

Many models have attempted to explain the phenomena associated with craving. Although no single model accounts for all aspects of craving, each has elements that may eventually contribute to an overall, comprehensive picture. Key characteristics of selected models are described as:

- **Reinforcement Models** — are based on alcohol’s ability to produce an elevated mood. For example, they can help relieve an unpleasant mental state such as stress or anger. **An unconscious learning process called reinforcement leads to repetition of the behavior**, which suggests the act of drinking produces a positive experience for the person.

Such stimuli or cues may include the sight of a bar, liquor store, or beverage advertisement. The company of friends who drink; or exposure to alcohol itself could also be a stimulus.

Objects, environments, or emotions associated with alcohol use can produce responses as powerful as alcohol itself

Under this theory, alcoholics exposed to appropriate cues will experience a conscious urge, or craving, for alcohol.

- **Social Learning Model** — according to this model, cue-elicited craving during or after treatment can trigger a person’s conscious coping strategies aimed at maintaining abstinence.

Here, successful coping depends on the drinker’s confidence in his or her ability to resist the urge to drink. This model acknowledges craving only as one of several factors necessary in causing relapse.

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- **Cognitive Processing Model** — suggests that alcohol use becomes a habit which requires little conscious effort, just as if we were driving down a familiar road. Resisting craving represents the amount of effort involved in mobilizing conscious problem-solving skills needed to block the automatic drinking behavior.

Recovering people who are well motivated to remain abstinent may still experience craving.

Measuring Craving

Reliable methods for measuring craving are essential in order to support meaningful clinical evaluations. Many historical studies have simply asked people to rate the intensity of their desire to drink in the presence of alcohol-related cues.

Early tests usually only relied on self-rating of only one selected item out of the many elements of craving. These types of tests provided clinicians with an incomplete basis for valid comparisons.

When objective criteria to craving studies were added, researchers began recording specific changes in physiological

functions, including heart rate and blood pressure.

Today, scientists have added multi-item scales to make self-reporting instruments much more precise. The scale items on such tests cover many levels of craving. Often they overlap by asking essentially the same question different ways. These techniques help counter errors introduced by differences in the way individuals interpret subjective questions.

One of the best known multi-item scales is based on the observation that some aspects of craving appear to resemble features of obsessive-compulsive disorder (OCD)

This is a condition characterized by repetitive or obsessive thoughts and repetitive behaviors.



Craving and the Brain

To understand craving, researchers are now working to identify the brain mechanisms that lead to craving. Hopefully, this will support the development of new and improved alcoholism treatment approaches that can lead to relapse prevention.

To account for all manifestations of craving, both conscious and unconscious processes must first be identified.

Alcohol consumption may initiate the process of reinforcement by

activating some “reward center” located deep within the brain. This reward center is thought to be linked to other brain areas involved in parts of our emotion, learning, and memory.

Interactions among various sites in the brain may account for the emotion memories of past positive drinking experiences being associated with cues. Exposure to such cues can activate this reward center, possibly leading to craving during periods of abstinence.

Craving also may result from the changes in the nervous system which can leave an alcoholic’s brain vulnerable to relapse.

We think these changes in the brain remain in the absence of alcohol, which adds to an individual’s physical and mental stress. This phenomenon could account for the craving alcoholics experience soon after the cessation of drinking, making them vulnerable to relapse.

Treatment

Despite the difficulties involved in studying craving, results have contributed significantly to our knowledge base for developing alcoholism therapies for maintaining abstinence.

Treatment programs are now using relapse prevention approaches that incorporate some of the principles of cognitive-behavioral therapy. These approaches help patients

recognize cues that lead to drinking, allowing them to be better prepared to deal with them when encountered.

Patients must be able to develop the skills and self-confidence to cope with high-risk situations. They’ll learn to cope with negative emotional states (e.g., anger or depression), interpersonal conflict, and social pressures to drink. The

informal use of similar coping strategies are contributing to the success of 12-step programs.

Understanding the importance of teaching conscious coping strategies is essential for relapse prevention

The Path to Healing

Treatment is a partnership between the patient and the healthcare provider. It is important that informed consumers understand their treatment options and discuss all concerns with a treatment provider as they arise.

A key element of Rimrock's treatment is the active involvement of patients in the management of their own illness.

Empowerment is developed through the use of patient education, skills training and a strong emphasis on encouraging the individual patient to accept responsibility in managing their own condition. Along with the empowerment of our patients, is the emphasis on a treatment regimen which includes comprehensive clinical assessments and individualized patient plans.

Another important part of Rimrock's program is the emphasis we place on the integration of a broad spectrum of community, health, and human services for the benefit of the patient. This includes addressing patient's physical, psychological, social and economic



needs, which improves the likelihood of a successful treatment experience.

Healthcare services should be readily available to those persons needing treatment for addictions, since taking advantage of opportunities when they are ready for treatment is often crucial. Many times, patients can easily be lost in red tape if treatment is not immediately available or is not readily accessible.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist

drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

Successful recovery principles in addiction treatment are characterized by the integration of personal, family, professional and other community resources toward enhancing the duration and quality of life of those we serve

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We're on the Web!
www.rimrock.org

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