

## Chapter 1 : Alcoholism - Wikipedia

*Social thought on alcoholism is directly related to the social values, social mores, and social history of a people, and represents an important page of cultural and social history.*

Written by Casa Palmera Staff Alcoholism causes a variety of physical consequences that are well known and easy to recognize, but it also causes a variety of psychological consequences that people rarely discuss. Because of this, many alcoholics will continue to self-medicate their mental symptoms without realizing that their drinking is causing these problems in the first place. People who rarely drink will experience feelings of relaxation and an energizing release of inhibitions. People who drink a moderate amount on a regular basis will begin to experience feelings of nervousness, melancholy, restlessness, irritation and some relationship troubles. People who drink heavily and often will begin to experience insomnia, paranoia and hallucinations. Other common mental effects of alcoholism are: Alcoholism can lead to dysthymia, a disorder less severe than major depression but one that causes many of the same symptoms: When combined with the physical stresses that alcohol abuse causes, feelings of anxiety can be aggravated. These feelings can include restlessness, nightmares, general discontent and general feelings of anxiety. Alcohol abuse can cause big changes in your personality. Normal personality traits can disappear during intoxication and be replaced with selfish, angry and egotistical behavior. Aggression and mood swings are very common as well as a general deterioration of morals. Alcoholics are addicts with the same impulses and urges as drug addicts. Someone who is dependent on alcohol will become obsessed with drinking and is no different than a drug addict seeking his next hit. Your obsession with alcohol can lead you make decisions that negatively impact your life and cause you to lose interest in activities and people you normally enjoy when you were sober. Denial is a common characteristic of alcoholism. Alcoholics will deny they have a problem in order to keep drinking, or may not even realize how serious their drinking really is. Denial is a dangerous place to be mentally because it can keep you from getting the help you so desperately need. Co-occurring mental and mood disorders often exist in alcoholics. They can be caused by the mental effects of heavy drinking or can be the reason heavy drinking occurs in the first place. Oftentimes a person with a co-occurring disorder such as depression or anxiety will become addicted to alcohol after trying to self-medicate their symptoms. Getting Treatment for Alcoholism and the Mental Effects The mental effects of alcohol can lead many alcoholics to continue drinking in order to self-medicate their symptoms. Getting treatment for alcoholism and the mental effects should involve a rehab facility that offers dual-diagnosis therapy for co-occurring disorders.

### Chapter 2 : Disease Theory of Alcoholism | Dual Diagnosis

*The role of alcohol in society is becoming an increasingly important issue as it becomes a bigger social problem. This book is a societal record - a patterning of social mores and values and therefore a chronicle of culture and social history.*

But despite differing opinions, people are finally talking about addiction instead of keeping it in the shadows. Addiction is a major public health crisis, and it needs to be talked about. The more we discuss it, the more awareness we create. And the more awareness we create, the more likely it is that we can bring an end to this devastating epidemic. More people agree that people can be helped before they reach their lowest point. As David Sheff writes in his book *Clean*: And for every person who hit bottom and wound up in treatment, many others kept falling further and further downward. No one is immune from addiction. Yes, there are homeless drug addicts. But there are also suburban soccer moms, bankers, and lawyers who are drug addicts. They took a taste of a mind-altering substance—oftentimes as prescribed by a doctor—and their brains sent the message that they must have more. So, what aspects of addiction are people debating over? These 5 are the most controversial thoughts about addiction. Is addiction a disease or a choice? This is one of the oldest and most controversial arguments surrounding addiction. From their viewpoint, people suffering from addiction have a chronic brain disorder: But others say that addiction is a choice because nobody forced the addict to pick up a joint or a needle or a liquor bottle. This debate will no doubt continue for a very long time. There are many people who view addiction as a moral failing, something that only bad people suffer from. They are stuck in a world where addiction is only a problem for low-income or homeless people with long criminal records. But times have changed. Should addicts be punished or treated? But the tide has been turning recently. Take the city of Gloucester, Massachusetts, for example. In June of , their police department enlisted a new, trailblazing policy: Instead they will be walked through the system toward detox and recovery. The program has been so successful that other cities are now looking to adopt it. It is now very clear that incarceration alone is totally ineffective. Are sober living homes a good or bad thing? Sober living homes have generated controversy for years. The rules, structure, and sense of community they provide to those in recovery are key factors in successfully transitioning from treatment back into mainstream society. Without sober living homes to bridge that gap, substance abusers are much more prone to relapse. *The Treatment of Drug Addiction: Principles of Addiction Medicine. Drug Courts and the Treatment of Incarcerated Populations.* In Ries et al.

