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IS A SOCIAL SUPPORT BASED MODEL BETTER FOR TREATING ALCOHOLISM? A SYSTEMATIC REVIEW

Jordan Anthony Contreras
California State University - San Bernardino

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IS A SOCIAL SUPPORT BASED MODEL BETTER FOR TREATING
ALCOHOLISM? A SYSTEMATIC REVIEW

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Jordan Anthony Contreras

May 2024

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Approved by:

Yawen Li, PhD, MSW, Faculty Supervisor, Social Work

Thomas Davis, PhD, Research Coordinator

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ABSTRACT

Alcoholism continues to persist as a significant health issue in the United States and impacts individuals and families across race, gender, and age. While much work has been made in the field of substance abuse treatment, there remains a substantial need for additional research to formulate effective strategies for treating alcoholism and related unhealthy drinking behaviors. The existing literature suggests that mutual support groups such as Alcoholics Anonymous are the standard for achieving successful recovery among those seeking help. Simultaneously, there exists a growing amount of research proposing a range of other interventions that may prove effective in treating alcoholism. The purpose of this study is to examine the outcomes of existing research studies to determine (1) how effective social support-based interventions are at treating alcoholism; and (2) what other types of treatment options exist and how effective they are at treating alcoholism. Through a systematic review of results from search term combinations in an online academic database, peer-reviewed journal articles meeting selection criteria were selected, analyzed, and key findings were presented. Results from the systematic review provided a small number of articles for inclusion which are described in detail. Recommendations for future areas of research are discussed as well.

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CHAPTER ONE

PROBLEM FORMULATION

Alcoholism is a pressing health concern in the United States that requires care and attention. Alcohol consumption in the United States has shown to be increasing since 1950 with anticipated alcohol use to continue to increase over the next decade (Guirguis et al, 2015). In 2019, the amount of people aged 12 and older who reported binge alcohol use (four or more drinks for women and five or more drinks for men in the last 30 days) totaled 65,845 (SAMHSA, 2019). Both binge and heavy drinking have increased significantly in the United States between 2014-2017 (Azagba et al., 2020). Han et al. (2017) found that between 2006-2014, binge drinking behaviors among adults aged 50 and older had increased from 12.5% to 14.9% and the prevalence of alcohol use disorder had also significantly increased from 3.0% to 3.7%.

A micro level impact of alcohol use disorder (AUD) is that when it is moderate or severe, AUD shortens the lifespan on average by about 30 years (Kelly et al, 2015). In the United States, 29,505 people died in 2020 from alcohol-induced liver disease which equals out to 9 out of every 100,000 individuals (FastStats, 2022). Other estimates have identified 11.2 deaths per 100,000 people due to cirrhosis in the U.S. with over 45% of these cases being alcohol related (Guirguis et al., 2015). Alcoholism can result in poor physical and mental health, loss of employment, financial instability, and erosion of interpersonal

relationships. A consequence of alcoholism among parents is that their drinking behavior is classified as an adverse childhood experience (ACE) on their children. ACEs have been linked to poor health conditions including heart disease, mental illness, substance use disorder, and an overall reduced lifespan (Campbell, 2020). The tragedy of this phenomena is that even though children of alcoholics may not be drinking themselves, they may still experience adverse outcomes throughout their lifespan. The effects of alcoholism have a significant financial impact on the country at the macro level as well. Incarceration, crime, healthcare costs, and lost productivity due to alcoholism add up to a total cost of about \$250 billion dollars a year in the United States (Kelly et al., 2020).

The role of social workers in micro practice is typically to provide counseling and/or therapy to individuals seeking treatment for alcoholism. Perhaps the most widespread model used in the United States is Alcoholics Anonymous (AA), a support group-based program that utilizes peer meetings and a 12-step program to encourage its members to abstain from alcohol use. Social workers may also provide individual therapy using interventions such as cognitive behavioral therapy or motivational enhancement therapy.

The findings from my proposed study will contribute to social work practice on both the micro and macro levels. The data gathered by my study will help contribute to the current body of knowledge regarding effective interventions to treat alcoholism. Despite there being a handful of treatment options currently available, the increasing rate of alcohol use reflects a dire need for improvements

