



LEARN ABOUT ALCOHOL USE DISORDER

Are you or someone you know experience symptoms of alcohol abuse?



Nobody starts to drink thinking they will become dependent. But, oftentimes, they might start to shake. You may find yourself drinking more than you intend to. If that is the case, you could be developing alcohol use disorder (AUD).

WHAT IS AUD?

Alcohol use disorder (AUD) is a condition involving a pattern of alcohol consumption and withdrawal. If you have AUD, you drink despite the consequences.



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HOW DO YOU KNOW IF YOU ARE EXPERIENCING ALCOHOLISM?

Alcoholism is an older term. The current medical definition is alcohol use disorder or “AUD” for short. You may be from a culture or religion where you celebrate or cook with certain spirits. If alcohol is causing you to have health issues or psychological problems, then it may be AUD. Negative social effects and legal issues can happen as well, such as being charged with a DUI. If you are experiencing any negative effects of alcohol, get evaluated by a professional.



WHAT CAN YOU DO IF YOU HAVE SOME SYMPTOMS OF ALCOHOLISM?

Here, you can get practical answers on symptoms and treatments. Regardless of AUD, you can live your best life. Knowledge is power. Learn and take action within your circle of influence. The following resources and frequently asked questions (FAQs) provide more information.

10 FREQUENTLY ASKED QUESTIONS ABOUT ALCOHOL USE DISORDER

01. What are some common signs of AUD?

- Feeling concerned about your alcohol use
- Feeling guilty about drinking
- Getting annoyed when people ask you about your alcohol use
- Having or needing an “eye opener” (a drink in the morning to calm your nerves)

This condition is extremely common. In the U.S., AUD is the third leading cause of preventable death. In 2018, at least 1 in 4 American adults participated in binge drinking within the past month. Fortunately, there are many effective treatment options. Click here for more information, support, and services on alcohol addiction: <https://www.recovery.org/>

02. What are the symptoms?

AUD negatively impacts many areas of life. This condition makes you think, feel, and behave differently. Due to changes in the brain, these problems last long after intoxication. Inability to control how much you drink or failure to fulfill responsibilities are signs of AUD. Depending on the condition severity, you may have some or all of these symptoms. Symptoms of AUD can include:

- tolerance (having to drink more to feel the same effect)
- withdrawal (when you start to feel bad if you stop)
- cravings (a strong desire for something)

03. Does daily drinking mean I have a problem?

Moderate drinking is 1 drink a day for women and 2 for men. Anything over puts you at higher risk for AUD. If you are drinking less and you have other symptoms (like tolerance), it could be AUD. The less alcohol you consume, the lower your risk for various illnesses. You should not drink any alcohol if you get behind the wheel or have some medical conditions.

Any excessive drinking can indicate a disorder. However, most people who do so are not experiencing AUD. According to the CDC, excessive drinking means binge drinking or heavy drinking. Drinking while pregnant or under age 21 is defined as excessive drinking too. For women, binge drinking is having 4 or more drinks at one time. For men, it is 5 plus. Heavy drinking is 8 or more drinks per week for women and 15 for men. Binge drinking is the most common type of excessive drinking.³ Alone, these patterns of alcohol use are not usually indicative of a disorder. When the intake causes distress or leads to consequences, it can become AUD over time.

04. Is a glass of wine every now and then while pregnant okay?

If you are or might be pregnant, you should not drink any alcohol. No amount or type of alcohol is safe at any time in pregnancy. Excessive alcohol use can have immediate consequences on your baby, including miscarriage or stillbirth. Other possible harmful health conditions are fetal alcohol spectrum disorders (FASDs). Alcohol use in pregnancy can result in serious medical issues at birth or later on.

If you are pregnant and have difficulty quitting, speak to a healthcare professional. Many pregnant women struggle with substance use. There are a variety of evidence-based treatments available for women at any stage of pregnancy.

05. Should I join Alcoholics Anonymous or “AA”?

AA is a large, reputable organization that has been around for years. All over the nation, thousands of members attend these group meetings every day. Oftentimes, meetings take place day or night. The meetings are free to attend and open to people in any stage of recovery, too. AA has a spiritual component, which some people find crucial on their journey to sobriety. If you prefer individual therapy or something that does not have a spiritual component, there are several evidence-based options for you as well. You may choose to do cognitive behavioral therapy (CBT) or mindfulness based relapse prevention (MBRP) instead.