**Chapter 3 : Social thought on alcoholism : a comprehensive review - ECU Libraries Catalog**

*journal of drug issues, vol. 15(1), , social thought, social movements and alcoholism: some implications of aa's linkage with other entities.*

By developing and applying evidence-based approaches that incorporate established interventions and evolving technology based on emerging research findings, social workers can markedly improve treatment services for clients and their families. This approach to service delivery requires that social workers be knowledgeable about the processes of addiction and recovery and that they and their clients develop effective treatment plans together, using existing and emerging resources. Social workers have unique, in-depth knowledge about multidimensional problems and services, and, therefore, are essential to the screening and treatment planning of clients with SUDs. Membership in NASW is required to access other copies of this publication. The symposium was convened with the aim of bringing together investigators, working in distinct areas of the effects of alcohol on aggression, to present their latest findings, to summarize the current research status of the field, to identify important issues to be addressed, and to promote the interaction of researchers working with human and animal subjects. They demonstrate the evolution of research and practice knowledge expansion from the s to today. Abstracts are grouped according to articles about: Alcohol use disorders are among the most prevalent and disabling conditions encountered by social work practitioners. Although a substantial body of research findings has accrued evaluating the effectiveness of available alcohol dependence treatments, few efforts have been made to assess the contribution that social work has made to this database. Thus, this study examined the contribution of social work to the alcohol dependence treatment outcome research literature over the past half-century. Computerized bibliographic searches of medical and social science databases and a manual search of 13 core social work journals to identify controlled studies of alcohol dependence interventions were conducted. Results indicated that researchers affiliated with schools or departments of social work as well as studies contained within core social work journals have contributed little to knowledge development, with respect to controlled studies, in the alcohol dependence treatment literature. Greater social work involvement in chemical dependency research would contribute much to current efforts to promote evidence-based practice and clinical guideline development in this important practice area. Journal abstract Epistemology of the bottle: This article examines selected social work literature that has been published in mainstream social work journals in the United States from to in order to deconstruct how alcoholism and alcoholics have been historically constructed within the social work profession. The theoretical framework employed is that of social constructionism and deconstruction. The methodology is qualitative research, specifically historical analysis. The findings of this article are discussed for their relevance to social work practice and social work education. The study was a cross-sectional survey using a convenience sample of 87 Asian American youth respondents to examine their perceptions of substance use problems in the Asian American community. The youth demonstrated an increased awareness of the severity of substance use problems in the community, although such awareness was more prominent for drinking problems than drug use problems. Respondents showed a positive attitude towards treatment, although such an attitudinal change was not yet accompanied by a change in their behavioral preferences. Findings suggested a tendency for Asian American youth respondents to use personal resources rather than professional help or formal treatment programs in response to substance use problems. Implications for developing culturally relevant interventions for prevention and treatment as well as future research are discussed. Improving the old, embracing the new: Implications of alcohol research for future practice. Alcohol research has two important goals. The first of these is to evaluate existing therapies for treating alcoholism. The second, more long term goal is to increase understanding of the biology of alcoholism and to use this understanding to develop new targeted medications to prevent alcohol use problems and to improve treatment outcome. Considerable research progress has been made over the past three decades toward achieving each goal. The careful study of existing therapies and the development of both behavioral strategies and medications, such as naltrexone, have helped improve treatment success. Finally, genetics researchers are using both animal and human genetics techniques to identify the

genes that confer vulnerability to alcoholism and developing ways to apply this information to clinical populations. As a result of increased understanding of the biology of alcohol dependence, future clinicians will need to understand not just the traditional behavioral nuances of alcoholism treatment, but the biology of alcohol dependence as well.

