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Theory[edit] Alcoholism is a chronic problem. However, if managed properly, damage to the brain can be stopped and to some extent reversed. The risk of developing alcoholism depends on many factors, such as environment. They found that genetic heritability, personal choice, and environmental factors are comparably involved in the etiology and course of all of these disorders, providing evidence that drug including alcohol dependence is a chronic medical illness. However, this does not suggest that a male who does have a genetic predisposition will become an alcoholic. Sometimes the individual may never encounter an environmental trigger that leads to alcoholism. Studies on children separated from their biological parents demonstrates that sons of alcoholic biological fathers were more likely to become alcoholic, even though they have been separated and raised by non alcoholic parents. These rats preferred drinking alcohol over other liquids, resulting in a tolerance for alcohol and exhibited a physical dependency on alcohol. This study suggests that certain brain mechanisms are more genetically prone to alcoholism. Some note that Scottish physician Thomas Trotter was the first to characterize excessive drinking as a disease, or medical condition. Changing Conceptions of Habitual Drunkenness in America [10] Rush argued that "habitual drunkenness should be regarded not as a bad habit but as a disease", describing it as "a palsy of the will". However, this came decades after Rush and Trotter wrote their works, and some historians argue that the idea that habitual drinking was a diseased state emerged earlier. These policies were developed in in part because third-party reimbursement for treatment was difficult or impossible unless alcoholism were categorized as a disease. The policies of the AMA, formed through consensus of the federation of state and specialty medical societies within their House of Delegates, state, in part: Some critics have used evidence of controlled drinking in formerly dependent drinkers to dispute the disease theory of alcoholism. The first major empirical challenge to this interpretation of the disease theory followed a study by Dr. Davies concluded that "the accepted view that no alcohol addict can ever again drink normally should be modified, although all patients should be advised to aim at total abstinence"; After the Davies study, several other researchers reported cases of problem drinkers returning to controlled drinking. Subsequent studies also reported evidence of return to controlled drinking. This modern longitudinal study surveyed more than 43, individuals representative of the U. A followup of the original 7 cases studied by Davies suggested that he "had been substantially misled, and the paradox exists that a widely influential paper which did much to stimulate new thinking was based on faulty data. But the greater the initial level of dependence, the higher the likelihood of relapse for nonproblem drinkers. It is not our role to resolve this medical issue on which the authorities remain sharply divided. The report highlights the current state of knowledge of the mechanisms of action of different types of psychoactive substances, and explains how the use of these substances can lead to the development of dependence syndrome. However, with recent advances in neuroscience, it is clear that dependence is as much a disorder of the brain as any other neurological or psychiatric illness. The American Psychiatric Association recognizes the existence of "alcoholism" as the equivalent of alcohol dependence. In the US, the National Institutes of Health has a specific institute, the National Institute on Alcohol Abuse and Alcoholism NIAAA , concerned with the support and conduct of biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. It funds approximately 90 percent of all such research in the United States. The craving that an alcoholic feels for alcohol can be as strong as the need for food or water. An alcoholic will continue to drink despite serious family, health, or legal problems. A disease cannot be cured by force of will; therefore, adding the medical label transfers the responsibility from the abuser to caregivers. Inevitably the abusers become unwilling victims, and just as inevitably they take on that role. The majority believed alcoholism to be a social or psychological problem instead of a disease. Hobbs says that "Based on my experiences working in the addiction field for the past 10 years, I believe many, if not most, health care professionals still view alcohol addiction as a willpower or conduct problem and are resistant to look at it as a

disease.

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Detailed description of the content and methods of psychedelic-assisted psychotherapy, as it is conducted in clinical settings, is scarce. An open-label pilot proof-of-concept study of psilocybin-assisted treatment of alcohol dependence NCT was conducted to generate data for a phase 2 RCT NCT of a similar treatment in a larger population. The present paper presents a qualitative content analysis of the 17 debriefing sessions conducted in the pilot study, which occurred the day after corresponding psilocybin medication sessions. Participants articulated a series of key phenomena related to change in drinking outcomes and acute subjective effects of psilocybin. This study is unique in analyzing actual clinical sessions, as opposed to interviews of patients conducted separately from treatment.