to existing modalities or even new options altogether. The findings that I gather will improve my understanding of treating alcoholism and guide my focus as a future clinician wanting to work with this population. At the macro level, my findings can hopefully influence other clinicians across the country seeking information to inform their practice. Perhaps the findings in my study can be used to change policy and advocate for state or federal funding for certain treatment programs. My research question is: what is the effect of social support-based models on treating alcoholism compared to other interventions?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Alcoholism is typically diagnosed in clinical settings as alcohol use disorder (AUD) and is defined as an impaired ability to control or stop alcohol consumption despite negative occupational, social, or health consequences (NIAAA, 2021). Alcohol use disorder is diagnosed in the DSM-V by assessing an individual's answers to 11 different questions regarding the behavioral, physical, and psychological symptoms related to their alcohol use. The number of symptoms that the person reports also determines the level of sub-classification of AUD as mild, moderate, or severe (NIAAA, 2021). Binge drinking (five or more drinks for men/four or more drinks for women within two hours) and heavy alcohol use (more than four drinks a day for men/ more than three drinks a day for women) can increase the risk of alcohol use disorder. Other specific factors that can also increase a person's risk of developing AUD include drinking before age 15, genetics, family history of alcoholism, history of childhood trauma, and mental health disorders (NIAAA, 2021). The concepts that this author seeks to discuss within the literature review include social support-based recovery models and alcoholism. Questions focusing on these concepts include what types of social support-based models exist, and how do they compare amongst one another when measuring efficacy rates? What is the prevalence rate of alcoholism among adults aged 21-55 and what are the effects of alcoholism that

are documented by researchers? Answers to these questions will be obtained along with reviewing existing literature on the relationship between the two main concepts mentioned above.

Social Support-Based Recovery Models

Alcoholics Anonymous (AA) and its 12-step program are a frequently used and widely researched social-support based recovery model for those seeking treatment for alcoholism. A systematic review by Kelly et al. (2020) analyzed 27 studies to determine whether treatment that uses AA results in positive outcomes including alcohol abstinence, reduced intensity of drinking, and offsets to healthcare costs. The authors categorized AA interventions as being either manualized (standardized) or non-manualized. Per the authors' findings, standardized AA and 12-step programs resulted in higher rates of abstinence from alcohol use compared to other types of treatment. Non-standardized AA interventions produced outcomes comparable to other established interventions. Additionally, significant savings to healthcare costs were found with AA and 12-step programs (Kelly et al., 2020). The findings published by the researchers appear to lend credibility to Alcoholics Anonymous's status as the most predominant treatment modality for alcohol use disorder. Standardization of AA treatment modalities means that mutual aid groups across the country can adopt similar structures to their meetings and function autonomously. This also means

that participants who move to different cities or states should be able to integrate seamlessly into other AA groups that follow a comparable structure.

Another social support-based recovery model that is gaining traction is SMART recovery. This mutual aid intervention is relatively new and was the subject of focus in a systematic review by Beck et al. (2017). The researchers noted that in comparison to the rigorous research that exists for the more widely used 12-step method found in Alcoholics Anonymous, SMART recovery has had a comparatively scarce amount of research conducted. Beck et al. (2017) conducted a systematic review of 12 SMART recovery studies to gather information on the efficacy rate of the intervention as well as an evaluation of its methodology. Although positive effects were observed within correctional settings and dual diagnosis, the limited articles available to the researchers and the diversity of methods in which SMART recovery is implemented prevented the authors from providing any conclusive statements regarding SMART's efficacy among individuals seeking treatment for alcohol use disorder (Beck et al., 2017). The current state of sparse research on this recovery model seems to have both motivated the authors to conduct their review and simultaneously impeded their goal of obtaining substantial evidence of the SMART model that they were searching for.

Alcoholism

The National Institute on Alcohol Abuse and Alcoholism reported that in 2019, 14.5 million people in the United States aged 12 or older met the diagnostic criteria for alcohol use disorder. Of these 14.5 million, 5.5 million were women and 9 million were men (NIAAA, 2022). Approximately 95,000 individuals die each year from alcohol-related causes which makes it the third-leading preventable cause of death in the U.S. Physical effects of alcoholism include liver disease, stroke, heart disease, cirrhosis, and cancer. In 2019, alcohol-impaired driving deaths totaled 10,142, or 28% of all overall driving deaths that year (NIAAA, 2022). The statistics provided illustrate a pressing need for investment into resources to treat this epidemiological health concern. A detail to note is that the published statistics are already 3 years old and predate the Coronavirus pandemic. More recent research would be significantly beneficial to obtain as the stress and isolation that many experienced during the pandemic may have contributed to an increase in drinking behavior and consequently, higher numbers of AUD diagnoses and alcohol related deaths.

Prevalence of alcohol use disorders across the world were investigated by Glantz et al. (2020). By reviewing 29 World Health Organization World Mental Health surveys, the authors found that the average lifetime prevalence rate for AUD was 8.6%. While variations exist between countries, certain consistencies were exhibited across all the surveyed countries. For example, adolescence was identified as a crucial developmental period for AUD risk, as 15% of cases

worldwide had already developed by age 18. Comorbidity with mental health is also common, as 43.9% of people with a lifelong AUD also reported having at least one mental health disorder (Glantz et al., 2020). This literature further supports the need for treatment to be available for those struggling with alcoholism. As the data displays, alcohol use disorder is not solely an American health issue but a global health issue. The authors make note to mention that prevalence rates of AUD reported may not be completely comprehensive due to the surveys from which the data was extrapolated being household surveys only. This means that the surveys were not gathering data from people who were homeless, in jail or prison, or in halfway houses or inpatient treatment facilities for substance use disorder (Glantz et al., 2020). Because such a potentially large number of people struggling with alcoholism may have been excluded from the surveys from which the article was examining, further research would be helpful in gaining a more accurate representation of prevalence rates.