Alcoholism in the families of origin of MSW students: Estimating the prevalence of mental health problems using standardized measures. The results suggest that well under half of social work students are ACAs, and that not all nor only ACAs were vulnerable to mental health problems. Development and validation of an adult children of alcoholics tool. Cluster analysis of MMPI profiles of adolescents in treatment for substance abuse. Three clusters were found that were characterized by: The three clusters were validated by differences between the subjects on seven variables. These results are discussed in relation to previous cluster analyses of MMPI profiles of adult substance abusers, primarily alcoholics. Etiology of psychopathology in adolescent substance abusers and treatment recommendations are made based on the observed clusters. The utilization of student research and Gestalt organization theory in the development of alcoholism and substance abuse curriculum. Problems related to alcohol and other drugs are so pervasive that as many as 50 percent of all social work clients are affected by their consequences. Social work students, therefore, need to be exposed to a curriculum that focuses on policy, practice, and research issues in the chemical dependency field. A study was designed to examine curriculum development in a school of social welfare, using the results of student research as well as Gestalt organizational theory in organizing curriculum change. A short-term scale to measure alcohol abuse. Reported are the findings of a study undertaken to validate partially a new short-form scale, the Index of Alcohol Involvement IAI , that was designed to measure the degree or magnitude of alcohol abuse. A descriptive study examined the attitudes of alcohol and substance abuse practitioners toward applying computer-based information and communication systems in practice. A review of the development of computer-based technology in health care and concerns regarding its implementation is provided, along with a discussion of the public policy that inspired the use of computers in treating alcohol and substance abusers. Implications for social work practice, education, and policy are discussed, and recommendations are offered for future research. A tool for assessing alcohol misuse in adolescence. The number of youths with social and personal problems related to alcohol abuse is increasing, and without responsible intervention, serious life problems will result for a significant portion of them. Social workers must be able to assess the extent of adolescent alcohol involvement. The items contained in the assessment tool and a description of procedures for its use are presented. The AAIS has been tested on clinical and random samples with better-than-average results, and is recommended for practitioner use because it is simple to use, takes little time to administer, and can be used for research. Suggestions are offered for social workers using the tool to assess the drinking behavior of adolescents. Primary and secondary alcoholic women. An extensive research literature documents the existence of primary and secondary alcoholism in women, but scant attention has been paid to assessment and treatment issues. Based on the research literature, a study addresses the complex assessment issues and treatment implications that stem from distinguishing these two groups of women. Clinical and psychosocial characteristics and assessment and treatment strategies are also presented. Benefits of sequential assessment. Social workers attempting to assess whether a client has a particular problem may often find themselves operating under constraints having to do with both time and money. Assessments of different degrees of complexity may therefore be needed in different contexts. This study explores the benefits of a model of three stages or levels of assessment and focuses on the use of the model with individuals who had problems with excessive drinking or drug abuse. Specifically, a comparison was made by asking a few simple questions, administering a single scale Michigan Alcoholism Screening Test , and administering a multidimensional inventory Alcohol Use Inventory. The sample consisted of clients at a specialized treatment center for addictions. Family Issues Two strikes against them? Exploring the influence of a history of poverty and growing up in an alcoholic family on alcohol problems and income. The relationship between poverty and substance abuse is complex and mitigated by many factors. While poverty is a risk factor for adolescent substance abuse, there is little research documenting the relationship beyond adolescence. Using a systematic sample of 1, cases from the National Longitudinal Survey of Youth, this study investigated whether there are synergistic, intergenerational effects of poverty and alcoholism. Results

suggest that a co-occurring history of family alcoholism. Results suggest that a co-occurring history of family alcoholism and poverty has a nonlinear relationship with alcohol problems and income as an adult. Young adults who were poor six or more years and lived with an alcoholic relative for nine or more years are at greater risk of having low income and problems with alcohol as an adult compared to others. Implications for policy, practice, and future research are discussed. Family therapy in the treatment of alcohol related problems: This article reviews the literature for the family therapy of alcoholism. Behavioral family therapy receives the most attention by researchers, but family systems therapy is popular among practitioners. Behavioral family therapy is concerned with altering reinforcement for drinking behavior, and family systems therapy is concerned with family functioning. Although both approaches receive some empirical support, neither approach emerges as superior. Treatment matching attempts to discover the conditions under which treatment approaches are most effective. The author also reviews studies evaluating treatment matching. The most recent study does not support the matching hypothesis, but it is premature to conclude that there is no validity to the theory. Researchers concerned with discovering which interventions work best under what conditions need to replicate prior studies and to formulate and test other matching variables. Resilience in adult children of alcoholics: Imperative for social work practice is the need to examine practice frameworks that may inadvertently label variations in cultural expression, ways of navigating stress and threat of harm or social oppression, or periods of reassembly in negative or pathological terms. The DRM can help practitioners provide more timely and appropriate support and services that complement the survival and growth needs of individuals and families. A case example illustrates the use of the model. Exploring resiliency in adult children of alcoholics. Ten adult children of alcoholics between the ages of 24 and 35 years were interviewed for the study. Qualitative data were examined by the researcher who developed an alternative framework to the disease model of alcoholism. This organizing structure is called the Differential Resiliency Model. An implication for social work practice is the need to consider the impact of practice frameworks that may inadvertently label variations in cultural expression, lifestyles, or periods of reassembly, in negative terms. Further areas for research are suggested. Pathogenic and protective relations in alcoholic families: I development of the ritual invasion scale. Family of origin daily routines and celebratory rituals may serve to protect offspring from the harmful effects of parental drinking. Family dynamics and individual characteristics of adult children of alcoholics: This study investigates differences in family dynamics and individual characteristics among:

**Chapter 4 : Alcoholism and Alcohol Abuse | Social Work Policy Institute**

*Journal of Alcohol and Drug Education, v36 n2 p Win Comments on extending the parameters of the subject of social thought on alcoholism. Maintains that this subject is a vast intellectual, professional, and societal terrain.*