Introduction Psychedelic-assisted psychotherapy is a growing field and includes treatments such as psilocybin-assisted treatment of addictions and depression, both of which are currently in phase 2 clinical trials. The efficacy of one such psychedelic-assisted therapy, psilocybin-assisted treatment of alcohol dependence, is currently being tested in an FDA-approved phase 2 clinical trial NCT , having demonstrated safety and potential for effectiveness in an open-label pilot study NCT with a similar design. The treatment in both studies consists of 12 weekly psychotherapy sessions with two psilocybin medication sessions at weeks 4 and 8. Participants meet with two therapists who each have a specific role. The other therapist focused on helping the patient prepare for and integrate the psychedelic experience Bogenschutz and Forchimes, Both therapists were also present for the preparation sessions and psychedelic medication administration sessions as well as the debriefing sessions, which took place the following day after the acute effects have worn off. Therapist roles and the structure of therapy remain largely the same in the phase 2 trial, with the addition of some cognitive behavioral interventions introduced after the first medication session. Debriefing sessions, nearly identical in both studies, are an integral part of the series of non-drug psychotherapy sessions patients receive. Although debriefing session content, structure, and timing may vary between research studies, the sessions that receive this title are typically the first ones held after a psychedelic session and focus on giving the participant an opportunity to describe their experience. Psilocybin experiences are by their very nature quite different from ordinary states of consciousness. They have been described in the literature as both beyond words and transcending time and space MacLean et al. Since the encoding of experience into long-term memory involves language and the assimilation of new experiences with existing knowledge, these experiences may be more difficult to remember and recall later than others that are more similar to what the individual already knows.

Discussion of psychedelic experiences during a debriefing session may help participants benefit from them by consolidating memories of the experience, processing emotions, and articulating insights. Where the use of classic hallucinogens for therapy is concerned, early research was largely conducted with LSD, a serotonergic psychedelic similar to psilocybin. Leuner discussed two early therapeutic models for psychedelic-assisted treatment: Goals are usually change in target behaviors, i. Psycholytic therapy, on the other hand, involves low-medium doses to produce a dreamlike, regressed state, during which psychoanalytic psychotherapy takes place, as part of a longer course of psychotherapy. Leuner considered psycholytic therapy appropriate for indications such as psychosomatic cases, paraphilic disorders, border-line psychosis , but ruled out alcoholism as treatable with this method Leuner, While conceding that early follow up-data from psychedelic therapy with LSD for alcoholics were promising, Caldwell found it difficult to imagine a lifetime of conditioning would be changed in just a few hours. In alcoholism treatment specifically, some researchers have had positive outcomes using ketamine—a dissociative anesthetic that produces subjective states similar to those produced by psychedelics—in combination with other drugs such that patients experience negative emotional states in combination with the psychedelic-like effects Krupitsky et al. This method, called Affective Contra-Attribution ACA , has some overlap with the methods used in the present study in that it includes preparatory and integration psychotherapy flanking the ketamine session. The ACA method is different, however, in that patients are

