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All About Alcoholism

1. What is alcoholism?

Alcoholism, also known as alcohol dependence, is a disease that includes the following four symptoms:

- **Craving**--A strong need, or urge, to drink.
- **Loss of control**--Not being able to stop drinking once drinking has begun.
- **Physical dependence**--Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety after stopping drinking.
- **Tolerance**--The need to drink greater amounts of alcohol to get "high."

For clinical and research purposes, formal diagnostic criteria for alcoholism also have been developed. Such criteria are included in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association, as well as in the International Classification Diseases, published by the World Health Organization. (See also "Publications," [Alcohol Alert No. 30](#): Diagnostic Criteria for Alcohol Abuse and Dependence.)

2. Is alcoholism a disease?

Yes, alcoholism is a disease. 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.

Like many other diseases, alcoholism is chronic, meaning that it lasts a person's lifetime; it usually follows a predictable course; and it has symptoms. The risk for developing alcoholism is influenced both by a person's genes and by his or her lifestyle. (See also "Publications," [Alcohol Alert No. 30](#): Diagnostic Criteria for Alcohol Abuse and Dependence.)

3. Is alcoholism inherited?

Research shows that the risk for developing alcoholism does indeed run in families. The genes a person inherits partially explain this pattern, but lifestyle is also a factor. Currently, researchers are working to discover the actual genes that put people at risk for alcoholism. Your friends, the amount of stress in your life, and how readily available alcohol is also are factors that may increase your risk for alcoholism. But remember: Risk is not destiny. Just because alcoholism tends to run in families doesn't mean that a child of an alcoholic parent will automatically become an alcoholic too. Some people develop alcoholism even though no one in their family has a drinking problem. By the same token, not all children of alcoholic families get into trouble with alcohol. Knowing you are at risk is important, though, because then you can take steps to protect yourself from developing problems with alcohol. (See also "Publications," [A Family History of Alcoholism - Are You at Risk?](#); [Alcohol Alert No. 18](#): The Genetics of Alcoholism.)

4. Can alcoholism be cured?

No, alcoholism cannot be cured at this time. Even if an alcoholic hasn't been drinking for a long time, he or she can still suffer a relapse. Not drinking is the safest course for most people with alcoholism.

5. Can alcoholism be treated?

Yes, alcoholism can be treated. Alcoholism treatment programs use both counseling and medications to help a person stop drinking. Treatment has helped many people stop drinking and rebuild their lives. (See also "Publication," [Alcohol Alert No. 49](#): New Advances in Alcoholism Treatment.)

6. Which medications treat alcoholism?

Three oral medications--disulfiram (Antabuse®), naltrexone (Depade®, ReVia®), and acamprosate (Campral®)--are currently approved to treat alcohol dependence. In addition, an injectable, long-acting form of naltrexone (Vivitrol®) is available. These medications have been shown to help people with dependence reduce their drinking, avoid relapse to heavy drinking, and achieve and maintain abstinence. Naltrexone acts in the brain to reduce craving for alcohol after someone has stopped drinking. Acamprosate is thought to work by reducing symptoms that follow lengthy abstinence, such as anxiety and insomnia. Disulfiram discourages drinking by making the person taking it feel sick after drinking alcohol.

Other types of drugs are available to help manage symptoms of withdrawal (such as shakiness, nausea, and sweating) if they occur after someone with alcohol dependence stops drinking.

Although medications are available to help treat alcoholism, there is no "magic bullet." In other words, no single medication is available that works in every case and/or in every person. Developing new and more effective medications to treat alcoholism remains a high priority for researchers. (See also "News Releases," Jan. 17, 1995: Naltrexone Approved for Alcoholism Treatment and "Publication," [Alcohol Alert No. 61](#): Neuroscience Research and Therapeutic Targets.)

7. Does alcoholism treatment work?

Alcoholism treatment works for many people. But like other chronic illnesses, such as diabetes, high blood pressure, and asthma, there are varying levels of success when it comes to treatment. Some people stop drinking and remain sober. Others have long periods of sobriety with bouts of relapse. And still others cannot stop drinking for any length of time. With treatment, one thing is clear, however: the longer a person abstains from alcohol, the more likely he or she will be able to stay sober.

8. Do you have to be an alcoholic to experience problems?

No. Alcoholism is only one type of an alcohol problem. Alcohol abuse can be just as harmful. A person can abuse alcohol without actually being an alcoholic--that is, he or she may drink too much and too often but still not be dependent on alcohol. Some of the problems linked to alcohol abuse include not being able to meet work, school, or family responsibilities; drunk-driving arrests and car crashes; and drinking-related medical conditions. Under some circumstances, even social or moderate drinking is dangerous--for example, when driving, during pregnancy, or when taking certain medications.