Alcohol is one of the most commonly abused substances in America today. It is legal for adults over age 21, easy to obtain and fairly inexpensive. Alcohol consumption is socially accepted and even promoted widely by the media. In , as many as Many of these people are considered light or moderate drinkers, but many also engage in binge drinking episodes. Binge drinking is defined as consuming more than four drinks in a two-hour sitting for a woman and five in a sitting for a man. Even those engaging in binge drinking may not have a drinking problem necessarily. So when does the problem occur? The AUD most are familiar with is alcoholism. Symptoms of alcoholism include: They spend much of their time figuring out how to obtain it, drinking it, and recovering from its effects. They also do this at the expense of pretty much everything and everyone around them. Jobs suffer as do relationships friends and family members, and often alcoholics are in trouble with the law. The National Institutes of Health estimated that 17 million adults in the United States in had an alcohol use disorder. Start with Alcohol Detox Alcoholism as a Disease Toward the end of the 19th century and the beginning of the 20th century, addicts were often viewed as morally wrong and even shunned as being bad people or sinners. This type of thinking led many physicians of the time to fight to change common perceptions and try to help addicts instead of punish them. Listen to full episodes on iTunes , Spotify , and Google Play. Jellinek is often called the father of the disease theory or model of alcoholism. His theory listed alcoholism as having stages that drinkers progressively passed through. Pre-alcoholic phase, which includes social drinking when drinkers often start to develop a tolerance for alcohol and drink to relieve stress or feel better Prodromal phase, also considered the early-alcoholic stage where blackouts begin to occur, the drinker begins to drink alone and in secret, and thinks about alcohol frequently while their alcohol tolerance continues to grow Crucial phase characterized by a spiral of out-of-control drinking at inappropriate times and problems with daily life and relationships as well as physical changes to the brain and body Chronic phase which includes daily drinking, drinking as the main focus of life, health problems cropping up, cravings and withdrawal symptoms, and physical and mental long-term alcohol abuse issues Alcohol works largely as a depressant on the central nervous system and due to the relatively small size of alcohol molecules, it can affect many parts of the brain and body simultaneously. As the tolerance to alcohol increases, the abuser must take in more in order to feel the effects, which further damages both the body and brain. Disease Model The National Council on Alcoholism and Drug Dependence likens alcohol dependence “ alcoholism ” to a medical illness through the disease model. The disease model of alcoholism depends on it being a physical addiction that cannot be controlled, distinguishable by specific symptoms and requiring specialized medical treatment. Cycles of physical cravings and withdrawal symptoms, including shaking, sweating, nausea and dizziness, are part of the reason alcoholism has been classified as a physical disease. As alcoholism is an addiction, it is considered a disease of the brain. The brain has been physically altered by extended exposure to alcohol, causing it to function differently and therefore creating addictive behavior. Tweet It This disease model may not take into account the reasons some people become addicted and others do not. Cultural and environmental factors need to be considered, as do traumatic events. Compounding on this disease model, the theory of addiction being genetic or hereditary was born. This theory states that addicts may have certain predispositions to addiction, or genes that may help determine whether or not a person becomes an alcoholic. Many believe that it is a combination of genes and environmental stimuli that actually lead to addiction. Still others argue that addiction is a psychological symptom and not necessarily a physical disease. Treatment for Alcoholism Labeling alcoholism as a disease instead of merely deviant behavior can make medical treatment more accessible. Many medical facilities as well as insurance carriers recognize addiction as a physical malady that needs to be treated. It also implies that, like many other diseases, relapse is common and nothing to be ashamed of. According to The New York Times , 80 to 90 percent of people treated for alcohol dependency relapse at some point. The initial disease model also indicates that alcoholism is incurable and irreversible

with abstinence being the only answer. While still widely believed, this concept is debated by some in the addiction field as more research begins to surface. A diagnosis of alcoholism can be scary but it does not mean that treatment and help are not readily available. Staying sober requires diligence and support. The trained professionals at our Foundations Recovery Network centers can help alcoholics to identify social, emotional and environmental triggers. Many alcoholics also suffer from mental health disorders as well, making getting well seem that much more daunting. Dual diagnosis treatment works to treat the whole person, not just the addiction. Tweet It Both group and individual therapy can be important components of a customized treatment program for you or your loved one. According to the disease model of alcoholism, peer support is imperative as well. Please call now to talk with one of our admissions coordinators about how dual diagnosis treatment can help start a new life in recovery. You May Also Like:

**Chapter 5 : Module 2: Etiology and Natural History of Alcoholism**

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These differences may appear as differences in susceptibility to poor adult outcomes, including the development of alcohol use disorders. Several studies indicate that the prevalence of early sexual abuse is much higher among female alcoholic clients than that found in the general population of adult females. Implicit in the discussion to this point is the notion of alcohol and other drug use disorders as being multiply determined by a complex association of genetic, environmental, personality, and other factors. Frequently, more than one member of the nuclear or extended family experiences a substance dependency. This complicates the identification of specific influences that family environment, child-rearing practices, or inter-parental interaction may play in the development of alcoholism. Three general contemporary models of family influences can be identified: The family disease model is based on an assumption that all family members suffer from some degree of either alcoholism or codependency. Further, alcoholism and codependency are interrelated in such a manner as to enable perpetuate the alcohol problem. These responses are thought to help develop and maintain the drinking problem. Bennett and Wolin found that continuing interaction between adult offspring and their alcoholic parents is associated with increased rates of alcoholism, at least among the male offspring. On the other hand, certain family rituals, such as eating dinner together or celebrating holidays together, may serve to protect offspring against the development of alcoholism cf. It is important to note that family member behavior can influence the alcoholic individual to consider change, act to change, maintain the change, or relapse to drinking Walitzer, Family member behavior can influence the alcoholic individual to consider change, act to change, maintain the change, or relapse to drinking. Peer influences are consistently cited as risk factors for initiating alcohol, tobacco, and other drug use among children and adolescents cf. However, the closeness of the specific peer relationship is an important determinant of the strength of peer influences on drinking behavior. Characteristics of peers may also be relevant. However, it is not clear if associating with deviant peers is a risk factor for, or the result of, maladaptive behaviors. Deviant peer group involvement co-occurs with several other risk factors such as family problems, other mental health problems, low self-esteem, stress, and alcohol availability. Deviant peer group involvement is typically higher among alcohol-using adolescent boys than girls. At least among adult persons living together in a stable relationship, social support from close family members is more predictive of drinking behavior than social support from friends. Peer influences to initiate or maintain use, stressful and negative life events, and family environment including poor parenting styles appear further to enhance the likelihood of developing alcohol or drug-related problems among adolescents and young adults who are at high risk due to a family history of alcoholism. Social environments provide a wide context for biological, psychological, and personality factors to interact to determine susceptibility for developing alcohol problems. Social Policy Issues Social policy, even though often ignored in etiological formulations, can have a wide influence on the risk for developing problems with alcohol abuse and its concomitants e. Social policy can influence the availability of beverage alcohol and provide punitive measures for violation of purchase and consumption regulations. To some extent, limited access to alcohol serves to protect against the development of alcohol problems and abuse or dependence Holder, Over the years, local, state, and federal governments have used a variety of measures to restrict the availability of beverage alcohol. Prohibition, local option, and minimum legal age for purchase have had both short- and long-term effects in restricting the availability of alcohol. Lowering the legal age for purchase in the early s led to increases in both alcohol consumption and auto injuries and fatalities among adolescents. These trends were reversed when the minimum legal drinking age was again raised. The direct effect of changes in legal drinking age on other alcohol-related behaviors e. For some individuals, raising taxes on beverage alcohol has been associated with decreased drinking. In addition, Kenkel found that drinkers who are better informed about the risks of excessive alcohol use showed greater reductions in drinking due to price increases than did less informed drinkers. The use of taxes to

increase the cost of obtaining alcohol-containing beverages is not straightforward. Even though federal taxes are applied uniformly to all units of beverage alcohol produced, manufacturers and retailers operating in different locales and competitive markets may choose to differentially pass along the cost to the purchaser. Further, the cost of a unit of beverage alcohol can vary considerably by beverage type, geographic region, bottling type, and type of establishment where the beverage is purchased.

**Clinical Heterogeneity** The above sections have provided a general overview of different factors thought to be related to the etiology and natural history of alcohol. Two additional factors must also be considered: The many pathways to heavy drinking and alcohol dependence can often be reflected in the clinical heterogeneity or subtypes of alcoholism observed by the clinician. Differences in the development of the disorder can also be traced to factors more typically found in one gender versus the other. While alcoholics share many attributes related to their disorder, clinicians have also noted many individual differences in symptom patterns, drinking patterns, comorbid psychiatric problems, pathways to alcoholism, and personality characteristics. Bowman and Jellinek were among the first to propose a set of conceptual alcoholism typologies that were hierarchical and based on drinking patterns and personality factors. The schema resulted in a representation of 17 subtypes. Jellinek revised this scheme in to include the Alpha, Beta, Gamma, and Delta types that are more widely known today. The Alpha and Beta types were not considered to be severe forms of alcoholism see Table 3. Neither type was thought to experience loss of control over drinking, suffer from an inability to abstain, or experience withdrawal symptoms.