presented with alcohol while experiencing negative affective states during the ketamine sessions in order to build negative associations with alcohol. Also, unlike the present model, ACA integration sessions take place in a group format. Krupitsky and Grinenko later moved away from the ACA model to study ketamine psychedelic therapy KPT, which does not include the induction of negative emotional states or presenting the patient with alcohol during the session, and includes engaging the patient in psychotherapy during the ketamine session. Outcomes of KPT studies suggest that it can increase the effectiveness of conventional treatment for alcohol dependence Krupitsky and Grinenko, and produce greater rates of abstinence and reduction of craving for heroin in people with opioid use disorder Krupitsky et al. Given that the delirium tremens could be deadly, the ability to induce a subjectively similar yet physically safer state that could potentially motivate change was intriguing. Although research standards of that time were substantially less rigorous than they are today, this improvement was striking when compared to the Although the present study did not attempt to induce a delirium tremens-like experience, the emphasis on creating a comfortable, relaxing setting can be traced to this early work. In this method, patients were hypnotized after ingesting LSD, but before it took effect, such that patients experienced the LSD and hypnosis simultaneously. While the use of hypnosis distinguishes this model, the engagement in active psychotherapy during a psychedelic session is akin to the psycholytic model described above, and goals of exploring problems, abreaction, and gaining insight are echoed in the present study. More recently, in treatment of cancer-related anxiety with psilocybin, psychodynamic therapies such as logotherapy and meaning-making therapy have been used as the psychotherapeutic models Ross et al. Other modern addiction treatment protocols such as psilocybin-assisted smoking cessation have used a cognitive behavioral therapy CBT model Johnson et al. A study of psilocybin-assisted treatment of depression currently under development will use Acceptance and Commitment Therapy, a third-wave CBT approach that combines traditional CBT and mindfulness practices Guss, , Personal Communication. While the choice of the MET model for the present study was based on factors such as feasibility and demonstrated efficacy in treating addiction, it is not the only approach that could be combined with psychedelic preparation and integration sessions to create a psychedelic-assisted treatment protocol. Undergoing psilocybin-assisted treatment for alcohol dependence in a clinical setting is a rare experience. Individuals participating in this treatment do not have the support of a group of peers who have also been through the same treatment, in which they can comfortably discuss the experiences and changes they attribute to it. Friends, family, and peers may respond with a variety of attitudes including support, curiosity, disbelief, or even negative judgments. This set of conditions, in addition to general stigma surrounding addiction diagnosis and treatment Luoma et al. As psilocybin-assisted therapy for alcohol dependence is still in early development as a clinical practice, it is unknown how patients describe key phenomena related to behavioral change and symptom improvements. The purpose of this investigation is to explore the ways in which patients talk about change-related phenomena during post-medication debriefing sessions. Method Ten participants meeting DSM-IV-TR criteria for alcohol dependence were enrolled in an open-label pilot study of psilocybin-assisted treatment of alcohol dependence NCT, the primary outcome of which was previously published Bogenschutz et al. All participants provided written informed consent approved by the IRB of the University of New Mexico, which included consent for transcripts of their sessions to be analyzed for the present project. Participants were excluded if they had exclusionary medical or psychiatric conditions; family history of schizophrenia, bipolar disorder, or suicide; cocaine, psychostimulant, or opioid dependence; or history of using hallucinogens more than 10 times or at all in the past 30 days. As noted above, the treatment protocol included 14 treatment sessions over 12 weeks, including two psilocybin medication sessions at weeks four and eight, and 12 non-drug psychotherapy sessions, two of which were debriefing sessions. Psilocybin was given orally in a dose of 0. No previously published studies had established a dose range of psilocybin for alcohol dependence, however, an analysis of published psilocybin research with healthy volunteers and doses of LSD used historically in the treatment of alcoholism led to the conclusion that a dose range of 0. Full details of the study design, participant demographics, and treatment model are provided elsewhere Bogenschutz et al. Each participant had a debriefing session with both therapists on the day after each psilocybin medication session. We conducted qualitative content analysis Schreier, of transcripts from all 17

