# **Alcohol Concerns? AA and Alanon Offer Help**

Alcohol is such a customary part of culture and social life that we often take it for granted. Perhaps because it is so normalized and there is not always a clear line between alcohol use and abuse, we often don't consider the impact drinking may have on our lives. For many people, drinking can become a slippery slope that leads to excess, with subtle or significant secondary problems.

In the United States alone, up to 90% of adults have consumed alcohol at some time, and many of these individuals (60% of males and 30% of females) "have had one or more alcohol-related adverse life events (e.g., driving after consuming too much alcohol, missing school or work due to a hangover)" (American Psychiatric Association, 2000, p.212). Research indicates that the mid-teens are the most common age for a first episode of intoxication, that alcohol dependence originates most often in the 20s to mid-30s, and that the majority of other alcohol-related disorders develop by the mid-30s (American Psychiatric Association, 2000).

Most people either know or will know someone who has had some difficulty with alcohol – a co-worker, friend, partner, parent, or a combination of people in one's life. Children who grow up with alcoholic parents often have emotional and relational difficulties of their own, and can be at increased risk to develop problems with alcohol or drugs or to choose peers and partners with substance abuse issues. Recognizing potential problems early on can prevent much bigger problems down the road. If you have ever wondered about your drinking habits, have had others express concern, have a family history of alcoholism, or want to know more about recognizing and treating alcohol problems, read on.

#### RECOGNIZING THE PROBLEM

Most people learn from experience and avoid developing significant alcohol-related problems. But for many, drinking can get out of hand on an intermittent or regular basis, causing cognitive, emotional, medical, social, legal or other complications. Alcohol is a brain depressant that has widespread effects on the body and nervous system. Like many other substances (including illegal drugs and pharmaceuticals), alcohol has the potential for abuse and physiological addiction. While many of the dynamics of abuse and addiction are similar between alcohol and other drugs, alcohol is both legal and socially normalized in ways that can make it insidious and hard to distinguish when use has turned into abuse.

Alcohol can be problematic in varying degrees and in different ways for each individual, including alcohol dependence, alcohol abuse, or dealing with the fallout from other people's alcohol consumption. Recognizing drinking problems can be confusing because some people are able to abstain for periods of time (often in response to a crisis) followed by periods of moderate or "controlled" use (American Psychiatric Association, 2000). Though consumption eventually escalates and becomes problematic again, focusing on times of abstinence can enable people to rationalize that they do not have a drinking problem. Following is a description of some types of alcohol problems, and how one might recognize them.

**Alcohol Dependence.** Alcohol dependence is what many people think of when they use the term "alcoholic." Traditionally, the term *alcohol dependence* refers to a medical condition characterized by significant impairments while intoxicated and eventual development of

significant withdrawal symptoms (adverse physiological changes) that occur after rapid reduction or cessation of the prolonged use of alcohol. Impairments when intoxicated can include slurred speech, poor coordination, unsteady gait, nystagmus (involuntary eye movements), impaired attention or memory, stupor or coma. Alcohol withdrawal symptoms can include autonomic hyperactivity (e.g., sweating, increased heart rate), hand tremor, insomnia, nausea, agitation, and anxiety. In severe cases, withdrawal symptoms can include hallucinations and seizures, and in some cases withdrawal without medical intervention can be life-threatening (American Psychiatric Association, 2000). When alcohol dependence is severe, individuals need to drink on a regular basis to maintain a blood alcohol level sufficient to ward off adverse physical withdrawal symptoms. Such individuals often require medical assistance with detoxification.

**Alcohol Abuse.** While many people can recognize alcohol dependence as a drinking problem, many more people have had alcohol-related problems that fall short of what they might consider to be an addiction. They might drink episodically, in one-night or short-term binges, or only in social situations. Though they can experience some symptoms of tolerance (needing increasing amounts of alcohol to achieve the same level of intoxication) and withdrawal, their alcohol-related problems may be characterized more by secondary consequences of excessive or repeated drinking. According to the American Psychiatric Association (2000), such consequences can include failure to meet school, work, or home (e.g., parenting) obligations; intoxication in hazardous situations (e.g., driving); legal problems (e.g., arrests for disorderly conduct or driving while intoxicated); and interpersonal problems that are caused or exacerbated by drinking (e.g., physical fights, or arguments with significant others). Because alcohol lowers inhibitions and impairs judgment, it can also contribute to impulsive behaviors that may have unwanted consequences (e.g., saying things one later regrets, or having unprotected sex).