Relationships Between Social Support and Alcoholism

The effects of social support-based recovery models on alcoholism have been the subject of previous, albeit limited research. In their literature review that focused on 10 studies regarding the use of peer support groups in the treatment of addiction, Tracy and Wallace (2016) found that participants who participated in these groups demonstrated higher levels of abstinence and lower levels of relapse rates than average among the substance abusing population. The

researchers identified peer support services as resulting in several positive impacts to its participants including improvements in self-efficacy and mood and reductions in cravings and feelings of shame (Tracy & Wallace, 2016).

The beneficial impact of social support-based models is further explored in a study by Rettie et. al (2020). Using semi-structured interviews, this qualitative study documented the personal experiences of 10 individuals who participate in the Anglesey and Gwynedd Recovery Organization (AGRO), a UK-based recovery group for drug and alcohol addiction. A unique detail about AGRO's design is that it is structured around social activities rather than traditional 12-step meetings. Members who became involved in the group during the beginning stages of their recovery reported the social group to be critical in their abstaining from substances. Other members discussed placing value on the personal choice they were afforded as participants, their perception of the group as a family, and a sense of feeling actively involved with each other (Rettie et. al, 2020). Due to the study being qualitative in nature, a gap exists in that it does not quantitatively compare the efficacy rates of AGRO with other types of treatment interventions. However, it does describe the aspects of what makes a social support-based treatment model enjoyable for its participants which nurtures consistent engagement.

Theories Guiding Conceptualization

Social learning theory is the predominant theory guiding past research on the concepts of social support-based recovery models and alcoholism and will guide the present study as well. A key component of social learning theory is the belief that behavior changes when information about the benefits and risks of certain behaviors are provided to people so that they can develop their own views about the behavior. Change of behavior is then made possible through the support of captivating experiences and healthy social relationships (Mogro-Wilson et al., 2015). Social support-based models function precisely in this manner. Its participants develop relationships with each other, and newer members learn different ways of being from their more experienced peers. Through the support of others, they practice imitating these new behaviors in pursuit of abstinence from the substance they have been struggling with. If they are successful, their modeling of the new healthy behaviors becomes observed by new members, thus restarting the cycle.

Summary and Conclusion

A major theme present in the reviewed literature is the significance of alcoholism as a preventable health issue. Millions of people are affected by alcoholism in the United States alone and even more continue to struggle in countries across the world. Because a substantial percentage of people diagnosed with alcohol use disorder have developed it during adolescence,

providing treatment at as early of an age as possible is paramount. A literature gap that is identified is the inability for researchers to provide enough conclusive evidence regarding the efficacy of social support-based models to treat alcoholism. While the literature provides information that is promising for this type of model, several authors recognized that there was simply a scarce amount of information while they were conducting their studies. Conducting further research with more contemporary sources should provide ample information to address this gap and make accurate comparisons between the social support model and other interventions that are currently being practiced in the field of addictions.

CHAPTER THREE

METHODS

Introduction

The goal of my proposed research was to determine whether social support-based models of recovery are more effective at treating alcoholism than others. The details of how this study was conducted is contained within the following chapter. The sections that were discussed include study design, data collection and instruments, procedures, and data analysis. Sampling and protection of human subjects were only briefly touched on due to the study being a systematic review.

Study Design

The purpose of this study was to examine the role of social support within interventions to facilitate recovery from alcoholism within individuals. This study was a systematic review looking at previously published literature on interventions for alcoholism. Through a systematic review, I learned about how different intervention models are structured and compared their efficacy rates with that of social support-based models specifically. This was an exploratory research project because it looked to determine whether one type of treatment modality was more effective than others. A systematic review is the most appropriate research method to answer this research question because it did not

require me to obtain samples of participants who are actively receiving treatment within different recovery programs.

One strength of my chosen research method is that it enabled me to synthesize and analyze existing research. It saved me time and resources compared to collecting primary data. Similarly, a systematic review allowed me to comb through a vast amount of data that was larger than what I could obtain from a sample of human participants. Rather than needing to identify local treatment facilities or support groups, contact them, and obtain samples of their clients/participants, I instead obtained data from recovery models that have been implemented across the world.

A weakness of the systematic review is that I was limited to existing research. Because of the amount of time that passed between when data was collected and the literature is published, the data I am collecting may be outdated and not include the most recent developments on the topic. Another weakness I can identify is that a systematic review is time consuming to conduct. This research method required me to use multiple data bases, filter out results that have not been published recently enough, and read through each individual piece of literature.