debriefing sessions conducted as part of the pilot study in order to illustrate how patients talk about change-related phenomena in this unique context. The 17 sessions included in this analysis represent the complete set of debriefing sessions conducted during the study as 10 patients participated, with seven completing two sets of psilocybin and debriefing sessions and three completing only one set of psilocybin and debriefing sessions. Because our analysis is of debriefing sessions that took place as part of a series of psychotherapy sessions as opposed to structured qualitative interviews conducted apart from the therapeutic intervention by an independent non-clinician interviewer, we draw our examples from statements offered spontaneously by patients in the context of therapy. All names used in this report are pseudonyms and text has been edited to remove vocalized pauses and filler utterances. The 43 item Mystical Experience Questionnaire MEQ was used to determine the presence and strength of experiences that are similar to mystical experiences which may occur spontaneously or in a religious context, including those in which a psychedelic compound is part. In order to delineate such experiences when they occur in secular, research settings, we describe them here as mysticomimeticâ€”mimicking mystical experiences, and perhaps phenomenologically indistinguishable, but different based on the context in which they occur. A recent factor analysis and further validation MacLean et al. The determination that a higher psilocybin dose would be clinically contraindicated even though MEQ subscales scores were below the 0. Mean and SD data for all subscales are presented in Bogenschutz et al. Here, we present the intensity subscale data for each participant. While the original rating scale had five subscales, Studerus et al. The altered states of consciousness induced by psilocybin can be distinguished by the ASC, which shows good discriminant validity between states induced by psilocybin, MDMA, and ketamine Studerus et al. Here, we present blissful state subscale data for each participant, as it may relate to the emergence of primary process thinking. See description of ego-dissolution coding below. Data Analysis Interview transcripts were analyzed using Atlas. Initial coding categories were established by known phenomena of interest such that coding was theory driven. This method is known as directed content analysis Hsieh and Shannon, Categories were chosen because they reflected the phenomena of interest in the study i. Transcripts were also categorized and compared depending on whether the transcript was from a first or second psilocybin session, and by whether or not the corresponding MEQ score met the 0. The first author created coding categories and completed an initial coding of all transcripts, then presented a description of each of the categories and corresponding coded participant utterances to the co-authors for review. The third and fourth co-author, having conducted most and all of the debriefing sessions, respectively, and the second author, having coordinated the transcription process, were all familiar with the data set. All authors had access to the transcripts to verify and confirm the validity and completeness of coding. After reviewing the categories and coded material, the authors collaborated for discussion to ensure accuracy, completeness, and agreement. The first author reviewed the coding categories for keywords words that frequently emerged in coded text for each code and performed secondary searches of the data set using these keywords to identify passages that should potentially be included but were missed in the reading process, using judgment to determine final inclusion. After coding all transcripts, seven categories emerged as having substantial content for discussion. Here, we describe each category, including the theoretical background and our process for coding relevant participant utterances. Mysticomimetic Experiences Previous research has demonstrated that, when administered in clinical research settings, psilocybin can precipitate mysticomimetic experiences that are personally meaningful Griffiths et al. Strength of mysticomimetic experience has been correlated with positive outcomes in psychedelic research with healthy volunteers Griffiths et al. With regard to the role of psilocybin-induced mysticomimetic experience in alcohol treatment, one possibility is that it results in increased motivation such that changes in drinking occur Bogenschutz, In order to code transcripts for each of the sub-domains of the MEQ, the items comprising each category in MacLean et al. In the present study, we coded participant descriptions of the sense that the experience was too difficult to describe as examples of ineffability. Ego-Dissolution Falkenstrom wrote that what is meant by the self in psychoanalytic thought is distinct but not incompatible with the self as understood in Buddhist psychology. In psychoanalytic thought, the ego is the part of the personality that holds one together, balancing instinctual drives and moral rules, and a strong, healthy ego results in psychological health Falkenstrom, From the Buddhist perspective, mental

suffering results from the erroneous belief in ego or self as an enduring, unchanging entity with inherent existence Van Gordon et al. Generally, when psychedelic researchers speak of ego-dissolution, they are referring to a loosening of the latter concept, which results in new insights and diminished psychological suffering. Hence, experiences of ego-dissolution, which could be considered pathological from the Freudian perspective, might be healing from perspective of Buddhist psychology. This concept is also discussed as the experience of not-self or emptiness in Buddhist psychology Van Gordon et al. Global connectivity between brain structures and functional networks is increased by LSD, and the strength of these alterations are positively correlated with the sense of ego-dissolution; a sense of the self as not separate from others, or even as a distinct individual bound by time and space Tagliazucchi et al. Psilocybin has specifically been found to decrease metabolic activity in the default mode network DMN; Carhart-Harris et al. More recently, Lebedev et al. Recently, a guided mental imagery task used to enhance recall of LSD and placebo sessions in a structured way and produced measurable differences in primary process thinking Kraehenmann et al. Furthermore, primary process thinking reflects emotional processes which are a key factor in the subjective experience of psilocybin-assisted therapy i. Here, we include blissful state subscale data for consideration alongside statements that reflect experiences of ego-dissolution and the emergence of primary process thinking.

Relationship to Alcohol This category, originally titled insights about drinking, was populated with content about drinking gathered by auto-coding interviews for the words drink, drinking, and alcohol. Additional passages that referred to drinking and alcohol but did not use these words were added as identified. As expected given that the study protocol calls for the therapists to discuss the relationship of the psilocybin experience to drinking during debriefing, all transcripts contained some mention of this topic.