9. Are specific groups of people more likely to have problems?

Alcohol abuse and alcoholism cut across gender, race, and nationality. In the United States, 17.6 million people--about 1 in every 12 adults--abuse alcohol or are alcohol dependent. In general, more men than women are alcohol dependent or have alcohol problems. And alcohol problems are highest among young adults ages 18-29 and lowest among adults ages 65 and older. We also know that people who start drinking at an early age--for example, at age 14 or younger--are at much higher risk of developing alcohol problems at some point in their lives compared to someone who starts drinking at age 21 or after. (See also "News Releases," June 10, 2004 "[Alcohol Abuse Increases, Dependence Declines Across Decade: Young Adult Minorities Emerge As High-Risk Subgroups](#)" and July 3, 2006 "[Early Drinking Linked to Higher Lifetime Alcoholism Risk](#)". See also [Alcohol Alert No. 55](#): Alcohol and Minorities: An Update.)

10. How can you tell if someone has a problem?

Answering the following four questions can help you find out if you or a loved one has a drinking problem:

- Have you ever felt you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

One "yes" answer suggests a possible alcohol problem. More than one "yes" answer means it is highly likely that a problem exists. If you think that you or someone you know might have an alcohol problem, it is important to see a doctor or other health care provider right away. They can help you determine if a drinking problem exists and plan the best course of action.

11. Can a problem drinker simply cut down?

It depends. If that person has been diagnosed as an alcoholic, the answer is "no." Alcoholics who try to cut down on drinking rarely succeed. Cutting out alcohol--that is, abstaining--is usually the best course for recovery. People who are not alcohol dependent but who have experienced alcohol-related problems may be able to limit the amount they drink. If they can't stay within those limits, they need to stop drinking altogether. (See the question [13](#), "What is a safe level of drinking?") (See also "Publications/Pamphlets and Brochures," [How to Cut Down on Your Drinking](#).)

12. If an alcoholic is unwilling to get help, what can you do about it?

This can be a challenge. An alcoholic can't be forced to get help except under certain circumstances, such as a traffic violation or arrest that results in court-ordered treatment. But you don't have to wait for someone to "hit rock bottom" to act. Many alcoholism treatment specialists suggest the following steps to help an alcoholic get treatment:

Stop all "cover ups." Family members often make excuses to others or try to protect the alcoholic from the results of his or her drinking. It is important to stop covering for the alcoholic so that he or she experiences the full consequences of drinking.

Time your intervention. The best time to talk to the drinker is shortly after an alcohol-related problem has occurred--like a serious family argument or an accident. Choose a time when he or she is sober, both of you are fairly calm, and you have a chance to talk in private.

Be specific. Tell the family member that you are worried about his or her drinking. Use examples of the ways in which the drinking has caused problems, including the most recent incident.

State the results. Explain to the drinker what you will do if he or she doesn't go for

help--not to punish the drinker, but to protect yourself from his or her problems. What you say may range from refusing to go with the person to any social activity where alcohol will be served, to moving out of the house. Do not make any threats you are not prepared to carry out.

Get help. Gather information in advance about treatment options in your community. If the person is willing to get help, call immediately for an appointment with a treatment counselor. Offer to go with the family member on the first visit to a treatment program and/or an Alcoholics Anonymous meeting.

Call on a friend. If the family member still refuses to get help, ask a friend to talk with him or her using the steps just described. A friend who is a recovering alcoholic may be particularly persuasive, but any person who is caring and nonjudgmental may help. The intervention of more than one person, more than one time, is often necessary to coax an alcoholic to seek help.

Find strength in numbers. With the help of a health care professional, some families join with other relatives and friends to confront an alcoholic as a group. This approach should only be tried under the guidance of a health care professional who is experienced in this kind of group intervention.

Get support. It is important to remember that you are not alone. Support groups offered in most communities include Al-Anon, which holds regular meetings for spouses and other significant adults in an alcoholic's life, and Alateen, which is geared to children of alcoholics. These groups help family members understand that they are not responsible for an alcoholic's drinking and that they need to take steps to take care of themselves, regardless of whether the alcoholic family member chooses to get help. (See the question [19](#), "How can a person get help for an alcohol problem" for referral to support groups.)

The above is adapted from the National Institute on Alcohol Abuse and Alcoholism