Sampling

Due to the study being a systematic review, no samples of living participants were utilized. This also means that approval did not need to be requested to recruit any subjects for participation in the study.

Data Collection and Instruments

Data was collected by searching online databases accessed through the John M. Pfau library website through California State University, San Bernardino. Specific databases that were accessed include social work-specific databases such as Social Services Abstracts, Social Work Abstracts, and Sociological Abstracts. Search terms were identified as those that fetched journal articles that most accurately related to the research question. This included terms such as “social support”, “alcoholism”, “recovery”, “intervention”, “alcohol use”, “alcohol use disorder”, and “community”. Sections of articles that were looked at included titles, abstracts, results, and discussions.

The types of studies that fit within the inclusion criteria included literature reviews, semi-structured interviews, surveys, editorials, and longitudinal studies that tracked alcohol use before, immediately after, and an extended period after participating in a specific intervention to treat alcoholism. Studies published no earlier than 2015 were selected to ensure the information gathered was relevant and not outdated or antiquated. Population characteristics were adults aged 21 or older across sex/gender seeking treatment for problematic alcohol consuming

behaviors. The types of interventions sought out in the research were primarily social support based. Other types of interventions such as medication-based treatment were also researched to compare efficacy rates between one another. The primary outcome measures assessed were alcohol abstinence and drinking behavior. Secondary outcome measures such as well-being and satisfaction with treatment were also analyzed when provided in the articles being researched.

Studies that were excluded were studies that involved populations seeking treatment for co-occurring addictions besides alcoholism, such as opioids or narcotics. Because the research question seeks to explore the role of social support on reducing alcohol use specifically, other problematic drug use by participants may interfere with or influence their alcohol use. Therefore, limiting the studies to those solely focusing on alcoholism isolated the conditions for treatment interventions to obtain more accurate data.

Procedures

Data was gathered by conducting web searches using the CSUSB Pfau library to access online databases specific to the field of social work. Relevant key words were used to search for scientific journal articles which contained published findings regarding the characteristics and results of various treatment modalities for alcoholism. The articles were reviewed in full with particular attention focused on the abstract, results, and discussion sections. Crucial details found within the articles were highlighted and the articles were saved to a

reference management software for organization, citation, and referral as needed.

Protection of Human Subjects

Protection of human subjects was not a necessary consideration due to the study design being a systematic review. As stated above, minimal approval was necessary to conduct this study because of an absence of living participants.

Data Analysis

Quantitative information for each article was entered into an Excel spreadsheet and was organized into columns for author, full citation, sample, study design, intervention components, and key findings. Each sample section of the spreadsheet will include details such as sample size, age range, and inclusion and exclusion criteria.

Summary

The research question that I sought to answer in this study is whether social support-based models of recovery are more effective than other interventions in treating alcoholism. This study analyzed, explored, and built upon existing research on various treatment interventions that currently exist for consumers. My hypothesis was that social support-based models are more

effective than their contemporaries and result in lower rates of alcohol use and higher rates of abstinence compared to other models.

CHAPTER FOUR

RESULTS

This chapter displays two extended tables. The first table will display a collection of existing studies examining the effectiveness of social-support based interventions in treating alcoholism. The second table displays a menu of alternative treatment options for alcoholism as well as previously completed studies for each intervention and a brief description of their efficacy. This chapter will offer a brief summary of both chapters at the end of the chapter.

Presentation of the Findings

The first table presented lists seven studies that examine the use of social-support based interventions in treating alcoholism. Interventions that were examined include 12-step groups and other peer support groups as well as how the level of perceived social support impacts drinking behaviors. Sample size and methodology are included as well as a brief summarization of the key findings obtained by the researchers.

Table 1. Social Support Alone

Citation	Aim of Research	Sample Size	Methodology	Key Findings
Kelly et al. (2020)	To evaluate whether peer-	N= 10,565 participants	Systematic Review	More intensive AA/twelve

	led AA and Twelve-Step Facilitation (TSF) interventions achieve abstinence, reduced drinking intensity, reduced alcohol-related consequences, alcohol addiction severity, and healthcare cost offsets.	with alcohol use disorder across 20 studies		step facilitation had a higher proportion of participants abstinent at the 12-month mark compared to less intensive AA/TSF intervention. AA/TSF showed higher proportion of participants completely abstinent at 6, 12, and 24 month follow up compared to CBT.
Tracy and Wallace (2016)	Assess the effects of peer support groups, one aspect of peer support services, in the treatment of addiction.	N= 6885 participants across 10 studies	Literature Review	Of 152 survey participants, 86% reported being abstinent from alcohol or drugs for the previous 30 days. Significantly reduced relapse rates among participants in peer support