Chapter 3 : Addiction and Choice: Theory and New Data

*Frontiers of Alcoholism [Morris E. Chafetz, Howard T. Blane, Marjorie J. Hill] on blog.quintoapp.com *FREE* shipping on qualifying offers. Book by Morris E. Chafetz, Howard.*

What Are the Stages of Alcoholism? What does an early stage of alcoholism look like? Occasional binge drinking characterizes people in this group. What does chronic alcoholism look like? A person with chronic alcoholism typically drinks every day and has likely done so for years. Serious consequences due to alcohol begin to appear here, including job losses and family conflicts. What does end-stage alcoholism look like? Someone with end-stage alcoholism is consumed by drinking. Withdrawal symptoms and years of habit make it incredibly difficult to stop. Professional help is usually required. Unlike laypersons, researchers, doctors, therapists, and a host of other professionals require a consensus on what constitutes the different levels of alcohol use. The Diagnostic and Statistical Manual of Mental Disorder-5 DSM-5 , a publication of the American Psychiatric Association, provides professionals in the mental health field with an indispensable diagnostic tool that helps them to identify the various mental health disorders, including alcohol use disorder. What Is Alcohol Use Disorder? Men have alcohol use disorder almost twice as often as women; of the estimated 17 million affected adults, Adolescents are not immune. In , an estimated , young people between years of age had this disorder. No two individuals who experience alcohol abuse are the same; however, DSM-5 provides clinicians with a set of 11 factors that can guide them in the diagnosis of an alcohol use disorder and its severity grade. In short, if a person has experienced at least two of the 11 factors or symptoms in the past year then the person is considered to have an alcohol use disorder. The existence of two or three symptoms equals a diagnosis of mild alcohol use disorder, while four to five symptoms is considered moderate, and six or more is considered severe. To provide insight into the alcohol use diagnostics process, consider the following sample of four possible symptoms: The distinction between physical dependence and psychological addiction is an important one to understand. As the National Institute on Drug Abuse explains, physical dependence is a component of addiction, but it is not synonymous with addiction. In other words, a person can be physically dependent on alcohol or another drug of abuse without being psychologically dependent on it. There are two main hallmarks of physical dependence. First, the body will build a tolerance, which is a natural process. As tolerance builds, a person who consumes alcohol will require a higher volume in order to experience the familiar effects. Second, the body will go through withdrawal if intake of the familiar drug ceases or if there is a significant reduction in the usual amount. When a chronic alcohol abuser stops drinking the signs of withdrawal will set in. They may continue to drink in order to avoid feeling such symptoms. Individuals with an alcohol use disorder alcoholism will likely experience the symptoms of physical dependence as well as psychological effects. The difficulty is that one never knows if social or occasional drinking will lead to the development of alcohol use disorder. In the early phases of alcohol abuse , a person will usually get an introduction to different types of alcohol and experiment with alcohol in various forms. Most often, these experimenting individuals are either high school students or young adults, such as college students. Drinking is usually a social event among this younger set, and they collectively binge drink as a way of partying. They may not be regular drinkers, but binge drinking alone still puts them at risk of developing alcohol use disorder. According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking occurs when, within two hours, a person reaches a blood alcohol content of 0. For women, depending on body weight, this usually requires four drinks, and in men, it requires five drinks in 2 hours. However, many binge drinkers will exceed the four or five drink mark and experience higher levels of BAC as well as a host of debilitating physical and mental side effects. Some binge drinkers or party drinkers will not progress beyond the experimental phase to drink regularly. Those who do continue to drink heavily or regularly may do so because they are environmentally or genetically predisposed to do so. For instance, children of people with an alcohol use disorder are four times more likely to also experience this disorder. Additionally, some people have an existing mental health disorder, and they may graduate from social drinking to more frequent drinking because they perceive it relieves some of their psychiatric symptoms. Environmental and genetic factors aside,

the sheer number of drinks people consume in a given period of time can put them at risk for developing an alcohol use disorder. Women who have a daily intake of more than three drinks, or more than seven per week, are considered at risk. Men, due to their physiological differences from women, are considered to be at risk if they partake in more than four drinks a day or more than 14 per week. Problematic Alcohol Abuse Moderate use of alcohol is associated both with the frequency of consumption as well as the intention around drinking. A person who has an emotional or psychological attachment to drinking may be at a higher risk for developing an alcohol use disorder compared to a person who regularly has a glass of wine with a meal. In such a case, in terms of the DSM-5 factors discussed, the person would begin to show more symptoms, possibly At this stage, a person may or may not be physically dependent on alcohol. In other words, the cessation of drinking will lead to withdrawal symptoms. If alcohol dependence sets in, it will likely be more difficult to stop drinking because of the presence of withdrawal symptoms and possibly cravings for alcohol. The best practice would be to talk with an addiction counselor or mental health professional about safe options to detox from alcohol. The need for a medically supervised detox depends, in part, on the length of time of alcohol abuse and usual volume of consumption. In some cases, alcohol withdrawal can present heightened risks and even lead to fatality. Individuals who are at risk for withdrawal effects require supervised medical detox. As a result, it is recommended that anyone seeking to detox from alcohol consult a medical professional first. Having six or more of the alcohol use disorder symptoms would indicate the need for a treatment intervention to address the addiction. Before discussing the negative outcomes associated with alcohol i. An estimated 20 percent of individuals who abuse alcohol may be classified as highly functioning. Continued drinking, however, is essentially a ticking time bomb. In terms of the negative fallout associated with heavy chronic drinking, despite appearances to the contrary, a highly functioning individual is not immune. The development of negative health conditions and diseases is a major concern surrounding alcohol abuse. Health troubles can range in severity, but the following health conditions and diseases may manifest due to chronic, heavy alcohol abuse:

