Health Reference Series

Third Edition

Alcoholism SOURCEBOOK

Basic Consumer Health Information about Alcohol Use, Abuse, and Addiction, Including Facts about the Physical Consequences of Alcohol Abuse, Such as Brain Changes and Problems with Cognitive Functioning, Cirrhosis and Other Liver Diseases, Cardiovascular Disease, Pancreatitis, and Alcoholic Neuropathy, and the Effects of Alcohol on Reproductive Health and Fetal Development, Mental Health Problems Associated with Alcohol Abuse, and Alcohol's Impact on Families, Workplaces, and the Community

Along with Information about Underage Drinking, Alcohol Treatment and Recovery, a Glossary of Related Terms, and Directories of Resources for More Information

Edited by
Joyce Brennfleck Shannon

Chapter 4

Facts about Alcoholism

Chapter Contents

Section 4.1

What Does Alcoholism Look Like?

Excerpted from "Alcoholism Isn't What It Used to Be," National Institute on Alcohol Abuse and Alcoholism (NIAAA), 2009.

The realization dawned gradually as researchers analyzed data from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). In most persons affected, alcohol dependence (commonly known as alcoholism) looks less like Nicolas Cage in *Leaving Las Vegas* than it does your party-hardy college roommate or that hard-driving colleague in the next cubicle.

"We knew from the 1991–1992 National Longitudinal Alcohol Epidemiologic Study that alcohol dependence is most prevalent among younger adults aged 18 to 29," says Bridget Grant, PhD, chief of NIAAA's Laboratory Epidemiology and Biometry. "However, it was not until we examined the NESARC data that we pinpointed age 22 as the mean age of alcohol dependence onset." Subsequent analysis by Ralph Hingson, Doctor of Science (ScD), director, Division of Epidemiology and Prevention Research, showed that nearly half of people who become alcohol dependent do so by age 21 and two-thirds by age 25.

The NESARC surveyed more than 43,000 individuals representative of the United States (U.S.) adult population using questions based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*) of the American Psychiatric Association (APA). Published in 1994, *DSM-IV* recognizes alcohol dependence by preoccupation with drinking, impaired control over drinking, compulsive drinking, drinking despite physical or psychological problems caused or made worse by drinking, and tolerance and/or withdrawal symptoms.

Meanwhile, findings continue to accumulate to challenge past perceptions of the nature, course, and outcome of alcoholism. Among those findings:

- Many heavy drinkers do not have alcohol dependence. For example, even in people who have five or more drinks a day (the equivalent of a bottle of wine) the rate of developing dependence is less than 7% per year.

- Most persons who develop alcohol dependence have mild to moderate disorder, in which they primarily experience impaired control. For example, they set limits and go over them or find it difficult to quit or cut down. In general, these people do not have severe alcohol-related relationship, health, vocational, or legal problems.
- About 70% of affected persons have a single episode of less than four years. The other 30% of affected persons experience an average of five episodes. Thus, it appears that there are two forms of alcohol dependence—time-limited, and recurrent or chronic.
- Although 22 is the average age when alcohol dependence begins, the onset varies from the mid-teens to middle age.
- Twenty years after onset of alcohol dependence, about three-fourths of individuals are in full recovery; more than half of those who have fully recovered drink at low-risk levels without symptoms of alcohol dependence.
- About 75% of persons who recover from alcohol dependence do so without seeking any kind of help, including specialty alcohol (rehab) programs and Alcoholics Anonymous (AA). Only 13% of people with alcohol dependence ever receive specialty alcohol treatment.

"These and other recent findings turn on its head much of what we thought we knew about alcoholism," according to Mark Willenbring, MD, director of NIAAA's Division of Treatment and Recovery Research. "As is so often true in medicine, researchers have studied the patients seen in hospitals and clinics most intensively. This can greatly skew understanding of a disorder, especially in the alcohol field where most people neither seek nor receive treatment, and those who seek it do so well into the course of disease. Longitudinal, general population studies such as the NESARC permit us to see the entire disease continuum from before onset to late-stage disease."

To Willenbring, these realizations call for a public health approach that targets at-risk drinkers and persons with mild alcohol disorder to prevent or arrest problems before they progress. NIAAA is addressing this need with tools to expand risk awareness (http://rethinkingdrinking.niaaa.nih.gov) and inform secondary prevention and primary care screening (http://www.niaaa.nih.gov/guide).

"NIAAA's goal now and for the foreseeable future is to develop and disseminate research-based resources for each stage of the alcohol use disorder continuum, from primary prevention to disease management," according to acting NIAAA director Ken Warren, PhD.

Section 4.2

Questions and Answers about Alcoholism

Text in this section is from "FAQs for the General Public: Alcoholism," National Institute on Alcohol Abuse and Alcoholism (NIAAA), February, 2007.