				community programs. In mentorship for alcohol problem (MAP) intervention, mentees significantly reduced alcohol use from baseline to termination across 12 weeks.
Nadkarni et al. (2023)	Identify, examine, and synthesize the information about common strategies from evidence-based psychological interventions for AUDs by conducting a review of systematic reviews.	N= 70,622 participants across 13 studies	Meta-review	AA and manualized 12-step programs compared to other treatments such as CBT were effective at improving continuous rates of abstinence at 12 months. Non-manualized AA/12-step programs performed as well as other clinical interventions

				in terms of proportion of participants that were completely abstinent at 3-9 months follow up, drinking intensity at 9 months, and slightly better than other interventions for percentage days of abstinence.
Pittman et al. (2019)	Examine the role social support plays in the relationship between life stress and problem alcohol use behavior in a sample of Black emerging adults in college with histories of parental substance use disorders (SUD).	N= 1,006 Black college students between the ages of 18–25 recruited from colleges and universities in the Pacific Northwest and the Southeast.	Quantitative	High degrees of social support moderated the life stress - risky drinking relationship especially for students with a high degree of risky drinking behavior. Significant moderation effects were evidenced for social support, from friends and global

				(cumulative) social support. Social support did not buffer the reliance on alcohol use to cope with life stress for Black emerging adult college students with parental SUD histories.
Smith et al. (2018)	Examine data from five collegiate recovery programs to explore the relationship between social support, gender, and relapse using a moderated multiple regression (MMR) analysis.	N= 147 participants	Quantitative	Men with higher levels of social support had higher risk of relapse while women with higher social support have a lower risk of relapse. This is hypothesized to be due to the inability to distinguish between positive and negative social support for males.

Mogro-Wilson et al. (2015)	Assess the effectiveness of mutual aid groups in reducing substance use among high school students.	N= 242 adolescents	Quasi-experimental study	There was a significant time and group interaction effect for drinking alcohol, with the treatment group drinking mean of 1.09 days at baseline, decreasing to a mean of 0.87 at posttest, and with the control group drinking mean of 0.77 at baseline and increasing drinking activity with a posttest mean of 1.05 days.
Costello et al. (2019)	Investigate how engagement in 12-step mutual support and professional outpatient services is associated with short-term	N= 379 participants in an inpatient SUD treatment program	Quantitative	Results demonstrated a significant association between engagement in 12-step activities and both measures of abstinence.

substance use outcomes.	For every unit increase in 12-step involvement, the odds of being abstinent increased.
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The second table presented lists a multitude of treatment options that are not social support based including interventions such as psychotherapies, pharmaceutical treatments, and drug-assisted therapies. Each treatment type is accompanied by a short description, a citation of when the intervention was studied, and a brief explanation of the researchers' findings regarding its efficacy in treating alcoholism or problem drinking behaviors.

Table 2. Alternative Treatment Menu

Type of Treatment	Definition	Citation	Key Findings
Brief interventions	A non-judgmental, client centered intervention that takes place over 1-4 sessions of shorter duration.	Nadkarni et al. (2023)	Brief interventions were as effective in reducing alcohol consumption among people with harmful alcohol use compared with control groups.

CBT	A time-limited, multisession intervention that targets cognitive, affective, and environmental risks for substance use and provides training in coping skills to help an individual achieve and maintain abstinence or harm reduction.	Magill et al. (2019)	In a set of 30 randomized trials, CBT efficacy was moderate in contrast to no or minimal treatment. CBT effect sizes were small to nonsignificant in contrast to nonspecific and specific therapies.
CBT with MI	See CBT and Motivational Enhancement Therapy	Nadkarni et al. (2023)	CBT combined with MI was effective for adults with comorbid MDD and AUD in comparison with control (treatment as usual).
Couples therapy	Psychotherapy which includes both members of a relationship in treatment.	Nadkarni et al. (2023)	Couples therapy effective in addressed AUD compared to active or inactive controls.
Gabapentin	Anticonvulsant medication used in the treatment of alcohol	Anton et al. (2020)	47 participants randomized to placebo or gabapentin. Of 26 in gabapentin

	withdrawal symptoms.		group, 12 had no heavy drinking days and 9 remained abstinent. Of 21 in placebo group, six had no heavy drinking days and two remained abstinent. Gabapentin might be most effective after initiation of abstinence to sustain it and may work best in those with a history of more severe alcohol withdrawal symptoms.
Group CBT	A form of group psychotherapy that combines the advantages of CBT and group therapy to improve group members' cognition, emotion, and behavior.	Peng et al. (2022)	128 patients with alcohol dependence divided between group cognitive behavioral therapy groups and control groups. There was a greater treatment compliance in GCBT group (93.8%) compared to control group