Chapter 4 : Mechanisms and Functional Consequences of Alcohol Hangover | Frontiers Research Topic

It will focus on the frontiers of evidence-based treatment of alcohol and drug use disorders in a range of treatment populations including adolescent and underserved groups. Topics will range from assessment techniques to novel psychosocial and pharmacologic treatment interventions.

Eight out of ten Americans agree that alcohol abuse is a major national problem. One leading pollster George Gallup described that as an "overwhelming figure" because it is rare for eight out of ten Americans to agree on anything. A full third said their families had been directly affected by alcohol-related problems. Checklists for defining alcoholism are commonplace. Typical questions are like this: Do you ever drink first thing in the morning? Do you ever hide alcoholic beverages from those around you, for your private consumption? Do you ever suffer memory blackouts from alcohol? What are typical checklist items for defining alcoholism? People who say "Yes" to those items are more likely to be alcoholics. To the surprise of some researchers, simple checklists are more reliable than biochemical tests for uncovering alcoholics. However, some researchers dislike the checklist approach. Some loss of control. It need not be total: Sooner or later they are in trouble again. Interference with normal functioning. How did Royce define alcoholism? Alcohol does not have an equal attraction for all people. Research confirms that genetic factors influence alcohol preference in laboratory animals. Selective breeding can produce rats that prefer alcohol. In one experiment Waller et al. Animal populations bred to prefer alcohol have greater sensitivity to the neurotransmitter GABA, which responds to alcohol Wafford, Burnett, Dunwiddie, and Harris, In humans as well, alcoholics metabolize alcohol differently from non-alcoholics e. Borg, Kvande, and Sedvall, What is some evidence that genetic factors can influence alcohol preference? Certain ethnic groups among humans are more vulnerable to alcoholism than others. Vaillant and Milofskyet reported the results of a year study which suggested South European ethnicity and number of alcoholic relatives are the best predictors of alcoholism in humans. Alcoholics often report a pleasurable first encounter with alcohol. Adams reported that many alcoholics remember an extremely positive reaction to their first episode of drinking to intoxication: Remembering the first drink. Central norepinephrine metabolism during alcohol intoxication in addicts and healthy volunteers. The etiology of alcoholism. American Psychologist, 37, Dewey at psywww gmail. Psych Web has over 1, pages, so it may be elsewhere on the site. Do a site-specific Google search using the box below.

Chapter 5 : Disease theory of alcoholism - Wikipedia

Alcohol hangover refers to the combination of mental and physical symptoms experienced after a single episode of heavy drinking, starting when blood alcohol concentration approaches zero. Alcohol hangover has a huge impact on behavior and society and results in serious socioeconomic consequences.

Chapter 6 : Frontiers in Addiction Treatment | AllCongress

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Chapter 7 : Frontiers of alcoholism - Morris E. Chafetz, Howard T. Blane, Marjorie J. Hill - Google Books

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health, is the primary U.S. agency for conducting and supporting research on the causes, consequences, diagnosis, prevention, and treatment of alcohol use disorder.

Chapter 8 : Frontiers in Addiction Treatment | Mayo Clinic School of Continuous Professional Development

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Chapter 9 : Alcohol consumption â€“ Science & research news | Frontiers

About the National Institute on Alcohol Abuse and Alcoholism (NIAAA): The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is part of the National Institutes of Health, U.S. Department of Health and Human Services. Its mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being.