## HEALTHY MINDS A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS Elliott B. Sewell, MAE, LPCC, NCC

## **Alcoholism Part I**



Times are very stressful and the future is looking more and more certain. In these situations, alcohol addiction and abuse, always a problem, increases, often dramatically. That is why I am starting a three-part series on alcoholism. In this article, part I, I shall define alcoholism, discuss the causes, and talk about who becomes an alcoholic. In part II of the next installment of this column, I shall discuss the seriousness of alcoholism and how alcoholism is diagnosed.

In part III, I shall tell you about the treatment for alcohol withdrawal and the long-term treatments for alcoholism, and tell you the reasons why people with alcoholism relapse.

Alcoholism is a primary disorder. It is neither a symptom of other diseases, nor of emotional problems. It is chronic, progressive, and may lead to the death of the alcoholic. Grain alcohol, a basic chemical substance found in beer, wine, whiskey, and which can be manufactured, affects every part of the body, including the nerves and brain. Although it does stimulate certain pleasure centers, it actually causes changes in the brain that makes the user dependent and addicted. It takes over the individuals thinking, emotions, and their actions and becomes a filter by which they interact with all factors and all people in their lives. Genetic disposition, culture (including family), and even how individuals respond to pain all influence how severely individuals will be affected by alcohol.

Alcoholism can creep up on a person. There is no clear defining point between alcoholism and problem drinking. The most significant marker is the way a person responds to withdrawal from drinking, which can range from a discomforting feeling to depression, constant pain, anxiety or stress, or insomnia. Often the individual will resort to alcohol for relief. Sometimes there seems to be no reason for problem drinking.

Alcoholics may have unexplained, often frequent accidents, and may be involved in violence or abuse directed toward their family or others, and have unstable marriage and employment history. Many alcoholics start drinking early and often have no control or even recollection of how much or how long they drank. Some think that they can hold their liquor, and though aware of the dangers of drinking, are still in denial about their own problem.

Those who work with alcoholics agree that there are four levels of drinking, three of which are problematic. They are all based on the number of drinks per day. A drink is defined as 12 ounces of beer, 6 ounces of wine, or 1.5 oz. of 90-proof liquor. A MODERATE DRINKER drinks less than 2 drinks per day for men or 1 for women. AN AT-RISK DRINKER drinks more than 14 drinks per week or 4 drinks at one sitting; for women it is 7 per week or 3 at one sitting. AN ALCOHOL ABUSER has one or more of

the following problems: failure to complete tasks or obligations to family or work; repeated alcohol use in dangerous situations; alcohol related legal problems; failure to stop drinking in spite of the harm it is doing their relationships. AN ALCOHOL DEPENDENT PERSON has THREE or more of the following problems: the need for increased quantity in order to get the same high; experiencing symptoms of withdrawal; drinking more than they wanted to at a particular moment; inability to quit or cut down; continuing to drink despite their knowing the harm it is causing; losing out on work or leisure time as a result of their drinking.

Alcoholism is caused by several factors, not just by drinking an alcoholic beverage. Without getting into the technicalities, it is best understood by certain pleasure receptor nerves in the brain (called dopamine D2 receptors). These are stimulated by alcohol, nicotine, opiates, and cocaine, according to many researchers, but not all. It is known that alcohol can cause feelings of relaxation and euphoria, but it also depresses the central nervous system. Long term use can also cause chemical changes to the brain and can encourage craving (withdrawal pain) during periods of abstinence.

Alcoholism may affect as many as one quarter of Americans during their lifetime. In any given year about 7.4 % to 9.7% of Americans are alcohol dependent. That could be as high as one in ten people at any given time. About 3% of American drinkers are heavy drinkers, and about one in ten engage in binge drinking. Those over 60 consume more alcohol than the general standard; alcoholism is often overlooked by physicians who mistake alcoholism for normal aging.

Men drink considerably more than women, who are much more susceptible to the ravages of alcoholism. Problem drinking in women usually develops later in life. Men who have alcoholic fathers have a risk of 25% of becoming alcoholics themselves, though women have no such risk. Having a stable family does not protect those with a genetic risk, which is high for Irish and Native Americans, for example, but very low for Jewish and Asian people. In general, there is little difference between whites, African Americans, and Hispanics. Some people who appear to hold their liquor better may lack the genetic ability to detect the negative consequences of alcohol. Others (like Asians) may quickly feel ill and therefore avoid alcoholic beverages.

Those with depression or anxiety, particularly men, are form to alcoholism, tobacco addiction, and other forms of addiction. On the other hand, depressed alcoholic women tend to drink LESS than non-depressed alcoholic women. It is also true that alcoholism can be the cause of depression. People with attention deficit hyperactivity disorder, and those who are more impulsive and excitable are at higher risk for alcoholism.

Social class or income does not affect the prevalence of alcoholism, although it does affect who goes to jail and who does not. It also is more lethal to be a poor drinker than to be a rich one. The biggest prevalence of binge drinkers is in north central USA, and the lowest risk is in the Northeast.

Finally, some studies have shown that having a sweet tooth (craving sugar) may be a marker for those who are at higher risk for drinking.

**WEBSITE OF THE WEEK:** This is a video about alcoholism. <a href="http://www.alcoholism-detox.com/">http://www.alcoholism-detox.com/</a>