Generally, a big benefit of any type of group therapy is catharsis, or releasing suppressed emotions. By being in a community, individuals develop a sense of belonging as they hear others share similar experiences. In any recovery-oriented group therapy, members develop hope as they see others achieve sobriety. There is also often the opportunity to do acts of service, such as becoming a sponsor in AA. While some come and go (and are welcome to return anytime) in AA, lots of people attend meetings indefinitely. For these individuals, meetings are key to a sober life. Click here to learn more about AA: <https://www.aa.org/>



06. Is therapy helpful for maintaining sobriety?

Yes, therapy can be an important part of recovery. As a result of alcohol-related brain changes, certain behaviors are difficult to change. Therapy helps you find new ways to cope. Due to genetics, some may be more prone to relapse.⁶ These folks may require long-term therapy.

Evidence shows that therapy is particularly effective for reducing relapse in the long-term. One strong study found that mindfulness based relapse prevention (MBRP) resulted in the best outcomes over time. MBRP is a therapy that involves practicing mindfulness when you have relapse triggers.

The practice is about meditation, attitude, and practice. You can learn many different techniques and skills. A lot of research has been done on mindfulness in addiction, it is very popular now. This type of therapy focuses on recognizing the role of your thoughts during the relapse process.⁷ Click here for information on alcohol use and behavioral health: <https://www.samhsa.gov/>

07. Do I need medication to quit?

Depending on the severity of AUD, some people do best with both medicine and therapy. Severe AUD is treated with medically managed detox in order to prevent serious health issues like seizures. After leaving detox, patients often take medicine and do therapy. While medicine can be helpful at any point in recovery, evidence shows it is especially helpful in the early stages. There are several options to manage alcohol cravings later in recovery, too. Others may not need medication at all. Everyone is different and treatment should be tailored to your specific needs.



08. If I choose to take medicine, what are my options?

Some common medicines for AUD are disulfiram (Antabuse), naltrexone (Vivitrol or Revia), gabapentin (Neurontin), and acamprosate (Campral). Medicine helps with craving, but it has to be used with behavior training to be successful. Disulfiram is an approved medication for alcohol dependence. Disulfiram may be a good choice if you are very motivated and have a strong support system. You should only take it when you are confident you understand its unique properties. This medicine has been around for a long time. Disulfiram has several drug and food interactions. If you eat or drink something with a trace amount of alcohol, you will feel very sick. As a result, you must diligently avoid things like certain mouthwash or aftershave products. This negative reaction can help to deter some people from drinking. Also, disulfiram has a risk of liver damage. It would not be an appropriate option for anyone with liver disease.

Naltrexone stops you from getting alcohol cravings. You should not take this medicine if you use large amounts of alcohol. Do not take naltrexone if you are taking certain pain medications because it can cause withdrawal symptoms. Naltrexone can cause serious liver problems, such as hepatotoxicity.

Gabapentin is an off-label medicine in AUD. However, it has few side effects and there is evidence supporting its use. One strong study showed that alcohol use and relapse rates went down as gabapentin dosing rose up. This study demonstrated that mood, sleep, and craving were also better for participants taking gabapentin. Compared to many other medicines, gabapentin has a favorable safety profile.

Acamprosate helps people who have quit drinking continue to not use alcohol. This medicine does not help withdrawal symptoms. In order to start, you must be abstinent from alcohol. When you start to feel better, you should not stop taking this medication. Acamprosate is not a good choice for people with severe kidney problems. Usually, you have to take this medicine 3 times a day. Some may need to only take it once a day, though. When taken as directed, this medication is very safe and effective. There are no known risks with long term use of Acamprosate.

09. What if I slip up or fall off the wagon?

AUD is a chronic, lifelong condition.¹ Many people relapse and then successfully return to sobriety. If you have AUD and relapse, you may simply require a higher level of care. Make an appointment with your provider and get back into treatment as soon as possible.



10. When are inpatient programs necessary?

Inpatient programs can be a useful component of recovery at any stage. There may be times when you need to be in a different environment to get off alcohol. Inpatient drug and alcohol treatment programs offer 24 hour support in a facility or hospital. Here, you can get both medical assistance and support to pursue recovery.

Medications may or may not be used in these programs. The following are some recovery programs you may consider:

- <https://lakesidemilam.com/everett-outpatient-drug-alcohol-rehab/>
- <https://www.evergreenrc.org/>
- https://www.evergreendrugrehab.com/?utm_campaign=gmb
- <https://www.providence.org/locations/wa/providence-regional-medical-center-everett/substance-use-treatment-and-recovery-services>



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