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.

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.

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. 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.

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.

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.

Does alcoholism treatment work?

Alcoholism treatment works for many people. But like other chronic illnesses, such as diabetes, high blood pressure, and asthma, success varies 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, the longer a person abstains from alcohol, the more likely he or she will be able to stay sober.

Do you have to be an alcoholic to experience alcohol-related 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 such as when driving, during pregnancy, or when taking certain medications.

Are specific groups of people more likely to have alcohol-related problems?

Alcohol abuse and alcoholism cut across gender, race, and nationality. In the United States, 17.6 million people—about one 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.

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.

Section 4.3

Researchers Identify Alcoholism Subtypes

NIH News, National Institute on Alcohol Abuse and Alcoholism (NIAAA), June 28, 2007.

Analyses of a national sample of individuals with alcohol dependence (alcoholism) reveal five distinct subtypes of the disease, according to a new study by scientists at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health (NIH).

"Our findings should help dispel the popular notion of the typical alcoholic," notes first author Howard B. Moss, MD, NIAAA Associate Director for Clinical and Translational Research. "We find that young adults comprise the largest group of alcoholics in this country, and nearly 20% of alcoholics are highly functional and well-educated with good incomes. More than half of the alcoholics in the United States have no multigenerational family history of the disease, suggesting that their form of alcoholism was unlikely to have genetic causes."

"Clinicians have long recognized diverse manifestations of alcoholism," adds NIAAA Director Ting-Kai Li, MD, "and researchers have tried to understand why some alcoholics improve with specific medications and psychotherapies while others do not. The classification system described in this study will have broad application in both clinical and research settings." A report of the study is available online in the journal *Drug and Alcohol Dependence*.

Previous efforts to identify alcoholism subtypes focused primarily on individuals who were hospitalized or otherwise receiving treatment for their alcoholism. However, reports from NIAAA's National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationally representative epidemiological study of alcohol, drug, and mental disorders in the United States, suggest that only about one-fourth of individuals with alcoholism have ever received treatment. Thus, a substantial proportion of people with alcoholism were not represented in the samples previously used to define subtypes of this disease.

In the current study, Dr. Moss and colleagues applied advanced statistical methods to data from the NESARC. Their analyses focused on the 1,484 NESARC survey respondents who met diagnostic criteria for alcohol dependence, and included individuals in treatment as well as those not seeking treatment. The researchers identified unique subtypes of alcoholism based on respondents' family history of alcoholism, age of onset of regular drinking and alcohol problems, symptom patterns of alcohol dependence and abuse, and the presence of additional substance abuse and mental disorders:

Young adult subtype: 31.5% of United States (U.S.) alcoholics. Young adult drinkers, with relatively low rates of co-occurring substance abuse and other mental disorders, a low rate of family alcoholism, and who rarely seek any kind of help for their drinking.

Young antisocial subtype: 21% of U.S. alcoholics. Individuals tend to be in their mid-twenties, had early onset of regular drinking, and alcohol problems. More than half come from families with alcoholism, and about half have a psychiatric diagnosis of antisocial personality disorder. Many have major depression, bipolar disorder, and anxiety problems. More than 75% smoked cigarettes and marijuana, and many also had cocaine and opiate addictions. More than one-third of these alcoholics seek help for their drinking.

Functional subtype: 19.5% of U.S. alcoholics. These individuals are typically middle-aged, well-educated, with stable jobs and families. About one-third have a multigenerational family history of alcoholism, about one-quarter had major depressive illness sometime in their lives, and nearly 50% were smokers.

Intermediate familial subtype: 19% of U.S. alcoholics. These individuals are middle-aged with about 50% from families with multigenerational alcoholism. Almost half have had clinical depression, and 20% have had bipolar disorder. Most of these individuals smoked cigarettes, and nearly one in five had problems with cocaine and marijuana use. Only 25% ever sought treatment for their problem drinking.

Chronic severe subtype: 9% of U.S. alcoholics. This group is comprised mostly of middle-aged individuals who had early onset of drinking and alcohol problems with high rates of antisocial personality disorder and criminality. Almost 80% come from families with multigenerational alcoholism. They have the highest rates of other psychiatric disorders including depression, bipolar disorder, and anxiety disorders as well as high rates of smoking, and marijuana, cocaine, and opiate dependence. Two-thirds of these alcoholics seek help for their

drinking problems, making them the most prevalent type of alcoholic in treatment.

The authors also report that co-occurring psychiatric and other substance abuse problems are associated with severity of alcoholism and entering into treatment. Attending Alcoholics Anonymous (AA) and other 12-step programs is the most common form of help-seeking for drinking problems, but help-seeking remains relatively rare.