			(65.6%). Six months post treatment, the relapse rate was significantly lower in the GCBT group than the control group (4.7% vs 51.6%).
Harm Reduction Treatment (HaRT-A)	Individual-level behavioral counseling that entails accepting people “where they’re at” while helping them make informed decisions to reduce their substance-related harm and improve their quality of life.	Collins et al. (2019)	HaRT-A participants' peak alcohol quantity decreased by 10% for each two-week period that passed. Alcohol related harm decreased by 6% for each two-week period. HaRT-A participants were 13% less likely to experience additional AUD symptoms for each two-week period after enrollment in the study.
Ketamine intervention	Dissociative anesthetic, which is an inhibitor of NMDAR, a receptor in the central nervous system implicated	Garel et al. (2022)	Systematic review found significant improvement in proportion of abstinence, proportion of heavy drinking

	in alcohol withdrawal and cravings during chronic alcohol exposure.		days, and time to relapse in ketamine group compared to control group in one study. Another study showed that an intervention group who received ketamine showed significant reduction of 13.6 UK units/week in general alcohol consumption compared to a control group.
Motivational Enhancement Therapy	Therapeutic approach aimed at helping individuals identify and resolve ambivalence around drug and alcohol use.	Hemrage at al. (2023)	Systematic review with ten randomly controlled studies. One study found a significant reduction in number of drinks, drinking days, and drinks per drinking day when comparing MET intervention with referral to peer support groups and case management to a control group with referral to

			outpatient services only.
Naltrexone Treatment	An opioid antagonist thought to reduce craving and help prevent relapse to heavy drinking by reducing the rewarding effects of alcohol by blocking endogenous opioids released by alcohol use.	Helstrom et al. (2016)	Craving scores decreased more quickly in naltrexone group than the comparison group. For every day of treatment, the naltrexone group had a 4% greater decrease in the odds of craving than the comparison group. A more rapid decline in craving may provide the patient in recovery with more time to focus more on relapse prevention.
Psilocybin-Assisted Psychotherapy	Treatment that combines psychedelic drug with motivational interviewing and cognitive behavioral therapy for AUD as well as material designed	Bogenschutz et al. (2022)	In a double blind randomized clinical trial, participants in the psilocybin group demonstrated a lower percentage of heavy drinking days compared to the control group

	to help the participants to manage and make use of the psychoactive effects of the study medication.		(9.7% vs 23.6%). Mean daily alcohol consumption was also lower in the psilocybin group.
Relapse Prevention Therapy	A cognitive behavior- based treatment with a goal of skill- building and improved coping to deal with high- risk drinking situations, cravings, and lapses.	Sharma et al. (2022)	In a quasi- experimental pilot study with 32 participants, there was a statistically significant increase in number of days abstinent and significant decrease in frequency of drinking and heavy drinking frequency. Additionally, researchers found a significant reduction in craving scores in the RPT group.

Transcranial Direct Current Stimulation	A noninvasive brain stimulation technique in which a weak current is applied to the brain for several minutes through electrodes, resulting in a polarity-dependent modulation of brain activity.	Klauss et al. (2018)	49 participants were randomly assigned to tDCS or placebo group. Decrease in craving scores was significantly larger in tDCS group. Relapse up to three months was significantly higher in the control group compared to tDCS group. Alcohol abstinence was proportionately larger in tDCS group. 72.2% of control group relapsed and 72.7% of tDCS group were abstinent at 3 month follow up.
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Summary

This aim of this research project was to perform a systematic review to identify scholarly articles in peer-reviewed journals to determine whether social support-based models are better for treating alcoholism compared to other

interventions. The majority of articles presented within table 1 demonstrate that social-support based interventions were associated with increased abstinence rates, reduced relapse rates, and decreased drinking days. Interestingly, one study found that higher levels of social support were linked to higher rates of relapse but in men only, not women. While it was expected that social-support based interventions were going to be the only effective treatment modality, this researcher was surprised to learn of the plethora of other treatment options that produced significant reductions in alcohol consumption, relapse rates, heavy drinking days, and alcohol craving scores.

CHAPTER FIVE

DISCUSSION

Social Support Alone

The results by Kelley et al. (2020) imply that alcoholics anonymous and other twelve step interventions are more effective at helping participants reach and maintain abstinence from alcohol use compared to other interventions. This means that social support-based interventions such as mutual aid groups alone are a viable and effective choice for those seeking treatment for alcoholism. These findings suggest that an individual who only has access to this type of treatment intervention and does not have the ability to choose from other types of treatment options is not necessarily at a disadvantage compared to individuals or groups with a more robust number of resources available to them. The results from this study indicate that simply modifying the intensity of twelve step facilitation interventions has a positive effect on the odds of a participant being able to maintain sobriety for sustained periods of time. When considering the authors' conclusions, it might be recommended to consider referrals to AA and TSF interventions as one of the primary components of a treatment plan for clients seeking services to reduce or eliminate their alcohol use. Connecting clients with these specific interventions could possibly change the outcome of their course of treatment and improve their odds at maintaining sobriety.