**Chapter 6 : Overcoming Addiction | Alternative to AA | Recovery Program**

*The three traditions in social thought on alcoholism that are discussed here are the moral perspective and the Prohibition movement, stressing alcohol and its supposed evil, destructive properties; the modern alcoholism movement and the "disease" conception of alcoholism, stressing the alcoholic as "sick"; and the "new public health," which stresses the need for societal controls over alcohol (in contrast to personal controls).*

Effects of alcohol on the body Early signs The risk of alcohol dependence begins at low levels of drinking and increases directly with both the volume of alcohol consumed and a pattern of drinking larger amounts on an occasion , to the point of intoxication, which is sometimes called "binge drinking". Young adults are particularly at risk of engaging in binge drinking. Additionally, in pregnant women, alcohol can cause fetal alcohol syndrome. Alcoholism is characterised by an increased tolerance to alcohol—which means that an individual can consume more alcohol—and physical dependence on alcohol, which makes it hard for an individual to control their consumption. The physical dependency caused by alcohol can lead to an affected individual having a very strong urge to drink alcohol. A depressed mood is a common symptom of heavy alcohol drinkers. Short-term effects of alcohol Drinking enough to cause a blood alcohol concentration BAC of 0. A BAC of 0. A BAC from 0. With all alcoholic beverages, drinking while driving , operating an aircraft or heavy machinery increases the risk of an accident; many countries have penalties for drunk driving. Long-term effects See also: Long-term effects of alcohol consumption Having more than one drink a day for women or two drinks for men increases the risk of heart disease, high blood pressure , atrial fibrillation , and stroke. Other physical effects include an increased risk of developing cardiovascular disease , malabsorption , alcoholic liver disease , and several cancers. Damage to the central nervous system and peripheral nervous system can occur from sustained alcohol consumption. Additionally, women have a higher mortality rate from alcoholism than men. Additionally, heavy drinking over time has been found to have a negative effect on reproductive functioning in women. This results in reproductive dysfunction such as anovulation , decreased ovarian mass, problems or irregularity of the menstrual cycle , and early menopause. Equal dosages of alcohol consumed by men and women generally result in women having higher blood alcohol concentrations BACs , since women generally have a higher percentage of body fat and therefore a lower volume of distribution for alcohol than men, and because the stomachs of men tend to metabolize alcohol more quickly. Severe cognitive problems are common; approximately 10 percent of all dementia cases are related to alcohol consumption, making it the second leading cause of dementia. The social skills that are impaired by alcohol abuse include impairments in perceiving facial emotions, prosody perception problems and theory of mind deficits; the ability to understand humour is also impaired in alcohol abusers. The most prevalent psychiatric symptoms are anxiety and depression disorders. Psychiatric symptoms usually initially worsen during alcohol withdrawal, but typically improve or disappear with continued abstinence. Women who have alcohol-use disorders often have a co-occurring psychiatric diagnosis such as major depression , anxiety , panic disorder , bulimia , post-traumatic stress disorder PTSD , or borderline personality disorder. Social effects See also: Drug-related crime Serious social problems arise from alcoholism; these dilemmas are caused by the pathological changes in the brain and the intoxicating effects of alcohol. Drinking at inappropriate times and behavior caused by reduced judgment can lead to legal consequences, such as criminal charges for drunk driving [58] or public disorder, or civil penalties for tortious behavior, and may lead to a criminal sentence. This isolation can lead to marital conflict and divorce , or contribute to domestic violence. For example, they can become afraid of their parents, because of their unstable mood behaviors. In addition, they can develop considerable amount of shame over their inadequacy to liberate their parents from alcoholism. As a result of this failure, they develop wretched self-images, which can lead to depression. The poster states "Ah! When will we [the nation] abolish alcohol? With repeated heavy consumption of alcohol, these receptors are desensitized and reduced in number, resulting in tolerance and physical dependence. This can result in symptoms that include anxiety , life-threatening seizures , delirium tremens , hallucinations, shakes and possible heart failure. The acute withdrawal phase can be defined as lasting between one and three weeks. In the period of 3–6 weeks

