Stress Cited as Top Cause of Alcoholism

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scribing individuals who meet the criteria for DSM-IV alcohol dependence and other mental illnesses.

Questions probed the participants' conceptions of alcohol dependence, stigmatization of alcohol dependence, and beliefs about treatment for alcohol dependence. The sex, ethnicity, and education level of the individual described in the vignettes were randomly varied.

For the 2006 survey, demographic data were available for 377 participants. Roughly half were female (55%), and most were white (71%). Most had at least a high school education (83%). Almost all (98%) identified the subject of the vignette as being alcohol dependent. In 1996, 48% identified the subject as being alcohol dependent. In contrast, only half (52%) identified the subject as having a mental illness. A comparable percentage (51%) identified the subject as having a nervous breakdown or (52%) a physical illness.

In general, respondents thought that alcohol dependence was a serious problem. However, researchers found a statistically significant difference based on ethnicity: Eighty-three percent of white respondents considered alcohol dependence a very serious problem, compared with 90% of nonwhite respondents.

The researchers also asked about perceived causes of alcohol dependence. Respondents were allowed to select more than one from a list of possible causes. "The vast majority of respondents believe that alcohol dependence is stress," said Dr. Sinkewicz, a postdoctoral research fellow in epidemiology at Columbia University, New York. Stress was the most commonly cited cause (92%), followed by genetics (71%), chemical imbalance (70%), upbringing (70%), and a bad character (67%).

These perceptions of cause have changed over time. In 1996, 65% of respondents indicated that chemical imbalances cause alcohol dependence, 62% cited genetic factors, 68% cited upbringing, and 52% cited a person's bad character. Interestingly, while the percentage of respondents who named these as possible causes increased for all four, the only statistically significant difference was for bad character. "The most disparate—15 percentage points—and only statistically significant change was in the public's view that the cause of alcohol dependence is the afflicted person's own bad character."

The researchers also looked at social distance—the willingness of respondents to interact with a person with alcohol dependence. They found that 63% were willing to befriend someone with alcohol dependence. In addition, 61% were willing to live near someone dependent on alcohol, 46% were willing to be social, 25% were willing to work closely, and 20% were willing to have an alcohol dependent person marry into their family.

"I think the take-away message here really is that more interaction was endorsed when it involved looser social bonds but less interaction was endorsed when it involved closer social bonds," she said.

They also looked at the extent to which the public is willing to endorse negative stereotypes of alcohol-dependent people. About half believed that alcohol-dependent individuals are competent to make decisions about treatment (55%) or money (44%). The public was much more likely to believe that people who are dependent on alcohol are violent to others (69%) or to themselves (83%).

In term of treatment, only 13% believed that an alcohol-dependent person can recover on their own, while almost all (98%) believed that recovery was possible with therapy. In terms of coercive treatment, 38% endorsed mandatory medical treatment of alcohol-dependent individuals. Almost all (90%) thought that forced hospitalization was appropriate if the individual was perceived as dangerous.

In 2006, 79% believed that the government should be responsible for providing care for alcohol-dependent individuals. In addition, 51% believed that government insurance should be primarily responsible for this care. Less than half (42%) thought the government should spend more on this care. In 1996, 79% believed that the government should be responsible for the provision of care for alcohol-dependent individuals. In addition, 40% believed that government insurance should be primarily responsible for this care. About half (51%) thought that the government should spend more on such care. ■

Varenicline Curbs Alcohol Cravings, Increases Abstinence in Smokers

BY KERRI WACHTER
Senior Writer

WASHINGTON — The antismoking drug varenicline also appears to curb alcohol cravings in smokers who are heavy drinkers, results of a small pilot study show.

Nondependent heavy drinkers taking varenicline (Chantix) were more likely to be abstinent during the 2-hour period of free access to alcoholic drinks than were those in the placebo group, based on logistic regression analysis, Sherry A. McKee, Ph.D., reported at a joint meeting sponsored by the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism.

Participants were male and female non–treatment seeking, nondependent heavy drinkers who also were daily smokers, said Dr. McKee of Yale University, New Haven, Conn.

Subjects were titrated to steady-state levels of varenicline (2 mg/day) or placebo over the course of a week. On day 8, all participants were given free access to cigarettes and were administered a priming drink, which was designed to raise blood alcohol levels to 0.03 g/dL.