Tracy and Wallace (2016) demonstrate in their findings that peer funded self-help support groups are significantly effective at treating addiction as evidenced by 86% of survey participants reporting abstinence from alcohol for 30 days. The authors also researched a peer support community program that was initiated by an addiction professional and occupational therapist, but gradually encouraged its participants to become self-facilitating. Participants within this group showed a significant reduction in relapse rates and reported an increased perception of community affiliation. The successful outcomes observed among participants of peer support groups in this study means that self-help support groups such as AA have further empirical support for their efficacy at treating alcoholism. The reduction in relapse rates reported among participants of the peer support community program and the reduction in alcohol use among participants in a mentorship for alcohol problem (MAP) interventions suggests the existence of other effective social-support based interventions besides AA. The variety of peer support services covered in this study indicates a versatility to how social-support based interventions can be implemented within this population. Similarly, the success of these interventions might lend a recommendation for treatment programs around the country to offer the full gamut of peer support services to its clientele. Utilizing these other peer support services more frequently in addition to twelve step groups might change client and provider perception of what social-support based services for alcoholism entails.

Pittman et al.'s study (2019) differs from the previous two in that instead of assessing outcomes of specific social-support based interventions, it seeks to examine the role social support plays in moderating the relationship between life stress and problem alcohol use behavior among Black college students with histories of parental substance use disorders. The key findings from this study imply that high levels of social support do moderate this relationship, and significant moderation effects were found for social support from friends as well as cumulative social support. This means that students who reported having ample social support participated in less risky drinking behavior. However, students with parental substance use disorder histories did not experience a moderating effect of social support on their reliance on alcohol use to cope with stress. The difference in moderating effects from social support could suggest that the students with parental SUD histories require some form of intervention due to the chronic stress they have experienced or maladaptive coping mechanisms they could have developed. Overall, the conclusions of this study indicate that social support by itself can be a protective factor against problematic alcohol use, but individuals with a history of parental substance use disorder may need the structure of mental health/substance use interventions. It could be recommended for college campuses to engage students in community events to facilitate the development of friendships and increase the overall sense of social support as a preventative measure against the development of problem alcohol use behavior among them. Cultivating a high degree of perceived social support

among the student population may change the behaviors they depend on to cope with life stress to more positive ones which will have a beneficial influence over their entire lifespan.

Alternative Treatment Menu

At the start of conducting research for this project, it was expected that social-support based interventions would be the only consistently effective treatment for alcoholism. It was quite surprising to learn that there is in fact a plethora of treatment alternatives that are promising and supported by empirical research. Group CBT is one example that was researched in a study by Peng et al. (2022). In this study, the researchers found that in a sample of 128 patients, there was a greater amount of treatment compliance and significantly lower rate of relapse in the CBT group compared to the control group. The results of this study suggest that group CBT is a useful treatment modality to maintain treatment compliance, engagement, and abstinence from alcohol for at least six months post-treatment. This implies that group CBT is effective because it combines the cognitive perspective of psychotherapy with the social support benefits of group therapy sessions. The effectiveness of this intervention indicates that psychotherapy does in fact have a place within substance use treatment and might recommend that group CBT be utilized more often as an option for those seeking more clinical, therapy-based treatment options.

Harm reduction is a model of substance abuse treatment that has been gaining traction in recent years for its radically different philosophy compared to traditional, more punitive models of approaching addiction. Harm reduction can be described as a method of counseling that is structured around accepting people where they are in their recovery journey and supporting them in making informed decisions to reduce the amount of harm resulting from their substance use, even if that means not completing ceasing use of that substance. In a study by Collins et al. (2019), researchers randomized a group of 168 individuals from community-based settings experiencing homelessness to harm reduction services or treatment as usual. They found that participants in the harm reduction groups exhibited a decrease in peak alcohol use by 10% for each two-week period that passed. Additionally, alcohol related harm decreased by 6% and participants were 13% less likely to experience additional alcohol use disorder symptoms for each two-week period.

Collins et al.'s conclusions suggest that while harm reduction treatment may not result in complete abstinence from alcohol use, it may be helpful in mitigating the amount of alcohol consumption and negative effects of alcohol abuse especially within vulnerable populations. This specific utility of harm reduction indicates that it can be a functional tool for people seeking treatment whose social functioning or housing circumstances prevent them from engaging in more traditional treatment options. Furthermore, harm reduction might be an excellent intervention option for those who are in the earlier stages of the stages

of change model. Individuals who are seeking treatment but are not quite ready to cease their alcohol use can still benefit from this intervention and improve their health and well-being without committing to an all-or-nothing treatment model.