**How much is too much?** People who have an alcohol problem may not label themselves as "alcoholic." However, they may have intermittently considered cutting down, tried to do so, or had others suggest this to them. Recognizing when alcohol is contributing to other life problems can be subtle and ambiguous. Many people do not see their own alcohol use as problematic even when others have begun to take notice. They may feel they are just having fun or being social, and not see how their lives or the lives of others are being affected by their drinking. Some people also drink to cope with personal problems, but then drinking gets to the point where it makes things worse and becomes a problem in itself.

### **DOUBLE TROUBLE: ALCOHOL & EMOTIONAL PROBLEMS**

Drinking alcohol, smoking marijuana or using other substances in excess can sometimes help people get their mind off problems temporarily. Unfortunately the problems don't go away, and usually get compounded by the consequences of substance abuse. Over time, people who build their social lives around drinking or rely on mood-altering substances to avoid personal problems also don't give themselves a chance to work through their troubles or develop more active coping skills. The more one relies on alcohol, the harder it can be to imagine getting by without it. Mental health services can help, but sometimes it's necessary to deal with substance abuse issues up front in order to benefit from counseling or psychiatric medications.

# "CONTROLLED" DRINKING VERSUS ABSTINENCE

Once you have concerns about your drinking, what then? Is cutting down the answer, or should you try to quit altogether? Research has shown that once alcohol use becomes sufficiently problematic, it is difficult for many people to resume more moderate, "controlled" drinking (Vaillant, 1985, 1993). Such efforts often fail over time, and result in a return to excessive use or switching over to other drugs. When people cannot keep their alcohol or drug use from getting out of hand, many have found that giving up alcohol and drugs altogether is the answer.

## **GETTING HELP**

People with drinking problems often feel isolated and ashamed. But if you or someone you know has an alcohol problem, there is no need to go through it alone. The Roosevelt University Counseling Center is one place that students can come if they want help to sort out whether they have problems related to alcohol or drug use. Another source of information and assistance is the Alcoholics Anonymous (AA) program.

Among many solutions people have sought to deal with drinking problems, AA is one of the most widespread, successful, and easily accessible. Since its inception in 1935, AA has grown steadily from a membership of two men in Akron, Ohio to a current membership of over two million people in over 100,000 AA groups, in approximately 150 countries worldwide (Alcoholics Anonymous, 1998; McCrady & Miller, 1993). AA is a self-help group. That means it is made up entirely of people who are helping one another to stay sober; it is not run by mental health or substance abuse professionals. There is no requirement to label yourself an "alcoholic" to participate, and no fees or formal procedures to sign up. AA offers group meetings, individual sponsors (like a mentor), reading materials, and informal social support for anyone who is concerned about their drinking. Following is a brief description of how AA works, what to expect if you do decide to check it out, and how you can gather more information.

**Background information on AA.** AA is designed to help people achieve and maintain abstinence (as opposed to "controlled" drinking). The program is organized around 12 "Steps," or guidelines. In general, the Steps entail admitting one's inability to stop drinking, accepting the need for help, and utilizing that help to change one's way of relating to alcohol and other people. By sharing their experiences with one another, AAers realize they are not alone, gain hope and support, and share in a collective "higher power" that is greater than themselves.

While there is a spiritual element to the Steps and other aspects of the AA program, there is no specific religious affiliation. Each person is free to conceive of the "higher power" in any way they see fit. AA participants are diverse, and include people from all religions as well as atheists and agnostics. In AA, the emphasis on a higher power helps people to recognize the limitations of individual control; to see how their actions are influenced by other people, circumstances, and different parts of their own personality; and to live in harmony with (rather than opposition to) themselves and the world around them (Bateson, 1972; Kurtz, 1982).

The 12 Steps and other basic tenets of AA's history and traditions, are outlined in some of the organization's key texts such as *Alcoholics Anonymous* (1939-2001), which is referred to as the "big book," and 12 Steps and 12 Traditions (1952). The "big book" is also full of autobiographical stories written by "recovering" alcoholics. These texts are available at bookstores, AA clubs, and through the AA website (see below).

**Making contact.** In addition to AA literature, if you want to gather information on your own you can check out the AA website. There you will find a description of the AA program; its membership and history; AA literature; local, national and international meeting listings; phone numbers; and a host of other information. If you have a drinking problem or are wondering about your alcohol use, you can also talk with someone directly by calling your local AA 24-hour hotline (see listings below). An AAer will listen to your story, and might share his or her own experience. They will tell you where you can find AA meetings in your area, and may offer to accompany you.