following cessation increased anxiety, depression, as well as sleep disturbance, is common; [65] fatigue and tension can persist for up to 5 weeks as part of the post-acute withdrawal syndrome ; about a quarter of alcoholics experience anxiety and depression for up to 2 years. These post-acute withdrawal symptoms have also been demonstrated in animal models of alcohol dependence and withdrawal. Individuals who have had multiple withdrawal episodes are more likely to develop seizures and experience more severe anxiety during withdrawal from alcohol than alcohol-dependent individuals without a history of past alcohol withdrawal episodes. The kindling effect leads to persistent functional changes in brain neural circuits as well as to gene expression. For example, the CIWA-Ar objectifies alcohol withdrawal symptoms in order to guide therapy decisions which allows for an efficient interview while at the same time retaining clinical usefulness, validity, and reliability, ensuring proper care for withdrawal patients, who can be in danger of death. It is not entirely clear whether this association is causal, and some researchers have been known to disagree with this view. Cortical degeneration due to the neurotoxic effects increases impulsive behaviour, which may contribute to the development, persistence and severity of alcohol use disorders. There is evidence that with abstinence, there is a reversal of at least some of the alcohol induced central nervous system damage. Males had higher rates than females for all measures of drinking in the past month: For example, there are differences between African, East Asian and Indo-racial groups in how they metabolize alcohol. These genetic factors partially explain the differing rates of alcohol dependence among racial groups. African Americans and Native Americans with this allele have a reduced risk of developing alcoholism. Addiction medicine Definition A man drinking from a bottle of liquor while sitting on a boardwalk, ca. Picture by Austrian photographer Emil Mayer. Misuse, problem use, abuse, and heavy use of alcohol refer to improper use of alcohol, which may cause physical, social, or moral harm to the drinker. According to the NIAAA, men may be at risk for alcohol-related problems if their alcohol consumption exceeds 14 standard drinks per week or 4 drinks per day, and women may be at risk if they have more than 7 standard drinks per week or 3 drinks per day. It defines a standard drink as one ounce bottle of beer, one 5-ounce glass of wine, or 1. An inference drawn from this study is that evidence-based policy strategies and clinical preventive services may effectively reduce binge drinking without requiring addiction treatment in most cases. The WHO calls alcoholism "a term of long-standing use and variable meaning", and use of the term was disfavored by a WHO expert committee. The Big Book from Alcoholics Anonymous states that once a person is an alcoholic, they are always an alcoholic, but does not define what is meant by the term alcoholic in this context. In , Bill W. We have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead there are many separate heart ailments, or combinations of them. It is something like that with alcoholism. We did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. We always called it an illness , or a malady "a far safer term for us to use. Talbot observes that alcoholism in the classical disease model follows a progressive course: This will lead to harmful consequences in their life, physically, mentally, emotionally and socially. He looks at this in four phases. The first two are considered "normal" drinking and the last two are viewed as "typical" alcoholic drinking. Learning the mood swing. A person is introduced to alcohol in some cultures this can happen at a relatively young age , and the person enjoys the happy feeling it produces. At this stage, there is no emotional cost. Seeking the mood swing. A person will drink to regain that feeling of euphoria experienced in phase 1; the drinking will increase as more intoxication is required to achieve the same effect. Again at this stage, there are no significant consequences. At the third stage there are physical and social consequences, i. A person will continue to drink excessively, disregarding the problems. The fourth stage can be detrimental, as Johnson cites it as a risk for premature death. As a person now drinks to feel normal, they block out the feelings of overwhelming guilt, remorse, anxiety, and shame they experience when sober. They describe the process in three stages: Adaptive stage " The person will not experience any negative symptoms, and they believe they have the capacity for drinking alcohol without problems. Physiological changes are happening with the increase in tolerance, but this will not be noticeable to the drinker or others. Dependent stage " At this stage, symptoms build up gradually. Hangover symptoms from excessive drinking may be confused with withdrawal symptoms. Many addicts will maintain their drinking to avoid withdrawal sickness, drinking small amounts frequently. They

will try to hide their drinking problem from others and will avoid gross intoxication. Deterioration stage “  
Various organs are damaged due to long-term drinking. Medical treatment in a rehabilitation center will be required; otherwise, the pathological changes will cause death. The terms they recommend are similar but not identical.

### Chapter 7 : Three traditions in social thought on alcoholism.

*The three traditions in social thought on alcoholism that are discussed here are the moral perspective and the Prohibition movement, stressing alcohol and its supposed evil, destructive properties.*