Medication assisted treatments were another type of alternative treatment option that was explored within this systematic review. One study that was identified examined the use of gabapentin in treating individuals with alcohol use disorder that had alcohol withdrawal symptoms. Researchers Anton et al. (2020) conducted a randomized clinical trial with 47 participants that were randomized to either a gabapentin or placebo group and adhered to pill taking over a course of 16 weeks. Of the 26 individuals in the gabapentin group, 12 of them reported no heavy drinking days (four or more drinks a day for women, five or more drinks a day for men) and nine of them remained abstinent from alcohol use altogether. Of the 21 participants in the placebo group, six reported no heavy drinking days and two reported remaining abstinent from alcohol use.

The findings from the study conducted by Anton et al. (2020) imply that administering gabapentin may improve drinking outcomes in people diagnosed with alcohol use disorder who are seeking treatment. This might mean that alcoholism has a biological component that can be targeted using this specific medication. The researchers suggest that gabapentin is more effective when used by individuals with a history of more severe alcohol withdrawal symptoms and this could indicate that the avoidance of withdrawal symptoms is a significant barrier to abstinence from alcohol use. It might be recommended to refer clients

that report experiencing significant withdrawal symptoms to programs that utilize gabapentin treatment to manage their withdrawal symptoms and increase their odds of obtaining positive drinking outcomes. Implementing gabapentin more often in alcohol use disorder treatment could potentially reduce barriers to seeking treatment among those with more severe drinking histories since withdrawal management would be included in their course of treatment.

An unusual but groundbreaking intervention that has been gaining traction within recent years is the use of ketamine within mental health treatment. Gareil et al. (2022) conducted their own systematic review to assess the current evidence for the use of ketamine to treat alcohol use disorder and withdrawal symptoms. The authors included eight studies that examined the effects of ketamine use on craving, alcohol use, and withdrawal severity, but found that the results were mixed. Ketamine appears to be a safe treatment option that could potentially be helpful in reducing withdrawal and alcohol use, with four studies reporting positive impacts on drinking frequency, quantity, and periods of sobriety. However, the results across all the studies were not strong enough to conclusively determine their effectiveness. Many of the studies included in the researcher's systematic review were also identified as being at high or critical risk of bias.

The outcomes of this study imply that ketamine interventions have the potential to be beneficial in the treatment of alcohol use disorder but have insufficient data to fully support their use at this moment. This means that

additional research must be conducted to identify clear outcomes that suggest its benefit. It would be suggested for researchers to take extra care to avoid bias in their research as that appeared to be one factor that prevented Garel et al. (2022) from obtaining definitive evidence of any efficacy. Still, the data gathered in the authors' systematic review indicates that there is a possibility of ketamine interventions being further honed and presented as a valid treatment tool. As more data is collected and more information is gathered around the use of ketamine in treating alcohol use disorders, we could see a once illegal drug become normalized as a legitimate therapeutic tool.

In a similar vein to the previously discussed intervention, psilocybin-assisted psychotherapy is another type of drug-assisted therapy that has been gaining traction in recent years for its use in treating mental health conditions such as PTSD. Bogenschutz et al. (2022) conducted a clinical trial to determine the effectiveness of using this psychedelic drug in combination with cognitive behavioral therapy and motivational interviewing for treating patients with alcohol use disorder. Their study concluded that the percentage of heavy drinking days within the 32-week study was 9.7% for the psilocybin group and 23.6% for the control group. The mean number of standard drinks per day was lower in the psilocybin group compared to the control group as well. Overall, the researchers found that side effects resulting from the use of psilocybin were mild.

These results imply that psilocybin-assisted psychotherapy is significantly effective at reducing the volume and frequency of drinks consumed among

individuals seeking treatment for alcohol use disorder. This could mean that similarly to gabapentin and ketamine interventions, psilocybin is able to produce a biological effect in the brain that reduces or mitigates cravings for alcohol. It is suggested that additional studies be conducted comparing psilocybin-assisted psychotherapy with cognitive behavioral therapy alone and motivational interviewing alone, because this would provide additional information about the specific impact of psilocybin separate from the additional therapeutic modalities it is combined with in this study. If it is found that it is indeed the administering of psilocybin itself that produces strong, positive treatment outcomes among those with alcohol use disorder, then it would indicate that there is potential for psilocybin-assisted psychotherapy to be standardized in the field of addiction treatment across the country. It would also mean that this type of intervention could be specifically recommended for individuals with co-occurring substance misuse and mental health disorders once further research is conducted to determine its effectiveness with treating those conditions as well.

Conclusion

Social-support based interventions such as Alcoholics Anonymous and similar 12 step programs have long considered to be the standard for treating alcoholism. The existing literature that was evaluated by this systematic review supports the notion that these are indeed effective treatment options, yet they are not the only options available. The information obtained through the completion

of this project suggests that there is a plethora of alternative treatment options that show promising results for obtaining positive outcomes among individuals seeking treatment for their alcohol use. It is up to researchers, counselors, and other mental health professionals to further study and develop these innovative interventions to meet the needs of a growing population.

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