**AA meetings.** Meetings are a central aspect of AA participation. They are a place to meet other people struggling with similar issues, to check out the AA program, and to get help. They are free, last about an hour, and come in several types. Some are tailored to specific demographic groups (such as male/female; gay and lesbian; Spanish or Polish speaking; Native American). There are also different meeting formats, such as "speaker" and "step" meetings. At speaker meetings, one or two people will tell their own story of drinking, "hitting bottom" and their period of recovery, followed by brief comments. Step meetings, on the other hand, are focused around discussion of one of AA's "12 Steps," or guidelines for sobriety.

Across all these meeting types, all AA meetings are designated as either "open" or "closed." While both open and closed meetings operate on a first-name-only basis and stress respect for privacy and confidentiality, closed meetings are intended only for people who want help with their drinking. This puts some people more at ease to share personal history with people who they know have been through similar experiences. Open meetings are very similar to closed meetings, except that they are open to the general public—including friends, family, mental health professionals, students, or others. If you are uncertain about checking out AA, or if you want a friend to come with you who doesn't have a drinking problem, an "open," "speaker" meeting may be the place to start. You can find meetings to suit your preferences and schedule by calling AA, or by checking out the AA website. There are also several AA gathering places called "Alano Clubs" around town, and some of these clubs have pamphlets listing local AA meetings.

One asset of AA is that it is so widespread and easily accessible. In a big city like Chicago, there are groups that meet 'round the clock in all parts of town. Though no one is required to give their name or personal information, participants also frequently share phone numbers with one another, form friendships, get together for non-drinking social activities, and encourage one another to call when they need support. That means you don't have to hang out with your old drinking buddies while you're trying to stay sober, and you never have to go it alone if you are having problems or feeling the urge to drink.

Another advantage of having so many participants and different meetings is that you can shop around until you find a good fit. Just as individuals have their own personalities, AA groups differ in style and composition. Most people check out several different AA meetings before finding the ones where they feel most comfortable. Once you find particular groups that are a good fit for you, you can participate as often as you like. You can attend meetings every day, once a week, or whenever you choose.

**AA sponsors.** At some point you may also choose to ask another AA'er to be your "sponsor." An AA sponsor is someone, usually of the same gender and with longer sobriety, who serves as a personal mentor. They can help you work on the 12 Steps, offer emotional

support, and discuss personal issues that might lead to drinking. Many people stay in AA long after getting sober in order to prevent a drinking relapse, to help others, and to continue benefiting from the mutual sense of community and support they find in AA meetings.

## **FOR FRIENDS & FAMILY**

Alcohol problems can have reverberating effects on friends and family members. If you know someone with a drinking problem, there are also 12-step programs that can provide you with information and support. *Alanon* and *Alateen* (for younger members) are open to anyone acquainted with an alcoholic, and are places for friends and family members to get help even if the alcoholic in their lives is not ready to stop drinking. *Adult Children of Alcoholics (ACoA)* is also a useful program, designed specifically for people with an alcoholic parent.

### YOU HAVE OPTIONS

College and graduate school are important years for planning your future. Taking good care of yourself now will help you enjoy these years, and can pay off down the road. If you have questions or concerns about alcohol, drugs or personal problems, there's no need to face them all by yourself. Check out AA or another 12-step program that fits your needs, or come to the Roosevelt University Counseling Center. We can help you figure out what's going on, and help you find the solutions that will work best for you.

## **CONTACT INFORMATION**

Following is a list of ways to contact AA and some other 12-step programs for further information.

## **Alcoholics Anonymous (AA):**

Main website: http://www.aa.org

Chicago area website: http://www.chicagoaa.org (includes local meeting listings)

Chicago Area Service Office: (312) 346-1475; e-mail: caso@chicagoaa.org

### Alanon & Alateen:

Main website: http://www.al-anon.alateen.org Northern Illinois website: www.niafg.org

Chicago Metro-North Cook County Information Service: (312) 409-7245

Northwest Suburban Cook County Al-Anon Information Service: (847) 358-0338

(Schaumburg)

Chicago Area (Spanish): Intergrupal hispana de Al-Anon: (312) 850-0949

National Office: (888) 4AL-ANON [888-425-2666] Monday - Friday, 8:00am to 6:00pm ET

# Adult Children of Alcholics (ACoA):

Main website: http://www.adultchildren.org/

**Narcotics Anonymous:** (for marijuana & other drug users)

Main Website: http://www.na.org

Local information: http://www.chicagona.org

Chicago Helpline: (708) 848-4884 24-Hour Helpline: (708) 848-5194 Chicago e-mail: info@chicagona.org

## **Cocaine Anonymous (CA):**

Main website: http://www.ca.org Local website: http://www.illinoisca.org Chicago area phone: (773) 202-8898

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