Can an alcoholic become a social drinker? I went through a somewhat nasty divorce in , along with getting laid off from my job. I realized that I had a drinking problem, and I attempted to moderate my drinking. I was somewhat successful, but not as successful as I wanted to be. One guy in the program, who kept relapsing, was told by his AA sponsors to ask God permission before he did anything, even to go to the bathroom! I started to resist the demands to attend all these meetings. I became proficient in the lingo, but I started to feel a sense of panic that I had never felt before in my life. I thought that AA was the only answer, but that I was incapable of grasping the program. My solution was to immerse myself in the program even more, entering a two-week treatment program. One day I figured I was being brainwashed, and something deep inside me started to fight back. I relapsed about six months into the program; I think I did it just to get away from all of those boring meetings. At this point I was still living in the halfway house , I recognized I was in a re-education camp. I started to question everything about the 12 step program. But I was still frightened of leaving AA. By this time, all the other members were getting very hostile towards me. I decided it was time to leave AA. I was in a very shaky state of mind by this time, so I checked into a mental hospital, and they diagnosed me as having a major depression. I stayed at several other hospitals after that. But I started to get better when I spit the pills down the toilet. Something strange then happened. Then I started to cut back on my own. Your program was the catalyst that put all the pieces into place for me. I quit drinking immediately for 13 months and then I developed a self-identity as a social drinker! The first time I went out with some friends, had some beers, talked to a pretty young woman, and had a great time. Plus I have never needed medication to function, like the doctors at the hospital told me I would. Thank you and Archie Brodsky and Mary Arnold for writing a great program. It saved my life, and drastically cut down the trial and error time I would have to go through to become a social drinker. I hope you continue your work because I know there are other people in the same boat that I was in or worse. I know that you take a beating from others in your profession and the steppers. MK Do you want a life without addiction? Internationally recognized addiction expert Dr. Stanton Peele presents a program for addiction recovery, based on years of research and clinical study and grounded in science. His program builds on the proven methods that people have actually used to overcome addiction, with or without treatment. The Life Process Program offers in-depth, interactive exercises that show you how to outgrow destructive habits by putting together the building blocks for a balanced, fulfilling, responsible life founded on the following tools:

**Chapter 8 : Alcoholic Behavior Patterns and Personality**

*Social thought on alcoholism: a comprehensive review / edited by Thomas D. Watts ; with a foreword by Richard L. Rachin.*

What is alcoholism, or alcohol use disorder? Alcoholism has been known by a variety of terms, including alcohol abuse and alcohol dependence. It occurs when you drink so much that your body eventually becomes dependent on or addicted to alcohol. When this happens, alcohol becomes the most important thing in your life. People with alcohol use disorder will continue to drink even when drinking causes negative consequences, like losing a job or destroying relationships with people they love. This used to be referred to as alcohol abuse. The cause of alcohol use disorder is still unknown. Alcohol use disorder develops when you drink so much that chemical changes in the brain occur. These changes increase the pleasurable feelings you get when you drink alcohol. This makes you want to drink more often, even if it causes harm. Eventually, the pleasurable feelings associated with alcohol use go away and the person with alcohol use disorder will engage in drinking to prevent withdrawal symptoms. These withdrawal symptoms can be quite unpleasant and even dangerous. Alcohol use disorder typically develops gradually over time. Although the exact cause of alcohol use disorder is unknown, there are certain factors that may increase your risk for developing this disease. Known risk factors include having:

People with alcohol use disorder may engage in the following behaviors:

Do you need to drink more in order to feel the effects of alcohol? Do you feel guilty about drinking? Do you have problems at school or work because of drinking? Do you think it might be better if you cut back on your drinking?

### Chapter 9 : 5 Controversial Thoughts We Have About Addiction - calendrierdelascience.com

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The benefit of using these techniques will be a decreased anxiety in you and an enhanced emotional stability. They will also aid you in becoming a happier person- even if this person suffering from addiction is not drinking. If you read our article on the signs of alcoholism , you have a pretty good idea of what the characteristics are of someone struggling in this area. Now, you need to understand how their behaviors are affecting you and what changes you can make in order to NOT get entangled in their dysfunctional life. If you are already closely involved with them and their problem, these methods will help you get your emotions settled down and untangled from reacting to everything they are doing. Some of the things we react to are when: Next take a moment to think about how much you have changed from the person you were before you started trying to cope with this person who is an alcoholic. Here are some things I think you can identify with: Are you constantly thinking about them? Do you check up on them to see if they are drinking? Do you look for indications that they have been drinking? Are you angry and anxious because of your interactions with them? Do you feel a need to defend your character because of things they say about you? Do you argue and fight about them NOT telling the truth? Are you always second place to their drinking? The way to quit constantly thinking about what they are doing is to find things to do that will help you get them off of your mind. In a sense, the personality of the alcoholic is unchangeable. So letting go of them is a MUST. Here are a few things to help you with this situation: Call friends on the phone and talk to them often Go to the movies Take up a few hobbies Volunteer work is a great way to focus on something else Get involved with support group meetings Here are a few guidelines for coping with obsession: Never argue with a drunk. If you make this a rule, I promise that you will be more self-controlled, have less anxiety, and will experience greater levels of peace in your life. Your functioning normally in the midst of a dysfunctional relationship is possible. It is just going to require learning from people who know how to do this. There are hundreds of tips I can share with you on coping with the problem drinker. The addict is not going to change until they hit bottom. Therefore, we are the ones who need to start making changes to protect ourselves from the negative impact of this disease.