Subjective and psychological responses to alcohol were then assessed. A 2-hour period of self-administration followed, during which time participants could choose to consume up to eight additional drinks (designed to raise blood alcohol levels by 0.015 g/dL) or to receive monetary reinforcement for drinks not consumed.

Participants had to have smoked at least 10 cigarettes/day for the last year. Men had to consume more than 14 drinks/week or 5 or more drinks on one occasion; women had to consume more than 7 drinks/week or 4 or more drinks on one occasion. Urine testing was used to assess varenicline compliance on days 4-8.

A total of 20 participants were enrolled—10 in each arm. The groups were matched in terms of age, gender, number of cigarettes per day, weekly frequency of drinking, and the number of drinks per episode.

During the period of unrestricted access to alcohol, varenicline "significantly reduced drinking by about two drinks," Dr. McKee said.

Two subjects in the varenicline group consumed drinks, compared with seven in the placebo group. After the priming drink, no difference was found in blood alcohol levels between the two groups. However, a significant difference was found in alcohol craving. Those on varenicline reported a sharp decrease in alcohol craving; those on placebo reported an increase.

Over the same time period, the subjective effects of alcohol remained steady for those in the varenicline group but increased in the placebo group. The difference was statistically significant. There was no effect of varenicline on tobacco craving in this period.

There was also no effect of varenicline on physiologic reactivity as measured by diastolic/systolic blood pressure. In terms of smoking, over the treatment period, the number of cigarettes per day decreased by 1.5 cigarettes in the varenicline group, compared with 0.5 in the placebo group.

Adverse events were few and included nausea, sleep disturbance, abnormal dreams, constipation, and vomiting.

Notably, subjects in neither group were able to discern whether they were on placebo or active drug. In the varenicline group, 60% thought that they were on placebo, and in the placebo group, 44% thought they were taking the active drug.

Alcohol and tobacco dependence are highly comorbid disorders. Preclinical evidence suggests a role for nicotinic acetylcholine receptors in alcohol drinking. In fact, the drug has demonstrated efficacy in reducing alcohol intake in animals. However, to date the effects of the drug on alcohol consumption has not been tested in humans.

The results, in addition to findings from animal studies, support a role for nicotinic receptor involvement in alcohol consumption and suggest that targeting nicotinic receptors might be a viable strategy for drug development, said Dr. McKee, who had no conflicts of interest to report. ■

Treating Gambling Difficult in Military

BY KERRI WACHTER
Senior Writer

WASHINGTON — Military personnel are at risk for problem gambling, but it is often difficult for them to get adequate treatment, according to the director of a Veterans Affairs program for problem gamblers.

In 2002, there were 1.4 million active service members. That year, the Pentagon conducted a survey of health-related behaviors among military personnel. According to that survey, about 17,500 service members, or 1.2% of the military, met the DSM-IV criteria for pathological gambling. For comparison, the national average is 1.6%. In a 2005 VA study, 10% of Native American soldiers and 4.3% of Hispanic soldiers met the DSM-IV criteria for pathological gambling, Dr. Rena Nora said at the annual meeting of the American Psychiatric Association.

Yet only three programs for military members with problem gambling exist: one at Camp Pendleton in California; one at the VA facility in Brecksville, Ohio; and the intensive outpatient program for problem gamblers at the VA Southern Nevada Healthcare System in Las Vegas, of which Dr. Nora is the medical director.

Military personnel have a number of risk factors for gambling: the sociodemographic composition of the military (mostly young males), feelings of loneliness and alienation, prevalence of risk-taking personality, and severe stress and anxiety. The accessibility of gambling also is a risk factor because there are approximately 8,000 slot machines at 94 military facilities overseas.

Limited confidentiality for mental health treatment is also problematic. A soldier's commanding officer can request and obtain access to mental health records. "When the commander or anyone else wants the records, you do not say no," said Dr. Nora, who also is with the department of psychiatry at the University of Nevada, Reno. "There is really no confidentiality if you are an active-duty service member."

Although there is legislation that provides for treatment of mental health disorders such as pathological gambling, the provision of services in reality it is not so easy. "I had to go all of the way to the Department of Defense to get something in writing, so that we were able to justify budget and staffing for a gambling program," said Dr. Nora. Since the program in Las Vegas began in fiscal year 2004, she and her colleagues have treated 1,423 patients.

Dr. Nora reported that she had no relevant conflicts of interest. ■

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